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An assessment of the implementation of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence focusing on victim support to Indian women living in the flat-dwelling areas of Westcliff, Chatsworth

By

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Declaration

I, **Linda Naidoo**, declare that this thesis is my own work, both in conception and execution. It is being submitted for a PhD Political Sciences in the Department of Political Sciences at the University of Pretoria, South Africa. It has not been submitted before for any degree or examination at this or any other university.

Linda Naidoo

Pretoria, October 2022

Ethics statement

I, **Linda Naidoo**, have obtained, for this research, the applicable research ethics approval and declare that I have observed the ethical standards required in terms of the University of Pretoria's Code of Ethics for researchers and the Policy Guidelines for responsible research.

Dedication

Gender-based violence is a global pandemic that affects one in three women in their lifetime.

It continues to plague communities here in South Africa and worldwide. This thesis is dedicated to all those whose lives were stolen by gender-based violence, those who have escaped such toxic relationships, and those who remain in these circumstances hoping for a change. This is a call for every one of us: individuals, communities, government, NGOs, and the international community to continue to fight this demon holistically and bring an end to gender-based violence.

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Abstract

Despite vast research on gender-based violence, little is known about the implementation of policies on gender-based violence in minority groups. The aim of this study was to assess the implementation of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence, particularly the Victim Support Programme, in the minority Indian community in Westcliff, Chatsworth in South Africa. Indians are identified as a minority in South Africa and the Indian women in the Westcliff flats have multiple intersecting social identities that make their vulnerability to gender-based violence much greater.

A qualitative research design was adopted using Westcliff as a case study. Data was collected through interviews from the street-level bureaucrats directly implementing the Policy Framework and civil society organisations at sub-national level. Data from beneficiaries was collected through an online survey and interviews with women from the community. All data was analysed through thematic analysis using the 7Cs of content, context, commitment, capacity, clients and coalitions, communication, and coordination.

This study found that Indian women who are aware of the victim support find it mostly unhelpful. Reasons for not using the services included stigma and fear of further abuse. The direct implementers of the Policy Framework are challenged with limited resources, capacities, and lack of commitment to implement the policy in Westcliff. The overall finding is that an interplay of the intersecting dynamics of gender, race, culture, and geography affects policy implementation at this level and poses a challenge for policy implementation if interventions are not context-specific. This study recommends that the Policy Framework ensures consultations at all of the lower levels and considers the context of the minority group of Indian Women in Westcliff for effective and efficient policy implementation on gender-based violence.

List of Abbreviations

BPFA	Beijing Declaration and Platform for Action
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CSVR	Centre for the Study of Violence and Reconciliation
DEVAW	Declaration on the Elimination of Violence Against Women
DOH	Department of Health
DOJ	Department of Justice and Constitutional Development
DSD	Department of Social Development
GBV	Gender-based violence
ICPD	International Conference on Population and Development
NICDAM	National Institute Community Development
NPA	National Prosecuting Authority
PGDS	Provincial Growth and Development Strategy
SADC	South African Development Community
SAPS	South African Police Service
SDGs	Sustainable Development Goals
SOCA	Sexual Offences and Community Affairs
TCC	Thuthuzela Care Centre
UDHR	Universal Declaration of Human Rights

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Chapter 1: Introduction

1.1 Introduction and background

This study aimed to assess the implementation of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence (2014-2019), with a particular focus on victim support for the minority group of Indian women living in the flat-dwelling areas of Westcliff, Chatsworth in Durban, South Africa. Women in minority groups and of particular interest to this study, Indian women – are underrepresented in research and this presents a gap in the literature for evidence-informed interventions. This study envisages to reveal if the Policy Framework and its accompanying action plan were implemented to provide policy instructed support to victims at a community level. This study will bring into the spotlight learnings for improved policy implementation in a minority community.

According to South Africa's 2016 Demographic and Health Survey, one in five women older than 18 has experienced physical violence. This figure is purportedly higher in the poorest households, where at least one in three women has reported physical violence (Department of Health 2016). A 2009 Medical Research Council study reported that three South African women die at the hands of their intimate partner every day, a rate which was found to be five times more than the global average (Abrahams *et al*. 2013). The rate of sexual violence in South Africa is also one of the highest in the world, with an estimated 138 rapes per 100,000 women in 2017 (Sibando-Mayo *et al*. 2017). Structural problems and a violent legacy of apartheid and contemporary social problems have been cited for the violence against women in South Africa (South African Human Rights Commission 2018; Centre for the Study of Violence and Reconciliation (CSVR) 2016; National Strategic Plan on Gender-Based Violence and Femicide 2020).

South Africa's past repression and the fight for liberation are believed to have left a legacy that normalises violence as a means for resolving discord. Although all women are at risk of violence, sex workers, migrant women, displaced and trafficked women, sexual minorities, women with disabilities, informal settlement dwellers, and economical dependent women have been found to be more vulnerable CSVR (2016). The intersecting dynamic of race, sexual orientation, class, and gender makes their experience of harm more idiosyncratic. A point further expounded by Carrim and Nkomo (2016: 261) is that intersectionality goes beyond the

aforementioned, as it includes socio-historical, political, and cultural contexts within which individuals and groups are ingrained. The authors emphasise that "these contexts shape not only racio-ethnic and gender identities of individuals but also the processes of racialisation, gendering and culturisation that create and reinforce particular social locations in society" (2016: 261). People are advantaged or disadvantaged based on their authority within particular groupings of intersectionality.

Core to political decision-making processes are political actors and partners as well as right-holders. This study examined whether the Policy Framework, and in particular the support for victims of gender-based violence (GBV), achieved its desired outcomes in the minority Indian community of Westcliff in relation to these stakeholders. The interest of this study goes beyond measuring the efficacy of the Policy Framework as it examines the societal context and governance dynamics in the implementation of the Policy Framework in a minority community considering the intersectionality of race, location, and gender.

This study adopted a qualitative approach and interpretivist paradigm to understand the implementation of the Policy Framework. The case study design provided a systematic way to collect data, analyse information, and report on the results in depth.

The study population included both implementers of the Policy Framework and beneficiaries. Purposive sampling, which included snowballing and convenience methods, were used for both study populations. Data was collected from implementers of the Policy Framework through interviews using a semi-structured questionnaire. Individual interviews were conducted telephonically with women from the community using an open-ended questionnaire. In addition, women from the community completed an online survey with open-ended questions generated on Google form. Data was analysed using thematic analysis.

1.2 Justification and problem statement

According to Klugman (2017), it is important to address GBV against women as a human rights violation as it is the result of structural, deep-rooted discrimination which the state has an obligation to address. Preventing and addressing GBV against women is a legal and moral

obligation requiring legislative, administrative, and institutional measures and reforms and the eradication of gender stereotypes which condone or perpetuate GBV against women and underpin the structural inequality of women.

The Policy Framework was developed in consultation with provincial stakeholders to strategically direct GBV programming at provincial, district, and local levels in KwaZulu-Natal in line with South African law, policies, and international commitments. The activities and indicators in the Policy Framework align to the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); the Beijing Declaration and Platform for Action (BPFA); the African Union (AU) Charter of Human and People's Rights on the Rights of Women in Africa; the Solemn Declaration on Gender Equality in Africa (SDGEA); the SADC Protocol on Gender and Development; and South African policy commitments which includes the 2012 National Development Plan 2030, the 1998 White Paper on Population Policy, the 2010 National Policy Guidelines for Victim Empowerment, the 2016 White Paper on Safety and Security, and the 2004 Service Charter for Victims of Crime in South Africa.

The Policy Framework adopted an integrated, multi-sectoral, and multi-stakeholder approach to eradicate GBV in the province. The cascading implementation of international commitments into national, provincial, district, and local level plans is evident on paper. The goal of the Policy Framework and its action plan was to ensure zero tolerance for GBV with a plan on how to reach that.

The provincial plan encompassed the entire range of activities that should help make women and girls less vulnerable to violence and its consequences through interventions that address poverty reduction; access to safe shelters; safe and supportive education systems; the provision of appropriate health services; and promotion of the of law, including equal rights and economic and political opportunities for women.

It is now 2022 and the rate of GBV continues to increase unabated, commonly referred to as a "scourge" (Mahlori *et al*. 2018; South African Human Rights Commission 2018; CRVC 2016; National Strategic Plan on Gender-Based Violence and Femicide 2020). According to Tilley

and Bodenstein (2020), President Cyril Ramaphosa admitted in a 2020 address to the nation that the "tide of femicide and violence against women has not receded. He said violence is being unleashed on women and children with a brutality that defies comprehension, declaring gender-based violence a pandemic."

Empirical studies on GBV in South Africa have tended to be generalised for all race groups, but with a focus on black women, who also happen to be at a greater risk of violence (CSVR 2016). However, the reality is that GBV can affect anyone, irrespective of race, age, gender, religion, or sexuality (South African Human Rights Council 2016; Bent-Goodley 2009) but challenges are specific to each community of colour.

According to Booysen and Nkomo (2010: 288) "race and gender are defined as interlocking categories, as intersecting systems, as independent systems as indivisible categories or as interrelated axis of social structure." Booysen and Nkomo (2010: 288) further argue that "race and gender are linked and simultaneous, our perceptions and experience are shaped by both, people's experience in their lives and they develop their identities based on their location of race and gender." Bent-Goodley (2005) has supported this notion in her earlier writings that women of colour have acknowledged the importance of looking not only at race, ethnicity, and class, but also at how they intersect to make women even more vulnerable to violence and other forms of oppression. An explanation provided by Booysen and Nkomo (2010: 287) is that "race, gender class or sexual orientation and other marked categories are identified in social locations." People are privileged or oppressed depending on the access to power that one has within particular categories intersectionality. It is for this reason that this research is focusing on Indian women from a marginalised community.

According to the 1996 Constitution of the Republic of South Africa, every citizen has a right to development and progress (South African Government 1996). The human rights of minorities are as important as those of the majority population and, as such, policy implementation should take cognisance of minorities, promoting equality and non-discrimination. A universal approach to policy implementation may lead to vulnerable and marginalised groups being left behind. This study provides a transformative opportunity to

identify the root causes of GBV as well as structural and administrative barriers in assessing the implementation of the Victim Support Programme of the Policy Framework in a minority community in Westcliff.

1.3 Research aims and objectives

The three strategic goals of Policy Framework are:

1. GBV in the districts is prevented, reduced, and ultimately eliminated.
2. Legislation to protect against GBV is implemented by all stakeholders.
3. Survivors of GBV in the district are provided with adequate services and support.

This study focused on strategic goal three, which is the Victim Support Programme. The Victim Support Programme is implemented by five departments: The Department of Social Development (DSD), Department of Health (DOH), Department of Justice and Constitutional Development (DOJ), National Prosecuting Authority (NPA), and South African Police Service (SAPS), together with relevant civil society organisations.

The aim of this study is to assess the implementation of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence, with a particular focus on victim support for the minority group of Indian women living in the flat-dwelling areas of Westcliff, Chatsworth in Durban, South Africa. Core to political decision-making processes are political actors and partners, and an interest of this research is whether their roles and responsibilities translated into action in the interest of the beneficiaries, and whether these beneficiaries understand and experience victim support. The shorter title of Policy Framework for Victim Support Programme will be used to refer to the Victim Support Programme of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence–.

The objectives of this research were:

- To critique the Policy Framework in terms of victim support on GBV in Westcliff.
- To understand the process of policy implementation of the Policy Framework, with special emphasis on the support for victims of GBV at a minority community level.

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- To understand the manifestation of GBV in the unique socio-political, historical, and cultural context of the minority community in Westcliff based on their perceptions and experiences of GBV.
- To explore factors that shape and influence the implementation of the Policy Framework on victim support in Westcliff.
- To assess policy implementation gaps and areas for improvement.

1.4 Research questions

The main research question that was answered through this study was: has the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence, and in particular its support for victims of gender-based violence, achieved its desired outcomes in the minority Indian community of Westcliff, Chatsworth?

Sub-research questions focussed on the following:

- To what extent were frontline workers from government, local leadership (councillors, religious leaders), and civil society aware of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence and its commitment to provide support to victims of GBV in Westcliff?
- How was the Policy Framework implemented in terms of support to victims of GBV in Westcliff?
- How have services for supporting women of GBV been developed and funded?
- How does GBV manifest in the unique socio-political, historical, and cultural context of the minority community in Westcliff?
- What are the barriers and/or successes in the implementation of the Policy Framework from beneficiaries themselves in Westcliff?

1.5 Research design and methodology

As will be discussed further in chapter 3, this study adopted a qualitative approach and interpretivist research paradigm to understand the implementation of the Policy Framework, with a particular focus on the victim support to Indian women in the flat-dwelling areas in Westcliff.

The case study provided the researcher with a natural setting in a "single", "small geographic area", "previously un-researched" to understand the implementation of the Policy Framework in the Westcliff flats. It also assisted in understanding the nature and complexity of the implementation of the Policy Framework and to gain new insight on the implementation of policy gaps and successes (Yin 2009: 16; Zainal 2007: 1). The single research design, with multiple methods of data collection, provided an opportunity to ask questions through interviews and surveys to capture the dynamics of policy implementation from both organisational and community perspectives, noting that this finding may not be generalised (Saunders *et al*. 2009; Yin 2009; Zainal 2007). Secondary data was obtained from the public domain. Purposive, snowballing, and convenience sampling methods were used in this study. All primary data was analysed using thematic analysis.

1.6 Conceptual framework

The central concepts that this study refers to are sex and gender, GBV, culture, victim support, multi-sectoral, governance, intersectionality, policy, and policy implementation. GBV is deeply rooted in unequal power relationships between men and women and is further compounded by other intersecting social inequalities. Violence is perpetuated by social and cultural expectations typically associated with one's gender. Considering the complexities of GBV, a multi-sectoral policy response with authorised systems of governance appear in theory to be the ideal elements to support implementation of the Policy Framework, more precisely the Victim Support Programme to the Indian women in Chatsworth. The identified concepts specify key features of the phenomenon that they represent in this study, distinguishing it from

other related concepts. It provides meaning and understanding to the theoretical/conceptual framework, findings, and conclusions which will be discussed in chapters 4, 6, and 7.

1.6.1. Culture

An individual is fashioned by the culture that he or she is brought up in, a process which leads to the development and attaining of cultural values, attitudes, and behaviours. Hofstede (2001: 9) defines culture as "collective programming of the mind." Culture forms the "definitions and descriptions of normality and psychopathology" (Kalra and Bhunga 2013). It also influences the mindsets and attitudes of how certain societies observe, identify, and practise sexual acts and sexual violence (Kalra and Bhunga 2013; Mironenko and Sorokin 2018). Societies that have a culture of treating women as mere objects of sexual desire, for example, view women as inferior to men and are therefore likely to have increased rates of sexual violence (Kalra and Bhunga 2013). The association of being a man or woman and manhood and womanhood may differ in various societies, an identity with masculinity bringing with it experiences and feelings of power, whilst an identity of feminism brings with it feelings of weakness and disempowerment (Kalra and Bhunga 2013; Mironenko and Sorokin 2018). Such cultural practises and beliefs become the foundation for GBV.

1.6.2 Sex and gender

Typically, sex refers to biological differences and gender to social differences. Gender is the societal attributed roles and expectations for men and women in a given society. It is not a biological construct but a social one and determines the meaning of being male or female (Phillips 2005; Russo and Pirlott 2006; Lindsey 2016). Phillips (2005: 1) describes it thus: "Being able to bear a child is, fundamentally, a function of biology, while expectations about the imperative to bear children, the nature of parenting, or the status associated with being a mother are more closely linked to gender roles and expectations." Socially prescribed attributes view "males as active and females as passive, men as rational and women as emotional" (Phillips 2005: 2). Both women and men experience GBV but the vast majority of victims are women and girls. Most GBV is inflicted on women and girls by men.

1.6.3. Gender-based violence

Violence against women is widespread and remains the most irrefutable form of violation of human rights (Dauer 2019; The United Nations Special Rapporteur on Violence against Women, Its Causes and Consequences n.d.). It is defined as "any act that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (United Nations, 1993; Baldasare, 2012). GBV is influenced by gender roles and one's status in society and is rooted in unequal power relations between genders within the context of a given society (Russo and Pirlott 2006; Meyiwa *et.al.* 2017; Mpani and Nsibande 2015). GBV highlights the fact that much of the violence against women by men is rooted in unequal power relationships. GBV and violence against women is used interchangeably, as most violence against women is inflicted by men for gender reasons and GBV affects women disproportionately (Oxfam, 2007). Article 3 of the Council of Europe's (2011) Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) offers the following definition: "gender-based violence against women shall mean violence that is directed against woman because she is a woman or affects women disproportionately." The definition applies to instances where gender is the basis for violence carried out against a person, in this study on minority Indian women.

According to the State of the World's Minorities and Indigenous Peoples 2011 report (Minority Rights Group International 2011)**,** violence against women is understood to be a widespread problem in many indigenous communities in post-colonial settler societies. Minority and indigenous status is recognised by the United Nations Entity for Gender Equality and Women Empowerment as compounding factors in cases of violence against women (UN Women 2012). The United Nations Commission on the Status of Women's 2010 Report on the fifty-fourth session states: "In the design, planning and monitoring of laws, policies and programmes to achieve gender equality, it is important to address fully the multiple forms of discrimination and marginalisation that particular groups of women continue to face, particularly rural, indigenous and older women, and women belonging to ethnic minorities and people with disabilities." The report further references an article in the Journal of Interpersonal Violence

published in 2007 which claims that indigenous and minority groups are less likely to voluntarily report violence due to their marginalised status in society.

The 2010 CEDAW Report (United Nations 2010a) provides a review of the Beijing + 15 – a meeting that took place in 2010 to review the achievements of the Beijing Platform for Action. It found that national women machineries are generally under resourced and marginalised in government structures depending on donor support to implement programmes. With limited resources for gender equality programmes overall, the needs of minority women and the violence they experience are likely to be disregarded. The South African CEDAW Report (2015:34) found that abused women who are dependent on the partner financially, fear being without a financial portfolio, believing that they cannot survive on their own in the absence of their partner. Women tend to remain in the abusive relationship to "avoid the unknown life of poverty whilst living in poverty in reality.

For the first time, the 2015 Sustainable Development Agenda conceded that ending gender-based violence is central to achieving gender equality and women's empowerment, health, and well-being and for the overall achieving of all SDGs with gender-specific benchmarkers.

1.6.4 Victim empowerment

GBV is a violation of women's rights and has serious consequences for women, their families, and their communities (Henttonen *et al*. 2008). Governments have the final responsibility to protect their citizens through the enactment and enforcement of legislation and by ensuring that resources are available to address the causes and consequences of GBV.

Victim empowerment is commonly referred to as victim support. It is recognised as "an approach that facilitates access and delivers a variety of services to a person or persons who have suffered harm, trauma and or material deprivation through violence, crime, natural disasters, human accidents and or socio-economic conditions, towards restoring and building a healthy, peaceful and economically viable society (Nel and Van Wyk 2013: 78; Schoeman 2019). The Department of Social Development (2007: 3) describes victim empowerment support as "victim centred" "restorative justice" which promotes "human rights" through

interdepartmental and inter-sectoral programmes and policies for the support, protections, and empowerment of victims of crime and violence. Victim support should ensure both services and justice for the victim and this should be viewed as the victim's "right" instead of "welfare for victims" (Huang 2018: 6). As such, victim empowerment is expected to support a human rights culture, providing efficient and effective multi-sectoral coordinated responses to victims of GBV.

1.6.5 Multi-sectoral approach

A multi-sectoral approach is strongly recommended as a means to achieve positive policy outcomes (Salunke and Lal 2017). A multi-sectoral approach refers to a concerted partnership among various stakeholders such as government, civil society, private sector, community structures, and individuals to jointly realise a policy outcome. Ideally this approach brings together knowledge, expertise, and resources from all stakeholders as they work towards a common goal. Adopting a multi-sectoral approach addresses a "problem from multiple angles" in order to "solve a complex societal problem that results from multiple determining factors and cannot be addressed by one sector acting alone" (Mahlangu *et al.* 2019: 1). All service providers engaged in multi-sectoral responses to GBV should prioritise the rights and needs of the victim. Addressing GBV is not possible in a closed system; it requires institutions that are interacting and connecting to provide holistic services and support to victims of GBV.

1.6.6 Governance

Governance is a complex concept widely discussed in the literature which speaks to the intention to navigate, direct, and standardise the undertaking of citizens through the authority of different systems in order to optimise the interest of the public (Prinsloo 2013; Keping 2018). It is concerned with "creating conditions for ordered rules and collective action" and involving the agents from the private, civil society, and public sectors (Hill and Hupe 2002: 14). Good governance ensures participation of all its citizens either directly or indirectly through representation. Systems of accountability and transparency are in place not just for government but for the private sector as well through well-established policy frameworks and legislation.

Good governance is inclusive and follows the rule of law. In so doing, it ensures that corruption is minimised, and the views and voices of the most vulnerable in society are heard. It is reactive to the present and future needs of society. Government has a crucial role to play in both developing and supporting the effective implementation of legislation and policies to address GBV, which includes victim support to survivors of GBV.

1.6.7. Street-level bureaucrats

Frontline workers are identified as street-level bureaucrats by Lipsky (1980). Street-level bureaucrats are the people who are responsible for the interconnection between citizens and government. Lipsky (1980) points out that most citizens experience government through street-level bureaucrats and that each experience represents an incidence of policy delivery. A police officer, a social worker, a magistrate, or a doctor who delivers a policy that is created elsewhere, as in the case of the Victim Support Programme, is a street-level bureaucrat. Lipsky (1980) regards street-level bureaucrats as efficacious policy makers. He believes that the judgements they make, the procedures they create, and the systems they have in place to deal with work pressure and the unknown eventually become public policies that they carry out. According to Lipsky (1980), street-level bureaucrats have the final say on policy implementation. They have the power to implement or not implement a policy at local levels.

1.6.8 Intersectionality

Intersectionality is part of an ongoing academic and global public policy discourse. The concept has gained recognition over the years on issues of multiple inequalities and overlapping social attributes within a given society (Crenshaw 1989; Verloo 2013). The power relations of race, class, gender, sexuality, nation, ability, ethnicity, age, and geography, among others, intersect and mutually shape each other (Crenshaw 1991; Ghasemi *et al*. 2021). According to Collins and Bilge (2020: 1), these entities "build on each other and work together, while often invisible, these intersecting power relations affect all aspects of the social world."

The central tenet of the intersectionality paradigm is that human lives cannot be reduced to or explained by a single attribute (Crenshaw 1991). This is supported by Hankivsky *et al*. (2014)

who believe that race, gender, class, sexuality, and ability are socially constructed and are connected and influenced by interacting and equally forming social processes and structures which, in turn, are shaped by power and influenced by both time and place. Scholars of intersectionality argue that oppression is linked and therefore advocate for the inclusiveness of all social groups and individuals in their everyday lives, emphasising the need for diverse responses. The influence of intersecting identities becomes more apparent in the discussion of context in policy implementation in chapter 3 and the negative impact of the intersecting identities of the Indian women living in the Westcliff flats is evident in the findings in chapter 6.

1.6.9 Policy

Considering that the engagement with the Policy Framework is central to this research, defining policy is important. A policy can be described as a statement by a government of what it intends to do about a general problem and it is a political factor in terms of intervention on who gets what, where, and how (Birkland 2015). It is a technical and political process of enunciating the actors, goals, and means (Howlett and Cashore 2007). Howlett and Cashore (2007: 17) add that, irrespective of how well or poorly identified, justified, articulated, and formulated, it is what "government chooses to do or not to do".

As described by Cochran and Malone (2014), policy is a deliberate course of action created in response to a problem through a policy process; it is then adopted, implemented through laws with funding, and enforced by a public agency. Policy development happens in a cycle, originating from a political decision, leading to detailed policy development, followed by additional political choices on the policy to be endorsed. Once legislated, it is implemented and assessed and this may lead to further policy development or amendments (Skopje 2007: 8).

According to Cairney (2020), public policy consists of government actions from the start to the final results. Cloete *et al*. (2018) believe public policy is an emphatic statement to achieve its purpose. In Anderson's (2014) view, policy making is political. It involves politics; it starts as a response to a policy demand; public officials then lead, guide, and direct public policy. Khan

(2016: 3) describes public policy as an intentional plan of action followed by one or more actors dealing with a developmental concern. The decision becomes operational and is then translated into programmes and projects.

Policies are viewed as legal rights and duties of the state and therefore they should be identified by all citizens and extended to all citizens in society (Skopje 2007). Governments have the legal power to sanction violators; however, it is insufficient for an effective public policy. Policies may not be honoured even when they are legalised, as is evident in the cases of GBV in South Africa.

Although not in agreement on the definition of a policy, the various descriptions mentioned above contain elements of purpose, actors, and intention. South Africa is a nation-building and development state. For the purpose of this thesis, the operational definition of 'policy' is the political commitment to address the victim support to victims of GBV. It would be considered to be consultative, involving actors at all levels, with dedicated resources for programmatic interventions.

1.6.10 Policy implementation

There are three generations of research on policy implementation commonly referred to as the top-down approach, bottom-up approach, and hybrid approach. This study uses a synthesis of converging variables from all three generations of policy implementation to understand the implementation of the Policy Framework for Victim Support Programme in Westcliff. This will be further discussed in chapter 4.

Policy implementation is described as a process, an output, and an outcome (Khan 2016). It involves numerous actors and requires resources, effort, and knowledge to ensure its achievement (Mthethwa 2017; Howlett 2019). Political, social, economic, organisational, and attitudinal factors may influence programme implementation positively or negatively (Hudson *et al.* 2019). The accomplishment of the policy objectives is dependent on the effective implementation of the policy. Well formulated policies do not mean effective implementation. Social, economic, technological, and political conditions significantly influence the

implementation stage of public policies (Hupe and Hill 2016; Hudson *et al.* 2019; McConnell *et al.* 2020). Factors that shape and influence implementation are complex, multifaceted, and multileveled. Public policies address problems that are resistant to change and have diverse causes and solutions that are affected by the local context.

According to Heather *et al.* (2021), the policy implementation process can start at any level, it can move in any direction, and it can exclude levels. Implementation filters across organisations through street-level bureaucrats and target populations (Heather *et al.* 2021). Authority also shifts as implementation proceeds through levels. The level with the most implementation activity has the most power and authority. Policy resolutions at one layer become the context for the other points. The implementation approach may need to shift over time in response to a changing context. Activities implemented at one level can either directly or indirectly have consequences on another level.

Implementation is far more than an automatic translation of goals into regular procedures; it involves critical questions about "conflict decision-making and who gets what in society" (Grindle 2017: 6). Hupe and Hill (2016) believe that implementation is administrative and a-political once policy goals are agreed. Barret (2004) argues that politics is vital for policy implementation since there is a dependency on politics within a macro and micro political context. The economy, regulations, and global trends are essential variables to be considered during policy development and implementation. Cloete *et al.* (2018) advocate for committed resources to ensure effective policy implementation to benefit communities. Grindle (2017) cautions that more than dedicated resources is required; consultations with both state and non-state actors are paramount to secure support from all levels.

Implementation is not a linear process; it is a "complex, dynamic, multi-sectoral, multi-actors process" influenced both by content and context of the policy implementation (Najam 1995: 22). Pressman and Wildavsky (1973) express the difficulty in defining implementation, as a noun it refers to the state of achieving the goals of a policy and as a verb it refers to a process of achieving the goals of a policy. He further explains that because the goals are not achieved, it does not mean that the process of achieving the goals did not happen. "The explanation

provided by Pressman and Wildavsky is supported by Brynard (2005), Cloete *et al.* (2018), Mthethwa (2017), and Molobela (2019).

The execution of a policy through implementation contained in a decree can take the form of executive orders or court decisions (Mazmanian and Sabatier 1986). This description of policy implementation provided by these scholars is that the order or decree identifies the problem(s) to be addressed, it specifies the objective(s) to be followed, and it organises the implementation process in a variety of ways. The process, according to Mazmanian and Sabatier (1986), is that policy goes through a number of stages, starting with the basic decree or order, followed by the policy outputs which are decisions of the implementing agencies, adherence of intended groups to the policy outputs and the impact of the outputs, finally leading to important revisions to the decree or order.

Policy implementation refers to systems, resources, and relationships that link policies to implementation. Policy implementation is not necessarily a logical, constant process; instead, it can be interrupted, and new policy can be introduced (Mthethwa 2012). In South Africa, implementation of public policy spans across spheres of government from national, to provincial, and local and across the agents of government from legislative, to the executive, to administrative units. A policy is effective when implementation achieves the intended results. The conversion of dedicated material and human resources into tangible deliverable outputs leads to changes for a better society; this improvement is viewed as successful implementation (Cloete *et al.* 2018).

The South African Constitution informs policy development. Therefore, the drafting of all the policies and their implementation must be compliant with the provisions of the Constitution (South African Government 1996). Furthermore, consultation with all relevant stakeholders and roleplayers is essential to ensure their commitment to implementing these policies. These include politicians, coalition partners, businesses, interest groups, and the community. The implementation of public policy takes the political environment and the behaviour of administrative staff into consideration (Brynard 2009b: 575). For the policy to be understood, Howie and Stevick (2014: 582) explain that it must form part of the practice.

Assessing policy implementation is important to better understand why programmes succeed or fail and to identify areas for improvement. Bhuyan *et al.* (2010: 1) note that assessing policy implementation "encourages accountability and commitment by holding policy makers and implementers accountable for achieving stated goals." It also promotes effectiveness by addressing barriers and improving programme delivery. It supports "equity and quality because effective policy implementation can establish minimum standards for quality, promote access, reduce inconsistencies among service providers and regions, and thus enhance quality" (Bhuyan *et al.* :2010: 1).

