

National Prosecuting Authority
Sexual Offences and Community Affairs (SOCA) Unit:
SOCA UNIT STRATEGY ON RE-ACCOMODATING TCC SITES
DR MKHUSELI JOKANI
DEPUTY DIRECTOR OF PUBLIC PRODECUTIONS: SOCA
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Introduction

- The Sexual Offences and Community Affairs (SOCA) Unit of the NPA, established by Presidential Proclamation in October 1999, is responsible for the GBV mandate of the NPA and ensuring the optimal management of GBVF matters through best practices, policies, training etc.
- As part of its mandate to develop best practices on GBVF, SOCA introduced the Thuthuzela Care Centre (TCC) Model in 2000.
- The TCC's are also the NPA's response to its NSP Pillar 3 obligation to address systemic challenges that have resulted in an inadequate response to the management of GBVF cases aimed at facilitating access to justice, safety and protection in response to the needs of victims of GBV
- Currently there are 65 of these sites located in rural, urban and peri-urban communities nationally.



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The Thuthuzela Care Centre(TCC) Model



- The TCCs are managed by the NPA's SOCA Unit, however relevant integrated stakeholders play a crucial role in the success of the model.
- The current sites were identified based on various criteria including the volume of sexual offence cases reported at the local SAPS, the number of sexual offence cases dealt with at the local court/s, availability of space at the local hospital, presence of SAPS FCS, availability of non-governmental services for victims and stakeholder buy-in and non-availability of services to under-serviced rural communities



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The Importance of NSP Pillar 3 on the SOCA Mandate

- Gender based violence and femicide (GBVF) has become a scourge in South Africa and has resulted in the **President declaring a national crisis** which resulted in the first Presidential Summit on GBVF in November 2018. This was followed in September 2019 by the development of the Emergency Response Action Plan (ERAP) to address GBVF and the National Gender based Violence and Femicide Strategic Plan(NSP) in 2020.



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NSP PILLAR 3 continue

- The latter places obligations on the NPA as set out in Pillar 3 of the NSP.
- The Gender-Based Violence and Femicide National Strategic Plan (**GBVF NSP**) is government's response to the scourge of gender-based violence and femicide.



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NSP Pillar 3: Justice, Safety and Protection

- This pillar sets out to **address the systemic challenges that have resulted in an inadequate response to the management of GBVF cases**, particularly domestic violence, sexual offences, child homicide, human trafficking, and other related matters.
- It **aims to facilitate access to justice, safety and protection in response to the needs of victims of GBV using domestic legislation, policies, international and regional protocols** and addressing the infrastructural and resourcing challenges that have obstructed the optimal delivery of justice to different survivors.



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Impact of the NSP

- The NSP laid down the gauntlet to both government departments and the private sector to address GBV
- In particular, through Pillar 3 we are obligated to increase access to services for GBV victims.
- The TCC model is the embodiment of the services available to GBV victims.
- Unfortunately, 65 TCCs across the country is simply not enough to address the scourge of GBV in this country. **Too many victims, too few TCCs.**



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Impact of the NSP continue

- For the NPA to truly make an impact it must increase the number of TCC's to ensure an increase in the number of victims that are able to report at a TCC.
- Ideally a TCC should be linked to all 185 FCS Units of the South African Police Services.
- The increase in the number of TCCs will ensure increased visibility and thus increased accessibility of the TCCs to GBV victims



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SOCA strategy to re-accommodate TCC sites to improve accessibility of GBV services

- The park homes currently used have become dilapidated as they were originally meant to be temporary structures;
- These have subsequently exceeded the 5-year lifespan and poses safety and health risks;
- DOH, DSD and NGOs creation of forensic clinical units as opposed to TCCs are not GBV focused and lack the legal, court directed, prosecutor guided investigations services that reside within the NPA mandate.