The four main building blocks for effective implementation as proposed by Elmore (1985) include defined tasks and objectives of the policy, a plan indicating allocated tasks and performance standards of subunits, measurement of performance, and a system of management controls and social sanctions to hold subordinates accountable for their performance. He further emphasises that effective implementation of any policy requires the participation of the target society.

While all the above scholarly definitions contain some implementation elements, there is no consensus on an agreed-upon definition. For this study, policy implementation is defined as a political commitment to solve a social problem through adopted policies, consultation with all levels, and allocated resources.

The above key concepts help understand and unpack the dynamics of GBV in this study within the specific culture and gender norms of the Westcliff flats as well as the multi-faceted response by government to achieve the desired outcomes from the implementation of the Policy Framework for Victim Support Programme.

1.7 Limitations

Limitations presented primarily in the area of data collection. Due to COVID-19, the researcher was not in a position to complete the survey face-to-face with recruited participants and the survey was converted to an online survey. Women who met the inclusion criteria and were willing to participate were sent a link on WhatsApp for completion of the survey. All responses

were automatically collated centrally on Google forms which was linked to the researcher's email address. All 115 women who were recruited completed the online survey. This meant that the women who participated had access to a mobile phone and data and were familiar with digital platforms. It is possible that some women may have requested assistance were necessary to complete the online survey. In case of the latter, questions may have been interpreted by a third person who was not briefed on the study. Although all recruited participants completed the online survey, it is possible that more women could have participated had the survey not been limited to a digital platform.

All arrangements were in place to conduct focus group discussions with three groups of women at dedicated dates and times in a private room at a church in the Westcliff flats. However, the women were concerned that issues of GBV are very sensitive and after initially agreeing to the focus groups, they indicated they no longer felt comfortable responding to any questions in the presence of other women closer to the time, even if they were sharing their perceptions. Six of the women who were recruited for a focus group discussion contacted the researcher directly for an individual telephonic interview.

The data for this study was obtained from a particular geographic area, namely Westcliff. It was not possible to draw data from other similar settings due to resource constraints. However, considering that the particular interest of this study was the experiences of a minority group in a specific location, the sample size was sufficient to enable the researcher to gain an in-depth understanding of the experiences and the perceptions of the Victim Support Programme for Indian women living in the Westcliff flats allocated by the apartheid government in Chatsworth.

Interviews from departments were limited to frontline workers who are the direct implementers of the Victim Support Programme as outlined in the Policy Framework. Participants were identified by the heads of departments from the KwaZulu-Natal DSD, KwaZulu-Natal DOH, KwaZulu-Natal DOJ, KwaZulu-Natal NPA, and KwaZulu-Natal SAPS.

Civil society participants represented in this study were limited to those who were operating and functional in Westcliff.

1.8 Ethical considerations

Ethics in research refers to principled thought, high quality, and accountability on the part of the researcher and the research process (Doucet and Mauthner 2002). The researcher respected the right of the participants and their communities by providing a safe and enabling environment for the participants to freely express themselves and limit risks associated with research (Farrimond 2012; Israel and Hay 2006).

Although no questions were asked concerning anyone's direct experience of GBV, anonymity was important in this research since it investigated a sensitive topic surrounded by culture, stigma, and stereotypes. The names of the participants were not required. The participants were given initials that only the researcher had access to. This approach allowed the participants to provide honest responses to the questions during the interview sessions (Rhodes 2007).

With regards to the individual interviews, participants willingly shared their personal experience with GBV and felt it was the only way to unpack their experience with the Victim Support Programme.

A consent form written in English was signed by all the participants who were all 18 years and older and represented the respective government departments. The online survey had a built in consent question and those women who participated in individual interviews consented verbally. All interviews were recorded with permission from the participants and is in safe keeping as per the University of Pretoria protocols concerning data management. The researcher explained to the participants that their contribution was voluntary, that there was no reward for participating in the study, and that they could withdraw at any time at their free will. Counselling services were on standby to assist women who needed support, as the researcher anticipated that although questions were not directed towards personal experiences of GBV, these experiences could have been triggered.

The Gender-Based Violence Command Centre's call centre number was included in all documentation. The call centre operates 24 hours, seven days a week. It is manned by qualified social workers who are responsible for taking calls and making referrals. The call centre has a 'please call me' facility. This was in addition to the National Institute Community Development (NICDAM), a NGO which was on standby for counselling services.

1.9 Importance of the study

The importance of representation of racial and ethnic minorities has been established in numerous studies (George *et al.* 2014). But, despite this finding, racial and ethnic minorities remain underrepresented in research (Hussain-Gambles *et al.* 2004). Whilst several policies, laws, strategies, and documentation on the prevention and response to GBV exist, no empirical investigation has been conducted on the impact of these policies on a minority population of Indian women, specifically in the Westcliff flats in Chatsworth. The duty of the state to consult with majority and minority stakeholders on policy development and implementation is well established; however, the practical implications remain uncertain when it comes to policy implementation and political discourse. As such, the academic contribution of this study is threefold: it provides first-hand experience and perceptions of policy implementation in a minority Indian community, both from beneficiaries and providers of GBV support services; it provides an understanding of the intersecting socio-economic and cultural dynamics and its impact on GBV in the minority community of Indian women; and it offers insight into the ways in which our understanding of intersectionality and culture shape and influence the development and implementation of policy to address GBV.

1.10 Outline of thesis

This chapter introduced the motivation for studying the policy implementation of the Policy Framework, in particular the Victim Support Programme for Indian women in the Westcliff flats. The next chapter provides details on Indian women in South Africa, looking into their past as indentured labourers and their present status, with emphasis on Indian women in the Westcliff flats in terms of progress and the influence of culture and their vulnerabilities as a

minority group in terms of GBV and policy implementation. Chapter 3 offers the analytical framework that guided the study's data analysis using the 7Cs: content, context, commitment, capacity, clients and coalitions, communication, and coordination. Chapter 4 features the research design and methods employed in this study. Chapter 5 presents reviews of relevant national and provincial policies on preventing and redressing GBV, with particular attention on rights-based legislation such as the National Policy Guidelines for Victim Empowerment, the 365 Day National Action Plan to End Gender Violence, and the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence. Chapter 6 synthesises the key findings of the study, reflecting especially on content, context, commitment, capacity, clients and coalitions, communication, and coordination in implementation. The final chapter offers concluding remarks and recommendations for the implementation of policy in a minority community such as the Indian women in the Westcliff flats.

Chapter 2: Indian women in South Africa

2.1 Introduction

While a large number of present day Indian women in South Africa have progressed socio-economically and practise a modern version of their original culture, there are those, particularly in areas such as the Westcliff flats, who are still subject to patriarchy and GBV which is further fuelled by drug and substance abuse, unemployment, and overall abject poverty.

This chapter provides insight into the plight of Indian women, firstly as women with roots in colonised India, and then as indentured female labourers belonging to a minority group in South Africa. The chapter delves into race classification which originated during colonial rule and was entrenched during apartheid by white nationalism. Despite the subsequent transformation and dismantling of apartheid, race classification of African Black, Coloured, Indian, and White people remains the means for government and other regulators to measure progress and address the legacy of apartheid.

Based on their historical migrant background and small population, Indians are considered a minority group in South Africa. During apartheid, the Group Areas Act (1950) called for the physical separation of races and removal of African Blacks, Coloureds, and Indians from their homes and land they owned for many years into designated areas based on racial segregation. Chatsworth was one such area to which a large number of Indians were relocated.

Chatsworth is made up of a number sub-units and Westcliff forms part of unit three. Each of the sub-units were initially low cost houses with units two, three, seven, and ten comprising flat-dwelling housing six to eight families per block. Whilst people have progressed socially and economically in support of better lives, those living in the flat dwellings in most of the sub-units, particularly in units two and three, have experienced high levels of domestic violence, coupled with many social ills. Whilst unit two has been included in previous studies, unit three, and Indian women residing in the Westcliff flats more specifically, have not been previously studied within the context of policy implementation. Indian women were historically at the

bottom of the class-gender hierarchy in colonial Natal and, as such, experienced gross violations of their human rights as indentured labourers. Many brought with them the pervasive scarring of gender inequality and female oppression emanating from patriarchal, colonial India.

This chapter allowed the researcher to unpack the journey of Indian women as indentured labourers to the current position of being a minority population, adapting to changing circumstances and in need of social and economic development, particularly for those women living in the Westcliff flats. This vignette makes it necessary to understand how the Policy Framework for Victim Support Programme is implemented and received by this community of women.

2.2 Race classification in South Africa

As a result of colonial rule and apartheid, categorisation of the South African population has historically been along racial lines. Racial classification remains a key index necessary for government and other regulators to measure progress and address the legacy of the past. Race in South Africa is a prominent societal feature governing economics, as well as the politics of society in general (Pillay 2015). This study draws attention to race because of its interest in interrogating the impact of the Policy Framework for Victim Support Programme, particularly the victim support a minority group defined as such by their race and gender.

South Africa has a mix of cultural identities, languages, and ethnic bonds, with the population being divided into four main race groups: Black Africans, Coloured, Indian, and White people (Statistics South Africa 2021). It is important to note that race in population categorisation is a social construct though it categorises people according to distinct and similar physical characteristics (Erasmus and Ellison 2008). These physical attributes determine one's advantage, supremacy, and dominance based on a socially constructed rule (Erasmus and Ellison 2008). Nowhere has this been more evident than in South Africa. Racial discrimination began during colonial rule; however, it became more pronounced and systemic during the apartheid era in South Africa as apartheid laws supported racial segregation. The Population Registration Act No. 30 of 1950 and Group Areas Act of 1950 forced people to identify with a

particular race group and live in racially segregated areas (Vahed and Desai 2012). Although legal discrimination along race lines ended with apartheid, the South African government continues to use race to monitor development progress.

The South African Constitution's purpose is to build a united and democratic South Africa. Government declared that we would be a united, prosperous, non-racial, non-sexist, and democratic South Africa. The National Development Plan 2030 (South African Government 2012) states that "South Africa will be a society where opportunity is not determined by race or birth right, and where citizens accept that they have both rights and responsibilities." Furthermore, as a blueprint for the implementation of the National Development Plan 2030, the Medium-Term Strategic Framework (2014-2019) specifies as its outcome 14: "… a diverse, socially cohesive society with a common national identity." In an article published by BBC News (2021) titled "We are first humans", both Zodwa Ntuli, South Africa's Broad-Based Black Economic Empowerment Commissioner, as well as Kganki Matabane, Head of the Black Business Council, acknowledged the country's efforts to move away from a race-based past. Nonetheless, they both expressed strong views supporting racial classification as a necessary tool for government and other regulators to measure progress whilst defending and justifying their position that 27 years is not enough time to undo the racial discrimination caused by apartheid.

The South African Constitution (South African Government 1996) enshrines the rights of all people in the country and proclaims the democratic values of human dignity, equality, and freedom. A range of socio-economic rights, such as land; housing; food; water; social security and assistance; education; shelter; healthcare services, including basic nutrition; and social services are entrenched in the Constitution.

Clearly, therefore, race within the South African context has deep and significant historic connotations and remains an important source of identification and categorisation. It is accepted and expected by all in the country (Pillay 2015). South Africans are accustomed to viewing themselves according to racial tags and, therefore, there is no inhibition to self- classify

on paper or physically. Racial groups are not homogenous. A standardised or universal approach in policy implementation may lead to vulnerable and marginalised groups left behind.

The interest of this thesis is to understand the implementation of the Policy Framework for Victim Support Programme within a minority Indian community residing in the Westcliff flats located in KwaZulu-Natal. KwaZulu-Natal, previously known as Natal, has the largest Indian population in South Africa. The majority of Indians reside in Chatsworth and Phoenix in KwaZulu-Natal. These areas were designated for Indians according to the group areas act implemented during apartheid.

Freund (1991: 38) points out that white racial nationalism in Natal "reinforced the sense that Indians' were a common category of people with whom it was only natural for law and custom to deal as a race apart" The relationship among structures such as class, race, ethnicity, and gender demonstrate how individuals across population groups share more relative disadvantages than others at a given point in time and space (Dutta *et al.* 2020).

2.3 Defining minorities

Minorities have a common descent and their collective identity differs from the majority population. Whilst some may have a strong sense of shared identity and chronical history, others may retain only vague notions of their heritage (Wheatley 2003). Minorities can be found in every state, living in diverse conditions. Some may live together in well-defined areas separated from the majority population; others may be in scattered settlements throughout a country. These varied conditions make it difficult to reach a consensus on a universally acceptable definition for a minority (Slimane 2003).

Based on their historical migrant background and small population number, Indians are considered a minority group in South Africa. Although small numbers usually identify a minority group, a numerical majority may also find itself in a minority-like position, as was the unique case in South Africa under apartheid rule. The Black African majority were rendered powerless and overruled by the White minority. Minorities are recognised as a vulnerable

population and may be exposed to various forms of discrimination along the lines of gender, disability, or sexual orientation (United Nations 2010b).

Discrimination against women remains an ongoing development challenge (Sultana and Zulkefli 2012). Their low status further exacerbates this in a society where they are members of a national, racial, ethnic, religious, or linguistic minority (Tam *et al*. 2016). The compounded and intersecting forms of discrimination make women particularly vulnerable to violations of their rights in public and private life with ostracisation from within their communities and the larger society (Dauer 2019; The United Nations Special Rapporteur on Violence against Women, Its Causes and Consequences n.d.).

Minority women experience limited or no education, employment, political participation, financial inclusion, and access to other essential social services (Shalev 2000). This bleak situation of minority women makes the gender perspective in this study most relevant, particularly in respect of the Indian women's perceptions of the Victim Support Programme. As a minority, Indian women are not a monolithic group. The diversity within minority communities tends to be overlooked, both by discrimination and benign intent, framing the culture of the minorities as a whole. Evidence of this can be seen in pockets of affluence and large, glaring poverty-stricken communities in Westcliff.

2.4 The Indian population in South Africa

The arrival of the indentured labourers in South Africa motioned a new era of racialisation and the category of Indian which had not existed before (Pillay 2015) The introduction of apartheid from 1948 to 1993 legislated discrimination policies based on race. Although this had begun much earlier, it was during this period that policies and legislation became institutionalised racial discrimination through deliberate efforts to segregate the population groups. In 1961 the South African government accepted Indians as one of the population groups in South Africa for the first time as all efforts to drive them out of the country, back to India had failed (Pillay 2015).

According to the 2021 mid-year population estimate, Indians make up 2.6% of the 60,142,978 population in South Africa (Statistic South Africa 2021). Most Indians in South Africa reside within and around Durban, making it the most prominent Indian city outside India (Desai 2000; Hansen 2012; Pillay 2015). The percentage of the Indian male and female population is 51% (790,412) and 49% (754,810) respectively (Statistics South Africa 2021). Most Indians in South Africa are descendants of migrants from colonial India during the 19th century and early 20th century. Dawood and Seedat-Khan (2020: 191) describe the Indian community in South Africa as "inimitable" as it represents the "largest non-immigrant Indian population outside of India." Indians came to South Africa as indentured labourers and passengers (Beall 1982; Desai 2000; Hansen 2012). The indentured labourers were brought to Natal to develop the sugar industry in the province. According to Beall (1982: 135), "it was on the backs of Indian indentured immigrants that the sugar industry of Natal was built."

The Natal government brought 6,488 indentured Indians to the colony between 1860 and 1866. Of these, 4,116 were men, 1,463 were women, and 869 were children (Beall 1982). According to Beall (1982: 138), these Indians "came from the districts which fed the ports of Madras in the south and Calcutta in the north and spoke mainly the Tamil and Telugu languages." The indentured labourers were 12% Muslim, 5% Christian, and 83% Hindu. Passenger Indians, also known as Arab Traders, came through at their expense and without recruitment. They were Urdu and Gujarati speaking immigrants from Bombay and Mauritius. The Passenger Indians formed part of an advantaged trading community in Natal and catered both for the Indian indentured immigrants and some of the Whites. But, their trading success was not well received, leading to hostility by the Whites.

Through immigration and natural expansion, the Indian population in Natal grew. According to the statistics provided by Beall (1982), by 1897 the Indian population of 53,370 surpassed the White population of 49,110. Between 1866 and 1874 the influx of Indians from India ceased, partly due to the complaints of ill-treatment from Indians. The Natal Government appointed a Commission of Enquiry to investigate the allegations of ill-treatment of the labourers. The Commissioner of Enquiry addressed the concerns of the indentured Indians on and off the field. However, the abysmal conditions did not change, and immigration resumed

until 1911. Subsequently, the Government of India terminated the immigration agreement. While some of the men and women returned to India, others remained in Natal. Those who remained became more settled and permanent. The settled indentured labourers were exposed to a new environment, interacting with Whites, Blacks, and Coloureds. In light of the adjustment and adaptation, they were no longer "an exact duplicate of a particular Indian society but a new creolised world" (Freund 1991: 420).

2.5 Indian heritage and violence experienced by Indian indentured women

Although large volumes of literature exist on the official and legal history of the indenture, the social history of the indentured migrants remains underdeveloped (Freund 1991). According to Freund (1991) and having conducted a thorough search of the literature, Beall (1982) is the only scholar to have thoroughly and rigorously researched and documented the experiences of the indentured European, Black, and Indian women in South Africa. Beall (1982) paid particular attention to the situation of Indian indentured women, emphasising their "vulnerability and ultra-exploitation" (Beall: 135).

The indentured Indian immigrants brought varying social and cultural practices from India (Beall 1982; Vahed *et al.* 2006). They differed in language, religion, and class (Beall 1982). According to Muslim and Hindu beliefs, women are respected and revered in their role as mothers. However, in the role of wife, women are unavoidably submissive (Walker 1990). According to Caplan (1987: 280), "a dutiful wife (patrivrata) worships her husband, regardless of his worth or character, as if he were god." She becomes "merged on marriage, with the persona of her husband, and this merging lasts beyond death. Good females are those who males control."

Indian families strongly identified with, and promoted patriarchy (Walker 1990; Beall 1982). The oppression suffered by women varied according to their caste. Widow burning and prevention of remarriage of widows (which were practices later abolished by the British) as well as child marriages (with child brides as young as ten years old) were rife practices amongst Hindus. Hindu widows lived in the late husband's home under the authority of their mothers-

in-law. Despite legislation that subsequently came into place prohibiting the marriage of girls under fourteen years of age, the oppression of women continued. Poverty, displacement from villages, and scarce employment led women to resort to begging, prostitution, and contracting as indentured labourers.

All indentured Indian labourers were ill-treated and overworked, but the women in the Natal colonial economy were exposed to greater exploitation by their employers than their male counterparts (Beall 1982; Govinden 2000). They were in a forced labour system and regarded as "unwelcome additions to the already complex social make-up of the colony" (Walker 1990: 1; Beall 1982). The colonial masters accepted Indian women based on the insistence of the Indian state, which required 40% of women to accompany the number of men into the country (Freund 1991). Wives and single women made up the 40% quota. They were applauded for the decision to immigrate as independent and emancipated women, but their lives as indentured women labourers were characterised by powerlessness. Beall (1982) painfully describes the situation of Indian women as being "at the bottom of the bottom of class-race-gender." Women were not allowed to take on tasks that developed their skills and bargaining power. When the women were not in the fields, they prepared meals and performed domestic tasks of washing, cleaning, and sexual services for several men. Women's work was the lowest-paid and least valued. The favours to men helped them in earning small rewards such as rations or clothing.

The common belief of extreme wife subordination in marriages from India continued to exist under conditions where men outnumbered women. Customary marriage and family life was not supported, leading to unstable relationships and the abandonment of women. Women were labelled as promiscuous and spreading venereal diseases. This led to instances where indentured women were sexually harassed or sexually assaulted by the colonial masters and other men in the colony. The colonial masters disputed the complaints from the women in favour of the men (Beall 1982). The indentured women contributed both their productive and reproductive labour, which enriched the sugar-cane estates. As Indians, the women were not welcomed and were subjected to degradation and labelling. Indentured women created many coping mechanisms for survival outside of marriage and within the patriarchal family (Beall 1982). The widows and the women who were passed around the barracks from one man to

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another were scarred physically and psychologically and were no longer interested in marriage (Beall 1982).

2.6 Indentured labourers settled in Natal

The Indians who remained in Natal after the end of the indenture in 1917 settled in the areas of Mayville, Cato Manor, Clairwood, Magazine Barracks, and the Bluff, starting small businesses and taking on menial jobs (Desai and Vahed 2013). While the oppression of women continued not just in the Indian community, some women, especially those privileged to study, started to make their voices heard and organised themselves. Unfortunately, the majority were still voiceless and oppressed by patriarchal systems both within and outside of their households (Freund 1991; Dawood and Seedat-Khan 2020). Due to an increase of predominantly African and Indian working-class settlements in Natal, the area became densely populated, leading to slums with unsanitary conditions.

The apartheid government, under the guise of health and industrial expansion, started to legislate policies (Land Act of 1913, Mixed Marriage Act of 1949, Asiatic Land Tenure Act of 1946, and Group Areas Act of 1950) to entrench segregation. Colonialism defined Africans in racial and ethnic terms to encompass what it considered pre-colonial indigenous Africans. Asians (denoting Indians) and Coloureds were precluded from being African but classified as Black. These classifications were used as indicators to assign political rights and economic resources such as access to land, social welfare, and employment. Apartheid legislation further built upon the existing segregation created by colonialism, labelling four race groups of Black Africans, Coloureds, Indians, and Whites

Before the Indians and Black Africans were uprooted from their residential areas, tension and conflict fuelled by misunderstandings between the two races led to the 1949 Durban riots (Heatlie 2019) during which the abhorrent crimes and violence against Indians, especially against women, reared its ugly head (Ramamurthi 1994). Arson; looting; raping of women; and killing of men, women, and children lasted from 14 January to 16 January 1949 until the navy intervened. According to Ramamurthi (1994: 543), the South African Commission of Inquiry

appointed by the South African Government contended that the riots were a "spontaneous outburst of long-standing grievances" between Indians and Black Africans triggered by the assault of young Black African youth by an Indian man. However, the riots were clearly an "explosion of deeper frustrations in a society where rapid urbanisation and forced proletarianisation had subjected large sections of both communities to conscious poverty, which meant inability to pay for a home or for adequate food and clothing." The Durban riots showed Indians and Black Africans that an alliance with each other was a necessary condition for the success of both communities in their common struggle as under-privileged populations. Pachai (1971) is convinced that the Durban riots created a new understanding and unity in Indo-African relations in South Africa.

2.7 Resettlement of Indians in Chatsworth, Durban

The Group Areas Act was one of the key instruments that was used by the South African Government to reinforce the ideology of apartheid. It was enacted by the government between 1950 and 1960, leading to residential segregation based on race. Indians, Black Africans, and Coloureds were removed by the apartheid government from their places of residence to areas designated by the government. Indians were uprooted from Mayville, Cato Manor, Clairwood, Magazine Barracks, and Bluff to Chatsworth – places where they had originally settled after the end of indenture in 1917. Mayville, Cato Manor, Clairwood, Magazine Barracks, and Bluff were identified for industrial expansion by the government and the government felt that it was necessary to relocate the Indians and Black Africans to address the unhygienic conditions and living arrangements of their families (Desai and Vahed 2013).

Chatsworth was officially opened in 1964, consisting of eleven neighbourhood units containing 7,000 sub-economic and 14,000 economic houses (Desai 2000). Chatsworth served as a buffer between White residential areas and the large Black African township of Umlazi. The limited space in the new homes broke up the extended family and promoted a nuclear family (Freund 1991). More than half a century later, Chatsworth contains pockets of affluence but consists mainly of poor working-class people, especially in the flat dwellings of Westcliff, Montford, and Bayview in Chatsworth. From 1950 to 1970, Indian women's domestic labour changed to

wage labour and market-related activities. Some of the Indian merchants also fell into poverty due to the forced removal. The demand for cash increased in their new location due to the cost of rent, water, electricity, and travel (Freund 1991). The notion projected by the initial Indian women settlers which "generally emphasised delicacy and dependency, where the women's role is domestic and secluded" was no longer possible (Freund 1991: 415) as Indian women became significant roleplayers in the labour market.

According to Desai and Vahed (2013), Chatsworth is now characterised by chronic unemployment due to the closing of the clothing and textile sectors where jobs that were once reserved for working-class Indians no longer exist. Economic deprivation, violence, gangsterism, substance abuse, and other social problems are on the rise. Bayview and Westcliff are "infamous drug zones, impoverished areas, areas where girls prostituted themselves for drug money" (Ramadhin 2010: 56). The above situation is confirmed by a study conducted by Singh and Singh (2014) on the crimes committed by people of Indian origin, using data from the Chatsworth and Phoenix Police Stations in KwaZulu-Natal. According to them, "among the crimes committed and reported by Indians, it was common assault, assault of Grievous Bodily Harm, domestic violence, abusive behaviour induced by high alcohol consumption, illicit sale of liquor and drugs and drug abuse." According to Singh and Singh (2014), murder, car thefts, thefts from cars, and housebreaking are much lower than the other crimes.

Desai and Vahed (2013: 228) point out that "for the vast majority of those born in the flats, their places of abode remain within R3 taxi trips of where their mothers and fathers first set up home in the early 1960s." Young men feel trapped in overcrowded homes with a lack of wages and their assertive and aggressive lifestyles lead to family tensions. The substitute for wage employment is now drug runners.

2.8 The Indian women in Chatsworth in present day

The majority of Indian women residing in Chatsworth remain unemployed, although many have excelled in family life and career opportunities with the support of their husbands (Ramadhin 2010; Carrim and Ahmed 2016). The domestic burdens of the home and child-

rearing fall mainly on the woman, even if she contributes to the household income (Freund 1991; Dawood and Seedat-Khan 2020), a practice that may not be unique to the Indian race group.

Most Hindu and Muslim women in Chatsworth perpetuate a number of cultural practices based on their religious beliefs, particularly with regard to traditional attire, prayers and rituals, language, and food choices and style of preparation. Christian Indian women also maintain certain cultural practices and traditions such as wearing sarees or Punjabis, preparing traditional Indian foods, and speaking a particular vernacular language appropriate to one's upbringing (Desai and Vahed 2013). These practices remain, irrespective of affluence or modernisation. Indians have adapted to live together despite their differences. Hindus and Muslims ensure the celebration of religious holidays such as Kavady, Ramadaan, and Diwali (Desai and Vahed 2013). Govinden (2000: 87) describes how "Mosques, temples, saris, spice, vegetable prayer and food shops are a replica of a little India" in the community. These practices attempt to maintain Indian cultural expressions and a sense of community despite the infiltration of western culture and should not be mistaken for homogeneity. It is not unusual to see a once conservatively cladded young woman dressed in modern shorts and a crop top (Vahed and Desai 2012). Media and music from both Hollywood and Bollywood are also modern-day influences (Gokool 1994).

According to Rajab (qtd in Ramadhin 2010: 56), whilst in the past the role and expectations pertaining to Indian women were clearly defined, exposure to western culture and the workplace has resulted in changing perceptions on how women see themselves and how the community sees women. Now that employment has empowered some women financially, they can negotiate certain aspects of their lives. This form of empowerment is most likely to upset patriarchal control and lead to conflict. Characteristics bred by patriarchy continue to linger in the form of submissiveness, subservient behaviour, obedience, and respect attributes which are expected from Indian women (Dawood and Seedat-Khan 2020). Ramadhin (2010), in her study of sexual culture among young Indians in Chatsworth, found that Indian women engaged in sexual relationships much later in life due to the cultural value-add of being a virgin. Pregnancy

out of wedlock was considered a shame and disgrace to the female's family and an immediate solution, should this happen, was marriage.

Carrim and Nkomo (2016: 273) agree that the servile status of Indian women was and continues to be "reinforced by cultural prescription, intensified by geographical segregation through racialisation and ethnicisation emanating from apartheid and patriarchy." A study conducted by Govender (2005) provided evidence that Indian women are stigmatised and discriminated against. The study found that a number of women in Chatsworth were infected with HIV by their male partners. Families and friends, and the community as a whole, accepted the male partners and rejected the women. The women were touted with the most abusive language and left to fend for themselves. According to Govender (2005), the women were so accepting of their fate that they had no great expectations of life, believing that they would always live in poverty and continue to be dependent upon men. What is also evident is that Indian women are likely to conform to cultural practices as it represents a form of security, support, and belonging (Bond and Smith 1996).

2.9 Conclusion

The colonial legacy, the experience of having been indentured, apartheid, culture, religion, and patriarchy have left Indian women in South Africa, and in Westcliff, particularly vulnerable (Gokool 1994; Freund 1991; Dawood and Seedat-Khan 2020). Religion, education, family history, political affiliations, socio-economic position, and social networks further influence the position of the South African Indian family in present-day South Africa (Dawood and Seedat-Khan 2020). While some South African Indians have found wealth and success in post-apartheid South Africa, many still find themselves underprivileged, living in neglected conditions with no access to basic amenities and with limited employment opportunities, like the women residing in the Westcliff flats.

Landy *et al.* (2004: 213) argue that Indians should not be considered a diasporic community, citing the lack of links with the homeland, the great length of stay in South Africa, and the physical and emotional distance from India. Although the link to India weakens with each new

generation, the influence of this spatial relationship exists (Pillay 2015). Indians governed by cultural boundaries such as the caste system which prescribed different languages, religions, dress codes, and music were forced to live together as one and to adapt to changing circumstances. The "collapsing of space" produced a "Pan-Indian culture" or a forced homogenous identity (Govinden 2000: 37-39), creating a hybrid Indianness.

Although Western beliefs and practices have infiltrated Indian communities, the identity established over years borne of patriarchy and minority status is a breeding ground for violence against women. Considering the dynamics and the context in which this minority group (particularly women) exists, it is critical to understand and assess whether the Policy Framework for Victim Support Programme reaches this population. The chapter that follows investigates the theoretical framework of policy implementation, unpacking the first, second, and third generations of research into policy implementation. Key variables from all three generations are used to understand the implementation of the Victim Support Programme for the minority population of women in Westcliff.

Chapter 3: Conceptual and theoretical framework

3.1 Introduction

The purpose of this chapter is to outline the theoretical framework of this study. It commences by looking at policy development and implementation with an intersectionality lens.

The chapter introduces the three generations of research on policy implementation which are top-down, bottom-up, and hybrid. The key features of the three generations of policy implementation are presented, together with their strengths and weaknesses. A synthesis of the three generation of research on policy implementation – referred to as the 7Cs, or 7C Protocol – are then explained and confirmed as the most appropriate variables to be used to assess the implementation of the Victim Support Programme in the Indian community in Westcliff. The intersecting social attributes of inequality are integrated into the variables of content and context in the 7Cs, bringing out the complex relationships and interactions between social locations, race, and structural disadvantages that needs to be considered in policy implementation.

Literature used in this review dates back to 1960. The use of these earlier academic writings was necessary to delve into the history of policy formulation and implementation, noting that we still do not have a standard model for assessing policy formulation and implementation (Nilsen *et al.* 2013; Cairney 2020). The academic contributions from the pioneers such as Lasswell, Pressman, and Wildavsky, and others are still relevant in current debates.

Policy development and implementation are often described as distinct and separate stages within policy cycles. In practice, the lines between policy development and implementation can become blurred.

During the policy development stage, both political and technical issues have to be addressed. Political issues include getting buy-in, setting a vision, and managing opposition. Technical issues include gathering evidence and data of what works; implementation planning; and other mandatory steps required in government policy development, including public consultation.

Thinking about how a policy will be implemented should be an integral feature of the policy development stage. There is often a gap between the intentions of policy makers and how a policy looks when services are delivered to citizens. Government policy is often articulated as high-level goals and objectives. A range of stakeholders are involved in implementation, for example institutions, agencies, service providers, and intermediary organisations, before they have an impact on citizens. This can make policy implementation very challenging and dispersed. Priorities and actions need to be clear during the policy development process, to ensure that diverse stakeholders can interpret and implement them consistently.

As mentioned above, there are three generations of theory on policy implementation. The first generation is referred to as the "top-down approach," the second is the "bottom-up approach," and the third generation is referred to as the hybrid approach. Public policy literature shows that scholars have identified a remarkable convergence on the critical explanatory variables on policy implementation from the three generations of research on policy implementation (Najam 1995; Cloete *et al*. 2018: 196). The information that follows provides insight into the policy cycle and the three generations of theories on policy implementation is elaborated on. This is followed by a detailed synthesis of the three generations of research theories which provides a set of explanatory variables called the 7C Protocol: content, context, commitment, capacity, clients and coalitions, communication, and coordination. The 7Cs formed the basis of this thesis for assessing the implementation of the Policy Framework for Victim Support Programme in the Westcliff flats.

Although the literature touches on the policy cycle, it does not address other aspects of it. The information provided was merely to bring out the element of policy implementation. The focus on policy implementation answered the main research question of this study which is: has the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence, and in particular its support for victims of gender-based violence, achieved its desired outcomes in the minority Indian community of Westcliff, Chatsworth?

3.2 Research on policy implementation

Implementation studies was established in the United States "as a specialisation in the public administration and political studies fields to challenge the commonly held belief that the 1960s War on Poverty programmes were not so much the fault of the analytic brain trust that created them, but deficiencies within the governmental bureaucracy – i.e. them, not us – asked to carry them out (DeLeon 1999: 312). Pioneering policy implementation theorists Pressman and Wildavsky (1973) interrogated what they regarded as the one-sided appraisals from policy makers who presumed that their good policies had failed due to bad implementation. Advocates of implementation studies have since contended that policy analysts need to focus on "what implementation can deliver in practice, as opposed to clinging to unfulfilled promises," because the "mere existence of good policies does not automatically result in successful implementation" (Brynard 2007b: 364, 357). Interest in policy implementation gained momentum in the 1970s as concerns grew about the effectiveness of public policy (Najam 1995; O'Toole 2000; DeLeon and DeLeon 2002; Hill and Hupe 2003; Saetren 2005; Mugambwa *et al*. 2018). Contrary to scholarly debates (Hupe and Hill 2016; Hudson *et al*. 2018), Harald (2005) corroborates that policy implementation research has not ceased but has continued to grow into the 21st century, but there is still no consensus on a theory for policy implementation research.

3.2.1 The policy cycle

In implementation studies, theorists generally focus on tasks or functions to distinguish between different stages in the policy process (Sabatier 1986; DeGroff and Cargo 2009).

Lasswell broke down the policy cycle into seven distinct policy-making stages called "intelligence information, recommendation, prescription, invocation, application, appraisal and termination" (Molobela 2019). The seven stages of the policy cycle have since been condensed into five stages, namely, agenda-setting, policy formulation, public policy decision making, policy implementation, and policy evaluation (Howlett and Ramesh 2003). While all five

stages are essential, agenda-setting, formulation, and implementation have been identified as key to understanding the policy cycle (Howlett and Ramesh 2003).

Agenda-setting is the first stage in a policy cycle. It identifies the social condition that is a problem through information, prediction, and planning (Mthethwa 2012). Agenda-setting is a public process in that actors and institutions may enforce their philosophies into the process, which plays a role in determining the problems or issues requiring action on the part of the government. It has a pivotal stage in the policy cycle which influences the whole policy process and its policies (Howlett and Ramesh 2003). Once the existence of the problem is confirmed and the need to remedy it are acknowledged, the next stage in the policy cycle is policy formulation (Howlett and Ramesh 2003). Policy formulation involves identifying and assessing possible solutions to policy problems. The relationship between the government and social actors plays a significant role in influencing the formulation of public policies. The third stage, which is implementation, is equally critical in putting a public policy into effect.

The policy cycle model described above creates an impression that each stage in the cycle happens in a fixed manner, which is far from reality. The weakness of the model is its inability to provide an explanation on what causes policies to move from one stage to another and it fails to take into consideration how a policy can change during implementation and evaluation (Sabatier 2007). Calls have been made for the model to be further developed to justify reasons for policy changes (Howlett and Ramesh 2003). Critics of the policy cycle model note that the framework adopts a top-down perspective in assuming that good policies often fail due to bad implementation and thereby oversimplifies policy making (Hill and Hupe 2010). The policy cycle assumes that policy making is uninterrupted, overlooking potential disruptions and retorts that can affect the policy processes.

The policy cycle model has been so central in policy studies that Hill and Hupe (2010) described it as the textbook approach. According to Taing (2019), the view of a policy occurring in stages is entrenched in the South African government's structures and processes (DPLG 2007). Evidence of this linear view can be seen in the sanitary programme in the Western Cape where policy failure is attributed to implementers who are "non-compliant with

or have maladminstered and misinterpreted national legislation and policy" (Taing 2019: 537; Mjoli *et al.* 2009). The South African policy makers and implementers are still to discuss the shortcomings of the policy cycle approach and take the necessary remedial action. One of the reasons cited for continuous use of the policy cycle approach in South Africa is the tendency to use the incremental approach in policy formulation and implementation (Taing 2019). With the incremental approach policy makers rely on what is politically possible instead of what is desirable from an informed standpoint (Knaggård 2014; Cochran and Malone 2014; Taing 2019).

3.2.2 Three generations of research into policy implementation

Three generations of research into policy implementation exist (Pressman and Wildavsky 1973; Najam 1995; Whittrock and Deleon1985). The first, or classical, thinking believes that implementation would happen automatically once the appropriate policies are endorsed. The second generation challenges this notion, claiming that implementation fails in some instances and showing that implementation is a political process and is just as, if not more complex than, policy formulation. The point of departure in the third generation research is less concerned with implementation failures and more focused on understanding how implementation works in general and how to improve it.

3.2.3 First generation research on policy implementation: Top-down approach

This generation of research is associated with the top-down approach, which focuses on probing theoretical and single case studies using qualitative data. The research theory referred to as "the cog in the administration machine" is characterised by a single authority, top-down to political organisation and thereby to policy implementation (Najam 1995: 8; Brynard 2005). The machine is viewed "as a metaphor and model for the study of administration," supporting the notion that "implementation was but an automatic cog with a rationalised administrative machine" (Najam 1995: 8; Brynard 2005). The top-down approach assumes that a policy will be implemented just because it is endorsed (Najam 1995; Barret 2004; Grindle 2017). Nakamura and Smallwood (1980) describe the top-down perspective as an authority with

inflexible and lucid systems. A core group of decisions makers at the top create the policies which subordinates are obligated to carry out.

The key contributors towards the top-down approach are Van Meter and Van Horn, who made one of the first top-down models (Van Meter and Van Horn 1975). The other key contributors of the top-down model are Mazmanian and Sabatier (1983). The top-down recommendations for effective implementation includes making policy goals clear and constant, reducing the number of actors, minimising the extent of change, placing implementation responsibility in an agency that supports the policy's goals, and committed and skilful implementing officials (Mazmanian and Sabatier 1983; Sabatier 1986).

The top-down approach focuses on the created policy and underrates the role of politics. Top-down models emphasise policy makers as key actors without consulting local actors to advise on policy and its implementation, recognising policy implementation as a purely administrative process whilst ignoring the political elements (Saetren 2005). It is also criticised for not considering earlier actions taken in the policy-making process (Matland 1995). A major shortcoming is that efforts to dismiss a political subject matter from politics may deter political actions and lead to failure (Matland 1995).

3.2.4 Second generation research on policy implementation: Bottom-up approach

Bottom-uppers such as Hjern and Porter (1983), Hjern and Hull (1982), and Lipsky (1980) believe that more pragmatic policy implementation is possible when understanding the policy from the viewpoint of beneficiaries and service deliverers. Policy implementation happens at the macro implementation level, where centrally located actors create a government programme. At the micro implementation level, local organisations respond to the macro-level plan, develop their programmes, and implement them. Most implementation problems arise from a policy's interplay with the micro-level institutional setting. Central planners can indirectly influence micro-level factors. Therefore, there is an expansive range in how the same national policy is implemented locally.

Contextual factors within the implementation environment can flout rules made at the top of the implementation pyramid. According to the bottom-up advocates, if local level implementers are not permitted to adapt the programme to a local context, it is unlikely to succeed (Matland 1995). Bottom-uppers argue for the importance of understanding the goals, strategies, activities, and contacts of the actors involved in the micro-level implementation process. It is at the micro-level that policy directly affects people. The interaction between policy and its environment leads to implementation. Teachers, judges, police officers, health workers, social workers, and public defenders are identified as street level bureaucrats by Lipsky (2010). He argues that street-level bureaucrats, through discretion and autonomy, are key actors in constructing public policy and have adaptive strategies to deal with their work environment. These coping mechanisms may unintentionally distort the objectives of the policy, which they are entrusted to implement and may. directly benefit or sanction citizens. It is through these discretionary powers that they are able to shape public policy instantly.

While top-downers promote prescriptive advice, bottom-uppers emphasise elements which have caused challenges in reaching stipulated goals. One significant criticism against the bottom-up models is that street-level bureaucrats have significant discreteness in their interactions with clients and are likely to renounce their client's goals and replace them with their own (Linder and Peters 1987). Therefore, pliability and autonomy involved in bottom-up models might be appropriate when the goals of the policy conceptualisers and implementers are the same; however, if they vary significantly, it leads to poor implementation and performance of official plans (Matland 1995; Lipsky 2010).

Bottom-up theorists underscore the local level or target groups and service deliverers as crucial players in policy implementation (Matland 1995; Hill and Hupe 2002). The model tends to overrate the role of local actors with the belief that the perceptions and activities inform the policy implementation process of the local actors. In contrast to the top-down approach which starts from a policy decision and focuses on the extent to which its objectives are attained over time and why, the bottom-up approach starts by identifying the network of actors involved in service delivery in one or more local areas and asks them about their goals, strategies, activities, and contacts (Hjern and Hull 1982). It then uses the contacts as a vehicle for developing a

network technique to identify the local, regional, and national actors involved in the planning, financing, and execution of the relevant governmental and non-governmental programmes. This provides a mechanism for moving from street-level bureaucrats (the 'bottom') up to the 'top' policy makers in both the public and private sector. Their networking methodology is a useful starting point for identifying many of the actors involved in a policy area, but it needs to be related via an explicit theory to social, economic, and legal factors which structure the perceptions, resources, and participation of those actors (Schroeder 2001).

Finally, it is worth observing that top-downers and bottom-uppers have been motivated by somewhat different concerns and thus have developed different approaches. Top-downers have been preoccupied with (a) the effectiveness of specific governmental programs and (b) the ability of elected officials to guide and constrain the behavior of civil servants and target groups. Addressing such concerns requires a careful analysis of the formally approved objectives of elected officials, an examination of relevant performance indicators, and an analysis of the factors affecting such performance. Bottom-uppers, on the other hand, are far less preoccupied with the extent to which a formally enacted policy decision is carried out and much more concerned with accurately mapping the strategies of actors concerned with a policy problem. They are not primarily concerned with the implementation or carrying out of a policy but rather with understanding actor interaction in a specific policy sector.

Table 1: Comparison between top-down and bottom-up approaches

	Top-down (Mazmanian and Sabatier)	Bottom-up (Hjern and Hull)
Initial focus	(Central) Government decision, e.g. new pollution control law.	Local implementation structure (network) involved in a policy area, e.g. pollution control.
Identification of major actors in the process	From top-down and from government out to private sector (although importance attached to causal theory also calls for accurate understanding of target group's incentive structure).	From bottom-(government and private) up.
Evaluation criteria	Focus on extent of attainment of formal objectives (carefully analysed). May look at other politically significant criteria and unintended consequences, but these are optional.	Much less clear. Basically anything the analyst chooses which is somehow relevant to the policy issue or problem. Certainly does not require any careful analysis of official government decision(s).
Overall focus	How does one steer the system to achieve (top) policy maker's intended policy results?	Strategic interaction among multiple actors in a policy network.

Source: Adapted from Sabatier (1986: 33)

3.2.5 Third generation research on policy implementation: Hybrid approach

The third generation set of theories about policy implementation, also referred to as the hybrid approach, aims to provide a scientific understanding of how implementation works (Najam 1995) through the combining of top-down and bottom-up views. The key features of the third generation research are clearly defined variables; scientific analysis informed by hypothesis; increased use of statistical analysis; use of quantitative data to enhance qualitative analysis; use of various measures and methods; improved comparison across different units of investigation within and across policy sectors; and more longitudinal research design, with research timeframes of at least five to ten years (Lester and Goggin 1990).

Many scholars answered the call and moved beyond the top-down versus bottom-up debate during the 1990s, resulting in a vibrant period of implementation research (O'Toole 2000). However, much of the research focuses on public policy and administration, specifically on an improved understanding and modelling administrative behaviour, failing to integrate these aspects into larger, existing models of policy processes (Saetren 2014). The major challenge with the third generation of research is that there are too few comparative, longitudinal, and synthetic studies with too many variables and too few cases (Najam 1995). Despite the lack of merging in the field and that predictive implementation theory remains ambiguous, this generation of scholarship has assisted in understanding the importance of clusters of variables which gave rise to the 5Cs.

To date, scholars have not reached a consensus on a single theory that combines the diverse approaches. Quantitative and qualitative literature reviews by Saetren (2014) and O'Toole (2000) found that there are many research literatures on policy implementation by Barrett (2004), DeLeon and DeLeon (2002), Hill and Hupe (2002), O'Toole (2000), and Schofield (2001), however, progress is reported more on methods than philosophical issues. During this period, the use of quantitative data to supplement qualitative data has increased with more rigorous and robust analytical techniques.

None of three generation of policy implementation approaches presented a fully fledged model of understanding and analysing implementation. Each supports the notion that policy implementation can only be meaningfully understood and evaluated within the context of a whole policy process. They have also highlighted certain vital variables that implementation theory needs to examine, including the nature of the existing range of policy actors, the kind of resources that these actors have at their disposal, the nature of the problems they are trying to address, and the institutional arrangements.

3.3 Synthesis of the three generations of research on policy implementation

An analytical review of the three generations of research on policy implementation found that that there is no "consensus on a single universally predictive theory, the field is complicated without culmination or convergence, a list of identifiable variables is lacking, and the major fault-line in the scholarship is between top-down and bottom-up approaches" (Najam 1995: 30).

While the scholars of the above approaches to researching policy implementation do not propose a defined implementation model, what is evident from Najam's (1995) review is that scholars should accept the contextual nature of policy and the process of change. The recommendation proposed by Najam and supported in this study is to understand policy within its changing context instead of from a top-up or bottom-down perspective.

Najam (1995) proposes critical variables, known as the 5Cs, which shape the direction of research on policy implementation. These include the content of policy, the institutional context, capacity, commitment of the implementers, support of clients, and coalitions forming the target group. Each of these variables is interlinked and is influenced by the others, depending on the specific implementation situation as depicted in Figure

Figure 1 : 5Cs
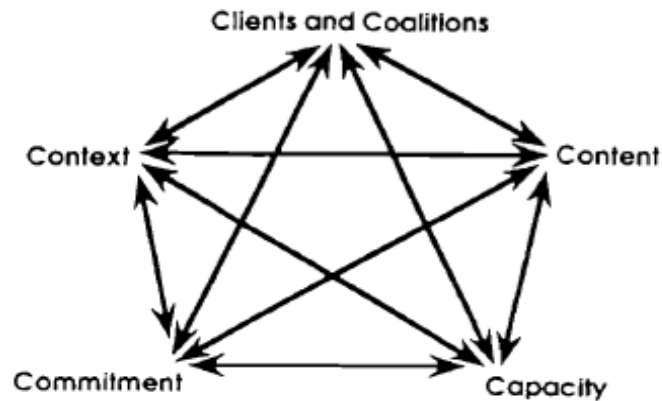
Source : Najam (1995 : 35)

Cloete *et al.* (2018) and Barret (2004) have added communication and coordination to the above-mentioned five variables, making it the 7C Protocol.

These variables are causal factors for many scholars adhering to the otherwise divergent perspectives of top-down or bottom-up approaches, working on different issues of environmental education and other social factors in different political systems and in countries such as South Africa which varying levels of implementation. What we are observing is the coming together of views of different generations of research, with a willingness to view the different standpoints as complementary rather than mutually exclusive (Wittrock and deLeon 1985: 48).

Following this will be a more detailed discussion of each of the 7Cs, which are the variables that was used in this thesis to analyse the data in chapters 5 and 6.

Table 2: Exploratory variables based on the synthesis of the three generations of research

Variable	This, or similar, variable also considered 'critical' by...	
Content	Lowi (1964, 1972) Smith (1973) Rein and Rabinovitz (1978) Barrett and Fudge (1981) Mazmanian and Sabatier (1983) Sabatier (1986) Elmore (1987) Linder and Peters (1987)	Pressman and Wildavsky (1973) Van Meter and Van Horn (1975) Grindle (1980) Hargrove (1983) O'Toole (1986) Wittrock and deLeon (1986) Lester et al. (1987) Goggin et al. (1990)
Context	Smith (1973) Van Meter and Van Horn (1975) Berman (1978) Scharpf (1978) Grindle (1980) Warwick (1982) O'Toole (1986) Migdal (1988)	Hargrove (1975) Bardach (1977) Hanf (1978, 1982) Edwards (1980) Barrett and Fudge (1981) Hjern and Hull (1982) Lester et al. (1987) Goggin et al. (1990)
Commitment	Pressman and Wildavsky (1973) Berman (1978) Scharpf (1978) Edwards (1980) Williams (1982) O'Toole (1986)	Van Meter and Van Horn (1975) Lipsky (1978, 1980) Elmore (1979) Nakamura and Smallwood (1980) Warwick (1982)
Capacity	Smith (1973) Van Meter and Van Horn (1975) Edwards (1980) Williams (1982) O'Toole (1986) Goggin et al. (1990)	Hargrove (1975) Rein and Rabinovitz (1978) Barrett and Fudge (1981) Mazmanian and Sabatier (1983) Sabatier (1986)
Clients and Coalitions	Pressman and Wildavsky (1973) Berman (1978) Lipsky (1978, 1980) Scharpf (1978) Grindle (1980) Barrett and Fudge (1981) Warwick (1982) Sabatier (1986) Migdal (1988)	Bardach (1977) Hanf (1978, 1982) Rein and Rabinovitz (1978) Elmore (1979) Nakamura and Smallwood (1980) Hjern and Hull (1982) Downing and Hanf (1983b) Wittrock and deLeon (1986);

Source: Najam (1995: 44)

3.3.1 Content

Policy content is either distributive, regulatory, or redistributive. Distributive policies create goods for the general welfare; regulatory policies specify rules of conduct with a penalty for the failure to comply; and redistributive policies address inequality – they attempt to reverse wealth distribution from advantaged to disadvantaged groups (Najam 1995). The Policy Framework is a regulatory policy. The content of policy is a function of the level and type of

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authority by the government. The content of a policy is vital in terms of it achieving its ends and its determination on how it chooses the specific means to reach those ends. The elements of policy content include what the policy sets out to do, its goals, problematisation of the issue it addresses, the entrenched causal theory, how it aims to solve the alleged problem, and the selected approach and means to address the alleged problem.

The government frames the above policy content at the top, considering the view that policy is a moving target that goes through a unified network of causal linkages. Policy content tends to be neutral and the experience may differ in various populations based on intersecting social identities. The ultimate purpose of implementation analysis in this process is to manoeuvre the variables and the linkages between them to ensure synergy and alignment with the policy in action and sought goals. This may be achieved through trying to sway the policy in action to match the stated content and, in some instances, by altering the content of the policy itself for relevance.

3.3.2 Context

Understanding the context of policy implementation is important for facilitating meaningful implementation. It assists in identifying the key institutional actors influencing or being influenced by the process; recognises interest and power relationships between and within the relevant institutions; and comprehends the institutional characteristics impelled by the overall social, economic, political, and legal environment in which they function.

Institutional context is shaped by the larger context of the system's social, economic, political, and legal existence, just as is the case with the other four variables of content, commitment, capacity, and clients and coalitions. The main concern is how institutional context influences the implementation process first and foremost through the institutional passageways through which implementation must pass with the support of clients and coalitions. Supporting meaningful understanding of implementation within the institutional context requires the identification of key institutional actors and being mindful of the social, economic, political, and legal setting in which they operate. Institutional context includes more than the network of

inter and intra-agency relationships. In analysing the institutional context of implementation, Najam (1995) cautions us on the importance of understanding agencies' standard operating procedures and how they influence the policy in question.

It is crucial to understand which standard operating procedures will facilitate effective implementation and whether actor coalitions, changes in policy content, or provision of particular resources such as capacity may influence the operating procedures. This will move the analysis of the institutional context from an arid administrative to a complex political one, considering that programme contexts are diverse and difficult to envisage in detail before implementation occurs. Just as implementation cannot be understood without considering the institutional context in which it exists, the institutional context itself cannot be absolved of the societal structure in which it operates. Social groupings such as race, ethnicity, gender, class, sexuality, culture, geography, and ability are socially engineered and dynamic (Ghasemi *et al*. 2021). As defined in chapter 1, the social categories are intertwined and are shaped by "interacting and mutually constituting social processes and structures, which, in turn, are shaped by power and influenced by both time and place" (Hankivsky *et al*. 2014: 2). An understanding of the societal context in terms of its intersecting inequalities sets the stage in knowing who is benefiting, and who is excluded in policy implementation – in this case the Victim Support Programme (Lombardo and Augustin 2016).

The significant contribution of this variable on the one hand is the identification of the key institutional players, disparity between and within such institutions, and the dynamic relationship between the goals of the policy in question and of the agencies charged to implement it. On the other hand, is the societal side; the intersecting power relations of race, culture, gender, and geography; and its impact on policy implementation in terms of inclusiveness and diversity.

3.3.3 Commitment

Governments may have admirable policies which may pass the cost and benefit analysis with the necessary legislative edifice. But, if those responsible for implementing these policies are

unwilling or unable to do so, very little will come of it (Warwick 1982; Brynard and de Coning 2006). The eventual implementation effectiveness depends on how this level of implementers delivers the policy and how much they are committed to delivering it (Brynard and de Coning 2006). The street level is not the only level at which commitment becomes a critical variable. It is not implausible to have circumstances where high-level bureaucrats and top-level decision makers have similar interests, but mid-level officials at the provincial level have a lower level of commitment (Cloete *et al.* 2018) Those who formulate policies are assumed to be fully committed since that is where policy is developed. However, in developed and developing countries alike, policies and programmes often emerge out of political obligation rather than commitment. In such cases, a lack of commitment at the top rather than at the bottom may cause ineffectual implementation (Munzhedzi 2020).

The design of a policy is viewed as a "moving target" which travels through various levels (Najam 1995). Commitment must be identified and understood at every level of policy implementation as it affects the progression and outcome of implementation. Lipsky (2010) points out that no other actor is likely to be more critical for effective policy implementation than street-level bureaucrats. Street-level bureaucrats are in a privileged place of closeness to the problem which means that their urgencies are influenced not only by their agency but also by the veracity and concerns of their clients. Street-level bureaucrats enjoy a degree of discretionary power, placing them in a position to not only influence the implementation of the policy but to define policy in action. Ultimately, it is at this level where policy translates into action.

In cases of low implementer commitment, a top-down approach may consider managing "discretion by either changing the standard operating procedure (context), designing more rigorous evaluation routines within policy (content), or influencing implementer disposition by providing more significant resources for capacity" (Najam 1995). An actual test of commitment is not whether implementers execute a policy when their seniors force them to, but whether they carry out a policy when they have the choice of not doing so. Alternatively, a bottom-up approach might attempt the exact opposite by viewing the commitment of the implementers in conjunction with signals from client coalitions as a basis for encouraging adaptive redesign of

the policy at the street level. In this case, the directive would be to change content, capacity, and institutional context, but in response to, rather than in retaliation to, implementer commitment.

3.3.4 Capacity

Administrative capacity is fundamental for effective implementation; however, it requires the necessary resources, both in terms of capacity logistics and capacity politics. This, according to Najam (1995: 32), is not straight forward, it is a political challenge and not a logical problem; since it deals with who gets what, when, how, where, and from whom." The critical question is understanding how capacity may influence implementation effectiveness. It is not only what capacity is required but also how it can be created and operationalised. Successful implementation is a function of the implementing organisation's capacity to do what it is expected to do. The ability to implement policies may be hindered by such factors as being overworked, poorly trained staff, insufficient information and financial resources, or time constraints.

Intra-agency political actors such as the DOJ, DSD, DOH, NPA, and SAPS referred to in this study have officials at various levels, and sections of the same agency are likely to identify different capacity requirements. For example, those dealing with technical aspects may place high trained human resources at a premium, while others entrusted with service delivery might consider the number of field staff or physical facilities (e.g. vehicles) more critical. Middle and bottom-level officials, including street-level bureaucrats, are less likely to influence capacity politics and their needs, arguably the most critical aspect to effective implementation, may often be overlooked, leading to less effective implementation. Inter-agency politics where different agencies may contend for resources and aspects such as being overworked, having poorly trained staff, insufficient information and financial resources, or being placed under time constraints may impact policy implementation (Najam 1995).

3.3.5 Clients and coalitions

Implementation scholars, particularly the bottom-ups, have realised that the ultimate effectiveness of any implementation process depends equally on non-state actors, particularly upon target groups to whom the policy is being delivered, i.e. the clients. Clients can haste, decelerate, or redirect implementation (Warwick 1982). In this study the clients are beneficiaries of the Victim Support Programme. Coalitions are those interest groups whose individual behaviour may not be affected, but who have sufficient motivation and ability to actively seek particular outcomes. As with other variables, the make-up of clients and coalitions will influence and be influenced by the other four variables. No amount of success on other fronts can compensate for the rejection of a programme by its intended clients. Clients' experience with and their reaction to the programme are interconnected. This interconnection passes through the maze that links all five variables. The policy follows changing direction while implementation moves from initially set political goals to results on the ground (Brynard 2005).

3.3.6 Communication

Working from the proposed 5C Protocol, Brynard (2005: 21) added communication as the sixth 'C' of policy implementation. Communication is seen as a critical variable for implementation to the extent that policy implementation is likely to fail without it. Although Najam (1995) identified communication in the exploratory variables, it was not specified as such. Communication can build trust, improve cooperation, and bring about the right kind of engagement for positive results. Cline (2000) finds that there is more conflict than cooperation in policy implementation relationships, and that this can happen both in the institutional and societal context, highlighting the need for effective and efficient communication. Communication between sector departments, civil society, and beneficiaries of the Victim Support Programme is key for the effective implementation of the Policy Framework for Victim Support Programme.

3.3.7 Coordination

Effective coordination plays a critical part in successful implementation as without this the desired results will not be realised (Burger 2015). In the interest of its importance, coordination was added as the seventh 'C' to Najam's original 5C Protocol and Brynard's addition of the sixth C of communication (Cloete *et al.* 2018: 206). The Victim Support Programme is a multi-sectorial programme and the sound coordination of the support by the different sector departments is vital to ensure the full package of services reaches the intended beneficiaries. Proper coordination will also alleviate or timeously resolve challenges faced in implementing the Victim Support Programme.