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SOCA Strategy to re-accommodate TCC sites

- The NPA used the NSP to forge private sector partnerships to increase number of TCCs, but due the austerity measures we are focusing on re-accommodate or renovate existing TCCs
- Expansion of traditional TCC model from being housed inside a DOH hospital or on DOH premises in a park home to now include:



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SOCA strategy continue

- (a) brick and mortar TCCs built for purpose (Legacy TCC)
- (b) Modular homes replacing park homes
- (c) TCCs within private hospitals (Medi-Clinic)
- (d) Hybrid TCCs
- (e) Standalone (not on hospital premises) TCCs
- (f) Conversion of GBV Centres in the mining sector to TCCs



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The Introduction of Modular Home TCCs

- These are an upgrade of the park home to ensure longevity, increased space and an aesthetically pleasing and welcoming environment for the GBV victim.
- These will be used to replace existing park homes, existing TCCs in small public hospital space and be used to establish new park homes on available public hospital space.
- These are well priced but will impact on a limited NPA budget.



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- This remains the most cost-effective method of expansion and could be facilitated through private sector partnerships.
- The first two modular homes were constructed in Heideveld and Mitchells Plain in the Western Cape in 2023.



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Introduction of Hybrid TCCs

- These are facilities where services are already being provided by
- either the DOH (Clinical Forensic Medical Centres, Kgomotso centres), DSD (Khusuleka centres), or NGOs (Teddy Bear Clinic or similar) to victims.



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Hybrid TCC Continue

- *However:*
- These lack the legal, court directed, prosecutor guided investigations services that reside within the NPA mandate.
- *So, what now?*
- • Through stakeholder engagement the NPA can amplify these services thereby ensuring that the full spectrum of TCC services are provided, without losing the essence and original identity of these facilities



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Introduction of the Legacy TCCs

- These are facilities where private corporate donate and furnish a brick-and-mortar structure to provide TCC services as part of the NSP.
- The Dilokong TCC in Limpopo is the first legacy TCC built through private sector partnerships and is fully operational since November 2022.
- This TCC is being built **by Glencore Alloys**, a mining company, who took this initiative as part of their flagship CSI commitment to support local, provincial and national actions to implement the NSP through direct funding and public/private partnerships (PPP).
- In return SOCA NPA will play an active role in ensuring that their work-places become active platforms to respond to and prevent GBV through public awareness and training.



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Introduction of Standalone TCCs

- Traditionally the TCCs are housed in public hospital space.
- This has hampered the expansion of the TCC footprint because DOH itself has space constraints.
- One of the options the NPA looked at was standalone TCCs which are buildings not on hospital space.
- A collaboration with the private sector resulted in a Residence of an university being made available for a TCC.



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Standalone TCC Continue

- The NPA takes responsibility for stakeholder engagement, capacitation and furnishing.
- This allows NPA to target the newly established vulnerable groups, students at tertiary institutions aged 25 and below through services but also awareness and training for medical students and social work students
- The first standalone TCC will be the Stellenbosch TCC housed in a previously used residence at the University of Stellenbosch targeted to be operational by June 2023.



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- As part of their program to address GBV within the mining industry, some mines have established GBV Centres
- The centres are aimed at providing medical and counselling services to persons linked to the mine.
- Whilst these centres are well resourced it has not as yet produced the desired effect



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- Engagement between NPA and the mines revealed that the mining community is still not comfortable reporting due to various factors including non-GBV sensitive reporting protocol, non-GBV appropriate response by medical and other first responders as well as the fact that there is no link to the court or CJS
- NPA proposes that these centres be converted into TCC's so that a more holistic GBV service is offered not only to mine employees but also the mining community in which they reside
- This effectively addresses the space and related challenges currently experienced at public hospitals



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- The NPA takes responsibility for establishing the TCC through stakeholder engagement, capacitation and furnishing.
- In return SOCA NPA participates in the GBV programmes of the mines through guidance, training and awareness



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Conclusion

- The principles that guide the implementation of the NSP includes a multi-sectoral approach which harnesses the roles, responsibilities, resources
- and commitment across government departments, different tiers of government, civil society, movements, youth structures, faith-based structures, traditional structures, the media, development agencies, the



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- private sector, academic institutions and all other stakeholders.
- The NSP sets mutual accountability for changes recognizing that meeting these outcomes require government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to drive the agenda forward.
- The NSP directs that the private sector will elevate its own accountability through its practices and invest in supporting the roll out of respective pillars of the NSP



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Thank you

Head Office: 012 845 6000

E-mail: communication@npa.gov.za

VGM Building, 123 Westlake Avenue (Cnr Hartley Street),
Weavind Park, Silverton, Pretoria, 0184

www.npa.gov.za