3.4 Conclusion

Policy formulation is complex, and so is policy implementation. Policy implementation has no designated start or finish, and it may be interrupted at any time. A new policy may emerge, superseding a current policy. Policy implementation is a political commitment involving all actors with dedicated resources to address a societal problem, supporting the adherence to laws and policies with programmatic interventions.

No standard theory exists when it comes to the implementation of public policy. However, a review conducted on public policy literature shows that scholars have identified a remarkable convergence on critical explanatory variables on policy implementation (Najam 1995; Cloete *et al.* 2018: 196). A set of exploratory variables emerged from the synthesis of three theories of policy implementation. The five variables prosed by Najam (1995) and the additional two by Cloete *et al.* (2018) and Brynard (2005) are more parsimonious than any other set. These are content, context, commitment, capacity, clients and coalitions, communication, and coordination.

These variables are interlinked, providing a better understanding of policy implementation in its changing context instead of a top-down or bottom-up approach. South Africa is a developmental state with a new democracy, considered to be in a learning phase. The 7C Protocol is most relevant for assessing the implementation of the Policy Framework for Victim

Support Programme to Indian women in Westcliff. Using the 7C Protocol provides an opportunity to assess the Victim Support Programme from the view of the street-level bureaucrats and beneficiaries (right holders) who are also subjected to intersecting inequalities. Overall, the elements of intersectionality were mainly addressed in the societal context, where it is most relevant to gain a comprehensive understanding of the intersecting social identities and their impact.

Advocates for a particular policy are keen to claim that a policy is succeeding, while antagonists are more likely to regard policies as failures (Marsh and McConnell 2010). As McConnell (2010a: 345) says, "the reality is that policy outcomes are often somewhere in between these extremes." Policy outcomes have multiple dimensions often succeeding in some aspects but not in others according to facts and their interpretation.

The next chapter presents the research methodology used in this study to understand the perceptions and experiences of the Victim Support Programme by Indian Women in the Westcliff flats, civil society organisations, and implementers of the programme in the area.

Chapter 4: Research methodology

4.1 Introduction

The study applied a qualitative approach and interpretivist research paradigm to understand the implementation of the Policy Framework for Victim Support Programme, with a particular focus on the victim support to Indian women in the flat-dwelling areas of Westcliff. Primary data was analysed by thematic analysis while secondary data was obtained from the public domain. Purposive, convenience and snowballing sampling methods were used in this study. The aim was to ask questions through interviews and surveys in order to capture the dynamics of policy implementation from both organisational and community perspectives.

This chapter provides details on the research design, methodology, study area, study population, sampling, data collection, analysis, and ethical considerations that were deployed to achieve the objectives of this study and answer the main research question on whether the Policy Framework for Victim Support Programme achieved its desired outcomes for Indian women in the Westcliff flats.

4.2 Research approach

The assessment of the Policy Framework adopted a qualitative research design to understand this complex process of policy implementation. A qualitative approach does not employ any means of quantification but focuses instead on the nature of the research problem, interpreting and contextualising meaning from peoples' beliefs, perceptions, and practices (Creswell 2014; Dooley 2002; Denzin and Lincoln 2011). The qualitative data collection methods included one-on-one interviews and a survey. Given the interpretivist paradigm adopted in this research and the type of research questions, the case study design was the most appropriate approach to employ because it provided a systematic way to collect data, analyse information, and report the results of a particular problem or situation in great depth (Creswell 2014; Walsham 2006; Yin 2009).

The case study provided the researcher with a natural setting in a "single," "small geographic area" "previously un-researched" to understand the implementation of the Policy Framework in the Westcliff flats to understand the nature and complexity of implementation of the Policy Framework and gain insights into the implementation of policy gaps and successes (Yin 2009: 16). The single research design, with multiple methods of data collection, provided an opportunity to ask questions through interviews and surveys to capture the dynamics of policy implementation from both organisational and community perspectives, noting that the findings may have little basis for generalisation (Yin 2009; Saunders *et al.* 2009). The research method used in this study assisted in unearthing the experience and perceptions of the women themselves as well as civil society organisations of the Victim Support Programme, as well as highlighting challenges and good practices in regard to the implementation of the Victim Support Programme by street-level bureaucrats.

4.3 Study area

Chatsworth was officially opened in 1964 and consisted of eleven neighbourhood units containing 7,000 sub-economic and 14,000 economic houses. This was initiated by the apartheid government in response to the Group Areas Act and segregation policies. More than half a century later, Chatsworth contains pockets of affluence but consists mostly of poor, working-class people, especially in the flat areas of Chatsworth.

According to Vahed and Desai (2012), Chatsworth is characterised by chronic unemployment, economic deprivation, violence, gangsterism, and substance abuse. Statistics also show that much of the burden of these social ills is borne by the women in this location, a good majority of whom are Indian. While crime statistics show that KwaZulu-Natal has been topping the list when it comes to violence perpetrated against women and children, Chatsworth Police Station is listed among the top ten police stations reporting on crimes against women in the province.

The study focused on Indian women in the flat-dwelling areas of Westcliff, Chatsworth in the eThekwini Municipality, KwaZulu-Natal Province. The study area was chosen for a number of reasons. Chatsworth is a predominantly Indian township, located in the Southern Durban basin,

with a population of over 450,000. Inadvertently, the majoritarian focus of province-wide research reports tends to obscure the population group-specific and demographic character of social problems and outcomes of interventions. This is particularly the case of the Indian minority population group, especially Indian women. Westcliff is also an area which is least covered in research on GBV.

4.4 Study population and sampling

Non-probability sampling methods including purposive, convenience, and snowballing methods were used to recruit participants who were interested in and willing to participate in the survey and individual interviews. These sampling methods were both feasible and practical in the case of this study. The main goal of the sampling methods was to focus on particular characteristics of the population of interest to best enable the researcher to answer the research questions, noting the willingness and availability to participate and provide the information by virtue of knowledge and experience. Participants for this study included three groups of people: officials responsible for the implementation of the Policy Framework, civil society representatives, and the Indian women in the community of Westcliff. Participants who qualified to participate in the online surveys were also invited to take part in individual interviews. Seven government officials, six women from the community, three civil society organisations, and one community leader participated in interviews.

4.4.1 Government officials – street-level bureaucrats

The first group of people interviewed were officials who are responsible for implementing the Policy Framework in Westcliff such as the DSD, DOH, DOJ, NPA, and SAPS. A letter requesting permission to interview an official (frontline worker) working with the Victim Support Programme in Chatsworth was sent to each of these entities. The departmental heads identified the relevant frontline workers to be interviewed from each of the respective departments. Using both purposive and snowballing sampling methods, a total of seven street-level bureaucrats were interviewed for this study.

Interviews with the implementers of the Victim Support Programme took place at their individual offices and were conducted face-to-face at their convenience. The interviews with the implementers varied between 45 minutes to an hour.

4.4.2 Civil society representatives

The second group consisted of civil society representatives. Purposive and snowballing methods were used to identify three civil society organisations and one community leader in Westcliff. Interviews were arranged with representatives from the following civil society organisations operating in Westcliff: AFM Tabernacle, Sinika, Mosaic, and a community leader who works closely with a civil society organisation in the area. The face-to-face interviews with the civil society representatives and the community leader were arranged based on convenience and availability in the comfort of their offices. Each of these semi-structured interviews lasted between 45minutes to an hour.

4.4.3 Indian women in the community of Westcliff

The third group of participants were the women in the community of Westcliff who are beneficiaries of the policy directly or indirectly. Criteria for inclusion in both the survey and individual interviews included being an Indian woman aged 18 to 55 who resides in the Westcliff flats and has a basic command of the English language.

The recruitment strategy included direct recruiting from local gathering spots. The Bangladesh open market, which is a public place where a number of women gather and purchase their groceries, vegetables, and other odds and ends was chosen as one such spot. A prominent community structure called Miracle Tabernacle was also utilised for recruitment. Although this a Christian place of worship, it also serves as a safe space and feeding centre for women of different religious beliefs in Westcliff. A mini poster was put up in the church hall with permission from Pastor Jonathan Naidoo which contained details of the study, inclusion criteria, and contact details for women who were interested in participating in the study. In addition, the poster contained details of the GBV helpline for anyone besides the participants who may require counselling assistance.

Purposive, snowballing, and convenience sampling methods were used and 115 women were identified to participate in the online survey. Of the 115 women, six women self-identified and agreed to be interviewed individually instead of participating in a focus group discussion. The telephonic interviews with individual women were arranged according to the availability of the women and when they felt safe and comfortable to have the interview. Each of these interviews lasted for 45 minutes to an hour.

4.5 Data collection

Research instruments used for data collection in this study included an online survey and interviews. Questions in the survey were standard and used to collect an individual's demographic and context-specific data (Trobia 2016). Although the questions were open-ended, it was structured in a manner that ensured responses were clear. Semi-structured questionnaires were used in the interviews with the implementers of the Victim Support Programme, civil society organisations, and the beneficiaries of the Victim Support Programme. The semi-structured questionnaire assisted in guiding the researcher and participants to align to the objectives of the study. These instruments allowed the researcher to obtain in-depth knowledge of the study with the sample size. The data from the online survey was stored on cloud-based Google Drive with password protection. Data from all interviews and interview schedules was scanned and also stored on Google Drive immediately after the data collection session. The triangulation of data from multiple sources at different time, place and persons, were intended to enhance the validity and reliability of the results.

4.6 Data analysis

Thematic analysis is a lithe method for analysing qualitative data. It can be employed within a variety of paradigmatic or epistemological orientations. Thematic analysis was found to be most appropriate for this study to understand experiences and thoughts of the Victim Support Programme across the data sets (Lazarides *et al*. 2019; Lochmiller 2021). Themes are actively constructed patterns (or meanings) derived from a data set that answer a research question. Themes were generated deductively based on the research questions and the literature review.

The researcher familiarised herself with the data. The interviews were transcribed verbatim and the researcher cleaned the data through reading each transcript while listening to the original recording.

Initial codes were generated and themes were identified and reviewed. Given the flexibility of thematic analysis, caution was taken to ensure the trustworthiness of the findings and interpretations (Kiger and Varpio 2020) To verify the validity of the study, the researcher ensured that the data collected was authentic and provided detailed accounts on the Victim Support Programme. Qualitative research is content-specific, and the data collection methods developed for qualitative research are explicitly designed for the context in which the research is situated (Quinlan 2015: 273). The researcher ensured that the data collected was content-specific and consistent, in line with the objectives of the study. The data was analysed under the themes of content, context, commitment, capacity clients and coalitions, coordination and communication in the theoretical framework.

4.7 Ethical considerations

Great emphasis was placed on honesty, integrity, and avoidance of harm to the participants (Babbie 2014). Participation was entirely voluntary and those who participated did so with a complete awareness of what the study was about. Six women who were originally recruited for participation in the focus group discussion where interviewed individually. This was at the request of the women who no longer felt comfortable to participate in the focus group discussions because of the issue of confidentiality and fear of stigma.

Participants were informed of counselling support at the time of the online survey and at the time of the individual interviews. Both the online survey and individual interviews were not intended to discuss GBV or trauma or to specifically include women who have experienced GBV and trauma, but were intentionally directed towards understanding how aware community members are of support structures related to GBV. This was important for this study to avoid only hearing the voices or perspectives of the policy makers and not the community itself. Nevertheless, extra care was taken to ensure that the participants were not

affected in any way, as these kinds of discussions can trigger previous experiences of GBV. For this reason, the researcher had access to counselling services from an NGO called NICDAM and the GBV Command Centre. The researcher conformed to the ethics policies as mandated by the University of Pretoria.

4.8 Conclusion

This study applied a qualitative approach and interpretivist research paradigm to understand the implementation of the Policy Framework for Victim Support Programme, with a particular focus on the victim support to Indian women in the flat-dwelling areas in Westcliff. The research design allowed for the study to examine the perceptions of Indian women on the Victim Support Programme for women who experience GBV in the Westcliff flats and to also understand policy implementation of the Victim Support Programme from civil society organisations and street-level bureaucrats in the study area. In total, data was collected from 132 participants: 115 from the online survey, six in-depth interviews with women from the community, and seven in-depth interviews with street-level bureaucrats.

For the online survey, individual interviews with the women from the community, and civil society organisations, the questions focused on awareness of the problem of GBV and services available, understanding whether the Victim Support Programme is helpful or not, and areas for improvement.

The questions for the implementers, or street-level bureaucrats, focused on awareness of the Policy Framework, namely the Victim Support Programme, and their role and responsibility in implementing the Victim Support Programme in a multi-sectoral partnership with the DSD, DOH, DOJ, NPA, and SAPS. Primary data was analysed by thematic analysis while secondary data was obtained from the public domain.

Purposive, snowball, and convenience sampling methods were used in this study. Research instruments used for data collection in this study included an online survey and interviews. Semi-structured questionnaires were used in the interviews with the implementers of the Victim Support Programme, civil society organisations, and the beneficiaries of the Victim

Support Programme. Questions in the survey were standard and used to collect information of the individual's demographic and context-specific data.

The next chapter introduces the legislative frameworks in preventing and responding to GBV. International and national commitments are explained. The roles and responsibilities of the DSD, DOH, DOJ, NPA, and SAPS are presented as stipulated in the National Policy Guidelines for Victim Empowerment. The chapter provides an understanding of the enabling environment that exists to support the prevention and redress for victims of GBV.

Chapter 5: Preventing and redressing gender-based violence in South Africa

5.1 Introduction

GBV against women is a human rights violation. It is the result of structural, deep-rooted discrimination which the state has an obligation to address (Becker 1999; Klugman 2017). Preventing and addressing GBV against women is a legal and moral obligation requiring legislative, administrative, and institutional measures and reforms and the eradication of gender stereotypes which condone or perpetuate GBV against women and underpin the structural inequality of women.

South Africa has progressive laws and policies related to GBV and sexual-related violence such as the Domestic Violence Act and the Criminal Law (Sexual Offences and Related Matters) Amendment Act. According to the South African Constitution (South African Government 1996), every person should enjoy the right to equality, human dignity, life, freedom, and security. The laws and policies of the country give expression to an individual's constitutional rights. These human rights find further expression in international and regional human rights frameworks.

This chapter provides insight into various laws and policies adopted by the South African government, which are anchored in international human rights standards to ensure that men and women are entitled to full and equal enjoyment of all their human rights without any form of discrimination. This includes the right to health, education, political participation, economic wellbeing, and the freedom from violence, amongst others.

This chapter outlines the mandates to promote and support the human rights of every citizen in the country with a particular focus on covering the international context, agreements and treaties relevant to GBV, and the legislative and policy context in South Africa.

The laws and supporting programmes mentioned below are in line with the South African Constitution and are intended to prevent and respond to gender discrimination and GBV. All women have rights that ensure their equal treatment, and government and civil society

institutions have been set up to protect women against discrimination of any form (National Union of Metalworkers of South Africa and South African Federation of Trade Unions 2018). The details provided on each of the international commitments align to South Africa's national commitments. This is indicative of the enabling environment that is available to regulate and respond to GBV for all citizens in the country, including the minority Indian women in the Westcliff flats. The Policy Framework for Victim Support Programme exists within South Africa's policy environment and will be examined in chapter 6 using the 7Cs of content, context, commitment, capacity, clients and coalitions, communication, and coordination.

This chapter first looks into international commitments which South Africa is a signatory to. Thereafter, the national commitments are presented with the supporting legislation, bringing in the minority communities and GBV. The decision-making powers of national, provincial, and local government, and civil society organisations, are explained in terms of their respective roles in policy formulation and implementation. The role of the five departments responsible for the victim support services are delved into. The data analysis in chapter 6 will analyse the victim support services based on data collected from interviews with civil society organisations and the key departments responsible for implementing the Victim Support Programme in Westcliff. The chapter concludes with a summary on of the legal environment and its supporting programmes which are all universal by design.

5.2 International commitments

South Africa is signatory to several international commitments to prevent and respond to discrimination and violence against women as confirmed in the constitution of the country. These include the Universal Declaration of Human Rights (UDHR); the Declaration on the Elimination of Violence Against Women (DEVAW); the Vienna Declaration and Programme of Action; and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also referred to as the Maputo Protocol.

The UDHR upholds the principles of non-discrimination on the basis of gender and sets the foundation for the development of other international and local laws that fight gender discrimination and violence against women (Ulrich 1999).

CEDAW is a legal instrument that requires the promotion of gender equality and the elimination of all acts of discrimination against women so that women can enjoy their human rights and freedom. Countries, like South Africa that are signatories to this commitment are legally bound to have measures in place to address and end all forms of discrimination against women. They are also committed to submit national reports to the CEDAW Committee, at least every four years, on measures they have taken to comply with their treaty obligations.

The Declaration on the Elimination of Violence Against Women (DEVAW) is an extension of CEDAW. DEVAW aims to advance the rights of women and acknowledges the multiple forms of discrimination against women in all forms. The DEVAW (United Nations 1993a) defines "violence against women" as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." It further asserts that violence against women is a form of discrimination directed towards a woman because she is a woman or that affects women disproportionately.

The Vienna Declaration and Programme of Action recognises that the elimination of violence against women in public and private life is a human rights obligation. The 1995 United Nations World Conference on Women held in Beijing reaffirmed the conclusions of the Vienna Declaration listing violence against women as one of the critical areas of concern (United Nations 1993b).

The Maputo Protocol, which is also known as the Protocol to the African Charter of People and Human Rights and Women Rights, guarantees rights to freedom from discrimination, equality before the law, equal protection of the law, and personal liberty, including security of the person. It encompasses the provision of CEDAW and further expands on women's human rights in relation to GBV and calls upon member states to give greater attention to the

realisation of women's human rights in order to eliminate all forms of discrimination and GBV against women. Article 4 of the Maputo Protocol requires state parties to take relevant an effective measures, inter alia, enact and enforce laws to prohibit and punish all forms of violence against women; establish mechanisms and accessible services for effective information, rehabilitation, and reparation for victims of violence; and provide adequate budget (Women, Gender and Development Directorate of the African Union Commission. n.d.).

The South African Development Community (SADC) Protocol (2008) on Gender and Development provides for the empowerment of women, elimination of discrimination, and the achievement of gender equality through the development and implementation of gender responsive policies, legislation, programmes and projects. The SADC Protocol promotes regional integration of all instruments to protect women. It is used to set targets, indicators and timeframes for monitoring progress of gender equality and equity by member states and binds member states to enshrine gender equality in its constitution without any influence of religion and customary laws, emphasising the right to life, equal access to justice, and freedom from any form of discrimination. The Protocol speaks to issues of governance, constitutional and legal rights, education and training, productive resources and employment, gender-based violence, HIV/AIDs and conflict resolution.

Building upon the above, a more recent international commitment is the International Conference on Population and Development (ICPD). The ICPD reaffirmed the commitment of putting "people, planet and prosperity at the centre of sustainable development and leaving no one behind" when it adopted the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) in 2016.

Whilst several development commitments and a way forward was adopted at the Nairobi Summit on ICPD25, the most recent meeting of the ICPD held from 12-14 November 2019, three commitments are relevant to this study. The first is to address sexual and GBV, striving for zero sexual and GBV and eliminating of all forms of discrimination against women and girls in order to realise all individuals' full socio-economic potential. Second, governments are required to mobilise the required finance through national budget processes, increasing

domestic financing, and exploring innovative financing instruments and structures to ensure full, effective, and accelerated implementation of the ICPD Programme of Action. Lastly, to draw on demographic diversity to achieve sustainable development by building peaceful, just, and inclusive societies where no one is left behind, where all – irrespective of race, colour, religion, sex, age, disability, language, ethnic origin, sexual orientation, and gender identity or expression – feel valued and are able to shape their own destiny and contribute to the prosperity of societies (Nairobi Summit on ICPD25 n.d.).

5.2.1 The Sustainable Development Goals

Seventeen SDGs were adopted in 2015 by the United Nations. It is a universal call for action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity by 2030. The SDGs are integrated and acknowledge that action on one development goal will influence the results of others and therefore development must balance social, economic, and environmental sustainability. Countries, including South Africa, have committed to ensure that they prioritise those furthest behind and, by so doing, contribute to ending poverty, hunger, and discrimination against women and girls. SDG5 is to achieve gender equality and empower all women and girls. Women's equality and empowerment has a number of targets but the target directly related to this study is eliminating all forms of violence against women and girls in private and public spheres. SDG5 is considered the bedrock to all other SDGs.

5.3 South African policies on gender and gender equality

South Africa has six key policies that address gender and gender equality rights. These policies have been developed over the years to redress the atrocities of apartheid and are derived from the Universal Declaration of Human Rights. The policies are predicated on the tenets of the Bill of Rights of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996). These rights come out of a long period of struggle for democracy and promote and respect all South African citizens, irrespective of race, gender, class, age, disability, etc. (Bill of Rights, Section 9.1 to 9.4). Given South Africa's history of apartheid which was marked by forms of institutional racism, distribution of the public good was carried out along racial lines with little

respect and dignity for some citizens who were defined by the colour of their skin. Even gender was a determining factor for who was afforded certain rights, as women were considered inferior to men and assigned positions of minors in both public and private spheres of life. In the private spheres, women were much less likely to lead than men, and in most interpersonal relationships men had more power. The historical injustices of apartheid, patriarchy, and inequality influenced formal and informal relationships both outside and inside the workplace. As a result, over the years' policies have been developed to mitigate gender inequality in South Africa. The key South African national policies on gender equality and gender include, among others, the National Development Plan 2030, the National Gender Policy Framework, the White Paper on Population Policy, Social Development Guidelines for Services to Victims of Domestic Violence, the White Paper on Safety and Security, and the National Strategic Plan on Gender-Based Violence and Femicide.

5.4 Decision-making powers, governance, and resource allocation in South Africa

The Constitution of South Africa sets the rules for how government works. There are three spheres of government in South Africa: national government, provincial government, and local government. Each sphere of government is made up of three parts: the elected members who represent the public and approve policies and laws, the cabinet or executive committee who coordinate the making of policies and laws and oversee implementation by the government departments, and the departments and civil servants who are responsible for doing the work of government. As pointed out in chapter 1 under governance, government is a key player in developing and implementing policies and ensuring the rights of all citizens are met.

5.4.1 National

The National Legislature, commonly referred to as Parliament plays an active role in national affairs. Parliament consists of two houses, namely the National Assembly and the National Council of Provinces. Members of Parliament have many responsibilities, which includes making and passing laws and policies to improve the lives of the citizens, ensuring that government deliver on its promises, and utilising public funding for what it is intended for. The

National Assembly is made up of members of parliament, elected every five years. The National Council of Provinces is made up of representatives of provincial legislatures and local government. The president is elected by parliament and appoints a cabinet of ministers. They act as the executive committee of government and each minister is the political head of a government department. Each government department is responsible for implementing the laws and policies decided on by parliament or the cabinet. Government departments are headed by a Director General and employ directors (managers) and civil servants (staff) to do the work of government.

Every department prepares a budget for its work. The budgets are put into one national budget by the Treasury (Department of Finance) and has to be approved by parliament. The Treasury has to balance the income and expenditure of government in the budget and will rarely give departments everything they ask for. Provincial or local government may not do anything that is against the laws or policies set down by national government. Provincial government gets most of its money from the national Treasury. Local government also gets grants and some loans through the Treasury. The Department of Cooperative Governance and Traditional Affairs is responsible for overseeing and coordinating the establishment, monitoring, regulating, and supporting municipalities in terms of the Constitution of the Republic of South Africa.

5.4.2 Provincial

There are nine provincial governments. Each province has a legislature, which is responsible for passing laws in its province according to the Constitution of the Country. The laws are applicable to a particular province. Parliament may intervene if the laws are contradictory to national standards or threatens national security. The legislature also passes a provincial budget every year. Legislatures are elected in provincial elections that are held with national elections every five years. A premier is elected by the legislature and appoints Members of the Executive Council to be the political heads of each provincial department. The Members of the Executive Council and the premier form the provincial executive council (cabinet). Provincial departments employ directors and civil servants to do the work of government. Most of the

civil servants in the country fall under provincial government – these include doctors, nurses, police officers, and magistrates.

5.4.3 Local

Local government is the sphere of government closest to the people. Many basic services are delivered by local municipalities and local ward councillors are the politicians closest to communities. The South African government has clear policies that local municipalities and councillors should be sensitive to community views and responsive to local problems. Partnerships should be built between civil society and local government to address local issues. A number of laws outline participation processes that municipalities have to use to consult the community.

5.4.4 Civil society organisations

The role of civil society in policy formulation and implementation is of great importance in the context of governance and development. Civil society organisations act as the positive connection between citizens, government, and the non-government actors, including development partners (CALUSA 2019).

Civil society organisations work with people at the community level and are well-placed to articulate the pressing needs and demands of citizens. One of the roles of civil society is to ensure that government legislation is implemented and to hold government accountable for policies and its implementation. Civil society organisations are identified as coalitions by Najam (1995). Coalitions are interest groups who have motivation and the ability to pursue particular outcomes actively. These include Sinika Uthando, AFM Tabernacle, and MOSAIC in this study. In promoting the culture of justice, civil society ensures that government provides well-timed, relevant, commendable multisectoral services to victims of violence and that perpetrators of crime and violence are held liable (2017). In light of their access to communities, civil society organisations promote the rights of women, girls, boys, and men. South Africa has a dynamic culture of civil society activism and civic engagement and many civil society organisations are dedicated on ending GBV and advocating for stronger GBV

prevention and response policies. Civil society organisations have a unique relationship with the government and ordinary citizens and are in a good position to influence policies and ensure that they are effective (Henry 2016; Connolly 2017). One of the major challenges experienced by civil society organisations is the lack of funding, which tends to be limited and sporadic.

5.5 Legislation and policies

South Africa has a number of policies, laws, and national strategies in support of gender equality, which address GBV, and which promote sexual reproductive health and rights. These laws and policies are comprehensive, with most having inter-sectoral partnerships to ensure the full participation of women in all spheres of life. The laws and policies of the country are promulgated based on the Constitution of South Africa. It recognises that patriarchal ideals such subservience, reverence, and sexual commitment which give men power over women in all aspects of social, political, and economic structures (Smith 1990; Becker 1999) under the pretext of religion and culture need to be negated in order to achieve a society free of gender inequality. As described earlier in this chapter, South Africa is signatory to a number of international and regional treaties protecting the rights of women and girls. All South African laws and policies are aligned to these commitments.

The Domestic Violence Act 116 of 1998 (Amendment Act 14 of 2021) and the the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Amendment Act 13 of 2021) are key laws relating to violence against women, specifically as compared to the previous policies discussed which more broadly discuss gender inequality. The Domestic Violence Act, the Sexual Offences and Related Matters Act and the Criminal and Related Matters Amended Act were signed into law by President Cyril Ramaphosa on 28 January 2022. The amended acts have a victim-centred focus and are aimed at strengthening efforts to end GBV. The National Gender Policy Framework, the Employment Equity Act, and the Promotion of Equality and Prevention of Unfair Discrimination Act address gender equality in the country.

5.5.1 Domestic Violence Act 14 of 2021

The Domestic Violence Act (South African Government 1998b) is implemented under the DSD. This act is considered to be one of the most inclusive and progressive acts as it recognises a wide range of violence against women and it acknowledges that violence can occur in familiar and domestic relationships. Magistrates are given authority to serve abuser with court orders and to compel the perpetrator to maintain the victim's financial support whilst not residing in the same place of residence. The act also offers police protection to the victim, it lays down the obligatory duties of the police, and sets down penalties for non-adherence to such duties.

5.5.2 Sexual Offences and Related Matters Act 13 of 2021

This act is administered by the DOJ. The aim of the act is to handle all legal and sexual related-matters under one statute. The act regulates all procedures, defences, and evidentiary rules in the prosecution and adjudication of all legal aspects of sexual offences; criminalises any form of sexual penetration and sexual violation without consent, irrespective of the gender of the victim; criminalises exposure or displays of child pornography; criminalises situations in which an individual is forced to watch or witness certain acts of sexual conduct; criminalises sexual exploitation of children and mentally disabled persons; provides a demarcation between age of consent for consensual sexual acts and children aged 12 to 16 years; provides special provisions in relation to the prosecution and adjudication of consensual sexual acts involving children up to 16 years of age; criminalises an attempt, conspiracy, or incitement to commit a sexual offence; provides the courts with extra-territorial jurisdiction when hearing matters related to sexual offences; abolishes secondary traumatisation of victims; compels the perpetrator to be tested for their HIV/AIDS status; gives the victim the right to receive PEP treatment for HIV/AIDS; and urges the establishment one national register for sex offenders.

Whilst the above policies have been recognised as comprehensive and elucidatory on what constitutes violence against women, they do not provide strategies to counter cultural, social, and economic factors in which violence against women is embedded.

5.5.3 2004 Service Charter for Victims of Crime in South Africa (Victims' Charter)

The 2004 Service Charter for Victims of Crime in South Africa, or Victims' Charter, is an important instrument for promoting justice for victims of crime in South Africa. The Victims' Charter is compliant with the South African Constitution (Act 108 of 1996) and the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, 1985 (GA/RES/40/34). The Victims' Charter can be traced back to the Integrated Social Crime Prevention Strategy. It is informed by the Domestic Violence Act and the Sexual Offences Act which are aligned to the National Policy Guidelines for Victim Empowerment. The Victims' Charter contains seven victims' rights. These are: "The right to be treated with fairness and respect for your dignity and privacy, the right to be offered information, the right to receive information, the right to protection, the right to assistance, the right to compensation and the right to restitution" (Department of Social Development, United Nations Office of Drugs and Crime and European Union 2012: 6). The Victims' Charter and Minimum Service Standards are important documents that victims can use to claim their rights and to act with responsibility in ensuring the realisation of justice. According to the Victims' Charter (CGE 2011), services provided by the DSD should include, but not be limited to, the provision of trauma counselling, shelter support, and empowerment for victims of sexual and domestic violence. The Victims' Charter is premised on a social development approach, providing an important framework for the consolidation of all laws and policies ensuring the rights and quality of services to victims of violence.

5.5.4 National Policy Guidelines for Victim Empowerment

The Victim Support Programme as stipulated in the National Policy Guidelines for Victim Empowerment (Department of Social Development, United Nations Office of Drugs and Crime and European Union 2012) is aligned to the Victims' Charter and it is intended to facilitate the establishment and integration of interdepartmental/intersectoral programmes and policies for the support, protection, and empowerment of victims of crime and violence. The overall development objective is to contribute to building safe and peaceful communities by strengthening the human rights culture and providing more effective, multisectoral,

coordinated responses to victims of crime and trauma. The key departments engaged in the Victim Support Programme for victims of GBV include the DSD, DOH, DOJ, NPA, and SAPS.

The National Policy Guidelines for Victim Empowerment is based on the premise of restorative justice and a victim-centred approach to criminal justice. The impact of crime and violence is felt by the victims themselves, their families, and communities at large. This could be physical, emotional, social, and economic. This guideline document – which is comprehensive, integrated, and inter-sectoral – was informed by international and national trends, intended to prevent secondary victimisation, and meant to provide a package of services in support of victim empowerment. The implementation of the Victims' Charter is the responsibility of several government departments and agencies at a national level and then cascades to the respective provincial government departments.

The DOJ is the lead institution, in partnership with five other institutions in South Africa's Justice, Crime Prevention, and Security Cluster: the DSD, NPA, Department of Human Settlements, Department of Correctional Services, and SAPS. This includes provincial counterparts specifically for ensuring the implementation of the Victims' Charter in their programmes and intervention at both provincial and local level.

5.5.5 365 Day National Action Plan to End Gender Violence

The first 365 Day National Action Plan to End Gender Violence was developed at a national level in partnership with government and civil society. It was a five-year plan which ended in 2011. Although the 365 Day National Action Plan ended, it was incorporated into a formal national strategy. Prior to the establishment of Department of Women, Children, and People with Disabilities, the responsibility of 365 Day National Action Plan changed hands with several departments. The vision of the 365 Day National Action Plan included the desire for a "South Africa free from gender-based violence where women, men, girls and boys can realise their full potential." The mission was to devise a comprehensive and concerted plan for ending gender violence with measurable targets and indicators to which South Africans from all walks of life, in all spheres of government, and at all levels of society can contribute.

The goals of the plan included:

1. To mount a sustained prevention and awareness campaign that extends the 16 Days of Activism into a year-long campaign, involves women and men across the country, and has a measurable impact on attitudes and behaviour.
2. To ensure that all relevant legislation is passed, budgeted for, thoroughly canvassed, and implemented.
3. To reduce cases of rape by seven to ten percent per annum in line with the SAPS target.
4. To ensure that SAPS crime statistics provide particulars on domestic violence and that there is significant reduction of domestic violence each year.
5. To increase conviction rates by ten percent per annum, including through the roll out of more Sexual Offences Courts.
6. To ensure comprehensive treatment and care for all survivors of GBV including the provision of post-exposure prophylaxis (PEP) to reduce the chances of HIV infection, treatment for the possibility of STDs and pregnancy, and counselling.

7. To provide support and empowerment for victims through places of safety, secondary housing, employment opportunities, and rehabilitation of offenders.
8. To ensure coordination and communication among those involved in the implementation of the plan, including through the establishment of appropriate institutional mechanisms.
9. To set targets and indicators that are regularly monitored, evaluated, and reported on.
10. To ensure that the plan is widely canvassed and adapted for implementation at all levels: national, provincial, and local.

The 365 Day National Action Plan recognised that no single sector, government ministry, department, or civil society organisation is by itself responsible or has the singular capacity to address the challenge of GBV. It was envisaged that all the South African government departments and civil society organisations will, as stakeholders, use this 365 Day National Action Plan as the basis to develop their own strategic and operational plans to ensure "unity of purpose and cohesion of efforts to achieve maximum impact in the process of eradicating

this scourge" (South African Government 2007). In response to the 365 Day National Action Plan, the KwaZulu-Natal Office on the Status of Women in the KwaZulu-Natal Office of the Premier developed the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence on behalf of the Provincial Legislator.

5.5.6 KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence (2014-2019)

The Policy Framework was developed in consultation with provincial stakeholders to strategically direct GBV programming at provincial, district, and local level in KwaZulu-Natal in line with South African law, policies, and international commitments – as per in the 365 Day National Action Plan. The activities and indicators in the Policy Framework aligned to the CEDAW; the BPFA; the AU SADC Protocol; and South African policy commitments which include the National Development Plan 2030, the White Paper on Population Policy, the White Paper on Safety and Security, the Victims' Charter, and the National Policy Guidelines for Victim Empowerment.

The Policy Framework adopted an integrated, multi-sectoral, and multi-stakeholder approach to eradicate GBV in the province. The cascading implementation of international commitments into national, provincial, district, and local level plans is evident on paper. The goal of the Policy Framework and its action plan was to ensure zero tolerance for GBV with a plan on how to reach that. The provincial plan encompassed the entire range of activities that should help make women and girls less vulnerable to violence and its consequences through interventions that address poverty reduction; access to safe shelters; safe and supportive education systems; the provision of appropriate health services; and promotion of the of law, including equal rights and economic and political opportunities for women.

The three strategic goals of the Policy Framework are: GBV in the districts is prevented, reduced, and ultimately eliminated; legislation to protect against GBV is implemented by all stakeholders; and survivors of GBV in the district are provided with adequate services and support.

5.6 The role and responsibilities of each of the five government departments

Strategic goal three of the Policy Framework, which is the Victim Support Programme, is implemented by five departments: the, DSD, DOH, DOJ, NPA, and SAPS together with the relevant civil society organisations. Representatives from each of the above-mentioned departments and civil society organisations were interviewed. Data from the interviews will be analysed and discussed in chapter 6. The National Policy Guidelines for Victim Empowerment stipulates the roles and responsibility of each of the departments and this is referenced in the Policy Framework.

5.6.1 South African Police Service

The SAPS is the initial point of entry to the criminal justice system in the majority of cases and is therefore responsible for ensuring that the victims of crime, especially sexual offences and other serious and violent crimes, are provided with a victim-friendly service. According to the National Policy Guidelines for Victim Empowerment (Department of Social Development, United Nations Office of Drugs and Crime and European Union 2012), the SAPS must provide a professional, accessible, and sensitive service to victims of crime and violence during the reporting and investigation of crime; ensure professional and sensitive treatment of victims and witnesses during statement taking and investigation of crime; inform victims of their rights; take statements in private; provide referral to victim support services; give notification of case numbers; provide feedback regarding the status of a case and notification of the closing of case or referral of a case to court; train personnel in victim empowerment and related legislation; and establish victim support rooms at all police stations for privacy.

5.6.2 The Department of Justice and Constitutional Development

The DOJ is responsible for the coordinated development and management of the implementation, monitoring, and evaluation of the impact of the Victims' Charter; the establishment of specialised Family Courts; consulting with the victim before court proceedings; court preparation of evidence in private (in camera/intermediary/one-way glass

facilities); providing support to victims in court; providing separate waiting facilities for victims and alleged perpetrators; and ensuring justice and prosecution.

5.6.3 The National Prosecuting Authority

The NPA is responsible for issuing policy directives and providing victim sensitivity training for prosecutors to reduce secondary victimisation in the criminal justice system; the establishment of specialised Sexual Offences Courts; establishment of one-stop facilities linked to Sexual Offences Courts which are referred to as Thuthuzela Care Centres for victims of rape and domestic violence; partnering with NPOs to provide court support and court preparation services at Sexual Offences Courts; developing of an integrated, cross-departmental training manual on domestic violence; and co-ordinating interdepartmental initiatives related to the development of a strategy for prevention of human trafficking.

5.6.4 The Department of Social Development

The DSD is responsible for ensuring that victims receive emotional and practical support; assisting victims with the management of trauma; ensuring that victims are educated to identify the symptoms of post-traumatic stress; referring victims to professional services where necessary; providing court support services during the criminal justice process to ensure that the process is dealt with efficiently; promoting the rights and responsibilities of victims through advocacy; ensuring that victims are aware of their rights; ensuring that ongoing victimisation is prevented; and providing a shelter for victims.

A shelter is a place where victims of crime and violence are able to live for a period of one day up to approximately three months, depending on their needs. A shelter assists with meeting basic needs such as: providing a safe place to live; providing protection, food, and clothing; providing emotional support services such as trauma debriefing and therapeutic counselling; providing information on developing skills, victim's rights, and capacity building; providing support in preparation for court procedures; providing programmes focused on alleged perpetrators; and providing GBV prevention programmes.

5.6.5 The Department of Health

The DOH is responsible for providing professional and accessible medical and psychological services to victims of crime and violence who approach healthcare facilities for assistance; providing emergency and ongoing and medico-legal services, anti-retroviral treatment, contraceptives, mental health/psychological services, and referral to other relevant service providers; implementation of the Patients' Rights Charter; provision of services to women in terms of the Gender Policy Guidelines for the Public Health Sector (2002); provision of services by medical personnel to victims of sexual assault according to the Sexual Assault Policy Guidelines; provision of post-exposure prophylaxis for victims of sexual offences according to guidelines consistent with the Criminal Law (Sexual Offences and Related Matters) Amendment Act 2007; provision of medico-legal services in terms of the Clinical Forensic Health/Medicine Policy; training of frontline health sector workers (e.g. ambulance personnel) in victim empowerment; and training of health professionals to provide victim empowerment and trauma support in collaboration with the DSD.

5.6.6 Victim Empowerment Management Forums

Victim Empowerment Management Forums are established at national, provincial, and local levels to ensure effective coordination and communication between all relevant stakeholders. Their main function is to provide strategic direction to the Victim Support Programme The DSD is the lead and co-ordinating department for the Victim Support Programme and convenes and coordinates these forums at all levels. Provincial Victim Empowerment Management Forums are established and strengthened by representation from relevant provincial government departments and civil society organisations that provide services to victims of crime and violence.

The functions and responsibilities of Victim Empowerment Management Forums include co-ordination and management; providing inter-departmental solutions to challenges; ensuring an effective information flow; monitoring of the Victim Support Programme processes, including

the implementation of strategic plans; sharing of information, for example best practices; networking, encouragement, and mutual support; and other functions as and when appropriate.

Local Victim Empowerment Management Forums are to ensure provision of direct trauma support and assistance to victims of crime and violence; develop referral networks and procedures to ensure effective referral of victims to appropriate agencies; and provide inter-departmental solutions to challenges, ensuring effective information flow. Interviews on the Victim Support Programme from the implementers of the Victim Support Programme, civil society organisations, women from the Westcliff community, as well as data from the online surveys will be analysed in chapter 6.

5.7 Thuthuzela Care Centres

Thuthuzela Care Centres (TCC) are one-stop facilities that have been introduced as a critical part of the Victim Support Programme with the goal of reducing secondary victimisation and building a case ready for successful prosecution. 51 centres have been established in South Africa since 2006.

The Thuthuzela project is led by the NPA's Sexual Offences and Community Affairs (SOCA) unit in partnership with various departments and donors as a response to the urgent need for an integrated strategy for prevention, response, and support for rape victims. Since its establishment, the SOCA unit has been working to develop best practices and policies that seek to eradicate victimisation of women and children, while improving prosecution, particularly in the areas of sexual offences, maintenance, child justice, and domestic violence.

Based on approval from the various departments, the TCC at R.K. Khan Hospital in Chatsworth was identified as the appropriate structure to gain insight of the Victim Support Programme for women from the Westcliff flats. The TCC is a multi-sectoral partnership with the DSD, DOH, DOJ, NPA, SAPS, and civil society. Interviews were held with an NPA and DOH official at the TCC. This data will be examined and discussed in chapter 6.

5.8 Conclusion

This chapter discusses the measures taken by the government of South Africa to prevent and redress GBV in South Africa. GBV is recognised as a human rights violation and is endemic is South Africa (Odeku 2021). Over the years, South Africa has developed several progressive laws and policies to address GBV. These laws and policies are rooted in the Universal Declaration of Human Rights as well as the Constitution of South Africa and its Bill of Rights. As the major international instrument, the Universal Declaration of Human Rights sets the foundation for the development of other international and local laws that fight against gender discrimination and violence against women (Ulrich 1999). Locally, policies that support the eradication of gender discrimination and inequality include, but are not limited to, the National Development Plan 2030, the National Gender Policy Framework, the White Paper on Population Policy, Social Development Guidelines for Services to Victims of Domestic Violence, the White Paper on Safety and Security, and the National Strategic Plan on Gender-Based Violence and Femicide.

Roles and responsibilities of the various levels of government and the respective sector departments such the DSD, DOH, DOJ, NPA, and SAPS are clearly stipulated to respond to GBV with victim support. An analysis of interviews with representatives responsible for implementing the Victim Support Programme from each of the above departments will be examined in chapter 6.

Judging from these various polices, South Africa has an enabling environment with the political will to address GBV. Policies appear to be well thought of, identifying multi-sectoral engagements at national, provincial, and district levels. However, the policies are universal, and there is an expectation that polices will reach all citizens according to the Constitution of South Africa. The data analysis in chapter 6 will probe the multi-sectoral approach in providing support to victims of GBV as well as the content of the Policy Framework.

The following chapter presents the findings and discussion from the primary data, supported by secondary data, from the literature presented on Indian women in South Africa (chapter 2),

the guiding theoretical framework (chapter 3), research methodology (chapter 4), and the enabling environment responding to and preventing GBV (chapter 5). The findings are presented according to the themes of the 7Cs which are content, context, commitment, capacity, clients and coalitions, communication, and coordination.

Chapter 6: Findings and discussion of the study

6.1. Introduction

The aim of this study is to assess the implementation of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-based Violence, with a particular focus on victim support for the minority group of Indian women living in the flat-dwelling areas of Westcliff, Chatsworth in Durban, South Africa. As observed earlier, social, economic, political, and cultural dynamics have contributed significantly to the disposition and fortunes of Indian women in South Africa, particularly in Westcliff, with the majority being vulnerable. While this could be equally true of other population groups, especially Black African communities, the relatively peculiar historical and numerical circumstances of the Indian community as an indentured and minority group as well as the effects of intersecting systems of patriarchy and culture provide fertile grounds for GBV, irrespective of modernisation.

Given this socio-cultural, political, and economic dynamic, this study seeks to understand the implementation of the Victim Support Programme in a minority Indian community in the Westcliff flats in Chatsworth as a case study. The key question for the study has been: has the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence, and in particular its support for victims of gender-based violence, achieved its desired outcomes in the minority Indian community of Westcliff?

In this chapter, the key findings are presented which are based on responses to the online survey and interviews with women in the Westcliff flats, government officials, and members of civil society organisations. The survey was completed online by 115 women (referred to as respondents) between 25 June 2021 and 12 August 2021. Further interviews were held with six women between 6 and 8 September 2021, purposively sampled from the 115 women who completed the survey. A further seven public officials were interviewed between 1 August 2021 and 26 August 2021, three people from civil society organisations were interviewed between 4 August and 27 August 2021, and a community leader was interviewed on 11 August

2021. The responses from the online survey were automatically converted to an excel spread sheet which was cleaned and coded for easy interpretations. The data collected from interviews with participants was transcribed and validated between 10 October and 10 November 2021.

The chapter begins with the demographic profile of the respondents and key participants; next is the presentation of the findings on the implementation of the Policy Framework for Victim Support Programme, which is structured in accordance with the 7Cs model of as outlined in the theoretical framework of the study in chapter 3namely, content, context, commitment, capacity, clients and coalitions, communication and coordination.

In terms of content, the chapter focuses on basic information about the Policy Framework; the process of its development; and the ways in which the interviewees experienced the Policy Framework regarding its relevance and alignment with existing provincial, national, and international commitments. The discussion on capacity focuses on individual and institutional capacity to implement the Policy Framework while the section on context, examines how the institutional context as well as the socio-economic and political dynamics of the community impact on the implementation process. The extent to which implementing actors honour their obligations and/or responsibilities regarding the implementation of the Policy Framework is assessed in the section on commitment. Before concluding the chapter with a summary of the key findings, the chapter addresses the issue of the extent to which clients and coalitions, communication, and coordination impact the outcome of the implementation of the Policy Framework.

6.2 Demographic profile of respondents

6.2.1 Survey respondents

The target population for the study was women aged 18 to 55 years. Most of the 115 sampled respondents (46%; n=53) were 41 years old and above. Nearly a third (30%; n=35) fell into the 18 to 30 years of age cohort, while the rest (24%; n=27) were in the 31 to 40 years' age group. The highest level of education of majority (66%; n=76) of the sampled respondents was high school or matric/secondary education; 25% (n=27) had tertiary education while 13% (n=12)

had primary school education. When it came to marital status, it was found that a little more than half (51%; n=59) of the sampled respondents were married; 39% (n=45) were either single or cohabiting. The rest (10%; n= 11) indicated that they were divorced. The majority (65%; n=75) of the sampled women indicated that they were unemployed, which is characteristic of the Westcliff flats. The statistic underscores the high levels of poverty, especially among women in Chatsworth, and the province as a whole.

6.2.2. Interview respondents

The participants from the community were six women between the ages of 22 and 50. Questions asked of these respondents focused on whether GBV is a problem in Westcliff flats; awareness of support to victims of GBV; and whether the support is helpful and, if not, how it can be improved.

The participants from the civil society organisations and the community leader included three women and one man from the Westcliff flats between the ages of 30 and 55. Questions asked of these respondents focused on whether GBV is a problem in the Westcliff flats; awareness of support to victims of GBV by women in the community; and whether the support is helpful and, if not, how can it be improved.

Key participants from the departments responsible for implementing the Victim Support Programme included two men and five women between the ages of 35 and 55. The departments are located in Croftdene, Chatsworth and service Westcliff. Questions asked of these respondents focused on awareness of the Policy Framework, specifically the Policy Framework for Victim Support Programme; their role and responsibility in implementing the Policy Framework; available resources to implement the Policy Framework; coordination of multi-sectoral support; and relevance of the Policy Framework to a minority Indian community.

6.3 Content of the Policy Framework

Policy content, as defined in chapter 3, refers to the basic information about the Policy Framework regarding, for instance, what the policy sets out to do, its goals, problematisation

of the issue it addresses, the embedded causal theory, how it aims to solve the perceived problem, and the choice of methods in order to do so. Sections 1.2 in chapter 1 and 5.5.6 in chapter 5 provide an overview of the Policy Framework. Broadly, however, the Policy Framework outlines the strategic vision, goals, objectives and principles, as well as the strategic approach to the implementation, monitoring, and evaluation of the intervention. Besides these key elements, the Policy Framework describes the process of its development. The Policy Framework was developed by the KwaZulu-Natal Office on the Status of Women through a consultative process which involved provincial and district stakeholders, including key departments and civil society organisations.

Generally, much of the literature, e.g. Luetjens *et al.* (2019) and Compton and Hart (2019), maintains that successful policies rest on conceptually coherent, evidence-informed advice which also pays attention to implementation realities. They are not made 'on the run' but are carefully developed, debated, and refined over a period of time. As far as the process of developing the Policy Framework was concerned – which involved a mix of top-down and bottom-up approaches – the Policy Framework could be considered to have followed a similar trajectory along a long winding process which, though laborious, valorises inclusiveness, participation, and ownership. However, as these authors argue, successful attainment of "political legitimacy" of a policy involves the extent to which both the social outcomes of policy interventions and the manner in which they are achieved are seen as appropriate by relevant stakeholders and accountability forums. Compton and Hart (2019a: 5) sum up the functionality of all of this as follows:

> A policy is a complete success to the extent that (a) it demonstrably creates widely valued social outcomes; through (b) design, decision-making, and delivery *processes* that enhance both its problem-solving *capacity* and its *political legitimacy*; and (c) *sustains* this performance for a considerable period of time, even in the face of changing circumstances (emphasis added).

This is as much pertinent to this study as it is to policy studies in general. However, it should also be acknowledged that, even if they are implicit in Compton and Hart's (2019a) postulate,

relevance and alignment of interventions to local and international policy commitments are equally significant criteria.

In light of this, the study found that the consultative approach was as much in line with South African laws, policies, and international commitments as the content of the Policy Framework in terms of alignment with, and relevance to, the national and provincial socio-economic and political development needs and policy commitments. The latter is succinctly outlined in, for instance, the National Development Plan 2030, the National Gender Policy Framework, the National Strategic Plan on Gender-Based Violence and Femicide, the Provincial Growth and Development Strategy (PGDS), the White Paper on Population Policy, the Social Development Guidelines for Services to Victims of Domestic Violence, the Integrated Social Crime Prevention Strategy, the White Paper on Safety and Security, and the Victims' Charter. At the international and regional levels, the Policy Framework is also in alignment with the CEDAW, the BPFA, the AU documents, and SADC Protocol. However, it appears that the consultation around the development of the Policy Framework remained at the provincial level without engaging communities at district and sub-district levels as per the decision-making powers described in section 5.3 of chapter 5. Noting the separate levels of political authority at national and sub-national levels, this poses a challenge for thorough inclusivity and representation of communities at grassroot levels.

It is interesting to note that the principle of alignment was implied by a participant from the NPA who said: "We are following the protocol and the legal frameworks … that's how it is supposed to be" (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 4 August 2021).

While the relevance of the Policy Framework in the national and provincial contexts, as shown above, is apparent from the perspective of a participant from DSD, the Policy Framework is only relevant to some extent in the Westcliff context. The participant said:

> I think the 365 Framework was an idea crosscutting all communities, but in terms of the Indian community it would be relevant to a degree … because of the taboos that …

exists in this community it needed to be [implemented intensively] in some aspects, especially in terms of raising awareness and Indian woman's understanding of her role within the home, within the community, within society, and the acceptance of leadership and power. Because of that power struggle and not just the Indian woman – the Indian male as well – the acceptance of the power changes within that community, it needed to be advocated for on a more intensive level and understood … I think the mindsets of the Indian community needed to be realigned, not that it is modern for a woman to go out into the community and work but that it is required due to our socio-economic circumstances and the respect and the dignity of the male within the community and the home needed to be kept intact (DSD, Croftdene, Chatsworth, 2 August 2021).

Implicitly, the participant is of the view that, in the context of the Indian community of the Westcliff flats, the Policy Framework could be more relevant if the risk factor of the interplay of the specific cultural circumstances of the Indian community and the socio-economic dynamics of modernism and its attendant pressures, including unemployment and poverty, were taken into account in the implementation of the Policy Framework.

A participant from the DOH put it more succinctly: "Yes, the Victim Support Programme is relevant but maybe it's interventions [that] should be customised for this community. The Indian women will not say the word rape, they are so shy" (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 26 August 2021). In other words, taking the particular risk factors and context into account.

This is a valid point which has also been observed in several studies on gender (Bradley 2013). Generally, however, public policies tend not to be community specific, and the Policy Framework for Victim Support Programme is not an exception. It is a broad-based framework which provides guidance on how the GBV scourge can be eradicated in the province. The same framework and interventions are implemented throughout the province, focusing on all populations that need to be reached; it does not spell out how it should be done in any specific context.

As a broad guidance document, the Policy Framework, as acknowledged by all the five departments interviewed, is relevant. However, for the purpose of implementation it is vitally important to take the operating and social context into account if the policy is to succeed. The success or failure of a policy is dependent on the process of implementation (Hudson *et al.* 2019).

Policy implementation requires the development of implementation plans that include not only clearly defined goals and strategies but also operational guidelines and approaches to overcome barriers and/or risks such as beliefs, perceptions, and cultural practices, as well as mechanisms to ensure compliance with policy directives, which vary with place and time according to context (Health Policy Project 2014; Hudson *et al.* 2019).

Regarding implementation of the intervention, the Policy Framework prescribes the adoption of the integrated, multi-sectoral, and multi-stakeholder approach. How this is successfully done depends on several factors, including capacity of the implementing agencies and actors, i.e. the sampled departments and individual actors such as the street-level bureaucrats and clients (beneficiaries). This is the subject of discussion in the next section.

6.4 Capacity

As observed in Section 3.3.4, effective policy implementation requires high capacity, which may comprise of individual competencies and administrative capabilities. The latter entails technical, operational, and management ability, particularly to leverage multi-sectoral partnerships and resources to collectively facilitate implementation of complex issues at the macro-level. The former, on the other hand, entails not only awareness but also knowledge and understanding of, firstly, the content of the policy, i.e. specific aspects of the policy to be implemented such as the vision, goals, strategies, and action plans; as well as the role of diverse actors, institutions, and stakeholders (Owusu-Ampomah 2022). Secondly, it entails knowledge and understanding of a local and national policy environment, or the socio-economic and political context, and the legal-administrative policy framework. Lastly, it requires knowledge

and understanding of how to access the benefits of the policy or programme, in this instance, the Policy Framework for Victim Support Programme.

In the rest of this section the relationship between capacity, as defined above, and implementation of the Victim Support Programme is discussed, beginning with the analysis of the extent of awareness of the Policy Framework among the respondents and participants.

6.4.1 Awareness of the Policy Framework

Much of the public policy literature, including Scheunpflug and McDonnell (2008); Knapp and Ferrante (2012); and Cerutti *et al*. (2019) (qtd in Owusu-Ampomah 2022), maintains that policy awareness is critical for the design and implementation of development interventions. However, policy awareness, as Owusu-Ampomah (2022) argues, is not just about knowing the existence of the policy but also, more importantly, having adequate knowledge and understanding of the key elements of the policy, as outlined above.

On the basis of this observation, and particularly the regulatory nature of the Policy Framework (see chapter 1), this study sought to determine the extent of awareness of the Policy Framework among the key stakeholders, i.e. the interviewed departments, including the DSD, DOH, DOJ, NPA, and SAPS; civil society organisations; and the community as a whole, particularly among women. Of particular interest was the capability of the implementing actors and institutions to enforce behaviour change as an intermediate goal towards the prevention of GBV; promotion of victim empowerment through, for example, access to support services; and the realisation of women's unfettered rights to dignity and freedom of choice.

The questions fielded in the online survey and in-depth interviews focused on awareness, knowledge, and understanding of the Policy Framework for Victim Support Programme and the roles and responsibilities of the street-level bureaucrats. The questions included the following:

a) Are you aware of the victim support initiatives available to women who have experienced gender-based violence in the Westcliff community?

b) Do you think women in the community are aware of the victim support services?

The study found that the extent of awareness of the Policy Framework for Victim Support Programme differed within and between the sampled online survey[1] respondents on the one hand, and on the other hand, the in-depth interview participants, drawn from the community, civil society organisations, and the sampled implementation mechanisms of the Policy Framework (DSD, DOH, DOJ, NPA, and SAPS). Within the online survey category of respondents, the majority (61.0%; n=70) indicated that they were aware of the Victim Support Programme, compared to 39.0% (n=44) who said that they were not aware. While all the participants of the in-depth interviews indicated that they were aware of the Victim Support Programme, only two participants from the DSD and DOH explicitly demonstrated that they were aware of the Policy Framework, and in particular the Victim Support Programme.

The participant from DSD confidently stated: "I am aware [of] the 365 Day Framework, and its goal to provide assistance to victims of gender-based violence. It aligns to various commitments from government" (DSD, Croftdene, Chatsworth, 2 August 2021). In contrast, the participants from NPA and SAPS appeared to be more familiar with the Victims' Charter and the TCC policy than the Victim Support Programme.

The participant from SAPS said:

> I am not sure about the details of the 365 Policy Framework … Within the police we have our own policies that deal with these issues and we have our own targets and goals that are set in this regard, and I'm sure it ties in with the 365 Day Framework on the victim support. At the end of the day, the objective and the goal is to get to the same

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[1] The online survey was a replacement of the face-to-face administration of the survey as a result of the COVID-19 pandemic and the restrictive protocols to prevent the spread of the virus and save lives. The questions, as may be observed, were not only significantly similar to those for the in-depth interviews but also open-ended.

thing: provide victim support services. So, whichever direction we take as the police it will eventually match up with this 365 Day if I think about it on a simple basis (Police Station, Croftdene, Chatsworth, 21 August 2021).

The participant from DOJ emphasised the need for consultations in the development of the Victim Support Programme with the department before requesting officials to implement the Policy Framework, which they are not implicitly aware of:

But it is very important to also look back and say when this framework was formed what was the involvement of DOJ? Did we participate or are we seeing this as something that is being imposed on us for us to implement? We need to understand the origin – what was the reason behind the formation of such a strategy – things like that. Nevertheless, we believe that we are responding [to] the framework (Magistrate Court, Croftdene, Chatsworth, 11 August 2021).

Although all five departments are implementing the Victim Support Programme, only two departments did so consciously, with awareness. On further investigation it was found that three departments which were not aware of the Policy Framework were aware of the Victims' Charter, The National Policy Guidelines for Victim Empowerment, and the TCC Guidelines which inform the Policy Framework. This finding corroborates a similar finding in a study on the Population Policy for South Africa 1998 which reported:

… [T]he province's departments and metro/district municipalities have been designing and implementing population programmes without being aware, or with little or no knowledge of the Population Policy for South Africa. This may be explained in terms of the alignment of both departmental population programmes and population factors – as outlined in the population policy – to the national and provincial priorities in the respective national and provincial development plans, e.g., the NDP and the PGDP/S" (Owusu-Ampomah 2022: 88).

A major challenge with lack of awareness of the Policy Framework is the implications for implementation in terms efficiency and effectiveness. Policy actions and results will be

negatively affected, leading to poor governance, and will ultimately disadvantage beneficiaries. This is also an indication of poor communication between and within departments, which should not arise if the lines of communication are clear and cascaded from the top to bottom levels where implementation happens. This automatic implementation prescribed by the top-down approach could be responsible for poor or lacking communication.

With regards to awareness of the Policy Framework in the Westcliff community, particularly the Victim Support Programme, perceptions also differed. There was consensus among participants from the sampled civil society organisations regarding awareness of the Victim Support Programme. One of the participants said:

> The problem is that a lot of women don't even know the resources that are available. Very little on awareness in this community on gender-based violence. I think there should be a multi-front approach where you know … local churches and other relevant structures can be used as a platform (AFM Church, Westcliff, Chatsworth, 13 August 2021).

Two other participants – the community leader and an official of a civil society organisation – who were of the opinion that if women in the community were adequately aware of the Victim Support Programme, there would be no constraints in accessing the services, supported this perception. In her response, the community leader said:

> I think they are aware that there are people out there to help them. They know that. The people are out there to help them but it's a matter of getting into those places. Where do they start? How do they even start this journey of reporting abuse and walking the journey to recover, you know ... How do I start this? Should I even attempt this, you know? That is the challenge (Westcliff, Chatsworth, 17 August 2021).

The other participant noted:

> I think that women are aware, however, not to the extent that they should. I get calls all the time from neighbours, they see a husband hit his wife and kick her on the street at

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2:00 o'clock in… Women they are aware that there is a domestic violence interdict. They don't utilise it: one, because of shame; two, because of dependence in terms of the husband being the breadwinner; and three, because there is no safe place for her to go with her children if she decides to leave. There is no shelter in Westcliff. The nearest is in Arena Park. There are only so many women and children that can be taken in for a stipulated period" (Westcliff, Chatsworth, 6 August 2021).

Among the online survey respondents, responses differed on the awareness of the Victim Support Programme. While 60% (n=69) of the respondents felt that women in the community were aware of the victim support services in Westcliff, the rest of the respondents (40%; n=46) were reportedly either "not sure" (10%; n=12) or felt that women in the community were "not aware" (30%; n=34) of the initiative.

Asked to explain why some of the respondents of the online survey were "not sure" whether women in Westcliff were or were not aware of the Victim Support Programme, a participant of the in-depth interview drawn from the survey respondents explained:

Indian women do not want the family and neighbours to know about their problems. This community have very high regards of their marriage, everybody knows about the police. It is not that they are not aware, it is the shame and fear of their husbands and not wanting others to know … Women are suffering in silence. No one to talk to. Women need to know services [are] available so that they can reach out for help (Telephone interview, 6 September 2021).

There is a mixture of people who are either not aware of the services and/or not able or willing to access them due to various community related constraints, including stigma.

6.4.2. Institutional capacity

The Policy Framework, as highlighted earlier in chapter 5, underlines the integrated, multi-sectoral, and multi-stakeholder approach to addressing GBV in the province. Notwithstanding the finding that the level of awareness of the programme differed among the key stakeholders,

it is evident that all the participants drawn from the five departments were cognisant of the strategic multi-sectoral approach to the implementation of the Victim Support Programme. They also had adequate knowledge and understanding of their personal and departments' respective roles and responsibilities in the implementation of Victim Support Programme as prescribed in the guiding documents or in the Policy Framework itself. In her response to a question, the participant from the DSD, for example, said:

> … When this policy was put into place, there was an understanding that each and every department actually had a role to play and that the roles needed to be integrated. And in doing so the integration meant that both civil society organisations as well as government organisations needed to fulfil specific … but more active roles in a specific area … in a synergistic way (DSD, Croftdene, Chatsworth, 2 August 2021).

The study also gathered that the respective roles and responsibilities of the participants were in alignment with their respective departments' functions in terms of the guiding documents of the Policy Framework. Responding to further questions, the participant from DSD did not only describe her role in the implementation of the Policy Framework for Victim Support Programme as coordinator of the Victim Support Programme in eThekwini South but also demonstrated her understanding of her department's role, intervention dynamics, and the workings between her department and other key stakeholders, especially civil society organisations, SAPS, DOH, DOJ, and NPA. She said:

> In terms of implementation, my role at DSD … is to oversee the organisations and the service officers within the area and it would be, specifically, this Chatsworth service office that renders gender-based violence and victim empowerment programmes in the area. Other organisations in terms of our NGO and NPO sector that did function at some point in this community was the GBV desk. It was sort of an advice desk of volunteers that serviced the community in terms of gender-based violence, and referral counselling, and referrals to the court system. Also, programmes were run in the community in terms of dealing with one or more cases and interventions. Programmes in terms of the GBV were run in [the] community in terms of our different focus areas

which will be GBV, domestic violence, to promote non-violence to people within the community, in terms of substance abuse in relation to domestic violence, in terms of women's rights, in terms of victim rights as per the Victims' Rights Charter (DSD, Croftdene, Chatsworth, 2 August 2021).

The observation is that programmes were briefly supported in the past in Westcliff. However, due to a lack of funding and emerging priorities, this is no longer the case.

Another participant from SAPS differentiated the role of SAPS from the DSD, saying:

It may be that we would specifically look at arrest and conviction and perhaps … recoveries and upliftment; providing more social services for the victim would be the responsibility of DSD. We are more driven towards the arrest and conviction. The Victim Friendly Facility(VFF) is right on the station premises, next to the Charge Office, basically next door. As soon as a victim comes into the police station, the victim is referred to theVFF. Social workers from Lifeline and Childline are waiting, ready to assist the victim. This is something recent. Both these organisations are funded by Department of Social Development. (Police Station, Croftdene, Chatsworth, 21 August 2021).

It appears that the roles of the sampled departments are complementary in a somewhat cyclical process by which GBV victims access support programmes and services and exercise their rights as contained in the Policy Framework. A victim of GBV is likely to go directly to SAPS as the first point of entry as detailed in chapter 5. SAPS would then open a case and make the necessary arrangements to transport the victim to the TCC for the package of services. Alternatively, the victim may go directly to the TCC. SAPS is not present at the TCC, and when a victim goes directly to the TCC, SAPS will be called in to take a statement and open a case.

Figure 2: Victim support services process
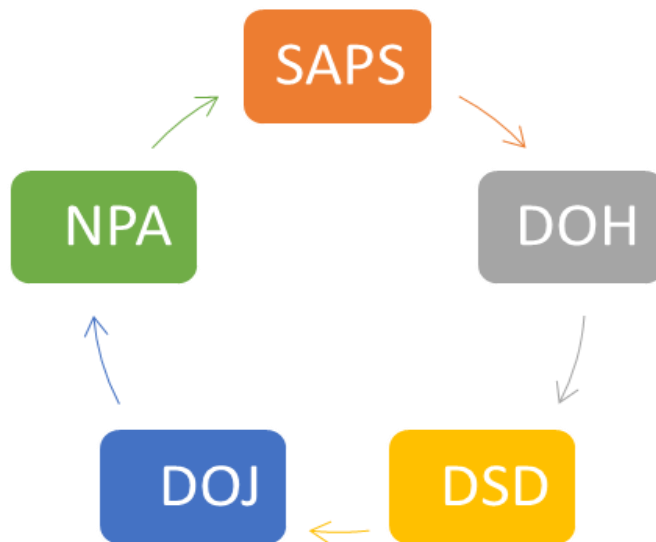
Victim-friendly rooms at police stations have historically relied on unpaid volunteers to provide support to victims when reporting GBV and the availability of social workers funded by the DSD at the Chatsworth police station is a positive sign of institutional capacity. However, Vetten (2021) cautions against the classic problem we have in South Africa whereby we consistently confuse form over function. Vetten explains that we set up structures and think that they are going to work magic and it's going to change the situation but we should actually be asking whether the people who work in these structures are adequately trained, if they know what the law is, are they empathetic, and if they are linked to a series of referral networks to get women to shelters or to other counselling services?

A participant from the NPA expressed her concern with outsourcing of social workers:

> Department of Social Development should do away with outsourcing of social workers because we know for a fact that once a person is employed by the department, some of them tend to retire within the department. So, it will be less likely to have social workers who are resigning going somewhere else now and again, meaning survivors will have

one social worker who takes them through their healing process to be complete and for sustainability as well. Because when the social worker is from a DSD-funded NGO, in the last year of the third cycle, as they are given funding for three years, everyone is eager to go, everyone is looking for work somewhere else, so the sustainability there we don't have. This needs to be looked into (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 4 August 2021).

Another participant from NPA expressed his frustration with institutional capacity at SAPS, saying:

SAPS do not have a stationed police officer at the TCC. This will help to mitigate the gaps of having our survivors sitting here waiting for the police for long hours, and we are told that they're still busy and they are waiting for the van, the van is out. They are still waiting for their transportation to be transported here to come and open up the case. With SAPS, whether stationed at the TCC or the station, needs to be sensitive to the victim. If the victim reports to the station, the police officer should not delay. The protocol clearly indicates that the person should be taken directly to TCC without taking too much time, because within that time when the person is still waiting for the TCC you might find that the person presented within pre-72 hours, so sitting at the police station the hours are counting you know. They end up coming at the TCC as a post-72 hours, not legible for prophylaxis at that time. So it is actually important that training by the SAPS at the station level needs to be done by the SAPS department. Another thing is not answering the phone (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 4 August 2021).

The NPA participant further explained the impact of weak institutional capacity, this time in the case of the DOH:

The TCC need a psychologist that will only look into gender-based violence matters, because … it has reached the point where the court was dismissing the case because there was no psychologist report. For so many times they have been calling the case on

for the psychologist reports and the psychologist report was not there and they had to postpone the matter. Once it's postponed for the fourth time then the case gets dismissed (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 4 August 2021).

Another example of questionable institutional capacity which influences the implementation of the Policy Framework was highlighted by a participant from a civil society organisation:

At DOJ clients are just given an application [to] fill it out and bring back when you [are] done. No guidance or extra support that the client needs. It's not just about getting a protection order, there [are] other needs that client requires and it is counseling, and it is the way they are spoken to (Westcliff, Chatsworth, 27 August 2021).

This participant shared her personal observations from cases of older women from Westcliff who, after 30 to 40 years of marriage, finally pluck up the courage to go to court to obtain a protection order against their husbands but are treated inhumanely in the process. They are just handed the application form with no guidance or empathy and given an instruction to return with the completed form. This participant felt that clerks at the DOJ were doing what they are supposed to do – the bare minimum – with no soft skills. This kind of support is a deterrent and likely to keep the women from seeking help from the courts.

In spite of the differentiated levels of awareness of the Policy Framework and the accompanying institutional capacity, evidence suggests a good measure of internalisation of the integrated multi-sectoral approach among the participants from the departments. It is also clear that the participants are aware of the complementarity of their roles in the implementation of the Policy Framework. These building blocks provide an opportunity for effective implementation of the Policy Framework which could be harnessed through conscious efforts to improve the synergy between the departments. This is particularly relevant since the onus rests on the implementing actors to provide victims with the services they require and they must be served irrespective of the point of entry in their search for help. However, the challenge, as pointed out in chapter 3 section 3.3.4, is that street-level bureaucrats are less likely

to influence capacity politics and their needs, undoubtedly the most critical to effective implementation, may often be overlooked, affecting implementation.

According to the DSD, SAPS, and NPA, training and advocacy are some of the activities that are implemented in the Victim Support Programme. It appears that advocacy campaigns were held to raise awareness and educate the public in communities, churches, and schools through workshops, meetings, and community forums. According to a participant from DOH:

> … NPA does do awareness and DSD does do awareness … have all these meetings with the community. I remember once they had one at Chatsworth stadium; they had a lot of people attending these meetings … For the past few years there's absolutely no awareness campaign (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 26 August 2021).

A participant from the DSD described the content and process of implementing GBV prevention programmes/activities as follows:

> … In terms of domestic violence, we would go out and speak to communities and raise awareness around what is domestic violence, where to report it if you have experienced violence in your home, what the reporting procedures are, and explaining to communities that there is support. There was very little knowledge and if there was knowledge in the community it was not at the level at which it needed to be – around domestic violence itself, and the rules in this particular community of Westcliff related to our traditional values and our culture in relation to domestic violence (DSD, Croftdene, Chatsworth, 2 August 2021).

On further probing about awareness in the community of Westcliff, it was found that awareness campaigns took place in the form of events after the release and in response to crime statistics. According to the statement from the community leader and the women in the community, awareness programmes in the community of Westcliff have not taken place for years and not without a political agenda.

The subject matter of advocacy, as part of the implementation of the Policy Framework, is certainly critical and this participant from the DSD seems to have a fairly good grasp of right-messaging for the community of the Westcliff flats. However, besides face-to-face interactions as a medium of communication which was mentioned, there is no indication of the frequency of these advocacy campaigns, nor the use of diverse media outlets such as posters, pamphlets, drama, and film in GBV education programmes and activities with messaging produced in the context of the Westcliff flats.

Evidently the interventions and supporting activities in the province have a universal human rights-based approach. However, the rights of marginalised populations are not further unpacked to ensure relevance. Cultural context is generalised for the province as a whole.

On the subject of capacity building, a participant from SAPS emphasised the importance of training in his unit:

> … Coming back to the issue of capacity, they are adequately trained, the training updated so that you know my people have been trained in sexual offences courses, domestic violence. Training is ongoing and if you come into my unit we will send you on a course. Apart from that, you get training, I have trained all my staff myself because of the years that I've been with them (Police Station, Croftdene, Chatsworth, 21 August 2021).

An observation was that training on sexual offences and domestic violence is taken very seriously by SAPS, however, there is no evidence on how the training is linked to resources and monitoring and evaluation for effective implementation of the Victim Support Programme.

At the institutional level, negative attitudes such as a lack of commitment and empathy; inadequate and/or inappropriate equipment; and lack of or limited manpower, especially high-level professional staff, as evident in this study, tend to place debilitating limitations on institutional capacity to achieve the intended goals of the Policy Framework.

The extract below of a conversation with a medical practitioner illustrates well not only some of the challenges confronting the street-level bureaucrats in the implementation of the Policy Framework in the Westcliff flats, but also the implications of the challenges in terms of capacity:

> We are not adequately resourced. A colposcope where you're able to visualise the injuries even though you couldn't see with the naked eye [by using] some dyes and stains and all of that … [is] so important, especially to take pictures, [and] to identify injuries. So here they don't have it. It's such an important resource, especially when dealing with rape.
>
> In terms of our beds, we [are] supposed to have the gynae (gynaecology) bed. As you can see, it's a normal examination couch. When I position the patient when they go for a gynae exam – normally in a gynae exam your legs are up on those poles – as you can see [this is] just a normal couch [and] they've given us [an] inadequate light source. We just have to work [with] what we have (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 26 August 2021).

The medical examination should be seen as an integral part in the investigation of a sexual assault. A colposcopy is a medical procedure used by medical practitioners to identify and photograph genital injury not readily visible to the naked eye after a sexual assault. The tool used in this procedure is called colposcope. This diagnostic medical procedure assists in identifying the area and extent of injury in the genital areas and provides evidence to be used in a court of law. The findings from colposcopies are accepted by the courts to offer convincing evidence of sexual assault (Kaur *et al*. 2010).

It would be nearly unfathomable for justice to be dispensed in cases of rape in a court of law when a primary witness – a medical practitioner or psychologist – is found wanting under cross-examination because he or she is either ill-equipped and/or poorly resourced or inexperienced to assist the court with convincing evidence to secure conviction. In this instance, not only

could the perpetrator be set free for lack of sufficient evidence, the key witness (the medical officer) would also feel embarrassed for something he or she could not be held accountable. This observation is further discussed in Section 6.5 which deliberates on the operating context of the Policy Framework.

Further to this is the concerning reality that officials implementing the Victim Support Programme often face unprecedented emotional demands because of the ghastly injuries and horrific stories presented by some victims and the associated trauma. Experiences of this nature, which could be stressful, require interventions such as debriefings "to provide emotional support, mitigate stress and ultimately promote a culture of continuous learning and improved patient (or victim) care" (Stafford *et al.* 2021: 6). Reportedly, no such processes were mentioned, and even if they were available, as it should be expected, one of the participants who stressed the importance of debriefing – a medical officer – was not aware of it:

> Even for us as staff, it is so traumatising for us to see all of that, we don't even have [a] psychologist … The psychologist is important to do some de-briefing with us, the staff, the nurses, the police because we take all of this home, we have kids, we end up shouting at our kids because we are so frustrated at work … to see all this on daily basis … (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 26 August 2021).

It is natural for those working with victims of violence to experience a variety of emotions. Research has confirmed that the "impact of ongoing stress and distress affects clinical practise, leads to compassion fatigue, increases the rate of burnout and can lead to a desire to leave the field" (Leff 2021: 1; Sigurdsson 2021). Well-being debriefings should be standard practise for officials dealing with victims of abuse.

A participant from the DOJ highlighted another capacity challenge that impedes implementation of the Policy Framework for Victim Support Programme as follows:

> Matters are postponed to the dates that are far off. Matters that are reported are … way higher than resources that we have – clerks and magistrate[s], specifically the

magistrates because they are the deciders. Even if we had more clerks attending to each and every one coming within, for argument's sake, maybe between 2 to 3 or 5 minutes, but the decider – if we only have one decider then it becomes a problem … If we are talking about Westcliff now to come here we are talking about the other units of Chatsworth when having to travel to unit five, because this court is situated in unit five. That is a problem. Remember the people that we serve are not so well off, they don't have money to buy bread, so how would they have money to get a taxi to come … (Magistrate Court, Croftdene, Chatsworth, 11 August 2021).

In the above situation, clients end up abandoning their cases. This shows the negative outcome for the clients and overloaded justice office with inadequate resources to deliver on implementation of the Victim Support Programme. The situation above is no different from a national finding by Vetten (2005) that a lack of resources in the criminal justice system as a whole impact on the application for a protection order in certain instances due to very few people being available at the magistrate's court to assist complainants.

6.5 Context

In Section 3.3.2 and chapter 5 it was pointed out that institutional context is shaped by the larger context of the system's social, economic, political, and legal existence, much as is the case with the other four variables of content, commitment, capacity, and clients and coalitions. It was also noted that the greatest concern was how institutional context impacts the implementation process, primarily via the institutional passageways, through which implementation must pass with the support of clients (beneficiaries) and coalitions. Similarly, community context influences and is influenced by the larger social, economic, political, and legal-administrative system in as much the same way as known variables such as culture, beliefs, social networks, religion, and individual characteristics such as commitment, dedication, cooperation, capacity, trust, patriotism, etc.

In much the same way as institutional context is vital to understanding its impact on policy implementation through a given set of variables, it is also important to understand how

community context also impacts on implementation process and outcomes. From this perspective the questions fielded for the fieldwork were at two contextual levels: (i) community and (ii) institutional. The issues addressed in the subsections include the seriousness of GBV in the area, the causes and drivers of the phenomenon, whether the services were helpful or not, and what could be done to improve the situation.

6.5.1. Community context

The questions fielded at the community level were intended to determine the conduciveness of the operating context to the implementation of the Policy Framework, focusing on perceptions of the community on GBV and socio-cultural factors such as perceptions, beliefs, norms, and relationships. Before presenting the findings, it may be apt to provide a sketch of the social and economic organisation of the Westcliff flats, relying on a community leader:

> Westcliff area is 95% predominantly Indian people that live there. Most of the men are unemployed … Most of the men, or even the women that are there, inherited the houses from their parents but sometimes the parents are alive so they live in a squashed environment [of] overpopulated houses … It is 120 plus – about 110 or 115 flats. In each of those flats there is five families per flat. But most of these men are based at home, they drink, smoke zoll and take drugs; and the wives, the few that do have jobs, go to work and come back and it's a normal thing. But then the wives that do sit at home, those are the middle-aged people (Community leader, Westcliff, Chatsworth, 11 August 2021).

The picture drawn here of the Westcliff flats is one of a population living under social and economic pressures as a result of high unemployment; low income for those employed, particularly women; characterised by crowded households and drug abuse. Under these circumstances, and as is often the case, all sorts of crime, including murder, assault, and sexual offences (see below for details) have become integral to the social fabric of the Westcliff flats and Chatsworth as a whole. Being a victim of GBV was not included in the criteria of the sampled respondents, yet the majority indicated directly experiencing GBV. Important to note

is the fact that the majority of the respondents in this study have secondary education, but the high levels of unemployment appear to leave them disempowered despite their levels of education. Besides this, moral decadence and its repercussions have not only become rife but have also made it nearly impossible to address due to structural constraints such as unemployment, drug abuse, and the fear of stigma, as indicated by a respondent: "We are challenged here, everything is against us, we are forgotten, we want to be helped" (Online survey, 23 July 2021).

On the question of prevalence of GBV in the Westcliff flats and how serious the phenomenon was, an overwhelming majority of the sampled respondents (96%; n=110) and all the in-depth interview participants acknowledged that GBV was not only prevalent but also a serious problem in the Westcliff flats. A participant who sounded petrified opened up, saying:

> Women need help. There are 126 flats in this part, 800 houses, estimated 600 women are experiencing gender-based violence. If they speak up, they will have no home to live in. Mothers are also getting abused by their sons – substance and drug abuse. Mothers [are] forced to beg. Physical, emotional, and verbal abuse is rife in Westcliff; constant intimidation" (Telephone interview, 9 September 2021).

Others narrated their personal experiences. One woman tragically and succinctly stated: "Domestic violence is high in this area. I experienced it. I am now divorced. I experienced every form of gender-based violence" (Telephone interview, 7 September 2021).

Another woman described her experience of abuse together with how the police responded, and stressed the fact that the court system is too slow:

> I was abused when I lived with my ex-husband. I experienced every form of gender-based violence: physical, emotional, sexual. It ended in a divorce … I used to overlook things. Police helped me to get my stuff and my children to get out of the house. My case took a long time, I decided not to continue with the relationship. We have divorced since. Courts need to prioritise cases of gender-based violence (Telephone interview, 10 September 2021).

Another community member shared how prevalent GBV is, even though she had not experienced it herself:

> I live in the Westcliff flats. I witnessed the gender-based violence growing up. My father was a drug addict and he abused my mum. I am not in an abusive relationship, but I do know a number of people that are experiencing gender-based violence right now in this community. The biggest cause here is drug abuse and that is why gender-based violence happens so often in our community. Gender-based violence is a happening right now, as we speak. You can probably hear the screaming going on in the background (Telephone interview, 8 September 2021).

The perception that GBV prevalence in the Westcliff flats is a serious problem is indicative of the trend of the phenomenon in the Chatsworth community, and by inference KwaZulu-Natal and South Africa as a whole. Figure 3 shows the trend of the total reported cases of sexual offences in Chatsworth from 2012 to 2021. Interestingly, the data shows a steady decline in reported cases of sexual offences from 173 in 2013 to 77 in 2018, although the figures are high. However, the downward trend is interrupted as cases increase to 82 and 102 in 2019 and 2020 respectively, followed by a sharp fall of 21.6% in 2021. A breakdown of sexual offences shows a similar trend in all kinds of sexual offences, with the exception of attempted sexual offences which remained unchanged during the period of 2019 to 2021 (Table 2).

Figure 3: Reported sexual offences in Chatsworth, 2012-2021
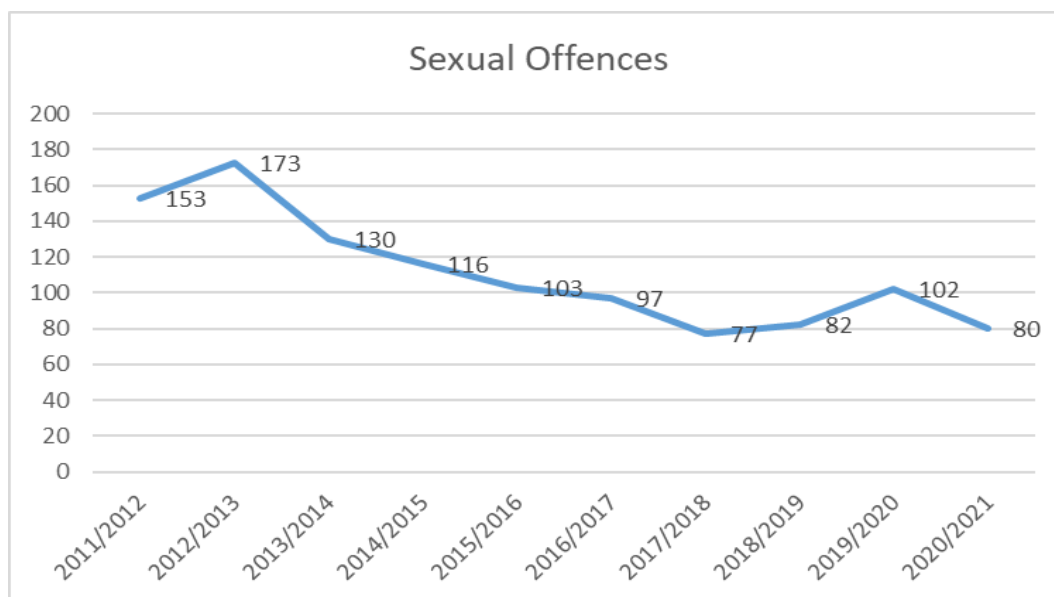
Source: SAPS (2022)

Table 3: Sexual offences in Chatsworth, 2012-2021

Sexual Offences	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Difference 2020-2021	% Change 2020 -2021
Rape	103	123	92	75	74	69	57	55	80	55	-25	-31.3
Sexual Assault	42	41	33	30	27	22	18	22	19	21	2	10.5
Attempted Sexual Offences	2	1	2	0	0	1	0	1	1	1	0	0.0
Contact Sexual Offences	6	8	3	11	2	5	2	4	2	3	1	50.0
Total	153	173	130	116	103	97	77	82	102	80	-22	-21.6

Source: SAPS (2022)

While the veracity of the data may be questioned due to non-reporting, the increase in cases of sexual and GBV in Chatsworth during 2018 to 2020 is consistent with national and global trends. In the global context, spiralling cases of GBV and its effects – particularly the effects of unintended pregnancies on women's health and choices – and psychological trauma, which could have psychosocial, behavioural, and physical consequences for survivors, spawned a sense of urgency for action. At the 2019 Nairobi Summit to commemorate the 25th anniversary

of the International Conference on Population and Development (Nairobi Summit on ICPD25 n.d.), sexual and GBV was not only included as one of the five thematic areas prioritised for action by the world body (see box 1); it was also the theme with the most commitments globally, totalling 143 commitments across all regions (IPPF 2020).

| |
|---|
| **Box 1. Thematic Areas of the ICPD25** |
| Universal access to sexual and reproductive health and rights as a part of universal health coverage Financing required to complete the ICPF Programme of Action and to sustain the gains made Drawing on demographic diversity to drive economic growth and achieve sustainable development **Ending gender-based violence and harmful practises** Upholding the right to sexual and reproductive health care even in humanitarian and fragile contexts |
| *Source: https://www.nairobisummiticpd.org/content/about-nairobi-summit* |

6.5.1.1 Causes and drivers of GBV

On perceptions regarding the underlying causes and drivers of GBV in the Westcliff flats area, there were diverse viewpoints among the respondents of the online survey and participants of the in-depth interviews. The viewpoints ranged from culture to unemployment. Most of the respondents (44%) were of the view that culture had influence on the phenomenon while the majority (56%) either did not think so (25%) or were not sure (31%).

Figure 4: Culture and gender-based violence
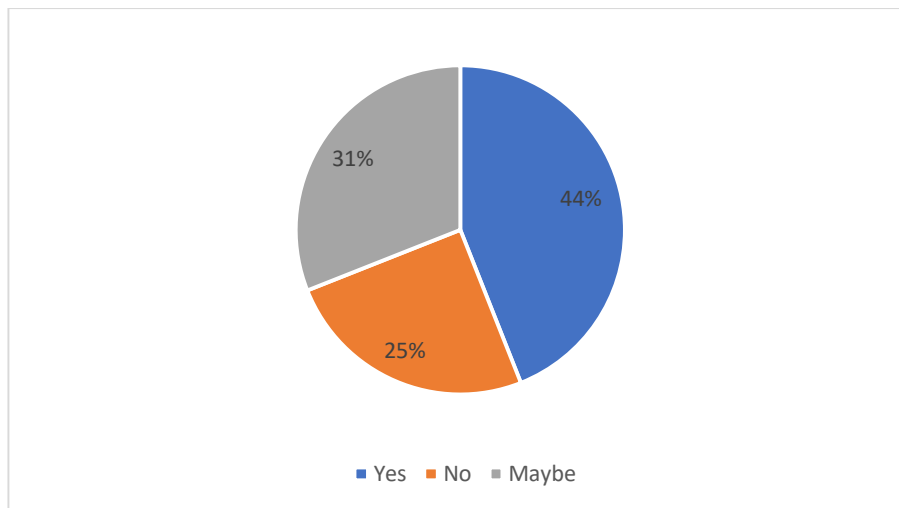
Source: Online survey (25 June-2 August 2021)

A similar pattern was observed among the women who participated in the in-depth interviews, most of whom agreed that masculinity, patriarchy, socialisation of boys and girls, and religious beliefs – as elements of culture – were at the heart of GBV. Asserting the role of culture in GBV, one of the female participants from the community highlighted patriarchy as a key driver. She explained that it is supported by the women and all in the community. The participant further explained that patriarchy is dominant in the Indian community and changing mind-sets is proving challenging as women are dependent on the men financially and the homes belong to the men, which may leave them and their children homeless.

Another participant shared her view on the impact of cultural dynamics in this Indian community:

> As women we take on too much and we put on … a mask even though we know we're going through so much to show society that we are not. Indian women hide their feelings. Ye, that is what was taught – you have to stay with one man, you have to stay no matter what, for your children. This is our culture. I felt that my children needed a father, they need to grow up with two people. I felt that they would be neglected if I took them away from their father. You understand. That's how we were cultured to

believe that once you take a man, you live with him no matter what. But men use the culture to abuse you (Telephone interview, 9 September 2021).

Cultural dynamics was further explained by another participant who expressed her anxiety around not having the necessary support to take a stand against GBV:

Women are not outspoken in this community. It does not happen here, we are too scared and do not have any backup. Women are caught up with the struggle [of] do I keep my kids, do I run away, where do I go to, who is going to take [care] of me and my children? The husbands have full control of everything. Here [if] you have a child out of wedlock, the woman is forced to maintain that relationship because of our culture (Telephone interview, 11 September 2022).

This culture of silence of abuse was echoed by another participant:

Women are abused and many do not come forward to talk about it. It has everything to do with the culture. You understand as an Indian, you know our culture. Our fore mothers' way before that have served their husbands, you know the roles did not change and the culture did not change and the expectations are still the same as our foremothers. My mom served my dad hand and foot, you know, she waited at home every day and when he got home, even if it is late, he would get the same service. As time went on we are all working [but] … the expectation is the same in the home front. Times have changed but people's culture has not (Civil Society Organisation, Westcliff, Chatsworth, 6 August 2022)

The assertion that culture influences GBV and how it manifests itself in the Westcliff flats was, however, challenged by some of the participants. "Men must stop using their physical strength. Respect each other. It's not the culture," one of them said. Still, there were others who felt that several factors accounted for GBV in the Westcliff flats and not culture alone, including unemployment, unequal power relations, and drug and alcohol abuse, as reflected in the extracts below which also are indicative of the angst and frustration of women living in the Westcliff flats.

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The participants pointed out that GBV is influenced by culture, but their experiences go beyond culture. The outcry by many was that they feel powerless, they are unemployed, they are dependent on their spouse for the basics, men in this community thrive on their submissiveness and roles of insubordination, they have been socialised to serve, and leaving is not an option. This is compounded by their low status in their homes and in their community.

Women in Westcliff appear to be exposed to stressors at multiple societal, community, and interpersonal contextual levels. Judging from these participants' responses, it is evident that they don't feel that they have the resources to deal with toxic situation of GBV.

This finding unequivocally confirms the widely documented drivers of GBV in the GBV literature (see, for example, Cruz and Klinger 2011; Bukuluki *et al*. 2013; CSVR 2016; Perrin *et al*. 2019) not only in South Africa but also globally. For instance, Dartnall and Channon (2020, citing Jewkes 2002) maintain that gendered power inequality rooted in patriarchy is the primary driver of GBV in South Africa. According to the authors, GBV (and intimate partner violence in particular) is more prevalent in societies where there is a culture of violence, and where male superiority is treated as the norm.

The CSVR, on the other hand, argues that "… the cause of GBV cannot be attributed to a single factor, but an interplay of individual, community, economic, cultural and religious factors interacting at different levels of society" (CSVR 2016: 8).

Indeed, as the study shows, GBV is not driven by a single factor. As the CSVR (2016) and much of the literature – e.g. Abrahams *et al*. (2009); Jewkes (2002); and Sigsworth *et al*. (2009) – maintain, the factors range from gender inequalities between men and women to social constructions of hegemonic masculinities, social perceptions of what it means to be a man, normalisation of violence, and cultural practices such as lobola and ukuthwala (CSVR 2016).

From this perspective, Perrin *et al.* (2019) do not only underscore the negative effects of harmful social norms and personal beliefs on GBV but also encourage and recommend that researchers and practitioners apply the Social Norms and Beliefs about GBV Scale to evaluate the impact of GBV prevention programmes for behaviour change. The authors describe this

scale as a 30-item scale with three subscales: "Response to Sexual Violence," "Protecting Family Honor," and "Husband's Right to Use Violence" in each of the two domains, personal beliefs and injunctive social norms. The authors' recommendation is context-specific, i.e. humanitarian settings. Based on findings of this study, the multi-sectoral Victim Support Programme should adapt and apply the Social Norms and Beliefs about GBV Scale to understand the context of GBV by this minority community of Indian women. In this way, interventions will be evidence-based and context-specific and are likely to increase the uptake of GBC support services.

6.5.1.2 Perceptions of the Victim Support Programme

On perceptions of the Victim Support Programme the study found that the majority (59%; n=41) of the respondents that claimed to be aware of the Victim Support Programme (n=70) either said the programme was helpful (27%; n=19) or somewhat helpful (32.2%; n=22). The rest (41%; n=29) indicated that the programme was not helpful. While a fairly good majority had a positive view of the programme, the proportion that had a negative perception of the Victim Support Programme is sizeable and worrying.

Respondents were asked to explain their responses and most of them qualified their perceptions. Table 4 shows examples of explanations given for the responses. For instance, those respondents who felt that the Victim Support Programme was helpful attested to how their problems were resolved. For instance, one of them said: "The police helped me to get my children and my stuff out of the house" (Online survey, 10 July 2021). Another person said: "The services are ok. Takes a long time though, going to the police and the court. But I did get help" (Online survey, 28 June 2021).

Table 4. Perceptions of Victim Support Services

Response	Explanation
Helpful	• *The police helped me to get my children and my stuff out of the house* • *I was abused by my husband and did not do anything because I am dependent on him financially. The interdict was what stopped the abuse* • *The services are ok. Takes a long time though, going to the police and the court. But I did get help*
Somewhat Helpful	• *Services are there but it must be improved, the bad experiences keep the women away from social welfare and the police.* • *Yes, we want to see improvement in the services, we want to hear more successful stories from women who have been assisted. I speak to the women in this area through the local church and grocery distribution. There are some who have found the services helpful, but there are also those who did not find it helpful.*
Not Helpful	• *I am 23 years old, unemployed with a 1year-old child. I am in an abusive relationship. I have nowhere to go. My life is hell. I am on my own. There is no one to turn to. Services are unhelpful.* • *I have a painful story to tell. I am a victim. The first time I withdraw the case, hoping to work things out. There was no change abuse got worst. I opened a new case. He was never arrested, even though he was in front of the police. My protection order is with the police. The police are not assisting me, because I complained about their service* • *If we are given the right support and services, gender-based violence can be stopped. Now women are on their own, nobody cares, so we stay in these relationships, hoping someday it will change.*

Source: Online survey (25 June-12 August 2021)

In contrast, a sizeable proportion found the Victim Support Programme "not helpful" and had a different story to tell. Some of them described being in "a trapped relationship" as the service, particularly in relation to the police, did not provide any help. One of them said, "I am 23 years old, unemployed, and with a one-year-old child. I am in an abusive relationship. I have nowhere to go. My life is hell. I am on my own. There is no one to turn to. Services are unhelpful" (Online survey, 15 July 2021).

Another respondent narrated her plight:

I have a painful story to tell. I am a victim. The first time I withdraw the case, hoping to work things out. There was no change; abuse got worst. I opened a new case. He was never arrested, even though he was in front of the police. My protection order is with

the police. The police are not assisting me, because I complained about their service. I am blamed for the abuse (Online survey, 30 June 2021).

It was observed that Indian women tend to repeatedly drop cases against their spouses and are made to feel responsible for their abuse, a situation which is influenced by cultural practices in this community.

This notwithstanding, there seemed to be a sign of hope, and one of the participants appeared to speak for majority of the people:

> Yes, we want to see improvement in the services, we want to hear more successful stories from women who have been assisted. I speak to the women in this area through the local church and grocery distribution. There are some who have found the services helpful, but there are also those who did not find it helpful (Online survey, 5 August 2021).

The above aligns to a finding by Hyman *et al.* (2009) that barriers for the use of social services for GBV by minorities in Canada included not knowing about the services, shame and embarrassment, fear of the relationship ending, fear of losing financial support, and fear of losing the children.

6.5.2 Institutional context

The mixed reactions, however, suggest constraints in the implementation of the Victim Support Programme. Among other things, the constraints rested with the integrated, multi-sectoral, and multi-stakeholder approach to addressing the GBV scourge in Westcliff. This strategic implementation approach, as is well documented, is intended to offset the challenges of working in silos. In other words, it is meant to enhance coordination and consistency; promote a common vision; improve the partnerships of clients and coalitions; promote effective communication; strengthen cooperation and collaboration; and improve synergies among the key stakeholders for results (Owusu-Ampomah 2022).

However, it is evident from this study that the integrated or multi-sectoral approach is not working as it should, and this is a serious challenge. It raises several questions regarding the operational performance of the implementers or the state of the institutional context regarding the implementation of the Policy Framework. Some of the relevant variables and challenges have been discussed earlier, e.g. inadequate institutional capacity in terms of resources, both financial and personnel-related, especially skilled personnel such as psychologists and psychiatrists; as well as equipment. In the sections below, issues of commitment, coordination, communication, and clients and coalitions are discussed.

6.6 Commitment

As pointed out in Section 3.2.3, having the best policy does not guarantee effective implementation. The Human Factor School of thought concurs with this viewpoint and maintains that successful implementation of a policy requires "a network of committed persons who stand firmly by [the goals and objectives of the policy and] … strongly believe in, and continually affirm the ideals of society" (Adjibolosoo and Senyo 1995). However, commitment is only one – but no less important than the rest – of the elements of the human factors deemed as a *sine qua non* for the development and progress of all societies. These are trust, dedication, patriotism, empathy, responsibility, accountability, and vision. In other words, as a variable in policy implementation, the importance of commitment (and the human factor as a whole, which is a spectrum of positive or negative human personality characteristics) lies in the capacity to influence policy implementation outcomes.

Positive human factors, or positive human personality traits, such as commitment and dedication tend to have a positive impact on policy implementation by facilitating cooperation, coordination, coalitions, and communication (information flow) between and among clients (policy beneficiaries), and implementers. The opposite is equally true for negative human factors or personality traits such as corruption; dishonesty; and lack of commitment, accountability, trust, empathy, etc. which undermine effectiveness of policy implementation as they are less likely to facilitate cooperation, coordination, coalitions, and communication.

This study shows that there is a fairly high level of commitment among the implementing agents, ranging from the provincial government to street-level bureaucrats. However, in some instances commitment has not always been translated into action, which frustrated those that were evidently passionate and willing. The frustration often arose from internal and external challenges such as a lack of or limited resources and the lackadaisical attitude of some of the actors within and outside of departments.

Acknowledging government's commitment to the eradication of GBV, a participant lamented that the commitment is not consistently backed by action. Citing human resource constraints, a participant from the DOH said:

> There are a number of psychologists that are qualified but cannot get jobs – budget. They are available but there's no budget to employ them. You get a psychologist that has been here for 20 years – soon as she retires that post is frozen. That's what happens. If a doctor retires, the post is frozen. We're not getting in new staff; we're just freezing the post because now that money can be used for something else. Where is the commitment to the victim support? (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth, 26 August 2021).

From the viewpoint of an official from a civil society organisation, the government is expected to do more. The participant referred to government's failure to support the safety facility established by the police at police stations to support victims, which she described as a "valuable idea". She said:

> The victim support initiatives are not fully known by all. It's a great idea that police had to set up victim-friendly facilities at the police stations – a valuable idea and it was amazing – but it is not doable because it is based at a police station. People will not speak freely in that setup. Government victim facilities, I think they're over inundated like every other government department. Their social workers are not equipped, they do not have sufficient time, or they don't give 100% and then there are NGOs like

ourselves that set up these centers and work hard to try to support these women and I don't see the support of government (Westcliff, Chatsworth, 6 August 2021).

The uncooperative attitude of some actors in the implementation process is an indication of lack of commitment, which tends to frustrate implementing agents as much as clients. Ironically, as confirmed widely in this study by respondents and participants, or clients and departments, the police appear to be the guiltiest of this untoward characteristic. A respondent shared her experience in accessing the services from SAPS: "When it comes to police services, they are lazy; it is about paperwork. It depends … if you find favour in their eyes, otherwise claims are brushed off" (Online survey, 21 July 2021).

Frustration can be sensed from the following respondent who expressed the challenge with quality and timely services: Too much backwards and forwards, prolonged procedures and delays, you end up giving up hope in getting any help. Police are disgusting. Chatsworth police station is the worst, not interested in helping in anyway, they just do not care. They get paid anyhow (Online survey, 10 August 2021).

The quote below is indicative of poor services once again that deter victims from using the victim support services, more especially when women are powerless and have no other support system:

> A friend of mine is experiencing the same thing, we talk to each other when we can. She did not get any help from the police or any anyone, she got into more trouble. She lives like that. For me too ... How can I contact the police, I will get more beating? I used to have long hair, now it is grey and not much. My husband used to wind it around his hand and throw me around the room. I have fractured bones on my face, my vision is affected. Where do I go if I leave, what about my daughter? She is still in school. We just stay quiet and do what makes him happy so we don't get a beating (Telephone interview, 6 September 2021).

Another participant who found neither SAPS nor the DSD helpful, and their interventions questionable, provided more evidence of frustration:

Everybody knows of the police. They know about social welfare, they know everything. But let me tell you something: they are useless. The welfare people, as for them, they will go take a normal child out of a house that is living a comfortable life and they will go put them in a home but the women, with a child in the cold, they will never go and remove that child (Telephone interview, 7 September 2021).

The seemingly lack of commitment on the part of the police is also highlighted by a participant from DOH who maintained that while DOH had good working relations with NPA, DOJ, and DSD: SAPS are the people that are the major stumbling block for our cases not heading to justice. Each of these departments do their part in the Victim Support Programme," the participant acknowledged. "Justice is involved when it reaches the level of the court … Before the case goes to court, that's more of SAPS …" (Thuthuzela Care Centre, R.K. Khan Hospital, Croftdene, Chatsworth 26 August 2021).

A participant from a civil society organisation also had some hash comments about SAPS:

SAPS – and I don't know if they are not understanding what their role in the whole victim support is – but we are getting a lot of feedback from SAPS that [is] really just turning our victims away from the stations and saying, "I'm sorry, we can't do anything, you have to go to court to get a protection order." So yeah, for me there is a gap there in their understanding of their role, you know. A lot of victims are turned away from the SAPS stations to lay a charge. I mean to go to court and open a protection order which is not the case; they should open a case. Yes, you know of abuse because it is a crime to abuse and then they could possibly assist the client [in] court. It also just strengthens the protection order or the granting of [one] … if there is at least a case number (Westcliff, Chatsworth, 27 August 2021).

In a bizarre scenario, another participant described how the police locked up both her and her husband after securing a court interdict against the husband:

I got a court interdict against my husband and he also got a court interdict against me. We both were locked up in Chatsworth police station for three days and was then

transferred to Westville prison for another four days. When I made the interdict for him, I said he abuses me. He also got an interdict saying I abuse him. I was locked up for the abuse. That's what I'm saying that at that time it didn't help me, so how is it going to help me now? That's why I lost hope. I was the one being abused; the police and the courts did not see who was wrong or right. Why should I use their services? (Telephone interview, 11 September 2021).

The importance of the role of the police in the implementation process of the Victim Support Programme is doubtless critical and the unflattering sentiments against them appear reasonable. To be fair, however, evidence shows (see sections 6.5.1.2) that the police have been helpful in certain instances. Based on information provided by a participant from SAPS, it depends if the Indian women are helped by a committed officer, or one who just folds his or her arms.

The participant shared his experience on the job and how capacity and commitment influences policy implementation: "On paper I've got ten vehicles but in reality what I got is three vehicles, so you will always have a resource issue. Even with resource constraints every effort is made to address the cases, whether it is to TCC, shelter, it may involve some waiting."

The participant further expressed his concern that all problems are brought to SAPS, whether they fall within their mandate or not. A point of concern is that he admits that there are "lazy officials" who do not take issues of abuse seriously or are perpetrators themselves and may not be interested in providing service to abused women. Although the participant confirmed his commitment to ensure that women receive the necessary services, he could not guarantee the same from his staff members. "People can just be in the job because it's a job, and it takes more than that to really see things through because you see policies are developed up there. It comes down here you can ensure the policies are implemented or you can just fold your arms, even with all the training" (Police Station, Croftdene, Chatsworth, 21 August 2021).

The above statement is a reminder of earlier studies (Lopes *et al*. 2013; Vetten 2014) in which SAPS has been founding wanting in the implementation of the Domestic Violence Act. The foot-dragging or unwillingness of police officers to issue protection orders or make arrests have

been identified as major obstacles in the implementation of the Domestic Violence Act (Lopes *et al*. 2013) and the bigoted insolence of police officers was seen as a discouragement in reporting cases of domestic violence (Prinsloo 2013).

Against the backdrop of the seemingly uncooperative attitude of the police is the demotivating tendency of some clients who refuse to open cases against perpetrators or cancel a case once it is opened. Yet, opening a case against a perpetrator is a necessary condition in the GBV prevention and support protocols.

The lack of cooperation of some clients, which denotes a lack of commitment to pursue the violators of their rights, does not only demotivate some police officers to assist other clients but also denies other clients access to victim support services.

The above was expressed by the participant from SAPS who explained that Indian women open cases and, after all the time spent on the paper work, the woman may return to withdraw the case. What is evident is that the victim is not taken seriously the next time she returns to open a case. Whilst this is a challenge, the concern is that every case should be taken seriously, irrespective of a possible withdrawal. This finding correlates with the responses from respondents from the online survey and participants from civil society organisations. The emphasis is placed on saving the relationship and maintaining the family. As described by the community leader, "the women want to show they are in a loving relationship, their family is the best." This again highlights the cultural image of bliss despite experiencing GBV.

The findings show that addressing GBV requires the commitment of all actors in the implementation of the Victim Support Programme, from the highest level of governance through street-level bureaucrats to clients. At the governance level professing commitment is not enough; it must be backed by action and a high level of support, including allocation of adequate resources and active and hands-on participation in and coordination of the GBV prevention and support processes. At the street-level bureaucrats level, it is the quality of the human factor in its totality which is a fundamental factor in the implementation and outcomes of development interventions, not excepting the Victim Support Programme. This implies the

development and demonstration of not only commitment but also, for example, dedication, empathy, responsibility, accountability, love, and capacity building through regular training and education workshops, seminars, etc. Along the journey, the object is to ensure that implementers, including the police, demonstrate a high level of professionalism and tact in the discharge of their respective roles in GBV interventions, even if a client does not show commitment to pursue a case.

At another level it is important to understand why some clients tend to be non-committal and deny themselves access to GBV support services, having refused to open a case against the perpetrator, or even in cases of non-reporting. In both instances, the study found that a number of factors accounted for the behaviour of some clients, including fear of further abuse; poor service, which relates to individual and institutional capacity; lack of awareness; and fear of stigma, as shown in table 6. The data shows that the most mentioned factor posing a serious challenge to accessing victim support services was "fear of further abuse" (40.5%; n= 45), followed by "poor service" (30.6%; n=34), "lack of awareness of services" (15.3%; n=17) and fear of stigma (13.5%; n=15.

Table 6. Access to victim support services challenges

Characteristic	Count	Percentage (%)
Fear of further abuse	45	40.5
Lack of awareness of services	17	15.3
Poor Service	34	30.6
Fear of Stigma	15	13.5
Total	111	100.0

Source: Online survey (25 June-2 August 2021)

While "poor service," among other factors, relates to the quality of human factors such as commitment, accountability, and empathy, which are "environmentally acquired" (Adjibolosoo and Senyo 1995: 33), "fear of further abuse" will require tactful interventions

that target victims as well as perpetrators with the object of creating harmonious and liveable homes.

6.7 Clients and coalitions, communication, and coordination

As was discussed in section 3.3.5, exclusion of non-state actors in policy or programme design and implementation could have a negative impact on outcomes of the policy or programme. In other words, non-state actors are as important as state actors in policy design and implementation, particularly clients and coalitions. While clients are the beneficiaries of the policy or programme, coalitions involve interest groups, either formal or informal. Formal interest groups include civil society organisations or groups which emerge to either legitimise the intervention or delegitimise it for the simple reason that the intervention is not in their best interest. Community mobilisation targeting, especially clients and coalitions, is therefore imperative in programme design and implementation.

In this study evidence shows that the implementation of the Victim Support Programme in Westcliff adopts the integrated approach which brings together all the key stakeholders, including civil society organisations, to participate in decision making and implementation through (i) Provincial Victim Support Programme Meetings and (ii) Local Victim Support Programme Meetings which are coordinated by the DSD and NPA respectively. The integrated multi-sectoral approach of the Victim Support Programme is to enhance women's access to justice by intensifying collaboration between law enforcement, health and social services, and coalitions. Whilst this model has been evaluated in the United States and has demonstrated positive results on the number of arrests, percentage of cases resulting in judgement, and the percentage of men ordered to attend rehabilitation treatment programmes less is known about the impact of this model in developing countries (Morrison *et al.* 2007). However, informal assessments confirm that this approach is most relevant for ensuring that the complexities of GBV are responded to through an integrated platform for holistic victim empowerment interventions as adopted in South Africa (Morrison *et al.* 2007: 41).

6.7.1 Provincial coordination mechanism

The Victim Support Programme in Chatsworth is managed by the DSD. High-level provincial meetings, hosted by the department, are held quarterly to discuss and take proactive decisions and coordinate the implementation of the decisions taken. The meetings are attended by key stakeholders, including SAPS; DSD; NPA; DOH; DOJ; DOE; and civil society organisations (CBOs, NPOs, NGOs, FBOs, etc.), namely Childline, VJ Kara, and Life Line which, according to a participant, are subsidised by DSD.

6.7.2 The local coordination mechanism

The local Victim Support Programme meetings are an extension of the provincial Victim Support Programme meetings, which are hosted by the NPA. The meetings are held quarterly at the local level and are attended by mainly the local GBV cluster, district officials, NGOs, and ward councilors. Decisions taken at the local Victim Support Programme meetings feed into the normal provincial Victim Support Programme meetings.

6.7.3 Other coordinating mechanisms

Other coordinating mechanisms in relation to the Victim Support Programme include the South African National AIDS Council which also has GBV prevention and eradication on its agenda. There are also the monthly implementation meetings within the TCCs, which are managed by the NPA. As reported by a participant, the meetings are currently not running and have not been for a long time.

While coordination structures clearly exist, reports indicate that the structures are underutilised, implying that departments are also under delivering as a result of irregular attendance of coordinating meetings.

> We had a roundtable in KZN and I must say very few departments attended those meetings. There was representation from [the] Department of Justice, and nurse[s] from [the Department of] Health, but no decision makers. If you know what I am saying, we had no decision makers around the table when we wanted to share what we had done

in KZN and to make important decisions on scale up. This shows how invested they are, how committed are they to assist the NGOs to make it happen for the victim empowerment. Because around the table it was mostly community members and community based organisations or civil society organisations like Childline and those. But yeah, I feel there can be more commitment from the departments and especially decision making on that level. And for them not to be present at the round table so that we can share what is happening on the ground, not only with the community but with their departments, there is definitely a disconnect or a lack of commitment with the departments (Westcliff, Chatsworth, 27 August 2021).

As clearly shown in this extract, absenteeism at such a high level of governance undermines the essence of coordination, which is at the heart of the strategic multi-sectoral approach to GBV prevention and eradication, with serious ramifications, some of which the extract alludes to. Not only does it indicate a lack of commitment among the departments; it also creates a communication gap and treats victims of GBV with contempt. This tendency emphasises a disconnect between departments and the coordination mechanism, bringing to the fore the much-talked about idea of "working in silos," motivated by personal or department-specific interests at the expense of the larger interest of society with careless abandon.

A participant shared her thoughts on the subject:

DSD need to get first and foremost professional people to go into communities, people who understand this community. I also think that when doing the actual GBV community outreach in Westcliff people need to go in as a team, with DOH, SAPS, Justice, NPA, DSD. They cannot only expect a social worker to go, the police, everybody needs to go in to show these women that there is help there. Improve the services given because I don't think GBV people are going to go forward just like that, especially in Westcliff. That accountability must be there, monitor if the policy is implemented well, [this] is not about meeting targets but about people['s] lives (Commnity Leader, Westcliff, Chatsworth, 11 August).

A similar sentiment was shared by a participant from a civil society organisation, who felt that departments work in silos and that the Victim Support Programme is an integrated programme and not about meeting targets. She felt that there is currently no system to ensure accountability by any of the departments, that regrettably there is no structured programme with dedicated funding for this community, and that officials get paid whilst the lives of the women and children are threatened.

An observation noted earlier was once again identified by a participant from a civil society organisation:

> Awareness initiative[s} and multisectoral responses not once off, it is key, it must be relevant. It has to be relevant to ensure empowerment and the services must not let you down. Sadly, women with injuries on their face would say "oh no I just fell down," they actually make excuses and lie about the injuries just to cover for their husbands. I am serving this community for many, many years. I think awareness that is empowering, that make[s] women feel comfortable and secure to report or seek help before it is too late [is vital to] let them know that they are not powerless but they have a voice which can be used. Basically, there are hundreds of cases that are not reported. So definitely more awareness, more custom-made awareness, I would say, taking community context into account. Social Development they should do more in terms of the way they deal with the cases though. I feel they should do more home visits, be more hands on, go to flats, look at why doesn't the client not open a case. Look at the environment if there's something stopping the victim (AFM Church, Westcliff, Chatsworth, 13 August 2021).

The analysis shows that from the perspective of coordination and related variables – clients, coalitions, and communication – the integrated approach to the implementation of the Victim Support Programme has not been as effective as expected. Although coordination mechanisms do exist to facilitate collective decision making at both local and provincial levels, the realisation of the full impact of the mechanisms – clients and coalitions and communication – has been hampered by absenteeism and the tendency of departments to work in silos. This is another clear case of the observation which is attributed to the proponents of the Human Factor

School of Thought that institutions and strategies are only as good as the quality of the human factor (personality traits) of the men and women charged with the responsibility of making them work. Unfortunately, this is at the expense of the minority women in this community, who experience secondary victimisation due to failing systems.

6.8 Conclusion

The 7Cs variables of content, context, commitment, capacity, clients and coalitions, communication, and coordination are interlinked and each of the variables impact on each other. This was clearly evident in this study. The Policy Framework for Victim Support Programme has a universal content that is generalised for the province as a whole. It aligns to international and national commitments, and it was developed through a consultative process. What is evident is that the consultation was at provincial level, and did not involve consultations at lower levels, where the street-level bureaucrats exist, and spatial locations where the marginalised or minority communities exist, like the Indian women in the of Westcliff flats. The lack of consultation at lower levels assumes that the Policy Framework will be implemented automatically, and that lower levels will catch on with their inclusion. Consultation has happened at provincial level, not at a district level or even lower, but it's only at the lowest level that the nuance and unique context of minorities is well understood

The Policy Framework for Victim Support Programme is a multi-sectoral response to GBV implemented by the DSD, DOH, DOJ, NPA, and SAPS in Chatsworth. Whilst all five departments are implementing the Victim Support Programme, only two departments – the DOH and the DSD – were aware of the Policy Framework for Victim Support Programme and were consciously implementing it. The others were implementing it based on the individual departmental mandates, which informed the Policy Framework. Although mostly conversant with their roles and responsibilities in implementing the Victim Support Programme through the departmental mandates, the findings indicate that lack of awareness could be responsible in departments working in silos and multisectoral structures responsible for coordination are not fully functional.

The context of implementation of the Victim Support Programme was assessed both from institutional and community contexts. The institutional context cut across issues of capacity and it was found that, whilst capacity exists, it is not fully functional with a number of grey areas, especially in terms of equipment, personnel, and training, which have implications for victims for GBV. Community context revealed that implementation of the Victim Support Programme is mostly unhelpful in the community of the Westcliff flats. The support is not designed to fit the context in which the women live and exist, which is dominated by cultural influence, high levels of poverty and unemployment, substance abuse, and general powerlessness, which is compounded by unhelpful services. This is found to be a major hindrance to the uptake of victim support services. This was confirmed by the women from the community and civil society organisations. Commitment was found to be evident on the part of the lead implementers, the street-level bureaucrats of the Victim Support Programme. However, it was found to be lacking at much lower levels where there is more direct implementation of the Policy Framework at a community level. On the other hand, commitment in the absence of relevant resources leads to helplessness on the part of the implementers, as it does not translate to positive implementation outcomes.

Communication and coordination exists between the various sector departments through the multisectoral structure; however, it was found not to be fully operational and lacking in terms of communication between and within the departments in Chatsworth. A major finding is that there is a lack of accountability and each department reports to its own structure without a mechanism in place to monitor the implementation of the Policy Framework in this community. The overall finding is that implementation of the Policy Framework for Victim Support Programme has not fully benefitted the community of Indian women in Westcliff. Evidently the interventions and supporting activities in the province have a universal human rights-based approach, however, the rights of marginalised populations are not further unpacked to ensure relevance. Interventions, particularly on advocacy of GBV, tends to be events-based with a political agenda and not sustained. In order for it to beneficial, the Policy Framework needs to consider implementation plans that are context-specific, recognising the intersecting dynamics

of race, gender, culture, and geography that impact on utilisation and quality of services. This must be supported with the relevant resources for capacity, communication, and coordination.

The next chapter summarises key findings in response to the main research question, offering concluding remarks and recommendations and areas for further study on policy implementation in this minority community.

Chapter 7: Conclusion and recommendations

7.1 Introduction

This chapter will conclude the study by summarising the key research findings in relation to the research aims and questions. It will also provide recommendations and propose opportunities for future research. The aim of the study was to assess the implementation of the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-based Violence, with a particular focus on victim support for the minority group of Indian women living in the flat areas of Westcliff, Chatsworth in Durban, South Africa. The key research question was: has the KwaZulu-Natal 365 Days Policy Framework for the Eradication of Gender-Based Violence, and in particular its support for victims of gender-based violence, achieved its desired outcomes in the minority Indian community of Westcliff, Chatsworth? Evidently the interventions and supporting activities in implementing the Policy Framework has a universal human rights-based approach. However, the rights of marginalised populations are not considered in terms relevance. Cultural context is generalised for the province as a whole and capacity to deliver on implementation is found wanting.

7.2 Summary of findings

The South African Government has committed to respond to and prevent GBV for all its citizens through various laws and policies. The Policy Framework Victim Support Programme is a multisectoral policy implemented by five departments, namely the DOH, DSD, DOJ, NPA, and SAPS. The Framework is informed by national and provincial policies and legislation. The Policy Framework was found to have a universal content which is based on the principles of human rights. However, it was neutral on addressing vulnerable groups such the minority group of Indian women living in the Westcliff flats.

The consultation in the development of the Policy Framework fell short in terms of consultation at lower levels where the street-level bureaucrats implement the Policy Framework and where civil society and minority women live and operate. The consequences of this top-down approach was evident in the lack of awareness of the Policy Framework by three of the five

departments responsible for implementing and providing victim support services. One of the implications of the lack of and/or limited awareness of the Victim Support Programme at the individual level, and at the level of street-level bureaucrats, is the limitation it places on access to the victim support services, and by inference, implementation efforts towards GBV prevention and victim support for the Indian women in the Westcliff flats.

Despite the varying levels of awareness of the Policy Framework, departments were contributing to the implementation of the Policy Framework either through direct awareness or their respective departmental mandates. Whilst this may be the case, this communication gap has implications for relationships and systems and ultimately affects the implementation of the Policy Framework. This working in silos approach has consequences for the broader development goals on preventing and responding to GBV for this minority group of women. Not consciously contributing to the implementation of the Policy Framework leads to the failure to monitor the progress of the implementation thereof in this community. Effective monitoring systems are necessary to monitor and evaluate the effectiveness and efficiency of interventions for the Indian women in this community. The street-level bureaucrats interviewed for this study confirmed that there are no systems in place to evaluate if the implementation of the Policy Framework is yielding positive or negative outcomes in the community of Westcliff. A bigger challenge is that the implementation of the Policy Framework is not budgeted for, especially in terms of advocacy and monitoring. The victim support services are designed for clients to reach out for the services and not the other way around.

At the institutional level, the study found that institutional capacity was limited by inadequate or lacking financial resources; equipment; manpower, especially high-level professional staff; and negative attitudes, such as a lack of or low level of commitment and empathy from certain officials which frustrated the committed and willing, placing debilitating limitations on institutional performance. Such constraints at an institution level affects the overall quality of victim support services for the Indian women in the Westcliff flats.

GBV is rife in the Westcliff flats and indicative of the need for victim support services. Historically, Indian women have experienced GBV through patriarchy and cultural practices

in India, with further abuse from colonial powers in India, as indentured labourers in South Africa, and under the apartheid government which implemented forced removals through the Group Areas Act to locations like the Westcliff flats. The women in the flats carry this history of abuse, which is further compounded by their current situation which is defined by poverty, unemployment, their status as a racial minority, their gender, and culture. Cultural beliefs and the sub-ordinate role of women, based on the belief that man is in charge, is still rife in the Westcliff flats, despite levels of modernisation. Marriage is highly valued and gives one a good social standing. Women stay in relationships despite being victims of GBV for the good image supported by their culture and because they are often financially dependent. In their bid to ensure that their marriage and family is saved and sustained, a number of women in the survey and interviews requested for programmes for the men, to help them change their mind-set and value women. Women in this kind of setting require context-specific interventions that will encourage take up of the victim support services without fear or stigma.

The multisectoral structure which appears to be a best practise model for ensuring the implementation of holistic victim support services was found wanting. The coordination of this structure did not have the correct representation of all actors, including the representation of civil society at local community meetings. This could be due to the lack buying-in when the Policy Framework was developed. Attendance at such meetings, especially on the part of the key government departments, is irregular and there is no guarantee that challenges identified, especially on the part of SAPS, will be duly resolved. This was evident from interviews with both the direct implementers and the community, who indicated that their phone calls to SAPS often go unanswered and the attitude of some of the officers deter women from the community from using the victim support services available to them. Challenges are also often escalated to seniors, with no action.

Despite these challenges, however, evidence shows that outcomes of the implementation of the Victim Support Programme have been positive to some extent for a few women who were determined to access the services despite these challenges. As one respondent said: "[with] the support from my family behind me, I was determined to get out of this relationship or be dead. It took time, but I did get help from the court and the police."

A number of women have reservations around accessing victim support services for various reasons, including "poor service," "fear of further abuse," and "fear of stigma." A participant described her experience thus: "I am unemployed, I have not where to go. If I report to the courts, it means more beatings and being on the streets. It is important for me to keep this marriage for my children and this is what is expected of me."

It appears that context-specific policy implementation interventions addressing the challenges of the Indian women in this community facing the indignity and insecurity of the wrath of GBV may help improve the uptake of victim support programme. This optimism is shared by a participant:

> We have come a long way. We have few success stories and unsuccessful stories, but we are progressing with the victim support. There is definitely room for improvement, especially with creating awareness, coordination, and capacity to serve this community. More awareness can be created around the dropping of cases and programmes for men as well (Online survey, 10 August 2021).

The street-level bureaucrats implementing the Victim Support Programme from the DSD, DOH, DOJ, NPA, and SAPS agree that whilst the Victim Support Programme has witnessed a level of success, such as the commitment from some officials in ensuring the Indian women are given the necessary victim support and the existence of a multisectoral structure, there are a number of gray areas that need attention and improvement to ensure the full implementation of the programme in terms of relevance with regards to context, capacity, communication, and coordination for the Indian women in the Westcliff flats, especially in terms of improving budget allocations for ensuring context-specific interventions and effective coordination of the existing multi-sectoral structure to ensure accountability and monitoring of interventions in the Westcliff flats.

The challenges, as the analysis has shown, are indicative of the complexity of policy implementation and, as has been argued, it is the political sensitivity involved that causes significant complexities (Wu *et al*. 2010, qtd in Seraw and Lu 2020). Addressing the barriers

to the implementation of the Victim Support Programme and recognising the intersecting dynamics of the Indian women in the Westcliff flats will transcend to improved implementation of the Policy Framework, with better implementation outcomes. Understanding the realities of the policy context, institutional capacity, commitment, coordination, communication, and clients and coalitions is a critical condition for ensuring the success of the implementation of the Victim Support Programme within the context of the Indian women living in the Westcliff flats

7.3 Contribution to theory and practice

As pointed out in chapter 1, the importance of representation of racial and ethnic minorities in research is gaining ground to better understand communities in terms of policy and policy implementation. Empirical studies on racial and ethnic minorities with regards to GBV are non-existent for South African Indians, particularly in Westcliff.

In line with South Africa's Constitution and its national and international commitments, the state has a duty to ensure that all of its citizens are able to access and utilise quality victim support services. This study provided a platform to hear the voices of the street-level bureaucrats responsible for implementing the victim support services at the peripheries and to hear the voices of the minority beneficiaries and civil society organisation also at the periphery of policy implementation. The study brings to light the quagmire of the intersecting social identities of Indian women in the Westcliff flats, their experience of GBV, and its impact on policy and policy implementation.

Although the findings of the study cannot be generalised, it brings to light the universality of policies and the need to consider contextual and cultural specificities for effective and efficient policy implementation, being mindful of marginalised and minority populations and what policy implementation means to them

7.4 Recommendations

In order to make the Policy Framework relevant to the minority of Indian women in Westcliff, policy implementation interventions need to consider the context on the ground which is influenced by the intersecting social identities of cultural dynamics and societal factors.

The study makes the following recommendations:

- Community participation in policy design and implementation through extensive consultations and using and strengthening community structures, e.g. social networks; groupings; local councillors; opinion leaders; religious leaders; and ordinary women and men from this community to ensure community mobilisation for the implementation of the Policy Framework.

- Considering the high value placed on marriage in this community, a novel approach needs to be developed for women empowerment. Interventions should not focus exclusively on equipping victims to protect themselves but should also target men for behaviour change in support of the prevention of GBV. Ongoing training and broadening of the training curriculum needs to be implemented for the five departments responsible for implementing the multi-sectoral Policy Framework for Victim Support Programme and human factor development needs to be included so that services that are provided are mindful of the cultural dynamics in the context of Westcliff.

- Policy implementation should be intentional, with appropriate resources and systems to ensure efficient and effective victim support services to the Indian women in Westcliff.

- Budgeting for effective and efficient policy implementation should go beyond gender-budgeting, with due consideration of other intersecting dynamics for relevance and uptake.

7.5 Recommendations for future research

The findings of this study suggest that further investigation is necessary to better understand the systemic factors in an Indian minority community that may be contributing to inequalities in accessing help as victims of GBV to improve policy implementation.

Future research is necessary to understand racial minority women's preferences for the types of help needed through mainstream or community specific social services, taking into consideration the heterogeneity and intersecting identities that exist within this group to ensure an alignment of interventions for effective policy implementation.

7.6 Conclusion

Policy implementation determines the success or failure of a policy. Whilst policies are universal in providing the commitment to address a social problem, policy implementation must be intentional in order to meet the outcomes of a policy. The 7C Protocol is recommended to assess policy implementation, particularly in a country like South Africa which is still in the implementation phase of policies (Najam 1995). This study used the application of the 7Cs of content, context, commitment, capacity, clients and coalitions, communication, and coordination, through the lens of intersectionality, to assess the implementation of the Policy Framework for Victim Support Programme in the minority Indian community of the Westcliff flats. This allowed for an understanding of policy implementation beyond that of a generalised rights-based approach in order to pay attention to the intersecting dynamics that impede policy implementation in a minority community.

In the absence of recognising the contextual dynamics of intersecting social identities of these Indian women in terms of gender, race, geography, and culture, the policy implementation becomes standardised and thus not in line with the rights for all citizens. Although victim support services were accessed by some of the women, who mostly found it unhelpful, there is an indication that greater uptake is possible if the cultural context of this community is understood and if interventions are aligned to ensure that no one is left behind as guided by all the national and international commitments. This calls for not only for gender budgeting, which

is critical, but also considering all other intersecting factors, including culture, geography, and socio-economic factors to ensure that the necessary resources are available to effectively render services to the minority group of Indian women in the Westcliff flats.

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<center>**Appendices**</center>

Appendix 1 Letter of Permission

<div align="right">

Faculty of Humanities

Department of Political Science

Faculty of Humanities

Department of Political Sciences

15 April 2021

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Letter of permission to conduct interviews for PhD research

I am a student enrolled for my PhD in the Department of Political Sciences at the University of Pretoria. My supervisor is Dr. Cori Wielenga. As part of the requirements for the fulfilment of my study, I am conducting

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research on the implementation of the KZN 365 Policy Framework for the Eradication of Gender-based Violence, particularly victim empowerment support to Indian women in Westcliff, Chatsworth. I would therefore like to request permission from your organisation/Department to interview person or persons responsible for implementing/supporting the Gender-based Violence Policy Framework in Chatsworth.

If you agree to participate, the identified person/s will be interviewed about this topic. The interview will take place at a venue and time that will suit the interviewee, so as not interfere with their personal, social, religious or administrative activities and time; also, it will not take longer than an hour. I will take notes and use a voice recorder as well. Permission can be declined in this research if you do not want to, and your organisation will not be affected in any way. If you decide to participate and nominate the person or persons, but you change your mind later, you can withdraw your office participation at any time. Your identity will be protected. Only my supervisor and I will know your real name, as a pseudonym will be used during data collection and analysis.

In my research report and in any other academic communication, pseudonyms will be used and no other identifying information will be given, unless you prefer otherwise. Collected data will be in my possession or my supervisor's and will be locked up for safety and confidentiality purposes. After completion of the study, the material will be stored at the University Pretoria, Department of Political Sciences according to the policy requirements. The information will be archived for a period of 15 years and may be re-used for further research.

If you agree to take part in this research, kindly confirm the names of the interviewees via email. Please note that interviewees will be required to fill in the consent form provided below. If you have any questions, do not hesitate to contact me on phone or email.

Kind Regards,

………………………………………
Linda Naidoo - PhD Doctoral Candidate
Department of Political Sciences
University of Pretoria

+27 82 562 6035, linda.naidoo10@gmail.com

Appendix 2 Consent Form

Faculty of Humanities

Department of Political Science

Faculty of Humanities

Department of Political Sciences

Consent Form

I, _____ (your name), agree / do not agree (delete what is not applicable) to take part in the research project titled: An Assessment of the Implementation of the KwaZulu-Natal 365 Days Framework on the Eradication of Gender-Based Violence focusing on Victim Support to Indian Women Living in the Flat Dwelling Areas of Westcliff, Chatsworth.

I understand that I will be interviewed about this topic for approximately one hour at a venue and time that will suit me, but that will not interfere with my personal and official activities. I understand that I have the choice for this interview to be audio taped or not.

I understand that the researcher subscribes to the principles of:

- Voluntary participation in research, implying that the participants might withdraw from the research at any time.
- Informed consent, meaning that research participants must at all times be fully informed about the research process and purposes, and must give consent to their participation in the research.
- All data will be treated with confidentiality. Pseudonyms will be used during data collection and analysis
- Trust, which implies that human respondents will not be responding to any acts of deception or betrayal in the research process or its published outcomes.
- The Gender-based violence Command Centre is available 24 hours 7 days a week on 0800428428 with a please call me facility *120*7867# should I require counselling during or after the interview

I, the Undersigned, have read the above and I understand the nature and objectives of the research project as well as my potential role in it and I understand that the research findings will eventually be placed in the public domain. I voluntarily consent to participate in all discussions, to give my expert opinion, to provide details about my life history, keeping in mind that the information will be audio recorded, archived at the University of Pretoria for fifteen years and that it may be re-used for further research. I have a right to withdraw from the project at any stage. I grant the researcher the right to use my contribution to the research project in completing this project as well as other projects that may emerge in the future.

Signature: _____ (Interview with audio recording)

Signature: _____ (Interview without audio recording)

Date: _____

Appendix 3 a) Online Survey Questions - Women in the community

(Demographic Profile: Age, Educational level, Marital Status, Employment status

a) Are you aware of the victim support to women who experience gender-based violence in Westcliff? Yes/No

b) If yes, do women in the community perceive these services to be helpful or unhelpful on a scale of 1 to 5? (1 = very helpful, 5 = not helpful at all)

c) What are the reasons for challenges to victim support in this community (order these from most challenging to least challenging): 1) poor services, 2) stigma, 3) lack of awareness of victim support, 4) fear of further abuse, 5) absence of victim support facilities in your area

d) Do you feel that services for this community can be improved? If yes, how? (Open ended question)

Appendix 3b) Interview Schedule: Implementers/Government Officials

An Assessment of the Implementation of the KwaZulu-Natal 365 Days Framework on the Eradication of Gender-Based Violence focusing on Victim Support to Indian Women Living in the Flat Dwelling Areas of Westcliff, Chatsworth.

Time of interview: _____   Duration: _____
Date: _____
Place: _____
Interviewer: _____
Interviewee: _____   Pseudonym: _____
Male / Female: _____

Pseudonyms will be utilised in the interviews, data analysis and the findings. The data collected in this study will serve for research purposes only and treated as confidential. Access to the data will be granted to the researcher and the supervisor only. Please sign the consent form at the back of this document.

Thank you for your participation.
……………………………………………………………………………………

1. Interview questions for Implementers: Department of Social Development, Department of Health, South African Police Services, Department of Justice and National Prosecuting Authority:

a) What role do you play in the implementation of the KZN 365 Framework for the eradication of gender-based violence and the victim support programme?

b) How did you ensure implementation of the Framework and victim support specifically from your department or organisation?

c) Did you have the necessary resources to implement the victim support initiatives for more effective delivery?

d) How did you ensure integration of the victim support programme with the other sector departments and civil society organisations? Please explain.

e) Do you have any suggestion to better coordinate victim support? Kindly elaborate.

f) Do you feel that the implementation of the victim support programme from your department was successful, unsuccessful or a combination? Kindly elaborate further.

g) What are the opportunities and limitations of implementing a victim support initiative in a community like Westcliff?

h) Do you feel this Framework is relevant in an Indian minority community?

i) Is there anything you would like to add?

Appendix 3 c) Interview Schedule: Civil Society Organisations

An Assessment of the Implementation of the KwaZulu-Natal 365 Days Framework on the Eradication of Gender-Based Violence focusing on Victim Support to Indian Women Living in the Flat Dwelling Areas of Westcliff, Chatsworth.

Time of interview: _____   Duration: _____
Date: _____
Place: _____
Interviewer: _____
Interviewee: _____   Pseudonym: _____
Male / Female: _____

Pseudonyms will be utilised in the interviews, data analysis and the findings. The data collected in this study will serve for research purposes only and treated as confidential. Access to the data will be granted to the researcher and the supervisor only. Please sign the consent form at the back of this document.

Thank you for your participation.
………………………………………………………………………………………………

Interview questions for civil society organisations:

a) Are you aware of the victim support initiatives available to women who have experienced gender-based violence in the community of Westcliff?

b) Did you think that the women in your community are aware of this support? Please elaborate further.

c) Do you feel these service are helpful to the women who experience violence? Kindly elaborate on your answer.

e) What do you thing will make this support more effective or helpful?

f) Is there anything you would like to add?

Appendix 3 d) Interview Schedule: Women from the Community

An Assessment of the Implementation of the KwaZulu-Natal 365 Days Framework on the Eradication of Gender-Based Violence focusing on Victim Support to Indian Women Living in the Flat Dwelling Areas of Westcliff, Chatsworth.

Time of interview: _____   Duration:
_____
Date: _____
Place: _____
Interviewer: _____
Interviewee: _____   Pseudonym:
_____
Male / Female: _____

Pseudonyms will be utilised in the interviews, data analysis and the findings. The data collected in this study will serve for research purposes only and treated as confidential. Access to the data will be granted to the researcher and the supervisor only. Please sign the consent form at the back of this document.

Thank you for your participation.
……………………………………………………………………………………………

Interview questions for women in the community:

a) Are you aware of the victim support initiatives available to women who have experienced gender-based violence in the community of Westcliff?

b) Did you think that the women in your community are aware of this support? Please elaborate further.

c) Do you feel these service are helpful to the women who experience violence? Kindly elaborate on your answer.

e) What do you thing will make this support more effective or helpful?

f) Is there anything you would like to add?

Appendix 4   Approval from Department of Health

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

	DIRECTORATE:
Postal Address: Private Bag X9050	Health Research & Knowledge Management Unit
Physical Address: 330 Langalibalele Str; PM Burg; 3201	
Tel: 0333953189/3123/2805 Fax: 033-3943782	
Email address: hrkm@kznhealth.gov.za	
www.kznhealth.gov.za	

NHRD Ref: KZ_202104_018

Dear Mrs L Naidoo
(UP)

Approval of research

1. The research proposal titled **'An assessment of the implementation of the KwaZulu-Natal 365 Days Framework on the Eradication of Gender-Based Violence focusing on victim support to Indian women living in the flat dwelling areas of Westcliff, Chatsworth'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

    The proposal is hereby **approved** for research to be undertaken at RK Khan hospital.

2. You are requested to take note of the following:

    a. All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to. regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.
    b. Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.
    c. Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.
    d. Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za
    e. Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 26/4/ 2021.

GROWING KWAZULU-NATAL TOGETHER

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Appendix 5 Approval from the National Prosecuting Authority

Administration

NATIONAL PROSECUTING AUTHORITY
South Africa

Tel: +27 12 845 6000

Victoria & Griffiths
Mxenge Building
123 Westlake Avenue
Weavind Park
Silverton
Pretoria

P/Bag X752
Pretoria
0001
South Africa

www.npa.gov.za

TO: Ms. Salome Baloyi
Acting Chief Director: Strategy Management Office

Adv. Bonnie Currie-Gamwo
Special Director: Sexual Offences and Community Affairs

Adv. E. Zungu
Director of Public Prosecutions: KwaZulu Natal

Adv. Rodney De Kock
Deputy National Director of Public Prosecutions
National Prosecutions Service

Ms. Karen van Rensburg
Acting Head: Administration

Adv. Anton Du Plessis
Deputy National Director of Public Prosecutions:
Strategy, Operations and Compliance

FROM : Ms. Marthi Alberts
Director: Research Management

DATE : 04 May 2021

SUBJECT: Request to conduct an interview with the NPA Official at the Thuthuzela Care Centre located at the R. K. Khan Hospital in Chatsworth.

PURPOSE

The purpose of this memorandum is to request support and approval for Ms. L. Naidoo to conduct an interview with the NPA Official Responsible for victim support

Request to conduct an interview with the NPA at the Thuthuzela Care Centre located at the R. K. Khan Hospital in Chatsworth

Page 1 of 4

OFFICE OF THE DEPUTY NATIONAL DIRECTOR
2 1 JUN 2021
NATIONAL PROSECUTIONS SERVICE

Appendix 6 Approval from Department of Social Development

KWAZULU-NATAL PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:
HUMAN RESOURCE DEVELOPMENT & UTILIZATION

FAXMAIL	: 086 762 2427	Room 112, 174 Mayor's Walk	
Telephone/ Ucingo/ Telefoon	: 033 341 7935	Private Bag X9144	
Enquiries/ Imibuso/ Navrae	: Ms N Makhoba	Pietermaritzburg	
E-mail	: nozipho.makhoba@kznsocdev.gov.za	3200	
Reference	: S6/9/2		

Mrs L Naidoo
PhD Doctoral Candidate
Department of Political Sciences
University of Pretoria

Contact No: 082 562 6035
Email: linda.naidoo10@gmail.com

Dear Mrs. Naidoo

PERMISSION TO CONDUCT RESEARCH UNDER A TOPIC "AN ASSESSMENT OF THE IMPLEMENTATION OF THE KWAZULU-NATAL 365 DAYS FRAMEWORK ON THE ERADICATION OF GENDER-BASED VIOLENCE FOCUSING ON VICTIM SUPPORT TO INDIAN WOMEN LIVING IN THE FALT AREAS OF WESTCLIFFE, CHATSWORTH"

1. This matter has reference.

2. Kindly be informed that the permission has been granted by the Head of Department for you to conduct research in the department, for you to fulfill the requirement of your PhD in Political Sciences

3. The permission authorizes you to: -

   (a) Access offices under eThekwini Cluster and interview the Officials who are implementers of the framework on the eradication of gender-based violence and their beneficiaries, at their consent deemed relevant to your research project and maintain high level of confidentiality; and
   (b) Share your findings with the Department.

Wishing you success during your research project.

Yours Faithfully

MRS NI VILAKAZI
HEAD OF DEPARTMENT
DATE: 26/05/2021

GROWING KWAZULU-NATAL TOGETHER

Appendix 7 Approval from South Africa Police Service

SUID-AFRIKAANSE POLISIEDIENS **SOUTH AFRICAN POLICE SERVICE**

Privaatsak/Private Bag X 94

Verwysing/Reference:	3/34/2
Navrae/Enquiries:	Lt Col Joubert AC Thenga
Telefoon/Telephone:	(012) 393 3118
Email Address:	JoubertG@saps.gov.za

THE HEAD: RESEARCH
SOUTH AFRICAN POLICE SERVICE
PRETORIA
0001

The Provincial Commissioner
KWAZULU-NATAL

PERMISSION TO CONDUCT RESEARCH IN SAPS: AN ASSESSMENT OF THE IMPLEMENTATION OF THE KWAZULU-NATAL 365 DAYS FRAMEWORK ON THE ERADICATION OF GENDER-BASED VIOLENCE FOCUSING ON VICTIM SUPPORT TO INDIAN WOMEN LIVING IN THE FLAT DWELLING AREAS OF WESTCLIFF, CHATSWORTH: UNIVERSITY OF SOUTH AFRICA: DOCTORAL DEGREE: RESEARCHER: L NAIDOO

1. The above subject matter refers.

2. The researcher, Mrs L Naidoo, is conducting a study titled: An assessment of the implementation of the KwaZulu-Natal 365 days framework on the eradication of gender-based violence focusing on victim support to Indian women living in the flat dwelling areas of Westcliff, Chatsworth, with the aim *to investigate if the KwaZulu-Natal's 365 strategic framework for the Eradication of gender-based violence (2014-2019) and its accompanying Action Plan translated into implementation at the community level.*

3. The researcher is requesting permission to conduct an interview with Lt Colonel Ellepen at the Chatsworth police station.

4. The proposal was perused according to National Instruction 1 of 2006. This office recommends that permission be granted for the research study, subject to the final approval and further arrangements by the office of the Provincial Commissioner: Kwazulu-Natal.

5. We hereby request the final approval by your office if you concur with our recommendation. Your office is also at liberty to set terms and conditions to the researcher to ensure that compliance standards are adhered to during the research process and that research has impact to the organisation.

Appendix 8 Approval from Department of Justice and Constitutional Development

1

the **doj & cd**

Department:
Justice and Constitutional Development
REPUBLIC OF SOUTH AFRICA

ROUTE FORM FOR DOCUMENTATION

Reference	
Subject	RE-SUBMISSION: APPROVAL TO CONDUCT RESEARCH WITHIN THE DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT: KWA ZULU NATAL REGION: MS L. NAIDOO

Functionary routed from:

Capacity	Signature	Ext : Room No	Date Dispatched	STATUS / PURPOSE
MR M MAKHONZA ACTING DIRECTOR: HUMAN RESOURCES		310	24/05/2021	☐ Info ☐ Comment ☒ Approval

Functionary Routed to:

Capacity	Signature	Ext : Room	Date Dispatched
MS P MOODLEY REGIONAL HEAD: KZN			
MR D VAN LOGGENBERG ACTING CHIEF DIRECTOR: HR POLICY & STRATEGY			
MS TC MAMETJA DEPUTY DIRECTOR-GENERAL: CORPORATE SERVICES			

COMMENT:

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Appendix 9 Permission to use the AFM Miracle Tabernacle Church

AFM MIRACLE TABERNACLE

Cnr. Crimby Ave & Glenover Rd
Westcliff, Chatsworth, 4092
Tel: 031 4030014

_____

26 May 2021

Dear Ms Naidoo

Choice greetings
With reference to your request;
This is to confirm that permission is granted to use the facilities of AFM Miracle
Tabernacle, to recruit women for your study, putting up a poster alerting women of the
study and the use of a private room, to conduct focus group discussions with women from
within the church and the community.

Yours Sincerely
Dr Jonathan Naidoo
Presiding Pastor

Rev. Dr Jonathan Naidoo
Comm. Of oaths/Marriage Officer (Q23002)
Tel: 031 4039518/ Cell: 0724503960
Email: jonathann@telkomsa.net

Appendix 10 Poster used for recruitment

Notice for your attention

Are you interested and willing to participate in a study that looks into the victim support programme for Indian women, residing in the Westcliff flats in Chatsworth?

The aim of this study is to get a sense of how aware are community members of the support for gender-based violence, address gaps and improve policy implementation.

Information will be collected through:

(1) A survey questionnaire. This will require 5-7 minutes of your time.
(2) Separate focus group discussions will be held with women in the age categories of 18-30, 31- 40, and 41 and above.

Inclusion criteria:

Being an Indian woman, between the ages 18-55, residing in the flats in Westcliff, Chatsworth, having a basic command of the English language and most importantly being willing and available to participate in this study. All participants will be required to complete a consent form. No incentives will be provided. Please note that we will not be asking questions about your personal life history but only about your awareness of gender support structures and policies in your community.

Venue & Date

Miracle Tabernacle and Bangladesh Market for the survey on 26 – 28 July 2021

Miracle Tabernacle for all focus group discussions on 29- 30 July 2021 (Time to be confirmed)

All COVID Protocols will be strictly adhered too.

Contact details:

Kindly contact Linda Naidoo (PhD Student at University of Pretoria) on 082 562 6035 or on email at linda.naidoo10@gmail.com

You are welcome to leave a message, and I will make the call.

****The Gender-based violence Command Centre is available 24 hours 7 days a week on 0800428428 with a please call me facility *120*7867# should you require counselling during or after the interview or even if you are not a participate in this study

Appendix 11 Full ethical clearance

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.
Since 1919

04 August 2021

Dear Mrs L Naidoo

Project Title:	A Policy Assessment of the Implementation of the KwaZulu-Natal 365 Days Policy Framework on the Eradication of Gender-Based Violence Focusing on Victim Support to Indian Women Living in the Flat Dwelling Areas of Westcliff, Chatsworth
Researcher:	Mrs L Naidoo
Supervisor(s):	Dr C Wielenga
Department:	Political Sciences
Reference number:	20796235 (HUM023/1120)
Degree:	Doctoral

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 04 August 2021. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomè; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa