

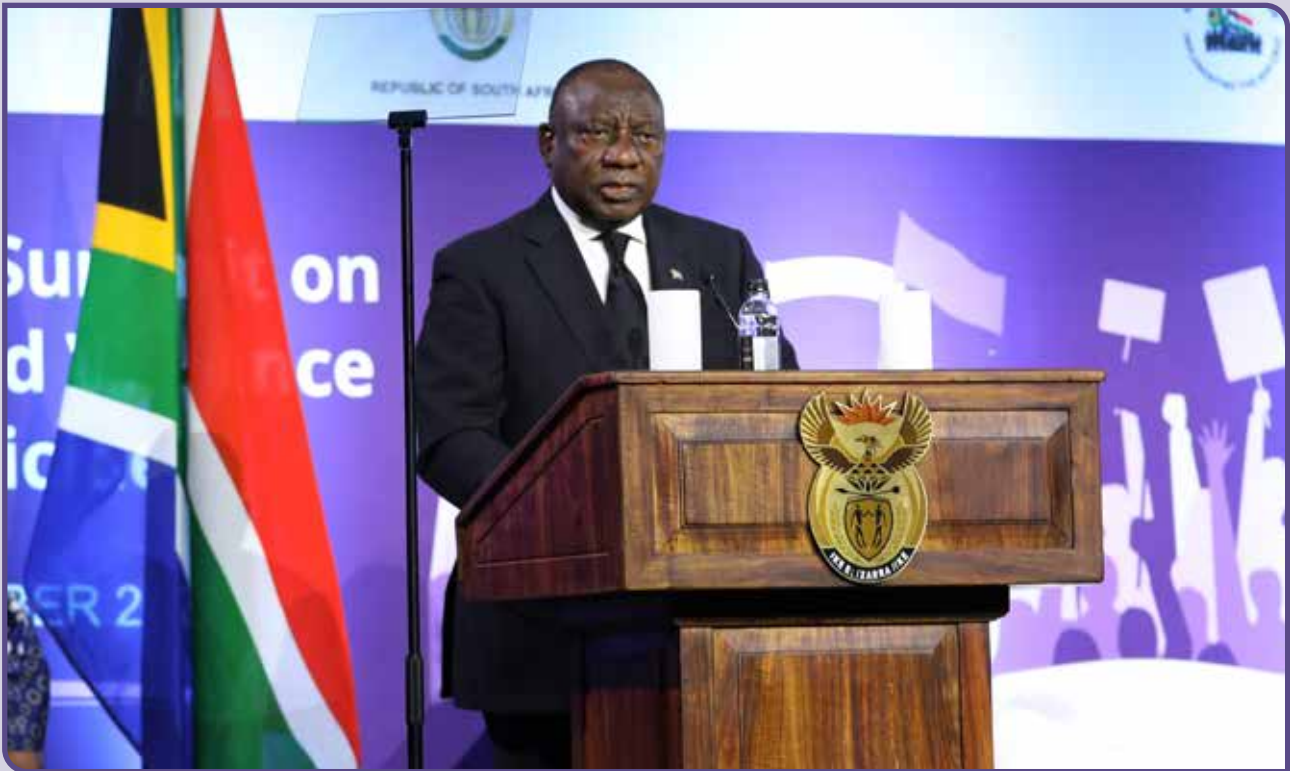
# ACCOUNTABILITY, ACCELERATION AND AMPLIFICATION, NOW!



THE REPORT OF THE PRESIDENTIAL SUMMIT AGAINST  
GENDER-BASED VIOLENCE AND FEMICIDE II

1-2 NOVEMBER 2022





**“We need to plan  
together, implement  
together and account together.  
We owe this to the women and children  
of South Africa.  
We owe it to all who have been victims  
of this scourge, including families and  
loved ones.  
We owe it to the people of this country.”**

**President Matamela Cyril Ramaphosa**



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<b>ACRONYMS AND ABBREVIATIONS</b>	<b>3</b>	<b>3. ACCOUNTABILITY ON THE IMPLEMENTATION OF THE NATIONAL STRATEGIC PLAN ON GENDER-BASED VIOLENCE AND FEMICIDE</b>	<b>48</b>
<b>FOREWORD BY THE PRESIDENT</b>	<b>6</b>	3.1 Political Accountability	49
<b>MESSAGE FROM THE PRESIDENTIAL SUMMIT PLANNING COMMITTEE CO-CHAIRS</b>	<b>7</b>	3.1.1 Political Accountability	49
<b>ACKNOWLEDGEMENTS</b>	<b>8</b>	3.1.2 Societal Accountability	51
<b>EXECUTIVE SUMMARY</b>	<b>9</b>	3.2 Presidential Accountability	53
<b>1. OVERVIEW</b>	<b>15</b>	3.3 Accountability for Pillar Delivery	55
1.1 Background	15	<b>4. ACCELERATING AND AMPLIFYING NSP ON GBVF DELIVERY FOR SPECIFIC GROUPS</b>	<b>63</b>
1.2 National Context	16	4.1 Older Women	63
1.3 GBVF in South Africa	17	4.2 Sex Workers	64
1.4 The Context of the NSP on GBVF Implementation	17	4.3 LGBTQIA+ Community	65
1.5 Working Together to Shape the Presidential GBVF Summit II	21	4.4 Organisations working with Children	66
<b>2. ROAD TO THE SUMMIT</b>	<b>23</b>	4.5 Migrant Women	67
2.1 Provincial Pre-Summits	23	4.6 Pregnant Women	68
2.1.1 Gauteng	24	4.7 Workers	69
2.1.2 Northern Cape	26	<b>5. STRENGTHENING THE NSP ON GBVF DELIVERY BY KEY RESPONDERS</b>	<b>72</b>
2.1.3 Kwa-Zulu Natal	28	5.1 Faith Sector Action Caucus	72
2.1.4 Free State	31	5.2 Leadership Action Caucus	73
2.1.5 Limpopo	33	5.3 Service Providers Action Caucus	74
2.1.6 Mpumalanga	35	5.4 Men's Action Caucus	75
2.1.7 Eastern Cape	37		
2.1.8 North West	40		
2.1.9 Western Cape Province	42		
2.2 Pillar Dialogues	46		
2.3 Children's Summit	46		
2.4 Civil Society Discussions	47		



<b>6. FINDING COLLECTIVE SOLUTIONS FOR CRITICAL CHALLENGES</b>	<b>77</b>		
6.1 <b>Clinic One:</b> Addressing GBVF Backlog Cases	77		
6.2 <b>Clinic Two:</b> Establishing survivor-centred and functional Thuthuzela Care Centres (TCCs)	78		
6.3 <b>Clinic Three:</b> Accountability for Survivor-Centred Response services by SAPS Backlog Cases	80		
6.4 <b>Clinic Four:</b> Accelerating efforts to establish a National Council on GBVF	81		
6.5 <b>Clinic Five:</b> Accelerating efforts to address Substance Abuse, including alcohol abuse, as a significant driver of GBVF	82		
6.6 <b>Clinic Six:</b> Harnessing the Role of Data Collection and Technology in fighting GBVF	83		
6.7 <b>Clinic Seven:</b> Prioritisation of key strategies, interventions, and target groups to accelerate the implementation of the Comprehensive National Prevention Strategy (CNPS) and the National Integrated Femicide Prevention Strategy (NIFPS)	84		
		6.8 <b>Clinic Eight:</b> Addressing how to harness community-based structures, including RRTs, as key mechanisms for GBV prevention and to unblock systemic challenges faced	86
		6.9 <b>Clinic Nine:</b> Harnessing the role of the media and ethical guidelines in addressing GBVF	87
		6.10 <b>Clinic Ten:</b> Protecting Children from Becoming Perpetrators	89
		6.11 <b>Clinic Eleven:</b> Alignment and Integration NSP on GBVF with NSP-HIV, STIs, TB	89
		<b>7. OVERALL REFLECTIONS, CONCLUSIONS AND RESOLUTIONS</b>	<b>91</b>
		7.1 Resolutions	94
		<b>PROGRAMME FOR PPRESIDENTIAL GENDER-BASED VIOLENCE AND FEMICIDE SUMMIT II</b>	<b>95</b>
		<b>PRESIDENTIAL GBVF SUMMIT II PLANNING COMMITTEE MEMBERS (PSPC)</b>	<b>99</b>

# ACRONYMS AND ABBREVIATIONS

<b>APP</b>	Annual Performance Plans
<b>CBO</b>	Community-Based Organisation
<b>CCMA</b>	Commission for Conciliation, Mediation and Arbitration
<b>CCTV</b>	Closed-Circuit Television
<b>CGE</b>	Commission for Gender Equality
<b>CJS</b>	Criminal Justice System
<b>CNPS</b>	Comprehensive National GBVF Prevention Strategy
<b>COGTA</b>	Department of Cooperative Governance and Traditional Affairs
<b>COVID-19</b>	Corona Virus Disease 2019
<b>CSE</b>	Comprehensive Sexuality Education
<b>CSOs</b>	Civil Society Organisations
<b>CYCW</b>	Child and Youth Care Workers
<b>DBE</b>	Department of Basic Education
<b>DCOG</b>	Department of Cooperative Governance
<b>DDM</b>	District Development Model
<b>DHA</b>	Department of Home Affairs
<b>DHET</b>	Department of Higher Education and Training
<b>DNA</b>	Deoxyribonucleic Acid
<b>DOH</b>	Department of Health
<b>DoJ&amp;CD</b>	Department of Justice and Constitutional Development
<b>DPME</b>	Department of Planning, Monitoring and Evaluation
<b>DSD</b>	Department of Social Development
<b>DSAC</b>	Department of Sports, Arts and Culture
<b>DVA</b>	Domestic Violence Act
<b>DWYPD</b>	Department of Women, Youth and Persons with Disabilities
<b>DDM</b>	District Development Model
<b>DPSA</b>	Department of Public Service and Administration
<b>ERAP</b>	Emergency Response Action Plan
<b>FBO</b>	Faith-Based Organisation
<b>FCS</b>	Family Violence, Children Protection and Sexual Offences Units
<b>F/Y</b>	Financial Year
<b>GBVF</b>	Gender-Based Violence & Femicide



<b>GBVCC</b>	Gender-Based Violence Command Centre
<b>GCIS</b>	Government Communication and Information System
<b>GDP</b>	Gross Domestic Product
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
<b>GRPBM&amp;EA</b>	Gender Responsive Planning, Budgeting, Monitoring, Evaluation, and Auditing Framework
<b>HIV&amp;AIDs</b>	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
<b>HOD</b>	Head of Department
<b>HSRC</b>	Human Sciences Research Council
<b>IDP</b>	Integrated Development Plan
<b>IJS</b>	Integrated Justice System
<b>ILO</b>	International Labour Organisation
<b>IMC</b>	Inter-Ministerial Committee
<b>IPF</b>	Intimate Partner Femicide
<b>IPV</b>	Intimate Partner Violence
<b>ISS</b>	Institute for Security Studies
<b>JSE</b>	Johannesburg Stock Exchange
<b>LGBTQIA+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other extensions
<b>MACC</b>	Marketing, Advertising and Communications Council
<b>MEC</b>	Member of Executive Council
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MOU</b>	Memorandum of Understanding
<b>MPWC</b>	Multi-Party Women's Caucus
<b>MTEF</b>	Medium-Term Expenditure Framework
<b>MTSF</b>	Medium-Term Strategic Framework
<b>NCGBVF</b>	National Council on Gender-Based Violence and Femicide
<b>NDP</b>	National Development Plan
<b>NEDLAC</b>	National Economic Development and Labour Council
<b>NERT</b>	National Emergency Response Team
<b>NGM</b>	National Gender Machinery
<b>NIDS-CRAM</b>	National Income Dynamics Study- Coronavirus Rapid Mobile Survey
<b>NIFPS</b>	National Integrated Femicide Prevention Strategy
<b>NPA</b>	National Prosecuting Authority
<b>NPIF</b>	Non-Partner Intimate Femicide
<b>NPO</b>	Non-Profit Organisation
<b>NPSV</b>	Non-Partner Sexual Violence



<b>NSG</b>	National School of Government
<b>NSP</b>	National Strategic Plan
<b>NTT</b>	National Task Team
<b>OHSC</b>	Office of Health Standards and Compliance
<b>POPI</b>	Protection of Personal Information
<b>PSPC</b>	Presidential Summit Planning Committee
<b>RRT</b>	Rapid Response Teams
<b>SAHRC</b>	South African Human Rights Commission
<b>SALGA</b>	South African Local Government Association
<b>SA DHS</b>	South African Demographic and Health Survey
<b>SAMRC</b>	South African Medical Research Council
<b>SAPS</b>	South African Police Services
<b>SOCs</b>	Sexual Offences Courts
<b>SOPs</b>	Standard Operating Procedures
<b>SOSs</b>	Sexual Offences Systems
<b>SRH</b>	Sexual and Reproductive Health
<b>STATS SA</b>	Statistics South Africa
<b>STIs</b>	Sexually Transmitted Infections
<b>SUDs</b>	Substance Use Disorders
<b>SWEAT</b>	Sex Workers Education and Advocacy Taskforce
<b>TB</b>	Tuberculosis
<b>TBF</b>	Teddy Bear Foundation
<b>TCC</b>	Thuthuzela Care Centre
<b>TV</b>	Television
<b>USD</b>	United States Dollar
<b>VAC</b>	Violence Against Children
<b>VAW</b>	Violence Against Women
<b>VEP</b>	Victim Empowerment Program
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UNWomen</b>	The United Nations Entity for Gender Equality and the Empowerment of Women
<b>WECONA</b>	Women's Economic Assembly
<b>WHO</b>	World Health Organization
<b>WOB</b>	Women Owned Businesses

## FOREWORD BY THE PRESIDENT

The Second Presidential Summit against Gender-Based Violence and Femicide was a powerful testament to our collective determination to end this national crisis.



The Summit noted that gender-based violence and femicide (GBVF) continues unabated and demands the highest level of political prioritisation. While we acknowledge the positive steps taken by various role players in implementing the National Strategic Plan (NSP) on GBVF, it is evident that South Africa continues to be deeply affected by this scourge.

The challenges are vast and the urgency of action cannot be overstated. We have witnessed the devastating impact of GBVF on the lives of women, children and the LGBTQIA+ community, leaving scars deep within our nation's fabric.

Through the Summit we identified critical areas requiring immediate attention and action. The services provided to survivors, particularly in policing, have often proven inadequate and insensitive.

The Summit Resolutions reflect our collective determination to address these issues comprehensively.

They provide specific recommendations to strengthen state accountability in all spheres of government, improve service delivery and responsiveness to survivors' needs, enhance societal accountability, and bolster the implementation of the NSP to cater to the specific needs of various vulnerable groups.

We must accelerate the delivery of the NSP and broaden its impact while fostering a whole-of-society approach to combat GBVF. This requires bold leadership, transparent monitoring systems and increased resources to ensure effective implementation.

The response to the COVID-19 pandemic has demonstrated what we can achieve when we prioritise critical issues threatening the well-being and lives of our citizens. We must apply the same institutional, state and societal responses to the GBVF crisis.

The message emanating from the Second Presidential Summit against Gender-Based Violence and Femicide is clear: South Africa finds itself in the midst of a severe second pandemic and the scale of the GBVF scourge demands an equal and formidable response. We call for bold, accountable leadership across all sectors of society, reinforced accountability with consequences for non-delivery, greater efforts towards prevention, and improved support services and justice for survivors and their families.

Let us stand together, united in purpose and unwavering in our commitment to end gender-based violence and femicide. Only through collaboration, determination and the collective will of all of society, can we create a South Africa where women, children, people with disabilities and the LGBTQIA+ community live free from fear and violence and where the inherent dignity and rights of all are upheld with the utmost respect.

A stylized, handwritten signature in black ink.

President Matamela Cyril Ramaphosa

# MESSAGE FROM THE PRESIDENTIAL SUMMIT PLANNING COMMITTEE CO-CHAIRS

It is with great privilege and a sense of collective purpose that we present this report on the Second Gender-Based Violence and Femicide (GBVF) Presidential Summit, held in our relentless pursuit to address the grave crisis of gender-based violence and femicide in South Africa. This report encapsulates the reflections, achievements, challenges, and resolutions arising from the Summit, which brought together key stakeholders from government, civil society, research organisations, and development partners.

In the face of the ever-present and devastating GBVF crisis, this summit served as a platform to reaffirm the urgent need for bold leadership and firm actions to eradicate gender-based violence from our society. The COVID-19 response exemplified the potential impact of unified action across government and society when confronting critical threats to the well-being and lives of our citizens. The GBVF crisis demands no less than a similar level of institutional, state, and societal commitment.

The summit bore witness to the unwavering dedication of both state and non-state actors to ending this scourge. Despite the formidable challenges, high-level political commitment remains steadfast, fostering hope for a better future. The resounding message conveyed was that when committed stakeholders work together, they can drive the GBVF agenda forward with unwavering determination.

Central to the success of our collective efforts is the National Strategic Plan on GBVF, which continues to serve as a roadmap to galvanise strengthened state accountability and societal responsibility. The summit underscored the vital importance of continuing to align our actions with the principles and goals outlined in the NSP on GBVF.

Through this report, we extend our sincere gratitude and appreciation to all those who participated in the planning and execution of the Presidential GBVF Summit II. The commitment and dedication demonstrated by government representatives, civil society organisations, research institutions, and development partners have been the driving force behind the summit's success.

The Presidential GBVF Summit II report is a testament to the collective spirit that unites us in the pursuit of a safer and more equitable South Africa. It serves as a call to action for all of society to stand together, unwavering in our resolve to prevent GBVF, provide strengthened support services, and pursue justice for survivors and their families.

We hope that the resolutions and recommendations outlined in this report will inspire bold and transformative actions in the fight against GBVF. Together, let us remain steadfast in our commitment, for it is only by working collaboratively that we can achieve the vision of a South Africa where gender-based violence will not be tolerated.

The PSPC's dedicated term concluded on the 31st of March 2023. From this point, civil society was no longer represented in the process although some members of civil society were engaged as consultants. Despite hopes that an extension might serve as a fitting conclusion to the Summit-related endeavours, the government opted not to proceed in this direction. Central to these efforts was completing a crucial task - the Summit Report. This responsibility was overseen by a team comprising of representatives from the government and consultants (civil society, an outgrowth of the PSPC.)

Initially entrusted to a group of consultants with a target delivery date of April 2023, the report's development fell short of the team's collective aspirations, leading to an incomplete outcome. Consequently, in May 2023, the multi-sectoral team took the reins of the process to craft a comprehensive Summit Report. After diligent efforts, this undertaking was successfully wrapped up in August 2023.

With sincere appreciation and determination, we regret and apologise for the delay.



Sibongile Ndashe and Olive Shisana



# ACKNOWLEDGEMENTS

With deep gratitude, we extend our heartfelt appreciation to all those who played instrumental roles in organising the Second Presidential Gender-Based Violence Summit. This momentous event would not have been possible without the tireless dedication and collaboration of individuals and organisations from various sectors.

We acknowledge and applaud the active participation of representatives from the government, civil society, development partners, and other stakeholders who lent their expertise and commitment to this critical cause. The diversity of perspectives and collective wisdom brought to the summit has enriched the discussions and paved the way for a united front against GBVF. We greatly appreciate the role that provincial Premiers have played in leading the convening of the provincial summits that led up to the national summit.

A special thanks goes to those visionary leaders who spearheaded the process of convening the summit. Your steadfast determination and unwavering belief in the power of collective action have set the stage for meaningful dialogue and transformative change.

As we reflect on the outcomes of the Second Presidential Gender-Based Violence Summit, we are *Encouraged to Walk the Talk Together*. We are inspired by the progress made and the collective spirit of unity that permeated throughout the country. However, we recognise that this is the beginning of a long and arduous journey toward eradicating GBVF from our society.

To all those who contributed to the summit, we urge you to continue walking the talk together. The challenges posed by GBVF are vast, but we can confront them with determination and compassion by standing shoulder to shoulder. Let us build on the momentum generated by the summit and translate the resolutions of the summit into tangible actions that will make a real difference in the lives of those affected by GBVF.

In this ongoing battle, we call upon all sectors to remain committed to fostering an environment of accountability and responsiveness. Together, let us reinforce our efforts to prevent GBVF, provide robust support services to survivors, and ensure that justice is served for those who have endured unimaginable pain.

The path ahead may be challenging, but our collective determination and shared vision for a safer and more equitable South Africa will guide us. The fight against GBVF requires bold leadership, a commitment to breaking down barriers, and the unwavering belief that change is possible.

With unity and a shared sense of purpose, we can create a society where everyone is free from the fear of violence and where all dignity and rights are upheld without compromise.

Thank you, once again, for your unwavering dedication to this critical cause. Together, we can, and will, make a difference.

With sincere appreciation and steadfast determination.



Sibongile Ndashe and Olive Shisana





# EXECUTIVE SUMMARY

**Gender-Based Violence and Femicide (GBVF) remains rampant in South Africa and continues to undermine our constitutional democracy. It continues to tear apart the social fabric of our society, manifesting in homes, workplaces, schools, places of worship and communities, regardless of the class, race or geographic location of perpetrators or victims. Whilst women and girls, in all their diversities comprise the majority of the victims, children and gender non-conforming persons are also subjected to appalling, brutal acts of gender-based violence (GBV).**

In response to the ongoing pandemic of GBVF, on the 1st to the 2nd of November 2022, H.E. President Cyril Ramaphosa hosted the Presidential GBVF Summit II under the theme of *Accountability, Acceleration and Amplification NOW*. The summit was convened four years after 1st Presidential Summit which focused on gender-based violence and femicide. The first summit was in response to the demands of activists who mobilised under the banner #TheTotalShutDown movement. The Presidential GBVF Summit II took place at Gallagher Estate in Midrand, and it was attended by over 1500 delegates .

The primary aim of the summit was to *accelerate the implementation of the National Strategic Plan on GBVF (NSP on GBVF) across all tiers of government, and society as a whole*. The summit provided a space to reflect on how to *strengthen and amplify efforts that are making a difference*; identify gaps and challenges and to strengthen accountability for the NSP on GBVF delivery overall. At the same time, it served to foreground the centrality of a multi-sectoral response to GBVF in the country and to ensure that accountability of the state and society is optimised and strengthened.

Strategically, the summit was designed to strengthen participation, engagement and inclusivity. To this end, specific processes were identified that would feed into the content of the national summit. These pre-summit processes included nine multi-stakeholder provincial summits, multi-stakeholder pillar dialogues that were structured around the six pillars of the NSP on GBVF and lastly the convening of a Children's Summit. All of the information generated by the pre-summit events were fed into the Presidential GBVF Summit II through reports and the participation of the relevant stakeholders.

This work was led by a multi-sectoral Presidential Summit Planning Committee (PSPC) which was established to guide and shape the content, participation, and the strategic direction of the summit. The PSPC had 51% civil society representation and 49% government representation.

## STATUS OF GBV IN SOUTH AFRICA

The drivers of the GBVF pandemic can be traced not only in the current context but also in the history of South Africa, that is characterised by patriarchal gender norms, socio-economic inequalities, normalisation of violence, and a brutal and dehumanising apartheid history. In the post-apartheid era, deepening socio-economic inequality, patriarchal and misogynistic social norms and other structural factors have continued to drive the high GBVF levels in the country. Furthermore, vulnerability to gendered violence is intensified by marginalisation and exploitation based on factors such as race, poverty, age, disability, sexual orientation, sexual- and gender identity, nationality, and HIV status amongst others. Inequality plays a significant role in this context, with the 2022 World Bank report ranking South Africa as the most unequal society in the world.

The full scope of GBVF is obscured by data gaps that range from unavailability, systemic challenges, and underreporting. The reality is that most incidents remain unreported and unaccounted for. This severely compromises South Africa's capacity to accurately determine the prevalence of GBV foregrounding the importance of the current prevalence survey undertaken by the Human Science Research Council (HSRC). The police crime statistics that were presented at the summit covering the previous financial years, showed the drastic effect of COVID-19 and the containment measures on the reporting of GBVF-related crimes to the police. It showed that the reported GBVF-related cases in the country indicated an increase when compared to the first quarter of 2021/22 F/Y and the same period in 2022/23 F/Y.





A report presented by the South African Medical Research Council (SAMRC)<sup>1</sup> at the Presidential GBVF Summit II highlighted the following: (i) three women are killed per day by an intimate partner, which is almost five times the global average; (ii) there has been a reduction in female homicide, intimate partner femicide (IPF) and non-intimate partner femicide (NIPF) between 1999, 2009 and 2017, with a sustained downwards trend in IPF. Despite the declining femicide rates over that time period, femicide is the most extreme form of GBV, and continues to be a significant challenge in South Africa requiring an intensified, prioritised focus. Forms and expressions of GBV continue to mutate, widening into other spaces such as cyberspace, which is becoming increasingly brutal, and has an increasingly negative impact on children.

## NSP ON GBVF IMPLEMENTATION

Over the first two and a half years of implementation, several key observations have become evident regarding the NSP on GBVF:

- » Efforts to institutionalise the NSP on GBVF have been strengthened across the government, forming a solid foundation for its delivery.
- » There is a notable increase in awareness of GBVF throughout the country.
- » More sectors have joined the cause, acknowledging their role in responding to this pervasive issue.
- » As implementation progresses, new areas for improvement and expansion continue to arise.
- » Adequate resourcing of the response remains a significant challenge.
- » The pace and scale of implementation are not keeping up with the enormity of the GBVF challenge, highlighting a misalignment that needs addressing.
- » Specific groups affected by GBVF, such as children, older women, and the LGBTQIA+ community, require more focused and amplified responses.
- » Effectively implementing the NSP on GBVF demands intentional alignment and synchronisation with responses to other pressing contextual challenges, including health pandemics, overall levels of violence and crime, and increasing socio-economic hardship and inequality.
- » Additionally, emerging issues like food and water insecurity and climate disasters are further exacerbating the GBVF burden.

For a more detailed report on the implementation of the NSP on GBVF during the period 1 May 2020 to 30 September 2022, please refer to the Government

Reflective Report, Reflective Report on the Implementation of the NSP on GBVF.

## PRE-SUMMIT PROCESSES

Nine Provincial Summits took place between August and October 2022. The Provincial Summits were designed to deepen an understanding of GBVF in the respective provinces while reflecting on the progress made in the implementation of the NSP on GBVF. The Provincial Summits provided a space for provinces to make recommendations that were taken to the national summit for deliberations. The provinces were provided with guidelines, and strategic support to ensure alignment with the Presidential Summit objectives. There was variability in design, in that some provinces organised face-to-face summits, while others opted for a hybrid approach, which included an online presence, thereby widening the reach.

A synthesis of provincial reports showed that while GBVF remains as a critical challenge across all nine provinces, implementing the NSP on GBVF has seen uneven progress within and between provinces. Despite some pockets of progress observed, the overall efforts and pace of delivery, are not meeting the scale of the challenge adequately.

The provincial summits highlighted a few common thematic areas that need to be addressed in the national GBVF response. The common thread that emerged across all provinces is the existence of gaps in political championing and multi-sectoral coordination, as well as issues with accountability and leadership. Tailored GBVF prevention responses were deemed to be essential and need to be contextualised within the broader backdrop of normalised violence and the marginalisation of specific groups.

In exploring service delivery for survivors of GBV, it was noted that available services, particularly in the law enforcement sectors, have proven to be inadequate and insensitive, hindering the effective response to GBVF cases. Moreover, the lack of sufficient response, care, support, and healing services have been further compounded by restricted civil society funding.

Contextual factors, such as the impact of pandemics such as COVID-19, changing weather patterns leading to displacement of women and children through flooding incidents, socio-economic inequality, and gaps in service delivery, have exacerbated the GBVF scourge, making it even more challenging to address effectively.

Lastly, the need for prioritisation in collecting and building context-specific integrated research and information systems has hindered the comprehensive understanding and tackling of the issue.

From the analysis, it was noted that there are varying levels of progress in the implementation of the NSP on GBVF in

<sup>1</sup> SAMRC Presentation, Professor Naeemah Abrahams, 1 November 2022

different provinces, highlighting the need for improved coordination, tailored prevention strategies, better services, and a more comprehensive approach to addressing contextual challenges.

It is worth noting that there has been limited localisation of the NSP on GBVF reported across all provinces. Accelerated delivery implies the implementation of provincial summit resolutions together with national summit resolutions, undergirded by the ten principles from the NSP on GBVF. It is crucial that provincial responses to GBVF must be shaped by continued and deepened understanding of the scourge of GBVF coupled by a deliberate process of rebuilding social cohesion, and gender equality.

Pillar Dialogues were convened for each of the six pillars of the NSP on GBVF. They provided a focused space that engaged activists, government officials, the private sector and civil society organisations across the country, on the implementation of the NSP under the respective pillars. The outcomes of the Pillar Dialogues were fed into Commissions that were organised during the Presidential GBVF Summit II.

The Children's Summit was held two weeks before the National Summit. It brought together children from all nine provinces and provided them with a safe space to engage in a substantive conversation, on how GBVF impacts their lives, and to make recommendations on how the implementation of the NSP on GBVF could be strengthened to meet children's needs. Delegates to the Children's Summit engaged with the Six Pillars of the NSP on GBVF and in smaller groups assessed the summit's thematic areas which are accountability, acceleration, and amplification.

The reports from the children's working groups highlighted a couple of critical areas such as the children's understanding of the crippling nature of GBVF and the extent to which these experiences impact their daily lives, at home and in their communities. They also outlined their primary concerns around safety and their inability to access such spaces of safety when acts of violence are perpetrated against them. They also shared experiences of being silenced and not having enough child friendly safe spaces to report abuse. This was coupled together with experiences of abuse and secondary victimisation within spaces such as police stations and social workers offices, who are reported to often neglect cases reported by children.

Recommendations from the Children's Summit were to amplify resourcing and capacitation of institutions of safety for children and accelerate these efforts, and create ongoing mechanisms and processes to facilitate children's meaningful direct consultation and engagement on issues of GBV in the country. The children expressed an appreciation for being engaged, and allowed to give inputs that would be reflected in the Presidential GBVF Summit II.

The pre-summit events and consultation all contributed towards making the summit a more inclusive and grounded space for grappling with the realities of GBVF across the country. There were varying levels of success across these respective interventions in relation to levels of participation, substantive engagement and the quality of reports received. It is important to also reflect that there was also variability in the response to the planned Presidential GBVF Summit II. Some sectors within civil society welcomed it and others saw it as a waste of time and resources. Despite the early reservations, a range of civil society structures participated in co-leading and shaping the Summit. Given the diversity of experience, location, and areas of focus, finding ways to bring a cohesive, strategic voice into the summit, was a complex and contested process. Against this backdrop, and despite the complexities, civil society structures worked tirelessly to prepare themselves for the summit over a short window of time. The pre-summit events served to build important momentum with a goal of advocating for effective implementation of the NSP on GBVF and meaningful multi-sectoral responses to the GBVF crisis.

## STRENGTHENING ACCOUNTABILITY FOR NSP ON GBVF DELIVERY

The main aim of Presidential GBVF Summit II was to strengthen accountability at all levels for the implementation of the NSP on GBVF. Accountability is one of the cornerstones for driving positive change and combatting GBVF. Given the pervasive levels of GBVF in South Africa, holding individuals, institutions, and leadership in both the state and society accountable is crucial for the success of the response to GBVF. By holding all stakeholders accountable, the country will build safer communities, support survivors, and hold perpetrators and the system accountable for their actions and often their failure to act.

Accountability for the NSP on GBVF implementation was integrated into the summit through providing a report that consolidates all reports shared with the President from 1 May 2020 to 30 September 2022. There were also plenary sessions to facilitate open and frank discussions on accountability with Ministers, government officials and representatives of different civil society sectors. There was also a Presidential Address accounting for overall government delivery and lastly commissions, made up of different stakeholders focused on accountability for delivery under each pillar of the NSP on GBVF.

The Accountability Panels provided an important mechanism through which South Africans could engage with political principals and leadership from other sectors, on critical areas of concern and priority. The main issues raised by the participants are grouped thematically below:

- (i) Delays in the passing of pieces of critical legislation relating to GBVF such as the amendment to the Firearms Control Act, Victims Support Services Bill, Decriminalisation of Sex Work Bill, the Liquor Amendment Bill, the Prevention and Combatting of Hate Crimes and Hate Speech and the National Council on GBVF Bill.
- (ii) Lack of accountability by government departments on the status of funding for shelters and the lack of transparency regarding steps taken to hold police officers accused of committing sexual offences accountable for their actions.
- (iii) Inadequate programmes for vulnerable groups, in particular, persons with disabilities, children, and the LGBTQIA+ community. More emphasis was placed on the absence of adequate programmes for the above groups.
- (iv) Lack of funding to implement the NSP on GBVF from a civil society perspective and
- (v) Poor coordination between the government and the other stakeholders continues to compromise efforts for a consolidated and coherent response to GBVF.

While some of these concerns are addressed in the Summit Resolutions and taken up by relevant departments, others reveal important gaps and challenges in the national response to GBVF. This highlights the necessity for ongoing national, provincial, and local forums to foster continued engagement and address GBVF comprehensively. Sustained efforts and coordination are vital to achieving a consolidated and coherent response to GBVF in South Africa.

## PRESIDENTIAL ACCOUNTABILITY

The President, in his remarks, acknowledged the deep levels of frustration and anger by respective participants calling for a strengthened response to GBVF in the country. His address was centred on state accountability while acknowledging the centrality of all stakeholders working together to align and amplify efforts. He stated that GBVF remains a significant crisis and deemed it the country's first pandemic. He indicated that the levels of GBVF are pointing to a country at war with itself and its women and children, evident in the brutality being meted out at women and children across all sections of society.

Challenges that still need to be addressed include the delays in the establishment of the National Council on GBVF (NCGBVF). He indicated that plans are in place to fast-track this process. The President called for accelerated efforts towards ensuring that all districts have a shelter and that GBV victims get the justice that they deserve. He called for prevention efforts to be amplified through the rollout of, and resourcing of effective behaviour change programmes, including interventions with men and boys in educational

institutions, workplaces, government departments and municipalities that redefine masculinity based on values of respect and accountability.

The President highlighted the following successes:

- (i) The degree to which all social partners have worked together, in developing the NSP on GBVF, in organising the Summit itself and in working collaboratively to implement it.
- (ii) The policy and programming responses for funding implementation of the NSP on GBVF, including government and private sector support.
- (iii) Three key pieces of legislation that were signed into place, namely the Criminal Law (Sexual Offences and Related Matters) Amendment Act, the Criminal and Related Matters Amendment Act, and the Domestic Violence Amendment Act. These acts afford greater protection to victims of GBV and ensure that perpetrators are no longer able to use legislative loopholes to evade prosecution.
- (iv) There are efforts to strengthen response services such as the expansion of the network of TCCs across the country and the strengthened capacity of the GBV Command Centre.
- (v) There has been some progress under Pillar 5, such as the launch of the Women's Economic Assembly and the ratification on ILO Convention NO. 190.

Whilst acknowledging that GBVF has been put squarely on the national agenda, institutional buy-in has been built and resources have been allocated, he recognised that South Africa has a very long road ahead. He ended the address by once again foregrounding that taking a whole-of-society approach is fundamental in ending GBVF, calling on all sectors to continue to work together so that the women and children of this country may live in safety, in peace and in happiness.

## ACCOUNTABILITY COMMISSIONS

As part of the Presidential GBVF Summit II, focused discussions took place on the six pillars of the NSP on GBVF. The discussions focused on the achievements and challenges highlighted in the reflective report on the implementation of the NSP on GBVF. Participants were expected to deliberate on the achievements, gaps and challenges, and make recommendations for areas that need acceleration, amplification, and ways to strengthen accountability.

The reports from the commissions showed that accountability for delivery among the pillars is varied and not consistent. Despite the President's strong leadership in Pillar 1 and the pockets of progress, the non-establishment of the NCGBVF undermined the multi-sectoral response and bold leadership on GBVF. Recommendations across

all pillars emphasised the paramount role and duty of the state and consequently the importance of strengthening state accountability at all levels of government (national, provincial, district, and local). Institutionalising and localising the NSP on GBVF, monitoring and evaluating progress, consequence-management mechanisms, coordination and collaboration, political accountability, clarity and ownership of roles and responsibilities, adequate planning and resourcing, bold leadership and creating functional multi-sectoral structures, such as the NCGBFV was underscored. In working towards a whole-of-society approach, these areas need to be nurtured alongside individual and societal accountability.

Another common theme that emerged throughout the commissions was the importance of weaving accountability, coordination, and leadership into NSP implementation through a National Accountability Framework. This is particularly important as the national process towards the establishment of the NCGBFV continues.

Alongside the Pillar Commissions, Provincial Accountability Forum provided a platform for accountability at a provincial level. These forums were chaired and championed by the Premier or a delegated Member of the Executive Council (MEC). The presentations from the provincial representatives deliberated on the Provincial Summit outcomes; the status of the localisation of the NSP on GBVF; and highlighted achievements to date, key challenges and areas that need to be addressed to strengthen accountability, accelerate and amplify efforts.

## ACCELERATING AND AMPLIFYING THE NSP ON GBVF DELIVERY FOR VULNERABLE GROUPS

Action Caucuses provided spaces for groups with special needs to reflect on the NSP on GBVF implementation as it pertains to their specific needs. The groups also identified challenges and gaps across all the pillars and made recommendations on how these could be addressed. Action caucuses on older women, sex workers, the LGBTQIA+ community, organisations working with children, migrant women, pregnant women, and workers were convened.

These Action Caucuses highlighted the many hurdles and barriers that must be overcome in order to adequately address and prevent GBVF among vulnerable groups. They highlighted the centrality of prioritising the voices and lived experiences of these groups through strengthening law and policy frameworks, services, and programmes, whilst taking an intersectional approach. Systemic failures by the Criminal Justice System (CJS) require urgent attention and swift action. A multi-pronged approach is needed and it should focus on strengthening laws and policies, improvement of services and prevention efforts that address underlying social and psychosocial driving factors.

## STRENGTHENING THE NSP ON GBVF IMPLEMENTATION BY KEY RESPONDERS

Amplifying efforts to implement the NSP on GBVF also implies strengthening the role of key groups in society. Action Caucuses were also held with the faith sector, leaders across society, those involved in providing GBVF-related support services and those working with men. These groups were invited to reflect on their roles and responsibilities in strengthening accountability and the impact of their respective contributions in the GBVF response.

There is an urgent need to amplify and leverage the various roles and responsibilities of these key sectors and stakeholders. The faith sector, for example, is key in addressing GBVF committed under the guise of religion. The key responders sector can use their power and influence to reach out to communities, and to debunk toxic social norms; whilst providing victim-centred, survivor-focused, accessible, and quality support and trauma healing for individuals, families, and communities. They are better placed to also unlock men's participation as agents of social change, promote constitutional principles of equality and human dignity, whilst meeting their mental health and wider psychosocial support needs. This sector is critical for delivering social behavioural change programmes targeting men, boys, and communities.

## FINDING COLLECTIVE SOLUTIONS FOR CRITICAL CHALLENGES

The Summit Clinics created a space to deeply reflect on specific issues, which serve as impediments and also reflect on potential enablers for strengthening implementation and impact across the six pillars of the NSP on GBVF. Drawing on multi-sectoral technical support teams encompassing specialist organisations and individuals in the field, the sessions set out to clearly define a problem, do an analysis, and develop clear solutions within specific time-frames that could be taken forward as Summit Resolutions.

The Clinics focused on the challenges such as: (i) addressing GBV backlog cases; (ii) ensuring survivor-centred and functional Thuthuzela Care Centres; (iii) accountability for survivor-centred response services by the South African Police (SAPS); (iv) accelerating efforts to establish a NCGBFV and address resourcing challenges; (v) accelerating efforts to address substance abuse, including alcohol abuse as a significant driver; (vi) harnessing the role of data collection and technology in the GBVF response; (vii) prioritisation of strategies to roll out the National Comprehensive Prevention Strategy and the Integrated Femicide Prevention



Strategy; (viii) harnessing community based structure, including Rapid Response Teams, as key mechanisms for GBV prevention and to unblock systemic challenges; (ix) harnessing the role of the media and ethical guidelines in addressing GBVF; (x) protecting children from becoming perpetrators; and (xi) the Alignment and Integration of NSP on GBVF with NSP on HIV, Sexually Transmitted Infections and Tuberculosis.

Bringing together different stakeholders, experiences, and expertise to bear on specific critical challenges that South Africa needs to address in order to unblock challenges and accelerate efforts to implement the NSP on GBVF, enriched the summit. The issues addressed in the clinics included systemic blockages; wider societal drivers and challenges; implementation requirements and resourcing. Recommendations emerging from the clinics straddled policy and legislative change and / or acceleration; suggestions for improving processes and mechanisms; strengthened resourcing; piloting approaches; coupled with enhancing institutional accountability. Prioritising the recommendations of the clinics in the short to medium term is critical as they can assist in dealing with the bottlenecks that hamper the impact of various initiatives.

## AN OVERVIEW OF THE SUMMIT AND RESOLUTIONS

The Presidential GBVF Summit II underscored and illuminated the fact that GBVF continues to be a crisis that demands ongoing high-level political prioritisation in the country. Whilst acknowledging positive steps that have been taken by different role players in implementing the NSP on GBVF, it was clear that violence, specifically gender-based violence, continues to be deeply entrenched in the fibre of society.

An analysis of the summit deliberations showed that there is an agreement that GBVF remains a monumental challenge in South Africa and that the perceived lack of change has led to high levels of frustration and anger. Different social spaces remain unsafe for women (in all their diversities), children and the LGBTQIA+ community, which increases their vulnerability to GBVF. Services to survivors, particularly policing and law enforcement, remains inadequate and in most cases insensitive to the needs of survivors. Specific groups such as children, pregnant women, sex workers, older women, LGBTQIA+ individuals and migrant women are particularly vulnerable to GBVF, and additional focus is required to meet their specific needs. The summit also noted that GBVF cannot be responded to in isolation from wider contextual issues taking place in the country, notably COVID-19 impact; social and economic hardship and inequalities.

There is also a need to urgently address service delivery challenges and strengthen awareness of GBVF and to widen an inclusive reach of the NSP on GBVF overall. Whilst there has been progress on the implementation of NSP on GBVF, this is uneven across the pillars. Some outputs and goals require acceleration and amplification, while acknowledging that the progress has not been adequate relative to scale of the challenge and the pace now needs to be accelerated and positive change strengthened. This will require a focus on strengthened leadership, at all levels to drive accountability, acceleration, and amplification. Strategic and operational management systems, processes and monitoring must be strengthened. A strengthened response has to be supported through transparent financial systems and increased resourcing and an adoption of a country-wide Accountability Framework that can monitor, measure and report on performance objectively in order to embed greater accountability across the board.

The Resolutions emanating from the Presidential GBVF Summit II addressed the following areas:

- » Specific recommendations through which to strengthen state accountability across all tiers of government;
- » Specific recommendations to improve service delivery and responsiveness to the needs of survivors;
- » Specific recommendations to strengthen societal accountability;
- » Specific recommendations to strengthen implementation of the NSP to meet the specific needs of specific groups;
- » Specific recommendations to fast-track actions over a six-month period and
- » Specific recommendations to accelerate specific elements of the implementation of the NSP on GBVF.

Fast-tracking delivery on these resolutions is fundamental for building onto the summit's momentum of accelerating and amplifying NSP delivery, whilst strengthening and consolidating a whole-of-society approach to GBVF. Given the level of crisis in the country, bold leadership, and firm actions to drive an agenda in which GBVF will not be tolerated in South Africa is imperative. The COVID-19 response demonstrated what is possible across government and society when a critical issue is threatening the well-being and lives, is prioritised. The GBVF crisis demands similar institutional, state, and societal responses. The scale of the scourge demands a response equal to the challenge. Bold accountable leadership across government and society remain critical. There is a need to strengthen accountability, including consequence-management for non-delivery. Efforts towards preventing GBVF should be accelerated and amplified. Provision of support services, justice for survivors and their families and bringing ALL OF SOCIETY on board is fundamental for the response. The time for BOLD ACTION is now.



## OVERVIEW

Four years after H.E. President Cyril Ramaphosa convened the First Summit on 1-2 November 2018, in response to the demands of activists mobilised under the banner #TheTotalShutDown movement, the President convened the Second Presidential Summit. The summit took place on 1-2 November 2022 at Gallagher Estate in Midrand and was attended by over 1 500 participants, representing diverse sectors, under the theme of *Accountability, Acceleration and Amplification NOW*.

This report provides an overview of the Presidential GBVF Summit II. It is structured to reflect: (i) the background and context of the Summit; (ii) the roadmap to the Summit, including overviews of all decentralised interventions, including the Children's Summit and the Provincial Pre-Summits; (iii) an overview of the respective sessions of the Summit itself, foregrounding the themes of accountability, acceleration and amplification and; (iv) finally concludes with a summary of the critical issues emerging and the Summit Resolutions.

### 1.1 BACKGROUND

On the 30<sup>th</sup> of April 2020, President Ramaphosa launched a ten-year National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF)<sup>2</sup>. It was developed by the Interim Steering Committee, made up of a multi-sectoral team of civil society activists, relevant government departments, researchers, and development agencies. The NSP on GBVF arose directly from the demands of activists in August 2018. Among the demands was strengthened accountability, improved services and enabling legislation and policy to respond to the scourge of GBVF in South Africa.

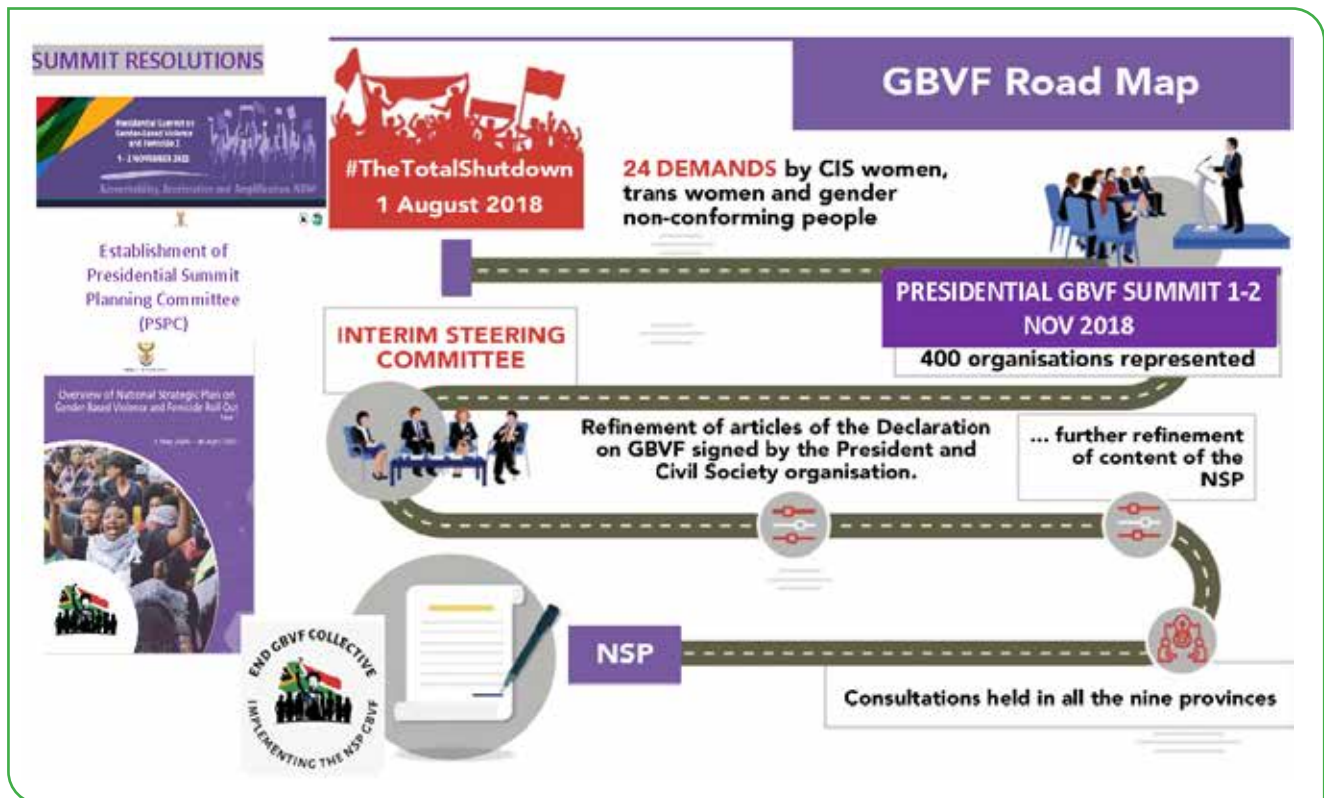
After two and a half years of implementation of the NSP on GBVF, there has been varied delivery across the six pillars<sup>3</sup>. The crisis of GBVF has continued, relatively unabated with the country continuing to see the weight of the brutal and high levels of GBVF. This has undermined the very cornerstone of democracy and equality that is enshrined in the South African Constitution. Against this backdrop the Presidential GBVF Summit II undertook to reflect on the progress made towards the implementation of the NSP on GBVF under the theme of *Accountability, Acceleration and Amplification NOW*. The main goals of the summit was to provide a space where all stakeholders could reflect on the progress and find ways to strengthen the delivery on this plan and the national response to GBVF. State and leadership accountability is central to strengthening the overall response to and prevention of GBVF in South Africa. Furthermore, the implementation of the NSP on GBVF requires accelerated pace and amplification of efforts to make the impact required, at scale.

The diagram below, adapted from the NSP on GBVF, captures the historical backdrop provided and demonstrates the continued commitment by different stakeholders to work collaboratively to ensure state accountability and societal responsiveness towards decisively dealing with this national crisis.



<sup>2</sup> <https://n-preview.co.za/images/ResourceCentre/GBVF/NSP-GBVF-FINAL-DOC-04-05.pdf>

<sup>3</sup> Pillar 1- Accountability, Coordination and Leadership; Pillar 2 – Prevention and Rebuilding Social Cohesion; Pillar 3- Justice, Safety and Protection; Pillar 4- Response, Care, Support and Healing; Pillar 5- Economic Power and Pillar 6- Research and Information Management



## 1.2 NATIONAL CONTEXT

In a 2022 World Bank report covering 164 countries<sup>4</sup>, South Africa was ranked as the most unequal society globally, with 10% of the population continuing to own more than 80% of the country's wealth. The COVID-19 pandemic served to further entrench poverty and inequality overlaying the historic social stratification of race, class, and gender. As a deeply patriarchal society, the control of social relations and access to and control over resources has been dominated by men. This has led to women and girls, in all their diversities, being relegated to a lower status, making them increasingly vulnerable to violence and abuse.

In South Africa, females make up 51.5% of the population and head 42.1% of households.<sup>5</sup> Key economic and social indicators suggest that women are still lagging behind. While employment decreased by 1.3 million from 2017 to 2021, it is females who experienced the highest decline. Evidence also shows that females rely mainly on grants and remittances for income, while males depend on business and salaries, demonstrating inequities in relation to resources and opportunities. In the political sphere women's representation in parliament increased from 33.0% in 2004 to 46.4% in 2019. However, the percentage of women at the provincial Premier level decreased from 55% in 2009 to 22.0% in 2019, and at local government level males held more mayoral positions at 68% compared to 32% for females.

The National Income Dynamics Study-Coronavirus Rapid Mobile Survey (NIDS-CRAM) found that women were much more likely to lose their jobs during lockdown and that they also endured a slower recovery when the economy started opening up.<sup>6</sup> Whilst reported levels of GBVF-related crimes showed an initial decrease in the context of lockdowns and alcohol bans, South Africa has continued to witness steady increases in levels of gender-based and related crimes, including the murder of women and children. Despite all these challenges, positive developments are emerging: (i) there has been a significant increase in women pursuing higher education and professional careers, narrowing the gender gap in educational attainment; (ii) there is a strong legal and constitutional framework with ongoing legislative reform to address gaps and this helps to safeguard women's rights and provides avenues for recourse; (iii) efforts to improve women's access to healthcare services, including reproductive health and maternal care, a reduction in maternal mortality rates ensure better overall health outcomes; (iv) more women are entering previously male-dominated fields and are achieving leadership positions in the corporate world and; (v) there are increasing opportunities for women to start and manage their enterprises, fostering economic empowerment and independence and; (vi) attitudes towards gender roles and expectations are evolving, with more recognition of the importance of gender equality and women's rights.

4 <https://openknowledge.worldbank.org/server/api/core/bitstreams/b96b361a-a806-5567-8e8a-b14392e11fa0/content>

5 <https://www.statssa.gov.za/publications/Report-03-10-26/Report-03-10-262022.pdf>

6 <https://za.boell.org/en/2022/05/02/through-gendered-lens-assessing-covids-impact-women-sa>

## 1.3 GBVF IN SOUTH AFRICA

GBVF is a significant challenge in South Africa, and was framed by President Ramaphosa, as the second pandemic in June 2020<sup>7</sup>. Despite 98.6% of males and 99.2% of females agreeing that acts of violence against women and children should be reported<sup>8</sup>, under reporting remains high and incidents of GBV are unaccounted; severely compromising South Africa's capacity to accurately determine the prevalence. According to the South African Demographic Health Survey (2016), 26% of ever-partnered (about one in four) women, 18 years or older have experienced physical, sexual and/or emotional violence committed by their partner in their lifetime<sup>9</sup>. Additionally, a province-specific population-based survey reported as high as 51.3% of women experiencing intimate partner physical, sexual and emotional violence and non-partner rape in their lifetime.<sup>10</sup> Police crime statistics provide important information on reported cases of GBVF-related crimes. However, the data on GBVF is not adequately disaggregated, but clustered together under the broad category of sexual offences. This context foregrounds the importance of the current GBV prevalence survey being undertaken by the Human Science Research Council.

The table below illustrates reported GBV-related crimes over a three-year period from 2019/20 F/Y to 2021/22 F/Y. The reported cases show the drastic effect that COVID-19 and the containment measures that were put in place had on the reporting patterns. However, sexual offences show an increase from 46 214 in 2020/21 F/Y to 52 694 in 2021/22 F/Y.

Crime category	Police Crime Statistics		
	2019/20	2020/21	2021/22
Rape	42 289	36 330	41 739
Sexual Assault	7 749	7 025	7 798
Attempted Sexual Offences	2 076	1 800	2 027
Contact Sexual Offences	1 179	1 059	1 130
<b>Total Sexual Offences</b>	<b>53 293</b>	<b>46 214</b>	<b>52 694</b>

Data presented by SAPS at the summit<sup>11</sup> on reported GBVF-related cases in the country indicated an increase when comparing the first quarter of 2021/22 to a similar period in 2022/23. An issue of significant concern was the backlog due to delays in DNA processing, which impeded access to justice for rape victims/survivors. It was positive to note that the SAPS had reduced the backlog from 143 795 in November 2018 to 81 291 in October 2022. This had further reduced to approximately 71 000 by the time that the Summit took place.

The report presented by the South African Medical Research Council (SAMRC)<sup>12</sup> suggested that three women are killed per day by an intimate partner, which is almost five times the global average. The study also showed that there has been a reduction in female homicide, intimate partner femicide (IPF) and non-intimate partner femicide (NIPF) between 1999, 2009 and 2017, with a sustained downwards trend in IPF. Overall female homicide decreased from 24.7 per 100,000 (population) in 1999 to 12.9 per 100,000 in 2007 and 11.2 in 2017. The Gun Control Act has had a significant impact in this regard. The Eastern Cape (at 22.3 per 100,000) had more than two times the national femicide rate (of 11.2 per 100,000). Limpopo (at 4.9 per 100,000) and Mpumalanga (at 5.7 per 100,000) had the lowest rates, but these figures are still two times that of the global average of 2.3 per 100,000. This suggests that policy and programming efforts by state actors and activists have had a positive impact on levels of femicide between 2009 and 2017. At the same time, a comparative analysis of SAPS data over F/Y Quarter 1 2020/21 and F/Y Quarter 1 2021/22 shows a 53.2 % increase in adult female murder and a 46.5% increase in child murder, more often linked to domestic violence, over the same period highlighting that femicide as the most extreme form of GBV. Femicide like other forms of GBV continue to be a significant challenge in South Africa requiring prioritised focus.

## 1.4 THE CONTEXT OF THE NSP ON GBVF IMPLEMENTATION

The NSP on GBVF<sup>13</sup> provides a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated national response to the crisis of GBVF by the government of South Africa and the country. It sets out to respond to the chronic crisis of GBVF collectively and decisively towards a national vision of a South Africa free from all forms of GBV directed at ALL women, LGBTQIA+ persons and children.

7 <https://www.dailymaverick.co.za/article/2020-06-18-gender-based-violence-is-south-africas-second-pandemic-says-ramaphosa/>

8 <https://www.statssa.gov.za/publications/Report-03-10-26/Report-03-10-262022.pdf>

9 National Department of Health (NDOH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF. (2019). South Africa Demographic and Health Survey 2016. Pretoria: National Department of Health.

10 Machisa, M. T. J. R., Jewkes, R., Morna, C., & Rama, K. (2011). Gauteng research report. Johannesburg, South Africa: Gender Links & South African Medical Research Council.

11 SAPS Presentation, Lieutenant General Tebello Mosikili, 1 November 2022

12 SAMRC Presentation, Professor Naeemah Abrahams, 1 November 2022

13 <https://n-preview.co.za/images/ResourceCentre/GBVF/NSP-GBVF-FINAL-DOC-04-05.pdf>



It sets out to address key systemic challenges: (i) the alarming lack of accountability for the perpetration of GBVF by individuals, the state and society overall; (ii) the systemic inadequacies that result in levels of vulnerability and a lack of safety; (iii) the largely ineffective and insensitive response to the needs of survivors and those working to support them; (iv) individual, historic and collective trauma that continues to feed the normative levels of violence overall; (v) a strengthened emphasis to coherently and comprehensively respond to the social norms, inequalities and structural drivers that result in high levels of GBVF the country is facing and; (vi) a deeper understanding of the scale and nature of GBVF in the country, while improving data systems to support effective implementation and understanding of the impact of the NSP on GBVF.

The theory of change underpinning the NSP on GBVF is a focus on strengthened responsiveness by all organs of the state and society towards addressing the needs of those experiencing GBVF; improved accountability by the state and all sections of society towards ending GBVF and amplifying efforts to prevent GBVF, including addressing discriminatory social and economic norms that serve to drive and perpetuate GBVF. The complex systemic and individual interplay of factors driving GBVF in the country underscored the need for a *whole-of-society* approach requiring meaningful coordination between all role players and deep institutionalisation of the NSP on GBVF into government structures and processes across all tiers of government.

Over the first two and a half years of implementation, it is clear that: (i) the institutionalisation of the NSP on GBVF has been strengthened across government, providing a foundation for NSP on GBVF delivery; (ii) there is greater awareness of GBVF in the country; (iii) more sectors have come on board, and recognise the role that they are able to play to respond to the scourge; (iv) areas for strengthening, expanding, deepening and widening reach continue to emerge; (v) adequate resourcing of the response continues to be a challenge; (vi) there continues to be misalignment between the pace and scale of implementation relative to the enormity of the challenge; (vii) there is a need to amplify responses to specific groups affected by GBVF, such as children, older women and the LGBTQIA+ community and; (viii) effective implementation of the NSP on GBVF means intentional alignment and synchronisation of the response alongside competing contextual challenges such as health pandemics, levels of violence and crime overall and increasing levels of socio-economic hardship and inequality.

It has been observed that delivery across the pillars is varied, and the Reflective Report<sup>14</sup> provides a useful foundation from which to assess the degree to which there has been movement on the respective indicators.

The table below provides a summary of what emerged from this report:

Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	<ul style="list-style-type: none"> <li>Strengthened accountability across government system for implementation through Institutionalisation of the NSP on GBVF and enforcement of compliance with reporting by government departments.</li> <li>Establishment of the Inter-Ministerial Committee (IMC) on GBVF which provides political guidance and oversight.</li> <li>GBVF Response Fund 1 established and functional.</li> <li>END GBVF established and functional as a multi-sectoral structure driving collaborative implementation.</li> <li>Ring-fenced funding for the NCGBVF since 2020 – R5 Million per financial year.</li> <li>Parliamentary oversight framework in place.</li> <li>Establishment and revitalisation of existing coordination structures at provincial, district and local levels established in some areas.</li> </ul>	<ul style="list-style-type: none"> <li>NCGBVF Legislation not assented.</li> <li>NCGBVF not established.</li> <li>NSP on GBVF not costed.</li> <li>Provincial structures not fully in place.</li> <li>NSP on GBVF not fully integrated into strategic plans in line with Gender-Responsive Planning, Budgeting, Monitoring and Evaluation and Auditing (GRPBMEA).</li> <li>Lack of political and social will to address the deep drivers of Prevention.</li> <li>Regulatory framework for religious and cultural institutions not yet developed.</li> </ul>

14 reflective report <https://gbvf.org.za/resources/>

Pillar	Key Achievements	Key Gaps
<p><b>Pillar 2: Prevention and Social Cohesion</b></p>	<ul style="list-style-type: none"> <li>• The Comprehensive National GBVF Prevention strategy was developed and approved for implementation.</li> <li>• The National Integrated Prevention Strategy against Femicide was launched on 8 March 2022.</li> <li>• NSG runs a basic 5-day online course that covers GBVF, gender mainstreaming in the public service and GRPBMEA framework.</li> <li>• Implementation framework developed for the NSP on GBVF &amp; HIV&amp;AIDS.</li> <li>• Range of communication interventions implemented by various departments and CSOs.</li> <li>• The National Communication Strategy aligned to the NSP on GBVF has been finalised and adopted.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of social behaviour change programmes to drive prevention and rebuilding of social cohesion, including healing historical and ongoing collective and individual trauma.</li> <li>• Inadequate capacity building of Community Development Workers, lay mental health and health workers.</li> <li>• Lack of studies and evidence-informed strategic behavioural change interventions to address toxic masculinities.</li> <li>• Poor intentional integration and cross-fertilisation of programming focused on violence against women, children and LGBTQIA+.</li> <li>• Lack of safety plans for all modes of public transport developed by March 2021.</li> <li>• Gaps in unpacking proportion of safe parks.</li> <li>• Lack of programmes that deal with deep healing as a mechanism for social norms change.</li> </ul>
<p><b>Pillar 3: Justice, Safety and Protection</b></p>	<ul style="list-style-type: none"> <li>• Six GBVF legislations assented and signed into law and implementation costing is in progress.</li> <li>• Eighty-three courts established as sexual offences courts in terms of section 55A of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No 32 of 2007).</li> <li>• 114 courts were aligned to the Minimum Standards of Strategy for Reasonable Accommodations and Measures to Access Justice for Court Users with Disabilities to provide a catalogue of support services.</li> <li>• Legal Aid Regulations amended to include support to survivors of domestic violence.</li> <li>• Six (6) additional TCCs were established bringing the national spread to 61 TCCs.</li> <li>• TCCs Sexual offences conviction rate increased from 73.9% in 2020/21 to 76.7% in 2021/22 F/Y.</li> <li>• 16 996 people reached through victim-offender dialogues and mediation and 14 848 convicted sex offenders reached through therapeutic and non-therapeutic programmes for 2021/22 F/Y.</li> <li>• 100% procurement of DNA kits by SAPS - 322 623 DNA Collection kits delivered to police stations, mainly to collect DNA samples in reported sex crimes.</li> <li>• Laws and policies are reviewed to reduce access to alcohol as a strategy to reduce alcohol and drug related GBVF.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of compensation and Restitution for victims of crime and enforcement mechanism.</li> <li>• Audit of Correctional Services policy and service delivery not undertaken.</li> <li>• DNA analysis capacity not established in Eastern Cape and KwaZulu-Natal.</li> <li>• Reduction in GBVF-related forensic cases backlog to 5 000 not achieved.</li> <li>• Lack of funds for survivors of GBVF to meet specific needs such as legal aid cost.</li> <li>• Amendment of the Labour Relations Act to provide a provision on the vetting of all employees dealing with GBVF matters not in place.</li> <li>• Traditional Courts Bill amended not enacted due to The Constitutional Court having struck the Bill and ordered that it be taken back because consultation was inadequate.</li> <li>• Pending legislation on decriminalisation of sex work.</li> <li>• Pending legislation on Prevention and Combatting of Hate Crimes and Hate Speech Bill.</li> <li>• Conviction and detection rates for women and children targets not met.</li> <li>• Inadequate quality of victim-friendly services.</li> <li>• Lack of access to courts over weekends and public holidays due to a lack of funding to keep services operating.</li> </ul>



Pillar	Key Achievements	Key Gaps
<p><b>Pillar 4: Response, Care, Support and Healing</b></p>	<ul style="list-style-type: none"> <li>• The Department of Social Development (DSD) VSS Bill was gazetted for public comments and report available.</li> <li>• The Multisectoral Shelter Policy and the Psychosocial Support Services Policy are in place.</li> <li>• The Command Centre was revamped and expanded its capacity.</li> <li>• Fifty-five percent decentralised psychosocial support teams established across all provinces.</li> <li>• In a total of 52 districts across the country, 45 districts have at least one shelter, 7 districts are without shelters and a total of 136 shelters exist across the country. One-hundred-and-seventeen (117), i.e. 85% of these GBV shelters are funded by the DSD.</li> <li>• DHET through Higher Health implemented a 24-hour national crisis line for all students needing support for GBV &amp; mental health issues.</li> <li>• Twelve buildings have been renovated and handed over to DSD for shelters and interim housing.</li> <li>• Established an additional Khuseleka Centre in the Western Cape totalling 8 nationally across 6 provinces.</li> <li>• Departments have an Employee Health and Wellness programme in place to provide psychosocial support for survivors.</li> </ul>	<ul style="list-style-type: none"> <li>• Victim Empowerment Services Support Bill not yet approved by Cabinet.</li> <li>• Norms and Standards for victim empowerment services aligned with the NSP on GBVF not in place.</li> <li>• M&amp;E framework for victim-friendly, survivor-focused service delivery not developed.</li> <li>• Gaps in rolling out response, care, support, and healing services at local levels.</li> <li>• Lack of Municipal plans on care and support including a service map and real parts (responding to safety plan) for GBV support services, substance abuse and related mental health care developed.</li> <li>• Gaps in schools with GBV Programmes with social workers that are institutionalised across the levels of schooling and higher education to provide caring, safe environments.</li> <li>• Gaps in establishment of multi-sectoral locally rooted programmes to GBVF.</li> </ul>
<p><b>Pillar 5: Economic Power</b></p>	<ul style="list-style-type: none"> <li>• Programmes for equitable job creation, representation, and ownership by women.</li> <li>• Economic plans able to demonstrate are GRPBMEA.</li> <li>• Public employment opportunities for youth and women and persons with disabilities.</li> <li>• Representation of youth disaggregated by gender and disability on the Employment Equity Report.</li> <li>• Pockets of progress in advancing preferential public procurement for Women-Owned Businesses.</li> <li>• Women's Economic Empowerment program related to 40% procurement has trained more than 6000 women businesses in doing business with the government.</li> <li>• Ratification of ILO Convention 190.</li> <li>• WECONA was launched in October 2021 as a strategic platform for women's economic empowerment.</li> <li>• Nine (9) Policy interventions to protect specific groups of workers who are particularly vulnerable.</li> </ul>	<ul style="list-style-type: none"> <li>• Workplaces not meeting employment equity targets.</li> <li>• Land and an agrarian fund not established.</li> <li>• Lack of impactful mechanisms to prevent defaulting of child maintenance.</li> <li>• Interventions to reshape work structure in ways that value-productive and reproductive labour not in place.</li> <li>• Economic programmes are focussed on subsistence level driving inequality and poverty deeper.</li> </ul>

Pillar	Key Achievements	Key Gaps
<b>Pillar 6: Research and Information Management</b>	<ul style="list-style-type: none"> <li>Evidence-map with a research repository developed.</li> <li>National Femicide Prevalence survey conducted and launched.</li> <li>National GBV Prevalence survey underway.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated GBVF Management Information System across government and the justice system not developed.</li> <li>Databases and Information systems relating to GBVF not generated.</li> <li>Dashboard relating to survivors and offenders inter-linked with unique identifier functionality not established.</li> <li>National prevalence study to understand the extent of violence against LGBTQIA+ persons not conducted.</li> </ul>

*It is against this backdrop of continued high levels of GBV and implementation of the NSP on GBVF not aligned with the scale of the challenge, that GBVF Presidential Summit 2 was organised.*

## 1.5 WORKING TOGETHER TO SHAPE THE PRESIDENTIAL GBVF SUMMIT II

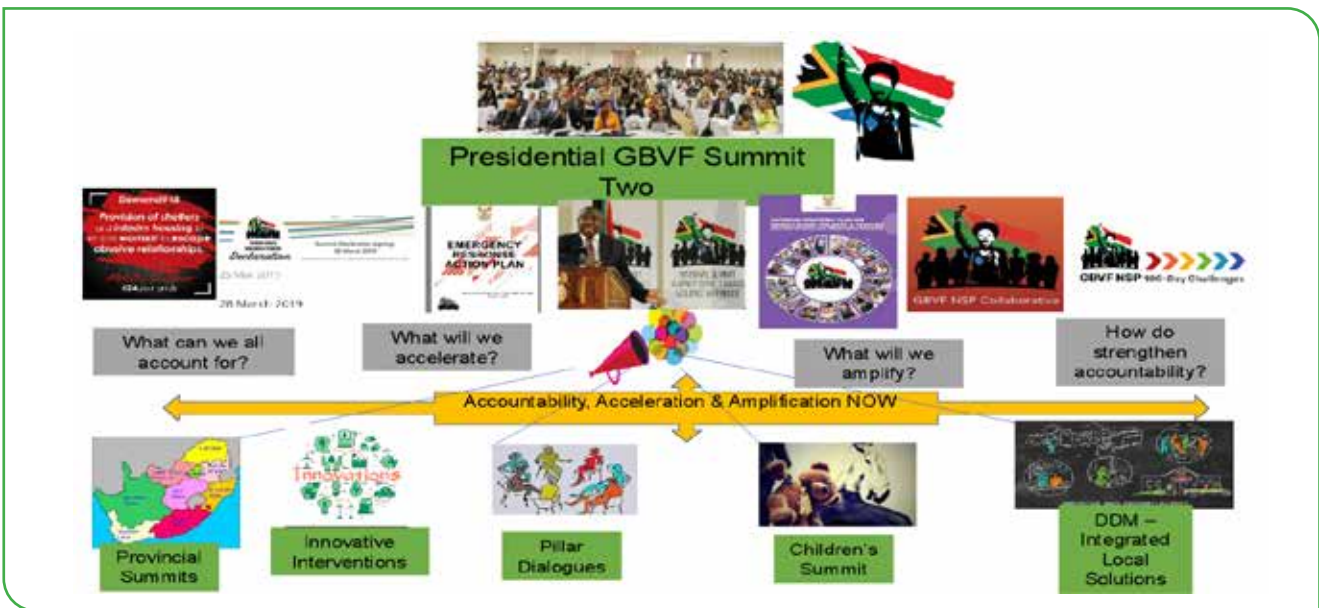
In the absence of the NCGBVF, the President called for the second summit, demonstrating a political commitment to take a multi-sectoral approach to dealing with GBVF in South Africa. Against this background, the Inter-Ministerial Committee on GBVF initiated a process of establishing a multi-sectoral structure to lead the convening and design of the summit. This was fully aligned with the NSP on GBVF's articulation of a *whole-of-society* approach.

A multi-sectoral Presidential Summit Planning Committee (PSPC) was established to lead and guide the strategic direction, shape the content, participation, and direction of the summit. The PSPC consisted of 51% civil society representatives and 49% government representatives and included the development sector. It was supported by a secretariat within the Department of Women, Youth and Persons with Disability (DWYPD). The planning was driven by

three multi-sectoral working groups focused on: (i) Logistics and Funding; (ii) Programme Design and Pre-Summit Process and; (iii) Media, Marketing and Communications.

Despite an initial target of **1 200** participants, the attendance of the Summit exceeded **1 500** participants, coming from all provinces, and representing a cross-section of society and sectors. The Summit was programmatically designed around the theme of *Accountability, Acceleration and Amplification NOW*, and strategically, to ensure strengthened decentralised participation and engagement. To this end, specific events and processes were designed to feed into the summit's content. These events included nine multi-stakeholder provincial summits, multi-stakeholder pillar dialogues structured around the six pillars of the NSP on GBVF and the Children's Summit. All the information generated by the pre-summit events and processes were fed into the National Summit through reports and the participation of all the relevant stakeholders.

The diagram below captures the overarching design of the Summit.



The programme of the summit<sup>15</sup> consisted of three plenaries each morning and a final one at the end of the summit. There were three breakaway sessions for Accountability Commissions, Action Caucuses and Clinics.

The different spaces were designed for the following purpose:

- » **PLENARIES:** a space to hold political and societal leadership accountable for delivery and actions, to acknowledge progress, challenges, and inadequate delivery.
- » **COMMISSIONS:** a space to reflect on implementation, identify gaps and priorities and provide the space to collectively make agreements on how to move forward and strengthen accountability for delivery on each pillar. These discussions also drew from the pre-summit processes.
- » **ACTION CAUCUSES:** a space to think about the ways in which responses to the needs of specific vulnerable groups can be strengthened and/or to strengthen the roles specific groups could play in implementing the NSP on GBVF.
- » **CLINICS:** a space to analyse a specific challenge or issue and make concrete time-bound recommendations to address these.

The following documentation was produced in hard and soft copy, to inform Summit discussions: (i) Summaries of Provincial Pre-Summits; (ii) Summaries of Pre-Summit Pillar Dialogues; (iii) a report on the Children's Summit; (iv) A Reflective Report covering the period 1 May 2020 – 30 September 2022, based on reports on delivery to the President and; (v) a range of articles produced by civil society reflecting on the respective pillars of the NSP on GBVF.

*The focus of the Summit was therefore to accelerate the implementation of the NSP on GBVF across all tiers of government, and by society, as a whole; to strengthen and amplify efforts that are making a difference; to identify gaps and challenges and to strengthen overall accountability for NSP on GBVF delivery overall. At the same time, it served to foreground the centrality of a multi-sectoral response to GBVF in the country and to ensure that state and overall societal accountability is optimally strengthened.*



<sup>15</sup> Programme in back of document



## ROAD TO THE SUMMIT

In operationalising the summit, a decentralised approach was intentionally taken through the establishment of the PSPC. The goal being to facilitate the grounding of the discussions in the lived and diverse realities of women in South Africa, whilst creating the space for as many voices as possible to feed into the process. The pre-summit events and processes included Provincial Pre-Summits, Pillar Dialogues, a Children's Summit, and independent civil society discussions (see the diagram below).



### 2.1 PROVINCIAL PRE-SUMMITS

Nine Provincial Summits took place between August and October 2022. The Provincial Summits were designed to: (i) deepen an understanding of GBVF in respective provinces; (ii) reflect on progress in the implementation of the NSP on GBVF and; (iii) provide a space for provinces

to make recommendations to be taken to the national summit. The provinces were provided with guidelines, and strategic support to ensure alignment with the Presidential Summit objectives.





## 2.1.1 GAUTENG

### PROVINCIAL OVERVIEW

Table 1: Gauteng Provincial Summit Details

<b>Date(s) of the Summit</b>	29 – 30 August 2022
<b>No. of Delegates</b>	720 delegates
<b>Representation</b>	Delegates from government departments, Civil Society Organisations (CSOs), independent activists, Faith-Based Organisations (FBOs), Association Representatives, Traditional Leaders, Municipalities, Healthcare Providers, GBVF focal points personnel, Civil Society Organisations (CSOs), Law Enforcement Agencies and community workers.
<b>Location/Venue</b>	Birchwood Conference Hotel, Boksburg, and Ekurhuleni Streamed on social media platforms e.g. Facebook)

Table 2: Gauteng Province - Key Socio-Demographic Characteristics, 2022<sup>16</sup>

Demographic Information	Total
Female population per province	8.1 million
% Of females to the total population	Female-headed
Female-headed households	1.8 million
Proportion of female-headed households	33.9%
Female-headed households who reported skipping a meal	41.2%
Unemployment (M-F)	34.0% (M) 40.3% (F)

### GBVF OVERVIEW

According to the 2021/22 F/Y SAPS Quarter 1 Crime Statistics Report, the following was noted:

- » A total of 11 855 sexual offences of which 9 516 are rape cases;
- » Amongst the top 30 national precincts with the highest recorded number of sexual offences, 6 are in Gauteng;
- » Of the 30 national GBVF hotspots identified by SAPS in 2020, 11 (36.7%) are situated in Gauteng;
- » Gauteng had the highest number of reported sexual crimes against women nationally.
- » While there was a reduction in the number of reported incidences of sexual offences, sexual assault, and rape in the April to June 2022 period. This does not concur with anecdotal evidence and media statements on the prevalence of all sexual crimes against women, which underscores the challenge of under reporting. Factors such as fear of intimidation and trust deficit between police and survivors, compound this situation.



16 Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa

## PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across five pillars in the province.

Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	Institutionalisation of the NSP on GBVF; strengthened multi-sectoral coordination and collaboration; established structures such as provincial GBVF Coordinating Team and Rapid Response Teams (RRTs).	Lack of representation of the private sector or, other social partners (faith sectors, traditional leaders, and community leaders in structures). Lack of specialised skills to achieve the provincial goals in fighting GBVF.
<b>Pillar 2: Prevention and Rebuilding Social Cohesion</b>	Prevention programmes across all districts reaching 635 757 beneficiaries including children, 54 282 households and 148 schools (primary and secondary). Programmes and interventions were focused on substance abuse, GBVF awareness and education and school safety prevention. Provision of social work services at high-risk schools. Resourcing of Non-Profit Organisations (NPOs).	There are many qualified NGOs that can help to amplify prevention and advocacy programmes. However, these NGOs are not funded adequately to implement the NSP on GBVF.
<b>Pillar 3: Justice, Safety and Protection</b>	Multi-sectoral stakeholder War Room on GBVF and Social Crime is focusing on improving coordinated services for GBVF victims, and criminal justice responses.	Low conviction rate for GBVF perpetrators.
<b>Pillar 4: Response, Care, Support and Healing</b>	Provision of post-violence care and psychosocial services. Door-to-door campaigns and leveraging technological interventions e.g. use of Rapid Response e-Panic Button App.	Inadequate funding for CSOs; NGOs non-compliance with the necessary regulations; Lack of sheltering services for LGBTQIA+, displaced victims and men.
<b>Pillar 5: Economic Power</b>	No achievements were highlighted.	No gaps highlighted.
<b>Pillar 6: Research and Information Management</b>	A ground-breaking study conducted in communities on the causes and prevention of GBVF has influenced the response programmes in Gauteng.	There is no dedicated disaggregated data on GBVF which can be used for monitoring, evaluation, and assessment of the impact of GBVF interventions.

## PROVINCIAL SUMMIT REFLECTION

The level of participation reflected keen interest by political leaders, provincial government, and civil society partners. This illustrated a commitment to strengthened coordination, collaboration, and accountability to citizens. It also demonstrated improved relationships and trust between provincial government and civil society partners. However, there is a notable silence in the report regarding participation and representation of marginalised sectors such as youth, women, persons with disabilities, older women and the LGBTQIA+ community.

Whilst the table reflects progress under Pillars 1 to 4, there was no substantive indication of social behaviour change and economic transformation interventions. The report highlights the dire socio-economic conditions of women in the province, experiencing high levels of poverty and unemployment. Despite this, no progress was reported under Pillar 5, which addresses women’s unequal economic and social position.

The section below details high-level emerging priorities and recommendations for strengthening accountability and accelerating and amplifying efforts.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Establish the GBVF National and Provincial Councils in line with legislation and ensure that the Provincial Councils will continuously monitor and evaluate progress and will be accountable to the provincial legislature.</li> <li>Enforce accountability at all levels through a consequence-management framework adopted by the Premier.</li> <li>Strengthen ground-level structures to ensure Integrated Development Plans (IDPs) explicitly address GBVF.</li> <li>Standardise progress reporting processes and systems that can be used by multi-stakeholders.</li> <li>Improve multi-sectoral collaboration and coordination.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Map all GBV prevention, social cohesion and social behavioural change activities being conducted in Gauteng by all the different stakeholders and track the implementation of activities.</li> <li>Implement radical and innovative anti-GBVF education programmes that cut across sectors, places of education, communities, and industries without any exception, and monitor and evaluate these regularly.</li> <li>Ensure that every single case of sexual and related offences is reported and prosecuted.</li> <li>Map all Sustainable Livelihood and Economic Empowerment Programmes being implemented across Gauteng by all stakeholders, and foster collaboration.</li> <li>Develop a Code of Ethics for all people working with GBVF victims and survivors in Gauteng, to ensure that people are always treated with dignity and respect, without judgment.</li> <li>Fast-track review of the way a docket is transferred from one police station to the other to ensure that speedy processes are in place such as dedicated courier services or SAPS Transport messengers.</li> <li>Establish a Gauteng GBVF research Technical Working group that is diverse, and multi-sectoral.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Integrate economic empowerment programmes into psychosocial support services.</li> <li>Partner with CSO and Private Sector to foster innovations that respond to GBVF.</li> <li>Develop a Rapid Response e-Panic App system in collaboration with armed response security vehicles.</li> <li>Review and monitor the effectiveness of the Criminal Procedures Act to address GBVF arrests, bail, and low conviction rates.</li> </ul>

## 2.1.2 NORTHERN CAPE

### PROVINCIAL OVERVIEW

*Table 1: Northern Cape Provincial Summit Details*

<b>Date(s) of the Summit</b>	28-29 September 2022
<b>No. of Delegates</b>	250
<b>Representation</b>	Delegates from government (local, district and provincial) including Executive Council Members led by the Premiers and Mayors, civil society, faith-based sector, and traditional leaders. Key target groups represented LGBTQIA+, youth, persons with disabilities, and men. Limited participation from private sector.
<b>Location/Venue</b>	Physical and Virtual participation

*Table 2: Northern Cape Province – Key Socio-Demographic Characteristics, 2022<sup>17</sup>*

Demographic Information	Total
Female population per province	0.7 million
% Of females to total population	50.5%
Female-headed households	0.2 million
Proportion of female-headed households	41.2%
Female-headed households who reported skipping a meal	41.9%
Unemployment (M-F)	26.4% (M) 23.2% (F)

<sup>17</sup> Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa

## GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics Report, the following was noted:

- » 8.3% increase in sexual offences, as compared to the F/Y 2021/22.
- » 15.6% increase in sexual assault, as compared to the F/Y 2021/22.
- » 11% increase in rape, as compared to the F/Y 2021/22.
- » The majority of crimes have taken place at the residence of the victim or the perpetrator, indicating that in most instances they are known to each other.

- » The province is very vast implying limited coverage by the 16 Family Violence, Children Protection and Sexual Offences Units (FCS) in the province.
- » The large number of cases withdrawn and outstanding is a cause of concern.

## PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.

Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	<p>Leadership is displayed by the Office of the Premier that established the GBV Task Team for the coordination of the NSP on GBVF.</p> <p>There is a special budget allocation for GBVF.</p> <p>The GBVF Secretariat is engaging South African Local Government Association (SALGA) to develop reporting protocols for municipalities.</p> <p>Based on the provincial GBVF Integrated Plan, departments are required to submit their quarterly progress reports.</p> <p>The Portfolio Committee at the Legislature was drawn into discussions to provide oversight on the NSP on GBVF.</p> <p>The Provincial GBVF Integrated Plan was approved by an Exco- resolution.</p> <p>Various engagements with COGTA, Human Settlements and Traditional Affairs are facilitating alignment with the District Development Model, for NSP roll out.</p>	<p>Lack of funding and participation of civil society in a collaborative manner.</p> <p>Municipal IDPs do not integrate GBVF priorities.</p> <p>Lack of participation of the private sector in GBVF Programmes.</p> <p>Inadequate coordination of GBV civil society structures.</p>
<b>Pillar 2: Prevention and Social Cohesion</b>	<p>Awareness raising interventions for vulnerable groups and schools to address gender stereotypes and toxic masculinities have been rolled out.</p>	<p>The attitude of the police within communities is a great barrier as court cases are being delayed and not brought to conclusion speedily.</p>
<b>Pillar 3: Protection, Safety and Justice</b>	<p>The establishment of the Provincial Sexual Offence Unit.</p> <p>Establishment of Victim Friendly Rooms.</p>	<p>The non-existence of a forensic laboratory in the province leads to a huge backlog in the conclusion of cases.</p> <p>The non-availability of doctors/ forensic nurses, especially after hours is another key challenge.</p> <p>Limited reporting and withdrawal of GBV cases.</p>
<b>Pillar 4: Response, Care, Support and Healing</b>	<p>Several NGOs are making significant strides and using innovative approaches.</p> <p>There was not much progress reported on this pillar, except the training of women in Keimoes and Upington in self-defence.</p>	<p>Limited support to family units.</p>
<b>Pillar 5: Economic Power</b>	<p>No achievements were highlighted.</p>	<p>There is a lack of a clear plan on how to achieve the 40% preferential procurements targets.</p>
<b>Pillar 6: Research and Information Management</b>	<p>No achievements were highlighted.</p>	<p>There is a lack of research on GBVF in the province.</p> <p>There is a lack of consolidated information and there are information gaps.</p>



## PROVINCIAL SUMMIT REFLECTION

There are significant developments in the province towards strengthening accountability, coordination, and leadership. The political leadership by the Office of the Premier provides a blueprint for bold provincial leadership in responding to GBVF, including the allocation of resources. In addition, it is positive to note the pioneering work being undertaken by civil society structures.

The section below details high-level emerging priorities and recommendations for strengthening accountability and accelerating and amplifying efforts.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Strengthen partnerships with key stakeholders to create a more multi-sectoral response to GBVF in the Province – this includes the involvement of government, civil society, and the private sector.</li> <li>Hold Accounting Officers responsible for the implementation of the NSP on GBVF Integrated Plan, with enforcement of monthly reporting.</li> <li>Approve a dedicated budget for the GBVF Secretariat in the province.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Customise Key Performance Indicators, particularly for the Office of the Premier to strengthen accountability for delivery.</li> <li>Victim Empowerment Centres should comply with national norms and standards.</li> <li>Establish a forensic laboratory to fast-track DNA assessments.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Use the 100-Day Challenge to roll-out the programme at local level.</li> <li>Develop capacity of all stakeholders in the province including municipal managers to enable the roll out of the NSP on GBVF.</li> </ul>

## 2.1.3 KWAZULU-NATAL

### PROVINCIAL OVERVIEW

*Table 3: Kwa-Zulu Natal Provincial Summit Details*

<b>Date(s) of the Summit</b>	The province took a bottom-up approach through conducting activation workshops in 8 out of the 11 district municipalities between 30 September and 12 October 2022.
<b>No. of Delegates</b>	617
<b>Representation</b>	Delegates from government (local, district and provincial), including ward Councillors and Mayors; civil society, development partners, faith-based sector, and traditional leaders. Key target groups represented included LGBTQIA+, youth, people living on farms, elderly, persons with disabilities, and people living with HIV. Limited participation from private sector.
<b>Location/Venue</b>	Venues were mainly community halls.

*Table 4: Kwa-Zulu Natal Province – Key Socio-Demographic Characteristics, 2022<sup>18</sup>*

Demographic Information	Total
Female population per province	6.0 million
Percentage of females to total population	52.1%
Female-headed households	1.5 million
Proportion of female-headed households	50.6% (highest nationally)
Female-headed households who reported skipping a meal	55.4%
Unemployment Rate	Females: 33.8% Males: 32.6%

<sup>18</sup> Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa

## GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics Report, the following is noted:

- » Six out of 30 (20%) GBVF hotspots in the country (eThekweni Metro [Inanda, Umlazi, KwaMashu and Ntuzuma]; King Cetshwayo [Empangeni] and Amajuba [Osizweni]) are in KwaZulu-Natal.
- » A negligible reduction in the number of reported sexual assault cases in the first quarter of 2022/23 (2 307) as compared to quarter one of 2021/22 (2 384) is evident.
- » The vast majority of reported rapes occur in the residences of the perpetrator, or the victim followed by public spaces such as recreational centres, parks, beaches, or parking areas.
- » Limited or delayed reporting of GBV incidents occurs because of “bystanderism”, victim-blaming, and negative third-party comments<sup>19</sup>.
- » A social context framed by communities telling victims to “Bekezela” (put-up with GBV) and local level political, faith, community and business leadership turning a blind eye on GBVF, was highlighted as constraints to shifting the levels of GBVF in the province.

## PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.



Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	Provincial GBVF implementation plans developed. Use of District Development Model (DDM) to fight GBVF and establish Rapid Response Teams in some districts and local municipalities.	Gaps in multi-sectoral coordination particularly at local municipality and ward levels. Lack of district plans to tackle GBVF. Poor local political, faith, community, and business leadership responsiveness. Lack of resourcing.
<b>Pillar 2: Prevention and Social Cohesion</b>	Awareness raising campaigns, and social behaviour change programmes targeting learners and communities.	Poor community understanding of GBVF. Strong cultural beliefs and practices, undergirded with patriarchal ideology, hinder reporting of GBV and impact on delivery of services. Traditional leadership and church leadership stigmatise the LGBTQIA+ community, resulting in a lack of support for these victims.
<b>Pillar 3: Protection, Safety and Justice</b>	Awareness raising on victim-friendly services.	War rooms lacking power and not dealing with GBVF as a matter of urgency. Poor community awareness of GBVF legislation. Some police stations have no victim friendly rooms and cases are not effectively documented. There is no forensic laboratory limiting forensic services in the province.

<sup>19</sup> Inputs from District Activations

Pillar	Key Achievements	Key Gaps
<b>Pillar 4: Response, Care, Support and Healing</b>	<p>Active civil society engagement across all districts. DSD support for delivery of services by CSOs.</p> <p>Department of Health (DOH) has established Crisis Centres for GBV victims and Trauma Response Teams are also providing psychosocial support.</p> <p>There are sheltering services in Dundee Crisis Centre and Two White Door Centres of Hope. (1 in Msinga and 1 in Mvoti) for UMzinyathi districts.</p> <p>Such centres are also in EThekwini, Amajuba and UMgungundlovu.</p> <p>Employment of district level Social Workers by DSD, based on One Stop Development Centres.</p> <p>Lifeline provides social workers to all Police stations at UThukela and UMzinyathi districts.</p> <p>Services are provided to key marginalised groups such as LGBTQIA+ community and farm dwellers at UMzinyathi, Amajuba.</p>	Poor referral pathways.
<b>Pillar 5: Economic Power</b>	<p>Women Economic Empowerment Programmes have been rolled out in UMzinyathi, Amajuba and KCD to support GBV survivors.</p> <p>Lifeline has been funded by DSD to render Victim Empowerment Services through training women from 4 Local Municipalities viz. Endumeni, Nqutu, Greytown and Msinga Municipality with the necessary skills.</p>	No gaps highlighted.
<b>Pillar 6: Research and Information Management</b>	No achievements were highlighted.	No gaps highlighted.

### PROVINCIAL SUMMIT REFLECTION

There has been notable progress under Pillar 4, with strong civil society presence and service delivery across all districts. A range of psychosocial support interventions by DSD, DOH and other stakeholders are in place at a local level. Whilst awareness raising and behaviour change interventions have been implemented at schools and communities, deep cultural patriarchal belief systems continue to be pervasive.

Levels of economic marginalisation and inequality render women and LGBTQIA+ individuals more vulnerable to violence, whilst simultaneously locking them into abusive situations, at home and at work.

The table below details high-level emerging priorities and recommendations for strengthening provincial accountability and accelerating and amplifying efforts.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Bolster political leadership with Premier as champion, together with Mayors and Ward Councillors.</li> <li>• Establish or strengthen and capacitate multi-sectoral GBVF structures, including District Task Teams and Rapid Response Teams.</li> <li>• Develop clear guidelines on roles and responsibilities of different stakeholders in the fight against GBVF and establish a consequence-management system.</li> <li>• Establish District Task Teams and develop District Implementation Plans that are fed into IDPs.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Accelerate awareness campaigns to educate people about GBVF.</li> <li>• Establish a forensic laboratory to tackle GBVF backlog cases.</li> <li>• Target men and boys through awareness programmes<sup>20</sup>.</li> <li>• Promote private sector involvement and harness the resources, roles, responsibilities, and commitment of this sector.</li> <li>• Allocate more resources to CSOs for GBVF programming.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Establish a provincial research agenda.</li> <li>• Restore dignity, build caring communities, and respond to historic and collective trauma.</li> <li>• Make funding available for gender inclusive shelters.</li> </ul>

<sup>20</sup> Examples such as Man Championing Change Programmes, Isibaya Samadoda and Boys' Assemblies

## 2.1.4 FREE STATE

### PROVINCIAL OVERVIEW

Table 5: Free State Provincial Summit Details

<b>Date(s) of the Summit</b>	06 October 2022
<b>No. of Delegates</b>	859
<b>Representation</b>	Delegates from government (local, district and provincial) and civil society. Limited participation from private sector, and research fraternity. Civil society sector attendance list was not disaggregated by sectors.
<b>Location/Venue</b>	Ilanga Estate, Heuwelsig, Bloemfontein

Table 6: Free State Province - Key Socio-Demographic Characteristics, 2022<sup>21</sup>

Demographic Information	Total
Female population per province	1.5 million
Percentage of females to total population	51.6%
Female-headed households	400 000 (3 <sup>rd</sup> highest % nationally – 46%)
Female-headed households who reported skipping a meal	58.6%
Unemployment Rate	Females: 36,3% Males: 27.1%

### GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics, the following was noted:

- » A total number of 1 669 crimes against women (1 384) crimes against children (285) were reported.
- » Assault GBH accounted for 446 crimes perpetrated, common assault 363 and rape accounted for 259 cases.
- » There was a gradual increase in the incidence of GBVF in the province, between the period 2018 to 2021.
- » A decrease in incidences of sexual offences (7.7%), sexual assault (13.3%) and rape (3.3%) as compared with the F/Y 2021/22 Quarter 1 Crime Statistics Report.

- » The highest proportion of rapes cases occurred in residences of the perpetrator or victims, followed by public spaces.
- » Alcohol and substance abuse were noted as key drivers of domestic violence with most cases occurring at the start of the weekend on Friday afternoon and peaking on Saturday at 18h00 until Sunday 03h00.

### PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.

Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	Appointment of special and dedicated officers called District GBVF Coordinators at Assistant Director level. District GBVF Forums and Provincial GBVF Forum in place that includes representatives from CSOs.	Lack of buy-in from district and local municipalities. Political structures relegating the GBVF agenda to the bottom of the list of priorities. Lack of a GBVF desk within the Office of the Premier and inadequate resourcing.
<b>Pillar 2: Prevention and Social Cohesion</b>	Victim empowerment programmes forums rolling-out preventative and educational programmes. Implementation of awareness raising campaigns, and community dialogues targeting different sectors.	Significant gap in assessing impact.

21 Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa



Pillar	Key Achievements	Key Gaps
<b>Pillar 3: Protection, Safety and Justice</b>	Pilot of 100-Day where backlog cases in Bloemfontein Maintenance Court backlog was reduced by 82%. Multisectoral collaboration heightened with a civil society organisation employing GBVF dedicated social workers and placing them at three local police stations.	No gaps highlighted.
<b>Pillar 4: Response, Care, Support and Healing</b>	23 Social Workers dedicated to GBVF interventions offering psychosocial support services. Four (4) Thuthuzela Care Centres (TCC) in the province are functional.	Lack of services for the LGBTQIA+ community.
<b>Pillar 5: Economic Power</b>	No achievements were highlighted.	No gaps highlighted.
<b>Pillar 6: Research and Information Management</b>	No achievements were highlighted.	No gaps highlighted.

### PROVINCIAL SUMMIT REFLECTION

Whilst progress is observed in the first four pillars, no achievements are reported for Pillars 5 and 6. Progress in Pillar 3 could not provide statistics that are disaggregated. The SAPS department was able to collate very detailed information on where incidences of GBV occur, including the various weapons used in all its districts. Notwithstanding, the scant progress and potential gaps in reporting, lack of evidence point to a failure to adequately localise the NSP on GBVF. The challenges underscored mainly pertain to Pillar 1 on Accountability, Coordination and Leadership. It is important to note that these issues cut across all the

other pillars. Critical gaps need to be closed. There is a need for greater political championing of the provincial GBVF response. Multi-sectoral coordinating structures need to be strengthened to ensure coordinated, strategic responses that leverages the strengths of respective stakeholders, addresses capacity gaps and brings about meaningful change on the ground.

The section below details high-level emerging priorities and recommendations for strengthening provincial accountability and accelerating and amplifying efforts.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Establish accountability forums chaired by the Premier or MECs to position the response to GBVF on the provincial agenda.</li> <li>Premier's Office must set up a GBVF help desk as soon as possible.</li> <li>Avail financial resources for NSP on GBVF implementation.</li> <li>Integrate NSP on GBVF priorities in all municipal plans and put monitoring and evaluation mechanisms in place.</li> <li>Establish a database of existing CSOs and other partners in the GBVF space, in each district and ensure representation in multi-stakeholder structures.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Conduct an impact assessment of the social cohesion dialogues held with different target groups.</li> <li>Appoint District Coordinators in all districts.</li> <li>Train the police on disability friendly services.</li> <li>Conduct capacity building of emerging organisations in rural areas.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Amplify the 100-day challenge as an innovative approach to address GBVF delivery.</li> <li>Develop a context-specific research repository to guide interventions.</li> </ul>

## 2.1.5 LIMPOPO

### PROVINCIAL OVERVIEW

Table 7: Limpopo Provincial Summit Details

<b>Date(s) of the Summit</b>	14 October 2022
<b>No. of Delegates</b>	500
<b>Representation</b>	Delegates from government (local, district and provincial), civil society, and faith-based organisations. Lack of participation from private sector.
<b>Location/Venue</b>	The Ranch Hotel, Polokwane, Capricorn District Municipality

Table 8: Limpopo Province - Key Socio-Demographic Characteristics, 2022<sup>22</sup>

Demographic Information	Total
Female population per province	3.3 million
Percentage of females to total population	52.5%
Female-headed households	800 000 (% nationally – 45.6%)
Female-headed households who reported skipping a meal	37.3%
Unemployment Rate	Females: 40.0% (highest nationally) Males: 32.1% (highest nationally)

### GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics Report, the following was noted:

- » 4.6% decrease in overall sexual offences from the Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » 10.8% decrease in overall sexual assault from the Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » 0.6% decrease in rape figures from the Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23. This could be attributed to various factors including under-reporting due to fear of intimidation and lack of confidence in the South African Police Service.



### PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.

Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	Institutionalisation of the NSP. Establishment of provincial GBVF Forums. Standing District stakeholders meetings.	Need to strengthen civil society representation in provincial GBVF forum. There is a lack of commitment and accountability from government, and insufficient coordination at the provincial level, resulting in a trickle-down effect to districts and communities. Inadequate multi-sectoral coordination, leadership, and accountability mechanisms.

22 Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa

Pillar	Key Achievements	Key Gaps
<b>Pillar 2: Prevention and Social Cohesion</b>	Campaigns and awareness raising on GBVF have been set up weekly through awareness education in communities, i.e., door to door and through schools, churches, traditional councils etc. Civil society taking a leading role in advocacy work through dialogues and campaigns.	Lack of linkages with mental health, and healing. Inadequate social behaviour changes programmes and impact assessment thereof.
<b>Pillar 3: Protection, Safety and Justice</b>	No achievements were highlighted.	No gaps highlighted.
<b>Pillar 4: Response, Care, Support and Healing</b>	74 Victim Empowerment Programmes (VEPs) operational. 7 Thuthuzela Care Centres (TCCs) and 1 Khuseleka one-stop centre. There are 5 shelters in the province, 2 funded by DSD and 3 privately funded.	Lack of civil society funding and support.
<b>Pillar 5: Economic Power</b>	No achievements were highlighted.	No gaps highlighted.
<b>Pillar 6: Research and Information Management</b>	No achievements were highlighted.	Lack of province- specific data, research, and information. There is no institution or government department in the province that is responsible for research, and information management.

### PROVINCIAL SUMMIT REFLECTION

Overall, the highlighted progress pertained to Pillars 1, 2 and 4. There were no reports for key Pillars such as Pillar 3, 5 and 6 and this is concerning. The provision of accessible and quality criminal justice services cannot be overemphasised. The lack of information on Pillars 3 and 5 points to a limited understanding of the importance of socio-economic development and justice in the GBVF response. There was underrepresentation of civil society at this provincial

summit, pointing to weaknesses in taking a multi-sectoral approach in the province. More financial resources should be allocated (with clear roles and responsibilities) to ensure that service delivery by civil society is sustainable.

The below section details high-level emerging priorities for strengthening provincial accountability and accelerating and amplifying efforts.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Strengthen political leadership with Premier as champion, together with MEC's, Mayors and Ward Councillors as a bedrock for facilitation and oversight.</li> <li>Strengthen multi-sectoral coordination and collaboration across different tiers of government and sections of society.</li> <li>Allocate roles and responsibilities of each stakeholder at provincial, district and local level, and ensure adequate capacity to implement.</li> <li>Integrate the NSP on GBVF priorities into all relevant and municipal plans and frameworks.</li> <li>Strengthen Monitoring and Evaluation to facilitate strengthened accountability and implementation.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Pilot of collective impact programmes and ensure the sustaining of changes in negative social norms.</li> <li>Increase sustainable funding for non-profit organisations (NPOs) including community-based organisations (CBOs), to provide basic remuneration to those providing services.</li> <li>Set aside 40% preferential public procurement for women in supply and value chains.</li> <li>Establish more public-private partnerships to facilitate economic opportunities.</li> <li>Accelerate the establishment of more shelters in the province.</li> <li>Develop a province-specific research and information base to deepen response.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Strengthen multi-stakeholder relationships towards strengthening improved collection, housing, and dissemination of information.</li> <li>Link mental health programmes with prevention efforts.</li> <li>Amplify prevention efforts and interventions with men and boys.</li> </ul>

## 2.1.6 MPUMALANGA

### PROVINCIAL OVERVIEW

*Table 9: Mpumalanga Provincial Summit Details*

<b>Date(s) of the Summit</b>	17-18 October 2022
<b>No. of Delegates</b>	450
<b>Representation</b>	Delegates from government and civil society organisations attended. It was noted that whilst the business sector was invited, their attendance was minimal, especially the various mining houses that are predominant employers in the province. The same was observed with regards to State-Owned Enterprises (SOEs).
<b>Location/Venue</b>	Graceland Hotel, Govan Mbeki Local Municipality, Secunda

*Table 10: Mpumalanga- Key Socio-Demographic Characteristics, 2022*

Demographic Information	Total
Female population per province	2.4 million
% Of females to total population	50.8%
Female-headed households	0.6 million (% nationally – 45.7%)
Female-headed households who reported skipping a meal	46.5%
Unemployment (M-F)	36.5% (M) 41.2% (F)

### GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics Report, the following was noted:

- » GBVF incidences persist in Mpumalanga, with rape being the highest amongst all sexual offences from 2017 to 2022.
- » In 2021 and 2022, rape remained the highest although it went down in 2022 from 734 to 644 (12.3%).
- » Places where incidents of rape happened show that residences of perpetrator/ victim (including residence known by victim/ perpetrator e.g. family/friends/ neighbours) are the highest at 193 which is worrying as one would expect these to be safe spaces for women.
- » 9.7% decrease in overall sexual offences from the Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » 11.5% increase in overall sexual assault from the Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » No incidences at public transport premises (bus stop/ taxi rank, railway premises e.g. track/station) were reported over this period. This could indicate under reporting or strengthened safety in these spaces.

### PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.





Pillar	Key Achievements	Key Gaps
<b>Pillar 1 Accountability, Coordination and Leadership</b>	<p>The province is currently in the process of re-establishing a GBVF task team responsible for overseeing the implementation of the NSP on GBVF.</p> <p>A multi-sectoral structure co-chaired by the government and civil society is in place. In addition, a multi-sectoral structure aimed at responding to violence perpetrated against the LGBTQIA+ community has been established and is co-led by the provincial Department of Justice and Constitutional Development (DoJ&amp;CD) and a civil society organisation.</p> <p>GBVF structures comprising NPA, DSD and CBO have been established over the years to effectively respond to GBV in communities such as a structure in Govan Mbeki municipality.</p>	<p>There is a lack of proper coordination and alignment between provincial and local structures in addressing GBVF.</p> <p>District GBVF level clusters are functional though they may not be operating at optimum.</p>
<b>Pillar 2 Prevention and Social Cohesion</b>	<p>Multi-Stakeholder collaboration has been established with the Masiphephe Network, which has also formed a 'Brothers for Life' club in Masoyi, Mbombela.</p> <p>A baseline study on women empowerment and gender equality has been conducted.</p>	<p>There is still a trust deficit between communities and some government departments e.g. SAPS.</p>
<b>Pillar 3 Protection, Safety and Justice</b>	<p>An additional seven (7) Thuthuzela Care Centres (TTC) have been established in various areas to provide comprehensive services to survivors of GBVF and to manage rape care and includes 34 testing centres.</p> <p>The province currently has 15 Family, Child, and Sexual Violence units.</p> <p>All police stations within the province have established Victim Empowerment Units and Gender Desks.</p>	<p>Under-reporting of GBVF cases.</p> <p>Reliance on the Pretoria-based DNA laboratory, causing significant backlogs.</p>
<b>Pillar 4: Response, Care, Support and Healing</b>	<p>Several civil society partners are providing psychosocial services in the province. One example is an action group called "Circle of Sisters".</p> <p>DSD employed an additional 18 Social workers dedicated to providing psychosocial support services to GBVF survivors.</p> <p>The DSD is currently funding 23 registered shelters for women which are managed by social workers.</p> <p>The DSD has provided funding support to two men's programmes in the province.</p>	<p>Inadequate financial and human resources to support NPOs and government departments in implementation and monitoring of GBVF related interventions.</p>
<b>Pillar 5 Economic Power</b>	<p>District and Local Municipalities have developed various economic empowerment programmes for SMMEs and Women-Owned Businesses.</p> <p>The Department of Human Settlements is allocating houses to women.</p> <p>The DARDLEA is allocating land to women in the province – Amakhosikazi programme is being implemented.</p> <p>The government continues to collaborate with the private sector to boost women-owned businesses such as in the mining sector e.g. donating gazebos to women-owned businesses.</p> <p>The DEDT has created funding opportunities for women and youth programmes and runs an incubation programme for youth and women for SMME and cooperative development.</p> <p>Departments and other institutions have various policies in place to address income gaps, inequality, and discrimination. These policies are aligned with constitutional provisions, the Employment Equity Act (EEA), Broad-Based Black Economic Empowerment and the PPPFA.</p>	<p>The province is intentional in setting aside 40% of all business towards women, youth and SMMEs.</p>

Pillar	Key Achievements	Key Gaps
<b>Pillar 6 Research and Information Management</b>	<p>The Office of the Premier has partnered with the University of Mpumalanga to set up research coordinating structure that will drive a context-specific research agenda on specific areas including GBVF.</p> <p>The Mpumalanga Province has established research clearing house specifically focused on advancing research on gender. This research hub draws on young unemployed graduates to conduct action research in communities within the province.</p>	<p>Absence of a province wide GBVF surveillance system that would enhance data management processes to improve programming and service provision.</p>

## PROVINCIAL SUMMIT REFLECTION

The province reported progress on the implementation across all six Pillars of the NSP on GBVF. The progress included the establishment of structures, awareness programmes, strengthened criminal justice service infrastructure and establishment of Thuthuzela Care Centres, programmes to deal with the killing of LGBTQIA+ members, CPF and Neighbourhood Watch, appointment of social workers, allocation of land through a programme

targeting women. However, inadequate institutional arrangements and under resourcing compromise the potential impact of the progress that has been made.

The below section details high-level priorities for strengthening provincial accountability, accelerating, and amplifying efforts.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Integrate NSP on GBVF into Development Plans and Annual Performance Plans.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Strengthen multi-sectoral collaboration and coordination between state and non-state actors as key in addressing GBVF.</li> <li>Set up of GBVF District and Local Forums.</li> <li>Involvement of Traditional Leaders and Religious Leaders in prevention efforts.</li> <li>Integrate persons with disabilities in GBV efforts.</li> <li>Establish a DNA Testing Facility in the province.</li> <li>Enhance the capacity of the FCS units.</li> <li>Establish survivor-focused cooperatives/groups to economically empower survivors.</li> <li>Establish a research repository to ensure centralisation of data.</li> <li>Digitise case management system.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Strengthen Referral Systems for survivors of GBV.</li> <li>A referral list for shelters must be provided at each government establishment.</li> <li>Scale up behaviour change interventions to enable women survivors to make informed decisions.</li> <li>Provide debriefing services and follow-up therapeutic services.</li> </ul>

## 2.1.7 EASTERN CAPE

### Provincial Overview

Table 11: Eastern Cape Provincial Summit Details

<b>Date(s) of the Summit</b>	19-20 October 2022
<b>No. of Delegates</b>	402
<b>Representation</b>	Delegates from government (local, district and provincial) including Executive Council Members led by the Premiers, Mayors and Councillors, civil society, faith-based sector, and traditional leaders. Key target groups such as LGBTQIA+, youth, persons with disabilities, and men were represented. There was Limited participation from private sector.
<b>Location/Venue</b>	East London Convention Centre with physical and virtual participation

Table 12: Eastern Cape Province - Key Socio-Demographic Characteristics, 2022<sup>23</sup>

Demographic Information	Total
Female population per province	3.5 million
Percentage of females to total population	52.7%
Female-headed households	900 000 (highest % nationally – 50.6%)
Female-headed households who reported skipping a meal	48.7%
Unemployment Rate	Females: 42.7% (highest nationally) Males: 45.1% (highest nationally)

## GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics the following was reflected:

- » 12.6% decrease in overall sexual offences from Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » 2.5 % increase in overall sexual assault from Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » 13.0% decrease in rape figures from Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23.
- » 35.2% increase in the murder of women, from Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23 and a 23.3% increase in attempted murder over the same period.
- » 65.2% increase in the murder of children from Quarter 1 F/Y 2021/22 to Quarter 1 F/Y 2022/23 and a 56.3% increase in attempted murder over the same period.

- » Most crimes against women are committed during the weekends at night and the majority of reported rapes occur in the residences of the perpetrator or the victim.
- » Rape, abuse, and murder of older women were highlighted, particularly as the Eastern Cape has the highest proportion of older people at 11%.
- » Participants raised concerns about underreporting of GBVF incidents and linked this to fear, intimidation, secondary victimisation, and a lack of trust in the police.

## PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.

Pillar	Key Achievements	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	<p>Adoption of the National Social Compact as a mechanism to facilitate multi-stakeholder accountability.</p> <p>Establishment of multi-sectoral coordination and accountability structures, including resuscitation of the Justice Crime Prevention and Security (JCPS) cluster and Rapid Response Teams.</p> <p>Commitment to strengthening intergovernmental relations.</p> <p>Standing agenda item on implementation of the provincial GBVF Strategy to the JCPS Cluster.</p>	<p>Lack of dedicated GBVF budget.</p> <p>Multi-sectoral structures not harnessed for delivery.</p> <p>Some district level Rapid Response Teams are not multi-sectoral and inclusive of respective sectors.</p> <p>The location of GBVF within the One Plan of the DDM requires strengthening.</p> <p>There is poor accountability at the municipality level.</p>
<b>Pillar 2: Prevention and Social Cohesion</b>	<p>Engaged in intergenerational and inter-gender dialogues on GBV, including a 365-days sustained campaign.</p> <p>Substance abuse sensitisation in GBVF hotspot municipalities.</p> <p>More than 300 schools participated in School Safety Committees in Hot Spot Areas.</p> <p>Establishment of GBVF Safety Forums within Institutions of Higher Learning.</p>	<p>Focus on events based GBVF prevention, and a lack of focus on behaviour change interventions that have sustained impact.</p>

<sup>23</sup> Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa

Pillar	Key Achievements	Key Gaps
<b>Pillar 3: Protection, Safety and Justice</b>	<p>Increase in conviction rates in femicide due to SAPS and NPA prioritisation of cases and docket management.</p> <p>Guilty verdicts for perpetrators of sexual offences increased with 238 out of 294 cases, having received guilty verdicts.</p>	<p>Poor access to police services in rural communities – “<i>Maybe because we are in bundus (bundus means rural areas)</i>”, <i>bundus are not recognised</i>,” exclaimed one woman participant.</p> <p>Reporting for persons with disabilities impeded by communication barriers.</p> <p>Resource constraints hinder service provision.</p> <p>Secondary victimisation.</p>
<b>Pillar 4: Response, Care, Support and Healing</b>	<p>Increased access of victim empowerment services due to awareness raising.</p> <p>There are 166 victim-friendly centres across the province working with NPOs, and 11 Thuthuzela Care Centres (TCCs) funded and functional.</p> <p>1 585 (88%) service users accessed substance use disorder treatment services.</p>	<p>Inadequate multi-sectoral support to the civil society sector, and capacity building in terms of programmes that deal with care, support, and healing.</p> <p>Gaps in quality, functionality, and support to TCCs.</p>
<b>Pillar 5: Economic Power</b>	<p>By mid-2021/22 the province had spent 22% of its procurement budget on local women owned enterprises.</p> <p>24 Women-Owned Businesses (WOB) accessed funding of R11.6 million (36.3%) from a total of R32 million. 123 WOB out of 256 SMMEs received incubation support.</p>	<p>Inadequate compliance to Gender-Responsive Planning, Budgeting, Monitoring and Evaluation and Auditing.</p>
<b>Pillar 6: Research and Information Management</b>	<p>No achievements were highlighted.</p>	<p>No gaps highlighted.</p>

### PROVINCIAL SUMMIT REFLECTION

The province reported progress across Pillars 1 to 5 with no progress reflected under Pillar 6. The lack of focus on Pillar 6 could imply a limited understanding of the importance of adopting evidence driven approaches to implementation. It is envisaged that the National Social Compact will stand Eastern Cape in good stead in multi-sectoral approach as it pertains to GBVF programme implementation. This will also highlight the significant role played by the civil society in responding to and preventing GBVF. The presence of GBV-focused structures at educational institutions is acknowledged, however, monitoring and evaluation of the GBV interventions implemented by these institutions, remains critical.

The overarching goal of awareness activities should be to bring about social behaviour change and rebuild social cohesion to address both individual and collective trauma. Inadequate delivery capacity is evident from the gaps in denouncing normalisation of GBVF and the lack of context-specific interventions, which can serve as best practices.

The under representation of the private sector at the summit undermined the integration of a *whole-of-society approach* in the province. The continued lack of access to

victim-centric and survivor-focused criminal justice services by persons with disabilities and rural communities’ points to the need for greater emphasis on the principles of inclusivity and intersectionality. The limited voice of the LGBTQIA+ community raises concern on the extent to which targeted innovative and promising interventions are identified, tested, and expanded.

The extent to which the NSP on GBVF priorities were integrated into provincial, district and municipal performance plans was not well articulated. In addition, the lack of a dedicated GBVF budget does not align with the severity of the GBVF pandemic. In terms of accountability and leadership, the championing of the summit by the Premier, together with Mayors and Ward Councillors brought the needed influence. This should filter through to implementation, ring-fenced resourcing, adequate budgeting and spending tracking and deliberate efforts towards establishment, revitalisation, and coordination of multi-sectoral structures.

The section below details high-level emerging priorities and recommendations for strengthening provincial accountability and accelerating and amplifying efforts.



<b>Accountability</b>	<ul style="list-style-type: none"> <li>Establish and strengthen the roll-out of effective, coherent multi-sectoral structures following a bottom-up approach.</li> <li>Institutionalise accountability on GBVF budget and expenditure, including strengthening technical resourcing to strengthen conceptual understanding of GBVF.</li> <li>Work towards developing standardised systems of data collection, and reporting on implementation progress.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Strengthen and resource evidence-based prevention interventions for meaningful impact.</li> <li>Make criminal justice services and response, care, support, and healing services accessible to marginalised groups, in particular, persons with disability, LGBTQIA+ and rural communities.</li> <li>Fast-track gender-responsive preferential public procurement for Women-Owned Businesses.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Strengthen Intergovernmental coordination and collaboration across all spheres and all sector departments.</li> <li>Improve Multisectoral and civil society collaboration to ensure participatory planning and implementation of programmes.</li> <li>Use data and evidence-based research for improved decision-making and resource allocation.</li> </ul>

## 2.1.8 NORTH WEST

### PROVINCIAL OVERVIEW

*Table 13: North West Provincial Summit Details*

<b>Date(s) of the Summit</b>	21 October 2022
<b>No. of Delegates</b>	350
<b>Representation</b>	The summit was attended by the government (local, provincial, and national), civil society, and faith-based organisations.
<b>Location/Venue</b>	Seasons Conference Facilities, Mahikeng Local Municipality, Ngaka Modiri Molema District

*Table 14: North West Province - Key Socio-Demographic Characteristics, 2022*

Demographic Information	Total
Female population per province	2.1 million
% Of females to total population	49.2%
Female-headed households	Million (% nationally – 37.3%)
Female-headed households who reported skipping a meal	41.9%
Unemployment (M-F)	30.3% (M) 29.9% (F)

### GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics, the following was noted:

- » Rape constituted the highest proportion of GBVF-related cases. Out of 6 330 rape cases that were analysed, the highest number occurred in the residences of the perpetrator or the victim, followed by public spaces.
- » 1.5% decrease in overall sexual offences from Quarter 1 F/Y 2021/22 as compared to Quarter 1 F/Y 2022/23.
- » 6.5 % decrease in overall sexual assault from Quarter 1 F/Y 2021/22 as compared to Quarter 1 F/Y 2022/23.
- » 1.4 % increase in rape figures from Quarter 1 F/Y 2021/22 as compared to Quarter 1 F/Y 2022/23.

## PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.

Pillar	Key Achievement	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	<p>Leadership of the Office of the Premier in the establishment of the GBVF Steering Committee.</p> <p>The development and implementation of the North West GBVF 2020/23 response plan is aligned to the required Emergency Response Action Plan.</p> <p>Gender focal persons in various departments and senior managers have been orientated on the NSP on GBVF.</p>	<p>There is a lack of understanding of the roles and responsibilities of critical stakeholders in relation to the NSP on GBVF.</p>
<b>Pillar 2: Prevention and Social Cohesion</b>	<p>Partnership with CSOs intensified campaigns on GBVF through door-to-door campaigns, the Orange Day campaigns, public education, prayer events, marches, and distribution of promotional material.</p> <p>Men’s Programmes were implemented in four districts and the Monna Emelela Programme was launched in two districts.</p> <p>A Programme called “Golekane ” targeting schools and the community at large, focuses on raising awareness of LGBTQIA+- related issues.</p>	<p>There is still a lack of alignment of sectoral work with the relevant Pillars of the NSP.</p>
<b>Pillar 3: Protection, Safety and Justice</b>	<p>No achievements were highlighted.</p>	<p>No gaps highlighted.</p>
<b>Pillar 4: Response, Care, Support and Healing</b>	<p>Strengthening of two shelters (Dr. RSM Khuseleka One Stop Centre, Grace Help Centre) and safe houses to cater for 108 people.</p> <p>10 Social Workers were retained to work in rural areas.</p> <p>DSD is funding twenty-two NGOs to the value of R15 954 800.00.</p> <p>DSD has introduced the GBV Combat Activists Programme to strengthen the 365 days programme against GBV and Femicide.</p> <p>Five (5) GBVF Social Workers and 5 Ambassadors have been placed in hotspot areas within the province by NICDAM.</p> <p>15 991 victims of GBV, Crime and Human Trafficking accessed social services over the past two years.</p> <p>Thuthuzela Care Centres (TCCs), are enhanced to become more accessible to all beneficiaries.</p>	<p>Funding of civil society remains a key challenge. There is limited funding provided for CSOs who are providing GBV services.</p>
<b>Pillar 5: Economic Power</b>	<p>Coordinated the Presidential Women Economic Empowerment Programme (PWEEP).</p> <p>Capacity Building Workshop on 40% public procurement to women-owned businesses, attended by 438 women attended the workshop.</p> <p>The skills development programmes targeting the survivors of GBVF were implemented by DSD. These included: Accredited sewing course, storytelling through utilisation of photos, establishment and strengthening of women cooperatives.</p>	<p>No gaps were identified.</p>
<b>Pillar 6: Research and Information Management</b>	<p>No achievements were noted in this pillar.</p>	<p>No gaps were identified.</p>

## PROVINCIAL SUMMIT REFLECTION

The report reflected progress in implementation of Pillars 1, 2, 4 and 5 but no progress is reflected for Pillars 3 and 6. It was useful to see levels of funding to CSOs reflected in the report, as a baseline, given their role in service provision, and the identified need for increased levels of funding. It was positive to note the implementation of a men's programme across four districts, given the role that toxic masculinity plays in driving levels of GBVF across the country. Similarly, it was positive to note the awareness

raising interventions focused on sexual orientation and gender identity, given that work in this area emerges as a gap in NSP implementation, overall. Challenges identified were not pillar-specific, but with a greater emphasis on challenges than achievements.

The section below details high-level emerging priorities and recommendations for strengthening accountability and accelerating and amplifying efforts.

<b>Accountability</b>	Partnerships with key stakeholders need to be strengthened to create a more multi-sectoral response to GBVF in the Province – this includes the involvement of government, civil society, and the private sector. Accounting officers must be held responsible for the implementation of the NSP on GBVF Integrated Plan, and monthly reporting must be enforced. A dedicated budget must be approved for the work done by the GBVF Secretariat in the province.
<b>Acceleration</b>	Active leadership. Strengthen interdepartmental communication and collaboration. Enhance institutional capacity.
<b>Amplification</b>	Continued demonstration of bold leadership and accountability is key in amplifying the implementation of the NSP on GBVF. Well-resourced call centres with professionals to attend to the immediate needs of victims of GBVF. Use of technology to report cases and safety gadgets to alert or deter perpetrators.

## 2.1.9 WESTERN CAPE PROVINCE

### PROVINCIAL OVERVIEW

*Table 1: Western Cape Provincial Summit Details*

<b>Date(s) of the Summit</b>	22 October 2022
<b>No. of Delegates</b>	1 000 delegates
<b>Representation</b>	A wide range of stakeholders comprising of government, civil society, labour, private sector, and gender activists, attended the Summit.
<b>Location/Venue</b>	Online and in satellite venues located in Cape Town, George, and Robertson.

*Table 2: Western Cape Province - Key Socio-Demographic Characteristics, 2022<sup>24</sup>*

Demographic Information	Total
Female population per province	3.7 million
Percentage Of females to total population	50.6%
Female-headed households	0.9 million (% nationally – 42.7%)
Female-headed households who reported skipping a meal	49.2%
Unemployment (M-F)	24.9% (M) 25.6% (F)

<sup>24</sup> Gender Series Volume IX: Women Empowerment, 2017–2022 / Statistics South Africa

## GBVF OVERVIEW

According to the F/Y 2022/23 SAPS Quarter 1 Crime Statistics, the following was noted:

- » 6.6 % decrease in overall sexual offences from Quarter 1 F/Y 2021/22 as compared to Quarter 1 F/Y 2022/23.
- » 10.7 % decrease in overall sexual assault from Quarter 1 F/Y 2021/22 as compared to Quarter 1 F/Y 2022/23.
- » 4 % decrease in rape figures from Quarter 1 F/Y 2021/22 as compared to Quarter 1 F/Y 2022/23.
- » 10 (ten) police precincts account for almost 30% of all GBVF cases reported in the province. These precincts are Delft, Mfuleni, Mitchells Plain, Harare, Nyanga, Kraaifontein, Khayelitsha, Gugulethu, Worcester and Kleinvei.
- » Together, these police stations reported 27% of all GBV cases in the province.<sup>25</sup> National Identified GBVF hotspots have been located in Delft, Belville, Nyanga, Gugulethu, and Khayelitsha.
- » GBV peaks over weekends and between 9pm and midnight with most female victims being between the ages of 26 and 35.
- » SAPS reported a stark increase in GBV against children between the ages of 15 to 17, including domestic violence and sexual gratification.
- » In F/Y Quarter 1 2022/23, 116 women were murdered in the Western Cape. This is a 25% increase when compared to F/Y Quarter 1 2021/22.
- » 159 attempted murder cases were reported.
- » 1 997 cases of assault were reported. The skewed impact of COVID-19- related restrictions on reporting patterns was noted.
- » The police presentation further indicated that court postponements lead to victims being unable to pursue justice, and case withdrawal while under investigation. The former is due to structural problems in the justice system, and the latter may be due to victims' vulnerability.

## PROVINCIAL SUMMIT SUMMARY

The table below reflects an overview of key achievements and gaps in the implementation of the NSP on GBVF across pillars.

Pillar	Key Progress	Key Gaps
<b>Pillar 1: Accountability, Coordination and Leadership</b>	<p>The Provincial GBVF implementation plan is in place.</p> <p>Establishment of a provincial inter-ministerial committee to oversee implementation of the provincial GBVF plan.</p> <p>Strengthened coordination and collaboration at inter- and intra- departmental levels.</p> <p>Uniform reporting mechanisms in place for all departments to measure progress across all provincial departments.</p> <p>Multi-sectoral bodies and structures in place.</p> <p>Rapid Response Teams (RRT) established.</p>	<p>Multi-sectoral approach not fully inclusive.</p> <p>Accountability mechanisms not effectively implemented.</p>
<b>Pillar 2: Prevention and Social Cohesion</b>	<p>A "Safe Schools" toll free number for teachers and learners to report abuse, is in place.</p> <p>Comprehensive sexuality education programme developed to address internet and social media users.</p> <p>"Transform to Perform" school strategy developed to reduce anti-social behaviour with.</p> <p>"Eye on The Child" campaign adopted by street committees to protect children from the risks of violence.</p>	<p>Insufficient prevention and support programmes targeting boys and men. NSP on GBVF not understood by stakeholders.</p>

<sup>25</sup> <https://www.news24.com/news24/southafrica/news/almost-30-of-all-gender-based-violence-cases-in-western-cape-linked-to-10-precincts-summit-hears-20221021>



Pillar	Key Progress	Key Gaps
<b>Pillar 3: Protection, Safety and Justice</b>	<p>Monitoring of SAPS registration, and investigation of domestic violence incidents.</p> <p>Court Watching Briefs implemented.</p> <p>Community engagements on domestic violence conducted.</p> <p>Law enforcement agents participate in campaigns aimed at reducing GBVF.</p>	<p>Low conviction rate is a major challenge.</p> <p>A lack of diverse communication systems within the Criminal Justice System undermines the ability of differently abled persons to report GBV-related crimes.</p>
<b>Pillar 4: Response, Care, Support and Healing</b>	<p>Since 2019/20 the Department of Social Development has spent R114 332 000 on Victim Empowerment services and reached 63 483 persons.</p> <p>Thirty specialist GBV social workers were appointed to support GBV survivors.</p> <p>NPO social workers placed in hotspot areas.</p> <p>Six additional GBV shelters have been operationalised and launched with twenty-six shelters in total in the province.</p>	<p>CSOs are not resourced to participate in critical fora.</p> <p>Safety at shelters is compromised during load shedding.</p> <p>Vetting of shelter and social service organisation staff is inadequate.</p>
<b>Pillar 5: Economic Power</b>	<p>Opportunities for women have progressively developed, with interventions in certain sectors such as the mining industry.</p> <p>Increased access to services from the state, such as applications for child maintenance. The 100-Day challenge has been successful in improving efficiencies in processing maintenance claims.</p> <p>NPA and DSD attempt to link existing GBV Initiatives to economic opportunities, such as internships at hotels.</p> <p>IPV survivors have been linked to counselling and support group initiatives.</p> <p>Youth are trained in theatre skills to show the impact of GBVF in communities and linked to the film industry, for potential employment opportunities.</p>	<p>Inadequacies in maintenance courts resulting in economic challenges for women.</p>
<b>Pillar 6: Research and Information Management</b>	<p>Piloting of the Hospital Emergency Centre Triage and Information System (HECTIS) module by the Department of Health presents a new opportunity for the expansion of HECTIS in Emergency Centres (ECs).</p>	<p>No gaps highlighted.</p>

### PROVINCIAL SUMMIT REFLECTION

While the virtual platform led to increased participation, key sectors did not participate, including people with disabilities, rural women and farm workers who are a key constituency in this province. This highlighted challenges in relation to inclusive multi-sectoral engagement.

Capacity building on the NSP on GBVF, needs to be built to enhance the provincial implementation plan. This will

ensure localisation of the NSP and improve accountability, coordination and leadership, weaving these principles across all the six pillars of the NSP on GBVF.

The section below details high-level emerging priorities and recommendations for strengthening provincial accountability and accelerating and amplifying efforts across the six pillars.

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Put monitoring mechanisms in place to ensure the effective functioning of the provincial Inter-Ministerial Committee.</li> <li>• Work with community leaders, religious leaders, and the business sector as strategic role players in the implementation of the NSP on GBVF.</li> <li>• Intensify localisation efforts in collaboration with all relevant stakeholders.</li> <li>• The Western Cape Government GBVF implementation plan must capture a multi-sectoral approach.</li> <li>• Develop a consequence-management system to strengthen leadership accountability.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Popularise the Provincial Implementation Plan aligned to the NSP on GBVF.</li> <li>• Expedite the development of a centralised register where sexual offenders and GBV offenders are all recorded - these should be made readily available to employers.</li> <li>• Implement social-behaviour-change programmes targeting boys and men.</li> <li>• Increase coordination across key support areas, including housing, and support services for survivors.</li> <li>• Stakeholders in the GBVF (public and private sector) space should focus on long-term investment, including activating community leadership to enable social behaviour to change and addressing the structural drivers.</li> <li>• Ensure effective communication for people who have different accessibility needs.</li> <li>• Provide access to a comprehensive range of GBV support services, including counselling, and to justice, through alternative communication channels.</li> <li>• Train all role players on applicable Acts and other necessary skills.</li> <li>• Establish more TCCs, linked to shelters and safe houses.</li> <li>• Employ forensic social workers who can be responsive to the needs emerging from respective cases.</li> <li>• Improve access to therapy and counselling for victims.</li> <li>• Effect 40% preferential public procurement for WOBs, including addressing maintenance defaulting.</li> <li>• Review SAPS procedures for the transfer of dockets.</li> <li>• Provide appropriate training to all GBV service providers.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Implement a whole- of- society approach to address GBVF at local government level.</li> <li>• Develop a Code of Ethics for all people working with GBV victims/survivors.</li> <li>• Establish Post-Rape Mobile units where victims can be assisted by trained professionals in reporting cases.</li> </ul>

## OVERALL REFLECTIONS ON PROVINCIAL SUMMITS' OUTCOMES

*It is evident that GBVF is a critical challenge across all nine provinces. While there are pockets of progress in implementing the NSP on GBVF (see provincial reports above), this progress is uneven both within and across provinces. The efforts, pace of delivery and progress has not been adequate in comparison to the scale of the challenge. What emerges strongly across all provinces is the: (1) gaps in political championing and multi-sectoral coordination, accountability and leadership and at the same time there are important initiatives that demonstrate deepened political commitment to ending GBVF; (2) the need for tailored prevention responses that contextualise GBVF within the wider context of normalisation of violence and marginalisation of specific groups; (3) services, particularly policing is largely inadequate and insensitive; (4) inadequate response, care, support and healing services, are further compromised by restricted civil society funding; (5) acknowledgement of the key role that civil society plays through an envisaged national social compact; (6) it was clear that contextual issues, including COVID-19, socio-economic inequality, and service delivery gaps compound the GBVF scourge; and (7) the lack of prioritisation of collection and building of context-specific integrated research and information systems weakens provincial and local capacity to be optimally responsive to the GBVF crisis. It is worth noting that limited localisation of the NSP on GBVF was a common thread across all provinces. Accelerated delivery implies implementation of provincial summit resolutions together with national summit resolutions, undergirded by the ten NSP on GBVF principles so as to effectively respond to the chronic GBVF crisis. There should be a recognition that the provincial responses to GBVF need to be shaped by continued and deepened understanding of the scourge that is rooted in evidence. Reports on Pillar 6 across provinces showed a lack of investment in research at provincial level. Lastly there should be a deliberate process to rebuild social cohesion and addressing gender equality.*

## 2.2 PILLAR DIALOGUES

Pillar Dialogues focussed on the six pillars of the NSP on GBVF, and provided a focused space that engaged activists, government officials, the private sector and civil society organisations across the country, on delivery under the respective pillars. The END GBVF Collective, a multi-sectoral structure organised around NSP on GBVF delivery, played a facilitative role in shaping the design and implementation of the Pillar Dialogues which took place over September and October 2022.

The dialogues were designed to provide information on the following areas: (i) contributions on the implementation of the NSP on GBVF that was not covered in official reports; (ii) assessment of whether pillars are being implemented or not; (iii) reflections on challenges and obstacles; (iv) to share positive stories of change; (v) to make recommendations on how to strengthen implementation so that the NSP on GBVF can have the intended impact and; (vi) to surface priority areas to be taken into the national summit, for acceleration and amplification. The outcomes of the Pillar Dialogues were fed into Commission Discussions at the Summit.

## 2.3 CHILDREN'S SUMMIT

The NSP on GBVF recognises the vulnerabilities that children face in their daily lives as a result of the ongoing scourge of GBVF in the country. Despite this, children themselves have felt excluded from public spaces in which to engage on issues of GBV and its impact on their lives.

The F/Y 2021/22 statistics reflects 6 989 reported cases of sexual abuse of children across all provinces.<sup>26</sup> Over the same time, the National Child Protection Register reflects 17 488 cases of child abuse and neglect, including emotional abuse, were reported<sup>27</sup> During the COVID-19 pandemic, teenage pregnancy rose to an alarming rate with children as young as 10 years old being pregnant.<sup>28</sup> This is indicative of high levels of statutory rape. At the same time, it was found that the rate of child perpetration was on the rise, signalling that serious and immediate intervention was needed to amplify efforts to protect South Africa's children from becoming victims and becoming perpetrators of GBV.

Against this backdrop, the Children's Summit provided a safe space in which children could articulate the issues of GBV that plague them in their communities. Whilst a number of organisations working with children were involved in shaping the content of the NSP on GBVF, children at the Children's Summit voiced concerns that

children felt excluded from the drafting process, and that the NSP on GBVF did not adequately respond to their lived realities. The Children's Summit was therefore crucial as it offered the children a safe space to deliberate meaningfully on issues of GBV and to better understand the NSP on GBVF.

The NSP on GBVF recognises that children are disproportionately affected by specific forms of GBV such as rape, incest, and child sexual abuse. Furthermore, the killing of children, directly as a consequence of the intimate partner violence (hereafter IPV) against their mothers, has been alarmingly on the rise. Their vulnerability to these different forms of GBV is directly related to the roles that their mothers fulfill within the home, including their financial, emotional, and physical dependencies on their mothers and/or adults. Often women themselves who are victims of domestic violence and other forms of GBV have children that are exposed to these acts. This puts these women in a position of needing to act to protect their children, which often does not prevent children from becoming casualties of the harm perpetrated against their mothers.

The intergenerational impact of exposure to GBV on both girls and boys respectively, was therefore acknowledged. In a similar vein there has been increasing acknowledgement of the need to cater specifically for different age groups of children in places of safety for women. As previously stated, the rising numbers of child perpetrators is alarming and requires urgent intervention. Indeed, this highlights the gendered impact of children's vulnerability to experiences of GBV well into their adult lives. Consequently, the vital importance of a focus on children within prevention programmes has continued to be seen as a priority as per the NSP on GBVF, including ensuring that the necessary support services are put in place to deal with immediate trauma and that can contribute towards long-term healing.

Children discussed the Six Pillars of the NSP on GBVF in smaller groups. Here they assessed the thematic concerns of accountability, acceleration, and amplification. Experiential information coming from the working groups demonstrated the following: (i) children's understanding of the crippling nature of GBVF and the extent to which these experiences impacted on their lives at home and in their communities on a daily basis; (ii) their primary concern on safety and an inability to access such spaces of safety when these acts of violence are perpetrated against them; (iii) children reported being silenced and this was strongly related to their experiences of not having enough safe spaces to report abuse, and their experiences of abuse within spaces such as police stations or by social workers who have often neglected their cases.

<sup>26</sup> See, pg. 2 of the Children's Pre-Summit Report October 2022.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid at pg. 3.

The Recommendations from the Children’s Summit were:

- (i) Amplify resourcing and capacitation of institutions of safety for children and accelerate these efforts;
- (ii) Create ongoing mechanisms and processes to facilitate children’s ongoing meaningful direct consultation and engagement on issues of GBV in the country.

The children expressed an appreciation for being engaged and their inputs taken forward to the Second Presidential Summit.

Given the diversity of experience, location, and areas of focus, finding ways to bring a cohesive, strategic voice into the Summit, was a complex and contested process. At the same time, civil society actors comprised of various stakeholders who have extensive experience and understanding of various elements of GBV, based on the lived realities of women, LGBTQIA+ persons and children in communities across South Africa. Against this backdrop, and despite the complexities, civil society structures worked tirelessly to prepare themselves for the summit over a short window of time.

## 2.4 CIVIL SOCIETY DISCUSSIONS

There was no consensus across civil society on the need to have another Presidential Summit. These contestations were observed across sections of the civil society sector. Some sectors questioned the expenditure for such an event, while other raised concerns about the fact that South Africans are becoming inundated with various platforms of accountability that produce little to no results.<sup>29</sup> While a number of civil society organisations, movements and individual activists expressed concern that another summit would not lead to moving the needle forward, civil society ultimately agreed to participate, co-shape, and co-own the process. In so doing, civil society set out to organise itself by conducting parallel processes to those leading up to the national summit by engaging in a series of webinars that acted as educational and vocational platforms. Furthermore, sections of civil society organised a virtual civil society pre-summit to workshop some of the most pertinent issues that would be discussed at the Summit.

*The respective processes captured above all contributed towards making the Summit more inclusive and grounded in the realities across the country. There were varying levels of success across these respective interventions in relation to levels of participation; levels of substantive engagement and the quality of reports received. As a result of time challenges, it was not possible to share written documentation with participants prior to the Summit itself. Soft copies of these documents were made available at the Summit, and information arising from Pillar Dialogues and Provincial Reports were shared in the Commission discussions at the Summit. These processes served to build important momentum to push for effective implementation of the NSP on GBVF and meaningful multi-sectoral responses to the GBVF crisis.*



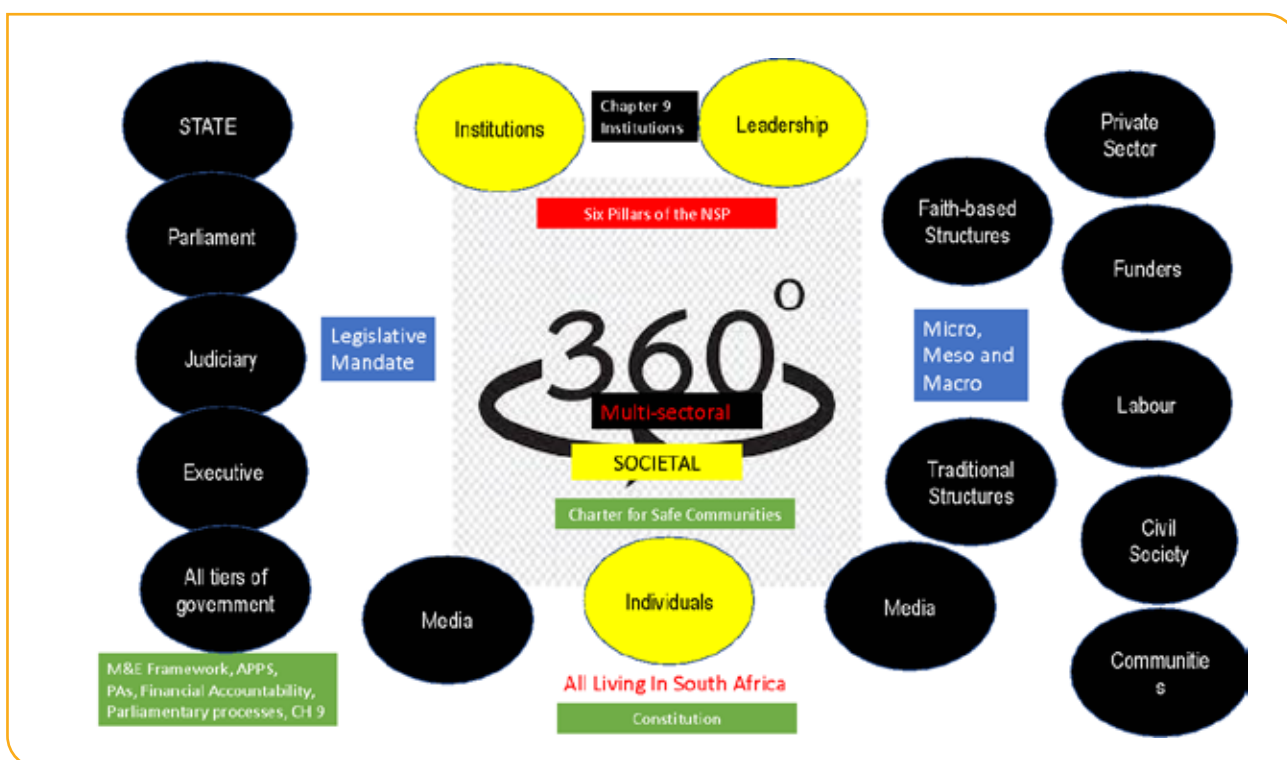
<sup>29</sup> See, Sibongile Ndashe (2022) 'Why civil society has agreed to attend another presidential summit on gender-based violence' at <https://mg.co.za/thoughtleader/opinion/2022-09-29-why-civil-society-has-agreed-to-attend-another-presidential-summit-on-gender-based-violence/>



# ACCOUNTABILITY ON THE IMPLEMENTATION OF THE NATIONAL STRATEGIC PLAN ON GENDER-BASED VIOLENCE AND FEMICIDE

Strengthened accountability for the implementation of the NSP on GBVF formed the foundation of the Summit. Given the levels of GBVF permeating South African society, it is critical to hold individuals, institutions and leadership in the state and society accountable overall for: (i) creating a new society that is safe, respects human rights and dignity of all, particularly those vulnerable to GBVF; (ii) being responsive to the myriad of challenges that survivors face at a personal, systemic and wider societal level to facilitate their recovery and healing and; (iii) holding individual perpetrators accountable, as well as the system for protecting society at large, and survivors and their families, in particular, from acts of GBVF, as well as recidivism.

Embedded in the NSP on GBVF are various levels of accountability. The figure below reflects a 360-degree approach to accountability which highlights state accountability alongside overall societal responsibility.



Accountability for NSP on GBVF implementation was integrated into the Summit through: (i) providing a report that consolidates all reports shared with the President from 1 May 2020 to 30 September 2022; (ii) plenary sessions to facilitate open and frank discussions on accountability with Ministers, government officials and representatives of different civil society sectors; (iii) a Presidential Address accounting for overall government delivery and; (iv) commissions focused on accountability for delivery under each NSP on GBVF Pillar.

## 3.1 POLITICAL ACCOUNTABILITY

The panels on political accountability adopted a talk show panel format that was facilitated by respected senior journalists. The speaker of Parliament, Acting Director General, Ministers, and Deputy Minister from different government departments that are critical to the GBVF response were invited to discuss specific questions, reflecting on their Ministerial portfolios and their respective roles in the GBVF response .



### 3.1.1 POLITICAL ACCOUNTABILITY

Firstly, **Ms. Maite Nkoane-Mashabane, the Minister of Women, Youth and Persons with Disabilities** was requested to reflect on the questions outlined below:

- » What were the three (3) key achievements of the department in line with its role and mandate?
- » Why has the National Council on GBVF (NCGBVF) not been established over the first 2.5 years of NSP on GBVF implementation, given its key role in driving implementation?
- » What are the stumbling blocks to gaining traction on the NSP on GBVF at national, provincial, and local levels?
- » Please provide an update on the BMW cars?

In her presentation she addressed the delay in the establishment of the NCGBVF and informed the summit that the NCGBVF Bill has gone through Cabinet, the National Economic and Development and Labour Council (NEDLAC) and Parliament. She acknowledged the inordinate delays in the establishment of the NCGBVF but emphasised the importance of and the possibility of ring-fenced funding to 'Fund the Fight' once the NCGBVF is established.

She reflected on the State's response to COVID-19 and how this inherently created a more difficult challenge for women and girls to escape GBV. The lockdown-imposed conditions in the country in which GBVF continued, unreported, and unchecked. In addition, services and networks that responded to survivors/victims of GBV, were curtailed. Women who depend on the informal sector for their livelihood were left in dire situations as their means of income were cut off. Against the backdrop of the economy contracting, and unemployment increasing, women and girls' vulnerability was heightened. However, she indicated that social relief interventions were put in place in partnership with civil society. She considered the development of the NSP on GBVF as an important positive step since the first Presidential Summit on GBVF in 2018.

Furthermore, the NSP on GBVF is being taken to the local level through the Department of Cooperative Governance and Traditional Affairs (COGTA).

Finally, she indicated that, the five (5) BMW cars donated by BMW SA were handed over to organisations working on women's issues and GBVF across the country.

**Mr Bheki Cele, the Minister of Police** was requested to reflect on the following questions:

- » What are the three key achievements of the department in line with its role and mandate?
- » Why are there such significant challenges with DNA-related laboratory services and how are these being resolved?
- » What is the consequence-management for police officers who do not provide sensitive and responsive services to survivors, aligned with the Ministerial 6- point plan?
- » How will capacity building and support for police officers dealing with GBVF be strengthened?

The Minister responded, by indicating that many prevention imbizos have been held throughout the country, with a specific focus on men. Concerning the DNA backlogs, he reported that four laboratories based in Pretoria, Cape Town, Amazimtoti and Gqeberha are working hard to eliminate the DNA backlog. It was expected that there will be a zero backlog by January 2023. In addition, one-hundred-and-ninety-four (194) LLB graduates, and forensic graduates would be deployed and based at different police stations in the country. He further indicated that the South African Police (SAPS) is working on strengthening its relationship with Statistics South Africa (Stats SA) on improving the collection and analysis of crime statistics.

Minister Cele also reflected on the trauma and violence police officers experience, and he reported that measures are in place to help affected police officials through an Internal Wellness Programme. This programme is implemented in collaboration with DSD.



**The Minister of Justice and Correctional Services, Mr Ronald Lamola**, responded to the following questions:

- » **Outline three (3) key achievements of the department in line with its role and mandate?**
- » **Based on the service delivery challenges within the multi-sectoral TCC model, what will be done to respond to these?**
- » **How will the newly amended legislation change the experiences of survivors in accessing the court system?**

The Minister highlighted the key achievements of his department, namely the passing of the three legislations, i.e., Domestic Violence Amendment Act, 2021 (Act No 14 of 2021); Criminal and Related Matters Amendment Act, 2021 (Act No 12 of 2021); and Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment Act, 2021 (Act No 13 of 2021).

These Bills, according to the Minister, are some of the outcomes of the first Presidential Summit that was held in 2018 and were passed within two (2) years, which is unprecedented. Furthermore, he highlighted the increase in the conviction rate of sexual assault cases reported at Thuthuzela Care Centres (TCCs). He attributed this to the multi-sectoral collaboration with NGOs. He indicated that the Deputy Minister of Justice and Correctional Services, John Jeffery is working on a Bill to decriminalise sex work and the Bill is expected to be ready for public comments by early 2023.

**Minister Lindiwe Zulu of the Department of Social Developments** was requested to reflect on the questions outlined below:

- » **What are the three (3) key achievements of the department in line with its role and mandate?**
- » **What has been done to provide adequate, standardised national funding for shelters?**
- » **What role do you see yourself playing in facilitating strategic functional partnerships?**

She underscored the critical responsibility the department bore for the well-being of the nation. She recognised the efforts of government officials who are doing their best to support communities at the provincial and local levels, despite gaps and shortcomings. She welcomed the summit as an important opportunity to assess individual mandates, collective responsibility, and accountability, as well as an occasion to harness collective energies to combat the scourge of GBVF. Minister Zulu reiterated the President's call for joint planning and implementation, collaborative partnerships, fostering innovation and scaling up best practices as crucial elements to address the needs of women and children as outlined in the NSP on GBVF.

30 [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C190](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190)

The DSD achievements highlighted include: (i) One-hundred (100) GBVF ambassadors deployed in hotspots; (ii) the establishment of a Bonginkosi Christian Academy in KwaMashu where young people and ambassadors are brought together and; (iii) the deployment of two-hundred-and-fifty (250) social workers focusing on GBVF.

The Minister also pointed to the development of an NPO online funding system and the recent review of the sector funding policy as important for standardisation and accountability. Other milestones identified included the finalisation of the Multisectoral Shelter policy, the Provision of Psychosocial Service policy, and the Child Protection Policy. She expressed appreciation to DSD development partners and private sector partnerships for their financial support towards addressing GBV in the country. The Minister acknowledged the deep pain GBVF causes and reiterated the importance of deepening the struggle to eradicate GBVF.

**Dr. Chana Pilane-Majake, Deputy Minister of Public Service and Administration**, was requested to highlight the department's efforts to eliminate GBVF and harassment in the world of work in line with the below questions:

- » **What are the three (3) key achievements of the department in line with its role and mandate?**
- » **What is the public sector plan to roll out the ILO Convention 190, when it comes into effect on 29 November 2022?**
- » **It is clear from feedback from provinces that public servants do not have the technical skills to integrate work on the NSP on GBVF into their current mandates. What are the plans to scale up GBV training across the public sector and particularly at local and provincial levels?**

In her response she indicated that sexual harassment has been identified as an occupational issue and all forms of harassment (use of physical force, abuse of power, lack of freedom of association, no decent work, lack of collective bargaining, etc.) are barriers to equity in the workplace. The Department is reviewing policies, procedures, and the management of sexual harassment in the public service to provide a safe, healthy, working environment for employees and to ensure that citizens who interface with public workers are treated with dignity and respect.

Sexual harassment as occupational injury is part of the Compensation for Occupational Injuries and Diseases Act (COIDA), and the Labour Relations Act (LRA) and Employment Equity (EE) Act cover harassment in the workplace. Work is underway to align the Department of Labour's Code of Good Practice of Elimination of Harassment in the Workplace with International Labour Organization (ILO) Convention No. 190<sup>30</sup> (Convention No 190).



The DPSA assists employees in the public sector and collaborates with the private sector and unions to address GBVF issues. The DPSA has also established that the reasons for poor outcomes in the implementation of the NSP on GBVF across the government include: (i) difficulties in seamlessly integrating the NSP on GBVF into departments and; (ii) the lack of clarity about the DPSA's monitoring role as it has only developed the curriculum for the national school of governance to capacitate public servants on anti-discrimination.

**Speaker of Parliament of the Republic of South Africa, Ms. Nosiviwe Mapisa-Nqakula** was asked to respond to the following question:

- i) What role has Parliament been playing in addressing GBVF?

In her response she emphasised: (i) Parliament's oversight role in holding the Executives accountable for the implementation of the NSP on GBVF; (ii) Parliament's role in processing the various pieces of GBVF-related legislation in an attempt to curtail GBVF; (iii) the establishment and review of the Women's Charter which was completed in 2021; (iv) the convening of a Men's and a Children's Parliaments and; (v) she undertook that Parliament will ensure the engagement with the Executives on the Summit resolutions and their implementation.

She also brought attention to the women in correctional services, centres sentenced to hefty sentences as a result of retaliating after being victims of GBV and intimate partner violence.

**Mr Ishmail Momoniat, Acting Director-General of the National Treasury** was tasked with responding to the following questions:

- » Three (3) key achievements of the department in line with its role and mandate
- » How much has been spent on the NSP on GBVF?
- » Is the NSP on GBVF fully integrated into the budgets of respective departments, provinces and local government and have the funds been ring-fenced for GBVF?

The Acting Director-General acknowledged that GBVF was one of the biggest problems facing South Africa, along with the need for bigger budgets to combat GBVF. The State's capacity was a challenge before state capture, but this has been eroded even further since state capture. Consequently, if a programme has not been budgeted for, Government is not able to deliver on the commitments made to the citizens of South Africa.

The Treasury was not in a position to indicate if funds earmarked for GBVF had been returned as unspent

budgets, because the complexities of the system make it difficult for the Treasury to have figures on the GBVF spent across government. There was an acknowledgement that more needs to be done to improve transparency and accountability on this issue.

In relation to gender-responsive programmes and budgeting, the following challenges were flagged: (i) the lack of clear definition and understanding of gender- and GBVF-responsive programming and funding and; (ii) the lack of coherent systems to facilitate departments' categorisation of funding requests when they submit budgets to the Treasury. He confirmed that a total of R13 billion has been allocated to various departments for GBVF programmes. Expenditure depends on a department's capacity for programme implementation. The Treasury welcomed any suggestions to improve reporting on the programme, including unspent funds.

### 3.1.2 SOCIETAL ACCOUNTABILITY

Representatives from civil society, the faith sector, the business sector, the Commission for Gender Equality and UNWOMEN provided a wider societal perspective on accountability for the GBVF response.

**Ms.. Ohara Ngoma-Diseko, Commissioner at the Commission for Gender Equality (CGE)** responded to the following questions:

- » How has the CGE played its role in providing oversight of NSP on GBVF implementation?
- » How do you plan to improve the stability of the organisation?
- » Give a sense of complaints lodged with the CGE

CGE refuted claims of instability at the Commission, arguing that the Commission is strong and well organised and focused on its mandate, though in need of resourcing. The CGE pledged to rebuild the organisation; ensure that a proper expenditure plan is in place to prevent any internal instability, provide more training and committed to acting on submissions received.

A critical area of work for the Commission has been conducting oversight visits to all police stations in the identified GBVF hotspot areas. Once reports are submitted, the Commission intends to engage with the police and conduct ongoing monitoring. The floor expressed dissatisfaction at the lack of preparation for the presentation at the Summit, which underplayed the critical oversight role played by the CGE. CGE was urged to develop a united, cohesive position on the decriminalisation of sex work and the protection of sex workers in South Africa as a critical element in the fight against GBVF.

**Civil society representative Ms. Nondumiso Nsibande** was asked to reflect on the following questions:

- » What contributions has civil society made to the implementation of the NSP on GBVF Pillars?
- » What had been put in place to hold each other accountable for services provided to survivors?
- » How is community accountability been mobilised?

Ms. Nsibande emphasised the role civil society has played in holding the state accountable, and committed that it will continue to do so, unabated. She highlighted the role that civil society has played through different social movements including #TheTotalShutdown Movement, which resulted in the first Presidential Summit in 2018, in mobilising for prioritisation of GBVF and moving the dial on the issue. She also applauded the pivotal role played by civil society in the provision of services, often with meagre financial resources, given the immense need at the community level.

**Ms.. Nomgqibelo Mdlalose - End GBVF Collective** gave an overview of the work of the END GBVF collective which is an informal and voluntary platform open to all stakeholders involved in the GBVF response in South Africa. It has adopted a self-management approach to remain nimble and result-driven. Regular meetings are held for prioritisation, co-creation, and coordination, all guided by a broad common framework.

With a database of 680 partners and despite funding challenges, the Collective has worked collaboratively through harnessing existing strengths and resources within the movement to achieve results. The Collective is anchored in the DWYPD and supported by different development partners.<sup>31</sup> It has achieved numerous milestones. Chief amongst them are: (i) the development of collaborative interventions centred on the NSP on GBVF Pillars; (ii) an online reporting platform to encourage transparency so people can see how the network works and; (iii) a strong social media presence. A 100-day Challenge was piloted in eight districts to catalyse quick, high-impact, innovative and participatory activities. A total of 2 132 beneficiaries have been directly impacted by the various interventions and there was an 82% improvement in resolving backlogs in the pilot areas. Due to the success of the pilot 100-day challenge, the Collective is working on a plan to expand to forty-five teams in 2023 (from seven in 2022) and to have 100 teams by the end of 2024 to grow the programme exponentially. Delegates were encouraged to participate in the work of the Collective, given its successes as a multi-sectoral platform.

**Ms. Jahni De Villiers from Business Unity South Africa (BUSA)** was asked to respond to the following questions:

- » What are the three (3) key achievements of the private sector in addressing GBV?
- » What contributions has the private sector made towards the implementation of the NSP on GBVF pillars?
- » How is the private sector holding its leadership accountable?
- » What percentage of CSI is going to GBV?

Ms. Jahni De Villiers was frank about perceptions that the private sector was missing in the fight against GBVF. Despite the lack of visibility in GBVF interventions, activists within businesses are working towards a zero-tolerance approach to harassment and GBVF in workplaces. Although the business community has resources and is keen to work with government and civil society, there are challenges with the lack of coordination and a sense of exclusion, or that 'doors are locked' (like in NEDLAC for example), rather than a lack of interest or commitment in tackling GBVF.

The most critical challenge for the business community is a lack of trust in the structures that have been set up for the distribution of funds for GBVF. Positive developments include pockets of excellence that are emerging. An example is the work on GBVF that the Consumer Council is undertaking in partnership with the South African National Taxi Council (SANTACO). Going forward, the business community intends to pool resources and work with government and civil society to address issues of GBVF.

**Ms. Daniela Gennrich** from the Faith sector was asked to reflect on the following questions:

- » What contributions has the faith sector made towards the implementation of the NSP on GBVF?
- » How is it holding its leadership accountable?

Ms. Gennrich explained that the Faith Action to End GBV Collective was established in 2020 as a response to criticism that the faith sector was contributing to GBVF. This group has grown from 50 to 600 people and is a partner of the End GBVF Collective.

The Collective recognises the damaging role played by the faith sector because of its socialisation of individuals from birth to death. Since religious beliefs, practices and institutions are powerful and pervasive agents of socialisation, the faith sector can also play a significant role

<sup>31</sup> UNWOMEN, Global Affairs Canada and Ford Foundation have all played a role



in combatting GBVF. Work has been done to listen to the experiences of survivors and this has led the Collective to intentionally locate itself alongside survivors and LGBTQIA+ communities in particular. Significant milestones include the development of a theory of change and a faith leaders' gender transformation programme to support faith leaders to become change leaders and to shift harmful social norms that lead to GBVF.

**Aleta Miller, UNWomen Representative in South Africa** was asked to respond to the following question:

- i) What are the shared lessons and approaches to improving accountability for a national GBV response, based on global experience?

**Ms. Miller** conveyed UNWomen's commitment to support South Africa's efforts to end GBVF. This support includes the commitments South Africa made at the Generation Equality Forum. The Generation Equality Forum's commitments align with the NSP on GBVF and many of the commitments relate to ending GBVF. UNWomen supports national structures and in the case of South Africa, this was through the secondment of staff to the DWYPD to work on the NSP on GBVF itself and to support monitoring. Drawing on global experience, UNWomen contributes critical elements to successfully implement the NSP on GBVF through advocating for a common plan, support for a coordinating structure and encouraging all partners to pull in the same direction.

#### Key Concerns from Plenary Discussions by the Summit Delegates<sup>32</sup>

Following each of the accountability panel discussions, summit delegates were given an opportunity to raise their concerns, comments, questions, and clarity from any of the panelists in relation to the presentations made. The key issues raised by the participants are grouped along the following thematic areas:

- 1) Delays in the passing of pieces of legislation relating to GBVF. They include the amendment to the Firearms Control Act, Victims Support Services Bill, Decriminalisation of Sex Work Bill, the Liquor Amendment Bill, the Prevention and Combatting of Hate Crimes and Hate Speech and the NCGBFV Bill.
- 2) Lack of accountability by government departments on the status of funding for shelters and the lack of transparency regarding steps taken to hold police officers accused of committing sexual offences accountable for their actions.
- 3) Inadequate programmes for vulnerable groups, in particular, persons with disabilities, children, and LGBTQIA+ persons. More emphasis was placed on the absence of adequate programmes for the above groups.
- 4) Lack of funding to implement the NSP on GBVF from a civil society perspective.
- 5) Poor coordination between the government and the other stakeholders' compromised efforts for a consolidated and coherent response to GBVF.

*The Accountability Panels provided an important mechanism through which South Africans could engage with political principals and leadership from different sectors, on critical areas of concern and priority. Some of the issues of concern found traction in the Summit Resolutions, and some were taken up by relevant government departments. However, some of the concerns hinged on important gaps and challenges in the national response to GBVF. The discussions also highlighted the need for such forums at national, provincial, and local levels, given the levels of engagement in plenary.*

### 3.2 PRESIDENTIAL ACCOUNTABILITY

In his opening address, the President: (i) acknowledged and appreciated the deep levels of frustration and anger by respective participants calling for a strengthened response to GBVF in the country; (ii) centred state accountability; (iii) emphasised the centrality of all stakeholders working together to align and amplify efforts and; (iv) recognised that GBVF is a significant crisis, a first pandemic that continues to have a devastating impact on the lives of women and children in South Africa.

He further pointed out that despite interventions such as the Emergency Response Action Plan (ERAP) in 2019, the Joint Sitting of both Houses of Parliament to deliberate on GBVF in 2019, and the development of the civil society-driven NSP on GBVF, the rates of sexual offences, including rape, have continued to increase, with a 52% increase in the murder of women and 46% increase in the murder of children in the first quarter of the 2022/23 financial year.

He noted the brutality, gruesomeness and horror of young and old persons being gang raped, mutilated, and murdered. The President elaborated that these acts are indicative of a society at war with itself and with its women and children. He emphasised that the levels of GBVF are an indictment on the men of South Africa and that men must be held accountable and take responsibility to stop this scourge.

Furthermore, he emphasised the importance of holding political leadership accountable and being answerable to commitments made, for actions and inactions. He called on the Summit to clearly articulate what is working, what is not working, what shortcomings there are and what actions need to be taken to make a difference.

<sup>32</sup> Find comprehensive list of questions tables attached

Whilst he noted the following actions and achievements, he recognised that more needed to be done to **urgently** address the scourge:

**In addressing accountability**, the President indicated that the Inter-Ministerial Committee (IMC) on GBVF coordinates implementation, and monthly reports have been submitted to his office, providing progress updates on the implementation of the NSP on GBVF. There was an acknowledgement of the delays in the establishment of the NCGBFV, but it was highlighted that plans are in place to fast-track this process. The President commended the degree to which all social partners have worked together, in developing the NSP on GBVF, in organising the Summit itself and in working collaboratively to implement it, for example through structures such as the End GBVF Collective.

**In terms of funding**, it was reported that: (i) the R1.6 billion was reprioritised in 2019 from respective budgets in *government* to implement the ERAP; (ii) the Gender Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing framework is a key tool through which to facilitate government funding; (iii) a significant proportion of the R21 Billion government allocation over three years to implement the NSP on GBVF is mainly for pillar five on economic power; (iv) a GBVF Response Fund driven by the private sector was established in February 2021, and has to date received a commitment of R 162 million and funded 11 grant partners and; (v) the enactment of the NCGBFV Bill will ensure that GBVF is funded by the National Treasury. There was a recognition that the current pool of resources, particularly for civil society programmes and interventions at the coalface need to be strengthened and a call was made to the private sector, in particular, to strengthen its support, as it did with the Solidarity Fund.

**In enhancing the legislative environment**, three (3) key pieces of legislation were signed into place, namely (i) the Criminal Law (Sexual Offences and Related Matters) Amendment Act, (ii) the Criminal and Related Matters Amendment Act and, (iii) the Domestic Violence Amendment Act. These new laws afford greater protection to victims/survivors of GBV and ensure that perpetrators are no longer able to use legislative loopholes to evade prosecution. Other notable progress areas included the Prevention and Combatting of Hate Crimes and Hate Speech Bill that is currently before Parliament; the Victim Support Services Bill approved by Cabinet and published for public comment and in 2020, the Cybercrimes Act, which affords protection against sex crimes like so-called revenge porn, threats of sexual violence, blackmail and other acts that disproportionately affect women, especially young girls, were assented. To advance implementation of the legislation there has been a deliberate focus on the accessibility and functioning with eighty three courts upgraded into Sexual Offences Courts, since the previous Summit.

**In relation to Response, Care and Support Services:** (i) the network of TCCs across the country has been expanded and the model has improved conviction rates for sexual offences; (ii) of the 52 districts across the country, 45 have at least one GBV shelter and 85% of these are government-funded; (iii) the DSD has established a National Emergency Response Team (NERT) to offer trauma debriefing in emergency situations and; (iv) the GBV Command Centre has been capacitated with a new facility that is able to accommodate more staff members.

The President acknowledged that significantly more work and emphasis is required on prevention and rebuilding social cohesion. In this regard, a National Comprehensive Prevention Strategy (NCPS) and an Integrated Femicide Prevention Strategy (IFPS) were developed to drive the national prevention agenda.

On the economic power pillar, the President noted that significant work still needs to be done. The following progress was reported: (i) the ILO Convention No. 190 aimed at eliminating violence and harassment in the workplace was ratified on 29 November 2021 and is in force with efforts driven by the labour movement and other stakeholders; (ii) since the policy directive on 40% of preferential public procurement to women-owned businesses, there has been continued training and other interventions, to support women to take up opportunities and; (iii) the establishment of the Women's Economic Assembly (WECONA) has seen industry associations and companies committing to industry-wide gender transformation targets.

The President called for accelerated efforts towards: (i) ensuring that all districts have a shelter; (ii) that GBV victims get the justice that they deserve; (iii) that prevention efforts are amplified through the rollout of, and resourcing of effective behaviour-change programmes, including; (iv) interventions with men and boys in educational institutions, workplaces, government departments and municipalities that redefine masculinities based on values of respect and accountability.

In conclusion, the President appreciated the role of the provincial Premiers in convening Summits in all the provinces as a lead-up to the national summit. He called on all South Africans to contribute towards reweaving the South African fabric towards building a nurturing, caring and respectful society where the human rights of all are respected, in which GBVF will not be tolerated.

Whilst acknowledging that GBV has been put squarely on the national agenda; institutional buy-in has been built and resources have been allocated, he recognised that South Africa has an exceptionally long road ahead. He ended by once again foregrounding that taking a *whole-of-society* approach is fundamental to ending GBVF. He called on all sectors to continue to work together so that the women and children of this country may live in safety, in peace and in happiness.

## PROVINCIAL ACCOUNTABILITY

The Provincial Accountability Forum set out to provide a platform for accountability at a provincial level. This forum was chaired and championed by the Premier or a delegated Member of the Executive Council (MEC). The engagement was held on the second day of the Summit, instead of the first day as initially envisaged, which unfortunately meant that some of the delegates could not attend due to other commitments. However, all nine provinces were represented by the Offices of the Premier, except for Gauteng, which was represented by a member of civil society. The Free State, Limpopo and the North West were represented by their respective provincial DSD officials.

Most of the respondents were officials instead of Provincial Premiers as it was envisaged during the planning. As a result, the discussion initially conceptualised as a space to engage in strengthening provincial and local accountability for the delivery of the NSP on GBVF, shifted to being a platform for sharing best practices and wider knowledge-sharing. The presentations from the provincial representatives put emphasis on Provincial Summit outcomes; the status of the localisation of the NSP on GBVF; highlights and achievements to date and key challenges and areas to strengthen accountability and accelerate and amplify efforts.

The information presented was not new, as it was based on what transpired during the provincial summits. The only notable achievement not covered in the provincial reports was the Northern Cape's establishment of a Department for Women, Youth and Persons with Disabilities. Given the potential of the work of such a structure, it provides a useful example for other provinces to follow but with the requisite technical and financial resources for each constituency.

### 3.3 ACCOUNTABILITY FOR PILLAR DELIVERY

As part of the Presidential GBVF Summit II, there were break-away commissions that focused on the six pillars of the NSP on GBVF, namely Pillar 1: Accountability, Coordination and Leadership; Pillar 2: Prevention and Social Cohesion; Pillar 3: Justice, Safety and Protection; Pillar 4: Response, Care, Support and Healing; Pillar 5: Economic Power and; Pillar 6: Research and Information Management. The discussion process was based on the achievements highlighted in the reflective report on the implementation of the NSP on GBVF. Participants in the commissions discussed; (i) achievements; (ii) gaps and challenges and; (iii) recommendations, including areas for acceleration and amplification and ways to strengthen accountability. The achievements emerging from these discussions are captured in other parts of the report and the full record of the achievements are in the base document titled the Reflective Report on the Implementation of the NSP on GBVF.

## PILLAR 1: ACCOUNTABILITY, COORDINATION AND LEADERSHIP

This Pillar is tasked with ensuring accountability at the highest political levels and across all spheres of society through individual and collective leadership by establishing an institutional architecture that would ensure a well-co-ordinated multi-sectoral response to GBVF. The key priorities for this Pillar include: (i) setting up an NCGBVF, which serves as the custodian of the NSP on GBVF; (ii) institutionalisation of the NSP on GBVF by establishing multi-sectoral structures at the national, provincial, and local levels and; (iii) integrating the NSP on GBVF across government, civil society, and private sector programmes.

A one-year review of the implementation of the NSP on GBVF showed that whilst progress has been made in setting up mechanisms and structures to ensure effective coordination and bold political leadership, significant weaknesses were noted in embedding the NSP on GBVF within government operations. The Commission for Gender Equality, in its assessment of government interventions in combatting GBVF, stressed the importance of establishing the NCGBVF to drive coordination and oversee the implementation of the NSP on GBVF.<sup>33</sup>

This Pillar remains a key priority, given that institutionalisation is an iterative process of building, reinforcing, and bolstering an architecture that is responsive to the GBVF pandemic. It is evident that bold leadership and high-level political commitment is essential if we are going to effectively address the scourge of GBVF.

### Gaps and challenges

- » Delegates noted that whilst a progress reporting framework exists, reporting compliance is inconsistent across departments and provinces;
- » A lack of transparency on the work of the IMC on GBVF was of great concern. Access to information and reports would facilitate strengthened accountability and assessment of the effectiveness of this structure;
- » There was acknowledgement that whilst the GBVF Response Fund 1 has displayed a level of functionality, it is not the kind of fund stipulated in the NSP on GBVF;
- » There is no formalised national multi-sectoral coordinating structure;
- » Whilst there is an appreciation for the existence and good work of the END GBVF Collective, delegates recognised that it is a voluntary structure that does not replace the NCGBVF;
- » Currently there is little evidence indicating the existence and functioning of multi-sectoral structures across provinces, districts, and local municipalities. Furthermore, the limited presence of the South African

33 See Commission for Gender Equality (2021) One Step Forward, One Step Backwards – Assessing Current Government Responses and Interventions in Combatting Gender-Based Violence and Femicide retrieved from <https://cge.org.za/wp-content/uploads/2021/07/One-Step-Forward-One-Step-Backwards-2021.pdf>

- Local Government Association (SALGA) and Cooperative Governance and Traditional Affairs (COGTA) in these processes means GBVF work is not integrated at the local levels where implementation happens;
- » There is a lack of a common shared vision between actors;
- » There is a lack of resources to implement the NSP on GBVF;
- » There is a lack of consequence-management mechanisms for state actors’ failure to deliver on commitments in the NSP on GBVF;
- » There is limited Private Sector participation; and
- » No institutional body established to vet perpetrators seeking employment in government institutions.

## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• <b>Development of consequence-management systems:</b> A consequence-management mechanism must be established to hold state actors accountable for non-performance. It is recommended that existing Chapter 9 mechanisms be reviewed for their effectiveness in relation to holding state actors to account.</li> <li>• <b>Local authorities must equally drive leadership initiatives:</b> The GBVF could be effectively addressed by local leadership. Local leaders need to be supported and held accountable for driving initiatives to address GBVF; this includes Mayors, traditional leaders, and civil society partners.</li> <li>• Ensure transparency and accountability in the work of the IMC on GBVF.</li> <li>• Strengthen accountability on GBVF budgeting and expenditure.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• <b>The establishment of the NCGBVF:</b> The establishment of the NCGBVF is key in coordinating stakeholders and driving the implementation of the NSP on GBVF. The End GBVF Collective has proven effective in the coordination of stakeholders - it must not be seen as a replacement for the NCGBVF, but as a mechanism that the NCGBVF could use for multi-sectoral coordination and implementation.</li> <li>• <b>Strengthen multi-sectoral coordination:</b> Whilst progress has been made in the establishment of multi-sectoral coordinating structures at various levels, it is yet to be seen whether these are functional and fully aligned to the NSP on GBVF objectives. These structures must be strengthened.</li> <li>• <b>The END GBVF Collective:</b> must be formally recognised and considered for integration into the NCGBVF once established. The structure has proven to be a successful multi-sectoral coordinating mechanism.</li> <li>• <b>Costing of the NSP on GBVF:</b> This process needs to be accelerated to ensure that the NSP on GBVF is adequately resourced by the government, supporting development partners and the private sector.</li> <li>• <b>Establish and capacitate Rapid Response Teams (RRT):</b> These structures are critical in rapidly responding to incidences of GBVF. Whilst several RRTs have been established in various localities, there is limited evidence of their functionality. There is a need to accelerate their establishment and ensure their effective functioning.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Amplify <b>monitoring of the NSP on GBVF:</b> The DWYPD and DPME must continue to monitor progress made in integrating the NSP on GBVF within the work of government and non-state actors.</li> <li>• <b>Coordinated reporting needs to be strengthened:</b> Coordination and institutionalisation of the NSP on GBVF must be strengthened at all government levels, and further clarity must be provided on roles and responsibilities. It is imperative that NSP on GBVF interventions are integrated into APPs and are adequately budgeted for.</li> <li>• <b>Ensure adequate skilling of actors in the GBVF space:</b> There is currently a skills and capacity shortage across government, private sector, and civil society actors; this needs to be strengthened to ensure that actors can provide quality services and continue to be impactful.</li> <li>• <b>Establish new ways of resourcing collaborative interventions:</b> Whilst there is recognition that there are pots of funding for GBVF, these are limited. There is, therefore, a need to review these funding mechanisms and find alternative ways of funding the NSP on GBVF. Ultimately it is the responsibility of the government to ensure the funding of the plan.</li> </ul>



## PILLAR 2: PREVENTION AND REBUILDING SOCIAL COHESION

The report from this Pillar Commission focused on the findings of the Reflective Report on the implementation of the NSP on GBVF. The commission raised concerns with the fact that out of the 53 indicators being monitored with regards to the implementation of the NSP on GBVF, only four were achieved; 23 were in progress and the remaining 26 were not achieved. However, it was noted that the current outcomes only reflect the current reporting period of 2.5 years of a ten-year plan.

## GAPS AND CHALLENGES

- » A key challenge in the delivery on this pillar was identified by summit delegates as a lack of conceptual clarity amongst all stakeholders driving prevention strategies. This was linked to the lack of a shared definition of GBVF and its varied forms and manifestations within the sectors and departments responsible for programming.
- » Further gaps include the poor localisation and integration of prevention strategies at provincial and local government and the work of civil society groups, together with poor alignment and compliance regarding monitoring and reporting.
- » There is a lack of overall guidance and organisation around the prevention strategies and response pillar and;
- » Inadequate resourcing for increased access to under-served or marginalised population groups.

## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Establish a monitoring and evaluation system that is used at provincial, district, and local government levels.</li> <li>• Increase multi-stakeholder accountability by ensuring conceptual clarity on the definition of GBVF and thus.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Awareness of the various prevention strategies and the importance of Prevention.</li> <li>• Conduct a nationwide public education campaign on the NSP on GBVF to inform the general public and the GBVF sector on how to align their interventions to the key targets of the NSP on GBVF.</li> <li>• Accelerate behaviour and social norms change.</li> <li>• Focus on primary prevention rather than secondary interventions.</li> <li>• Use the District Development Model to accelerate the rollout of the NSP on GBVF at district and local government levels.</li> <li>• Accelerate and make efficient the information flow from national to provincial and local levels and vice versa.</li> <li>• Institutionalise the use of gender analysis and application in all programmes and interventions.</li> <li>• Upscale the whole-of-schools approach to reach youth with the messaging on positive norms that uphold the dignity and respect of women and girls and people with different sexual and gender identities.</li> <li>• Develop mechanisms that facilitate intersectoral collaboration to expedite the work of the NSP on GBVF.</li> <li>• Clarify the roles and responsibilities for all stakeholders to ensure synergy and alignment with the overall goals of the NSP on GBVF.</li> <li>• Facilitate funding to civil society to ensure that marginalised groups have increased access to all programmes and strategies in the NSP on GBVF.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Establish mechanisms to collect and manage disaggregated data including the Sexual Orientation and Gender Identity (SOGI) data.</li> <li>• The mapping and dissemination of interventions that have worked for replication in all parts of the country.</li> <li>• Work has to be done with men and boys to address unhealthy masculinities and work towards embracing positive alternative approaches to expressing masculinities.</li> <li>• Strengthen programming that addresses the restoration of human dignity, builds caring communities, and responds to historic and collective trauma.</li> <li>• Work to make public spaces safe and violence-free for women, girls, and gender non-conforming persons.</li> </ul>



**PILLAR 3 - JUSTICE, SAFETY AND PROTECTION**

As articulated by Article 5 of the Presidential Summit against GBVF of 2018 Declaration, Pillar 3 is tasked with reviewing the existing laws on GBVF to ensure that they are victim-centric and responsive. Article 13 of the Declaration also calls upon criminal justice system actors to refrain from exposing survivors to secondary victimisation and more traumatic experiences at service points.

**GAPS AND CHALLENGES**

Summit delegates placed great emphasis on a myriad of challenges and gaps in justice, safety, and protection, which included:

- » The lack of mainstreaming of the NSP on GBVF coupled with the lack of specificity in the indicators;
- » The lack of baseline data and disaggregated data coupled with the absence of intersectional analysis;
- » The lack of collaboration between, and within, the pillars;
- » The patent disjuncture between national and provincial work of the pillar and;
- » Insufficient interface between government, civil society, and the private sector.

**RECOMMENDATIONS**

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Development of minimum norms and standards for post-rape care in the Monitoring and Evaluation Framework.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Implementation of the Femicide Watch.</li> <li>• Compensation, restitution, and Emergency Fund to survivors of GBVF investigation of appropriate model and mechanism.</li> <li>• Servicing and upkeep of court recorders, CCTV, and air- conditioning in all the courts around the country.</li> <li>• Centre the varied and diverse needs of survivors in the response, including the LGBTQIA+ community, children, and those with disability.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Increased use of technology to strengthen access to justice for survivors.</li> <li>• Build onto strong intersectoral relationships that have been established in the roll out of Pillar 3, that has yielded success in the achievement of NSP on GBVF targets.</li> </ul>

**PILLAR 4: RESPONSE, CARE, SUPPORT AND HEALING**

This pillar endeavours to ensure that every survivor of GBV has access to appropriate and sensitive response, care and support that facilitate immediate containment, medium- to long-term healing, and the agency towards reclaiming their bodies, mental and physical health, well-being, and lives.

**GAPS AND CHALLENGES**

Summit delegates placed great emphasis on a myriad of challenges and gaps in response, care, support, and healing which included:

- » The lack of sensitivity to survivors needs;
- » The inadequate training of justice workers in SAPS and the judiciary, health care workers, and social justice activists;
- » Poor access to care across geographical regions, especially for marginalised groups such as LGBTQIA+ persons, persons with disabilities, rural women, and sex workers and;
- » Unequal support for civil society organisations who struggle to provide critical services due to a lack of resourcing, despite the establishment of the GBVF Response Fund 1, with its emphasis on funding NSP-related programming.

## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• National and Provincial DSD must strengthen coordination among community leaders, non-profit and government service providers, and report against Annual Performance Plans.</li> <li>• The Minister of Health should serve on the Inter-Ministerial Committee on GBVF to ensure the expansion and investment in TCCs, mental health services, and respectful maternity care, and to find remedies for survivors of obstetric violence, including forced sterilization.</li> <li>• The Inter-Ministerial Committee to apply an intersectional approach to addressing GBVF, Reproductive Health Rights and Mental Health.</li> <li>• Processing of DNA samples must be expedited.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Expanding resource allocation to vulnerable groups.</li> <li>• Expanding services in GBVF hotspots around the country.</li> <li>• Adequately fund shelters and hire social workers.</li> <li>• Strengthened existing referral systems for survivors.</li> <li>• Adequate resourcing of staff at all TCCs.</li> <li>• Sensitisation training for the police, justice system workers, health care workers and shelter staff.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Funding and capacity building for community service organisations.</li> <li>• Increased access to psychosocial support including online and mobile social workers.</li> <li>• Increase training and capacity-building resources to support the economic empowerment of survivors residing in sheltering services.</li> <li>• Invest in greater participation of faith-based organisations to assist in GBVF prevention, social cohesion, and healing.</li> </ul>

## PILLAR 5: ECONOMIC POWER

This pillar recognises the clear linkages between GBV and economic dependence and seeks to ensure that obstacles to women’s economic autonomy are effectively addressed, as fundamental to tackling GBVF in South Africa.

### GAPS AND CHALLENGES

The following gaps and challenges were identified:

- » There is poor and inadequate reporting;
- » There is an inadequate funding for economic empowerment initiatives and exclusion from funding by financial institutions for specific groups of women;
- » There is a uneven implementation of Pillar 5 at provincial level;
- » There is a lack of transformation in the economy, including legal challenges to progressive legislation, which focuses on redress;
- » Structural exclusion of women in the economy, including inadequate access to finances, housing, land, technology, and income generation activities and;
- » There is a lack of application of gender-responsive planning and budgeting.



RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Standardise Monitoring and Evaluation from a gendered lens.</li> <li>• Lead Departments must submit quarterly reports.</li> <li>• Premiers must hold pillar dialogues bi-annually, facilitated by Heads of Departments (HODs).</li> <li>• Departmental Annual Reports should include gender and age disaggregated data to facilitate gender responsive budgeting.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Implementation of the 40% procurement policy for Women-Owned Businesses (WOBs).</li> <li>• Increased funding for WOBs.</li> <li>• Negotiations with SABS to ease accreditation processes for WOB.</li> <li>• Sexual harassment policies need to be responsive to the challenges that women are facing now.</li> <li>• Priority procurement for women in the public and private sectors as an effective strategy to improve women's access to, and ownership of, productive resources.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Research and data around WOBs.</li> <li>• Creation of Incubators for WOBs.</li> <li>• Amplify the role of the private sector and invite them to the table.</li> <li>• Government entities must develop their policies in line with what the preferential act is prescribing and set different preferential targets within every institution, considering the historically disadvantaged individuals.</li> <li>• Strengthen models of economic empowerment, which work and represent pockets of excellence.</li> <li>• Integrate discussions on young people being supported and being given the opportunity to lead, to be consulted, to be given positions of power, and to contribute to the economy, at large.</li> <li>• Amplify the voices of women in all decision-making related to their redress and inclusion in the economy.</li> </ul>



**PILLAR 6: RESEARCH AND INFORMATION MANAGEMENT**

Several critical research gaps are identified in the NSP on GBVF, which span prevalence studies, diagnostic assessment, and operational data, drawing both on empirical studies and capturing practice-based learning.

**GAPS AND CHALLENGES**

- » Summit delegates noted that researchers within the field continue to work in silos. Consequently, this added to the lack of communication on the research concluded.
- » While there are researchers working together in the pillar, it was noted that the terms of reference need to be revised to strengthen collaboration.
- » In addition, delegates noted that the coordination and management of GBVF-related information across different government information systems have still not been implemented – adding to the lack of communication on research completed.
- » Lastly, delegates advocated for the research conducted to be positioned conceptually within the feminist perspective that has driven the GBVF national agenda to date.

## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Track GBVF cases to dovetail different reporting systems.</li> <li>• Greater involvement of the private sector.</li> <li>• Using and strengthening existing structures instead of creating new ones.</li> <li>• CHE needs to review programmes to capacitate NGOs through certification.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• The establishment of the NCGBVF to accelerate the establishment of the Researchers Forum can be initiated. This will work towards curbing researchers working in silos.</li> <li>• Implementation of research findings.</li> <li>• Digitisation of the GBV Gauteng Hub.</li> <li>• Fast-track the establishment of a research forum.</li> <li>• Funding resource map.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Gender Responsive Budgeting.</li> <li>• Situating GBVF research conceptually.</li> <li>• Expanding research beyond scientific research – explore indigenous research.</li> <li>• Including student research to develop solutions,</li> <li>• Documentation of work done by all bodies, including research.</li> <li>• Provincial models which are working.</li> </ul>

*Accountability for delivery on these Pillars is varied and not consistent. Despite the President's strong leadership in Pillar 1 and the pockets of progress, the non-establishment of the NCGBVF undermined the multi-sectoral national and bold leadership on GBVF. Across all pillars, recommendations emphasise the paramount role and duty of the State and consequently the importance of strengthening state accountability across all levels of government (national, provincial, district, local). This accountability ought to find expression through institutionalising and localising the NSP on GBVF, monitoring and evaluating progress, consequence-management mechanisms, coordination, and collaboration, ensuring political accountability, clarity and ownership of roles and responsibilities, adequate resourcing, and plans, as well as creating functional multi-sectoral structures, such as the NCGBVF was underscored. In working towards a whole-of-society approach, these areas need to be nurtured alongside individual and societal accountability.*

*The discussion on Pillar 2 highlighted the need for capacity to implement social behaviour-change interventions targeting diverse groups. In taking this forward, building a collective, conceptual understanding of GBVF, and the NSP on GBVF, including structural drivers, responses, and mapping, documentation and replication of prevention, best practices should be integral for building national capacity for effective prevention work. In Pillar 3, it was highlighted that there is a need for a holistic implementation approach because the failure of one pillar can negatively affect the progress of another pillar, and this can also happen even within a pillar where the failure of one indicator impacts on other indicators. The Pillar challenges cited included issues of poor accountability, coordination, collaboration, and data-management information systems which are central common threads in the NSP on GBVF. What is clear is that legislative gaps need to be closed, particularly on the issue of decriminalisation of sex work. Additionally, accessible, quality, responsive and inclusive criminal justice system services continues to be a key area for elevating accountability. This foregrounds the importance of contextualising GBVF services within the scope of the NSP on GBV which focuses on GBVF across age, geography, disability, sexual orientation, sexual- and gender identity, nationality, and other diversities.*

*In Pillars 3 and 4, intersectional factors were stressed as an integral part of GBVF policy-making, programming, and thinking. A need was also identified for enhanced resourcing, access to quality services, and the scaling up of social cohesion and healing interventions. Addressing the deep trauma of individuals and communities has to be the central axis towards the recovery and healing of victims and/or survivors; and promoting social connectedness, which is also relevant for pillar 2. Expanding sheltering services, strengthening referral systems, having a minimum basket of psychosocial support services, coordinating the establishment of one-stop-centres, and strengthening resourcing of civil society organisations, are key areas requiring prioritisation.*



*Pillar 5 emphasised the acceleration and amplification of efforts to advance socio-economic empowerment of women in light of the deep linkages with GBVF. This should include the implementation of the 40% preferential public procurement plan for women-owned businesses, and the building of local economies around women's cooperatives with the necessary support. It is worth noting that multi-sectoral mechanisms are required in light of the exploitation of labour, undervaluing of unpaid work, unequal pay for equal work, inflexible labour policies, and precarious jobs that have a disparate impact on women. In pillar 6, delegates noted that coordination, integration, and management of GBVF-related information across different government information systems is still not yet optimised. The impact of this on comprehensiveness of GBVF data is immense and undermines efforts to plan, budget and be responsive to the GBVF scourge.*

*A common theme throughout the discussions of the commissions was the importance of weaving accountability, coordination, improved resourcing and leadership into implementation. The long lists of recommendations on what needs to be accelerated and amplified and ways to strengthen accountability, point to the fact that despite pockets of success in some areas in the implementation of these pillars, stakeholders still feel that more needs to be done. The importance of pulling together respective recommendations on strengthening accountability into a National Accountability Framework cannot be overemphasised. This is particularly important, as the national process towards the establishment of the NCGBFV continues.*



# ACCELERATING AND AMPLIFYING NSP ON GBVF DELIVERY FOR SPECIFIC GROUPS

## 4

The NSP on GBVF focuses on comprehensively and strategically responding to GBVF with a specific focus on violence against ALL women (across age, physical location, disability, sexual orientation, sexual- and gender identity, national and other diversities) and violence against children, and how these serve to reinforce each other.<sup>34</sup> It recognises the impact across the life cycle on all women, and the disproportionate impact on specific women, LGBTQIA+ persons and children, because of intersecting systems of oppression on their lived realities. Specific groups are identified that require targeted and intentional focus due to exacerbated vulnerabilities to GBVF.

Action Caucuses provided spaces for vulnerable groups to reflect on NSP implementation as it pertains to meeting their specific needs, identify challenges and gaps across all the pillars and make recommendations on how these could be addressed. Optimal attendance in these Action Caucuses was compromised by the extended plenary on the day as many delegates remained in the main hall to continue interacting with government Ministers and the rest of the leadership from different departments and sectors that were present.

### 4.1 OLDER WOMEN

This Action Caucus was led and supported by the Department of Social Development, Older Persons Directorate, and the South African Older Persons Forum, which has structures in all nine provinces.

#### SPECIFIC VULNERABILITY TO GBVF

The population of the older women currently stand at 5,5 million and they constitute 9,29% of the total population of the country. The plight of older women, as a vulnerable group is inadequately recognised in urban settings, and even less in rural areas. Rural older women face very particular intersecting forms of inequality, discrimination, and abuse, with gender disparities experienced over a lifetime, resulting in a greater risk of poverty, exclusion and GBV in their later years. There is evidence that GBV against older women is widespread but largely hidden and poorly responded to. Programmes, strategies, and research fails to adequately acknowledge and respond to the needs of the older women.

#### KEY GAPS AND CHALLENGES

A deep concern was expressed for the plight of older women and the following gaps were identified:

- » **Legislative and Policy Gaps:** their needs are not adequately acknowledged and provided for in the current legislative frameworks.

While the NSP makes mention of older women, it is inadequate in articulating how their specific needs would be addressed. There is thus a critical need for relevant departments to develop policies and programmes to address the needs of older women, especially those who are subjected to various forms of GBV.

- » **Programming Gaps:** Older women are targets of heinous acts of femicide in some provinces due to dementia, which is an unrecognised mental health illness amongst older persons.
- » **Economic Abuse:** In many instances, older persons' pensions are the sole income of the family; many have their pensions stolen or are expected to care for grandchildren from these meagre grants. There is a need for income generating projects to support older women. Group housing needs to be considered as safe options for the older women who need to escape abusive environments in their homes.

#### ACHIEVEMENTS

Two specific achievements noted are: (i) Inclusion of a strengthened focus on older women in the Comprehensive National Prevention Strategy (CNPS) and; (ii) DSD has recognised the need to have a focused strategy on older women which will include strategies on GBVF.

34 National Strategic Plan on Gender-Based Violence and Femicide 2020- 2030

RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Introduce and implement policies and programmes that address the specific needs of the older women.</li> <li>• Vet all stakeholders working with older persons to reduce the risk of exacerbating the abuse they experience.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Introduce programmes to address the economic needs of older women.</li> <li>• Encourage families and people supporting the aged to report cases of abuse of the older persons.</li> <li>• The development of a strategy by DSD on the older persons, including a focus on GBVF, must be accelerated.</li> <li>• Accelerate support services for older women who fall victim to abuse.</li> <li>• Vet and train all service providers working with older persons to provide care and protection on uphold their rights.</li> <li>• Introduce shared housing programmes that create safe environments to remove older persons from abuse and the risk of abuse in their home.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Use current research and encourage new research on the extent, forms, and impact of GBV in this group.</li> </ul>

4.2 SEX WORKERS

This Action Caucus was led by Sex Workers Education and Advocacy Taskforce (SWEAT), and included representatives from sex worker movements, Sonke Gender Justice, and government.

SPECIFIC VULNERABILITY TO GBVF

This caucus noted that sex workers continue to experience high level of physical, sexual, and psychological violence. Narratives about sex workers and sex work are steeped in stigma and discrimination, often based on views that often deem sex workers lives as less valuable than others and exposes them to ongoing forms of structural violence. Derogatory labels are routinely used to shame sex workers in laws, social policies, the media, and everyday interactions. In addition to being socially isolated, stigma also acts as a barrier to accessing health care and other critical services. There are a number of human rights violations that limit the access of sex workers to much needed HIV care and prevention interventions, including condoms, psychosocial support, and legal assistance.

KEY GAPS AND CHALLENGES

Sex workers remain largely invisible, inadequately served and a marginalised population. The following gaps were identified:

- » **Legislative and Policy gaps:** Decriminalisation of sex work is key to addressing the violence and challenges that sex workers experience – this process is still underway.
- » **Programming and services:** Sex workers face specific health risks, such as being disproportionately affected by HIV, due to the nature of their work with a higher prevalence than the rest of the population. The barriers of stigma, discrimination, violence, and criminalisation, exacerbate physical and mental distress that sex workers experience, while impeding uptake of mental healthcare. Furthermore, they experience heightened levels of violence and obstacles to gaining access to legal assistance, health, and social services. Personal resilience, protective factors, agency, and social inclusion are key to reducing risks and offsetting these barriers.





RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Strengthen political commitment to uphold the rights of sex workers.</li> <li>• Monitor the implementation of the NSP objectives with regards to the sex work sector.</li> <li>• Decriminalise sex work through appropriate legislation.</li> <li>• End impunity for punitive policing and promote justice for human rights violations perpetrated against sex workers.</li> <li>• Ensure accessible sex-worker friendly services.</li> <li>• Improve access to sexual and reproductive health needs.</li> <li>• Put social protection measures in place for undocumented sex workers particularly within the disaster management response. Ensure non- discriminatory practices against undocumented sex workers within a disaster management response</li> <li>• Create violence free and safe workspaces for sex workers.</li> <li>• Provide alternative income opportunities by means of skills development programmes.</li> <li>• Reduce stigma and discrimination by scaling up community empowerment interventions, education, and research.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Fast track the Decriminalisation of Sex Work legislation with clear times lines.</li> <li>• Customise research on all forms of violence perpetrated against sex workers to inform the response.</li> <li>• Integrate sex workers’ rights and needs into mainstream services for all employees and in initiatives addressing GBVF.</li> <li>• Establish a rapid response team to monitor implementation.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Demonstrate visible political commitment to reduce stigma, exclusion and uphold anti-discrimination and the promotion of the human rights of sex workers.</li> </ul>

4.3 LGBTIA+ COMMUNITY

This Action Caucus was led by Access Chapter 2 and was attended by delegates from civil society organisations, national government departments, researchers, development partners dealing with the rights of LGBTQIA+ persons and provincial and local government representatives.

SPECIFIC VULNERABILITY TO GBVF

The spike in the murder and assault of LGBTQIA+ people in the country between February and October 2022<sup>35</sup> drew global attention<sup>36</sup> and concern by local activists. Stigma, discrimination and hate crimes, driven by patriarchal, homophobic, and transphobic belief systems is widespread. The constitutional human rights framework that protects the basic human rights of equality and dignity includes not being discriminated against due to gender identity and/or sexual orientation or expression,<sup>37</sup> thus protecting the rights for the LGBTQIA+ community. The Action Caucus recognised the need for immediate and urgent interventions to curb this sudden spike of violence against the LGBTQIA+ community GBV targeting this community.

KEY GAPS AND CHALLENGES

Despite the LGBTQIA+ community being identified as a critical target group within the NSP, significant challenges and gaps continue to exist and these include :

- » **Legislation and Policy:** Existing legislation does not adequately respond to the needs of the LGBTQIA+ community. Language used in policies is often not inclusive of this community. It was noted that the continuous delay in instituting the Hate Crimes and Hate Speech Bill is perpetuating violence experienced by LGBTQIA+ persons.
- » **Programmes and Services:** Service provision for LGBTQIA+ persons is discriminatory and lacks sensitivity. Inclusiveness, particularly as it relates to the LGBTQIA+ community, as a value, attitude and practise is not widespread in the country. There continues to be a lack of care, support, and healing facilities for LGBTQIA+ persons as services in clinics do not generally assist members of this community.

35 Roberto Igul (2022) 'Human Rights Watch asks SA govt what is doing to stop LGBTQIA+ murders' at <https://www.mambaonline.com/2022/01/27/hrw-asks-sa-govt-what-its-doing-to-stop-lgbtqi-murders/>  
 36 See, Human Rights Watch 'Letter to South African Authorities Regarding LGBTI Murders and Assaults' (2022) at <https://www.hrw.org/news/2022/01/19/letter-south-african-authorities-regarding-lgbti-murders-and-assaults>  
 37 Section 9(3) of the Constitution of South Africa, 1996. See, NSP on GBVF pg. 27.



RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Ensure that the NSP on GBVF is being implemented to address the needs of the LGBTQIA+ community.</li> <li>• Abolish the practise of intersex mutilation.</li> <li>• Integrate the National Intervention Strategy (NIS) on Hate Crimes and the National Task Team (NTT) on LGBTQIA+ around the NSP on GBVF processes and the scope of work of the NTT.</li> <li>• Integrate the LGBTQIA+ voice into the establishment of the National Council on GBVF.</li> <li>• Integrate a mechanism to map, track and trace LGBTQIA+ organisations and their progress, in relation to NSP delivery.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Fast-track the Hate Crimes and Hate Speech Bill.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Gender marker access and inclusion particularly at Home Affairs.</li> </ul>

4.4 ORGANISATIONS WORKING WITH CHILDREN

This Action Caucus was led by the Teddy Bear Foundation (TBF) and included three children ambassadors from the Nelson Mandela Children’s Parliament, local and global civil society organisations working with children, UNICEF and other development partners, and the DSD.

SPECIFIC VULNERABILITY TO GBVF

The plight of children in South Africa, including their specific vulnerability to GBV, is of particular concern, requiring urgent intervention. Police data indicates that with nearly four children were being murdered daily between October and December 2022. In addition, the latest crime statistics released by the SAPS shows that 21 434 children and women suffered attempted murder and/or grievous bodily harm.<sup>38</sup>

KEY GAPS AND CHALLENGES

Children are mentioned in the NSP as a key group affected by GBV that requires specific focus. However, there are several gaps and challenges, at the level of policy, programming, and services that require immediate intervention include:

- » **Legislation and Policy:** The NSP on GBVF does not adequately foreground the specific plight of children in relation to their vulnerability to becoming both victims and perpetrators of GBVF. Whilst recognising the existing legislative frameworks that have been amended to protect children, these remain inadequate to the scale of the challenge. Child perpetration is on the rise, requiring specific legislative responses. Increasing levels of pregnancy amongst children, as young as ten years, also requires urgent policy and legislative intervention. Targeted interventions to include the voices of children directly into policy development processes is key to address the policy and programming gaps, that are not adequately responsive to their experiences.
- » **Programmes and Services:** Poor, inadequate service provision by different government departments, to best meet the safety and well-being needs of children was highlighted. This *inter alia* includes: (i) police stations failing to respond seriously to reports of abuses children experience in the home; (ii) neglect of children in their care by social workers; (iii) no transitional support services provided to children after the age of eighteen years, when they are removed from the system and; (iv) inadequate services to protect the safety of children.



38 See, Statement by Christine Muhigana UNICEF South Africa Representative 2023 at <https://www.unicef.org/southafrica/press-releases/stop-horrific-tide-violence-against-children-and-women#:~:text=More%20than%20three%20children%20and,such%20violence%20will%20take%20years.>

RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Prioritise the participation of children in the processes and forums related to the NSP on GBVF.</li> <li>• Establish Children’s Desks with dedicated Social Workers within SAPS and appoint Child and Youth Care Workers (CYCWs) in Children’s homes.</li> <li>• Develop a robust database for children with disabilities for appropriate intervention and support.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Intensify teenage pregnancy programmes and enhance capacity with service providers to prevent teenage pregnancies.</li> <li>• Encourage the participation of children in policy formulation, legislative process, and research activities.</li> <li>• Institute parenting programmes and secure adequate funding for it.</li> <li>• Safeguard child grants such that it effectively serves their needs.</li> <li>• Create safe spaces for children.</li> <li>• Roll out evidence based GBV prevention programmes in all communities for the protection of children.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Amplify the voices of children in the school environment.</li> <li>• Increase availability of Mental Health and Psychosocial Support (MHPSS) for children in all environments.</li> </ul>

4.5 MIGRANT WOMEN

This Action Caucus was led by Tsimane Wanawake, an organisation working with migrants and included representatives from civil society and donor agencies.

SPECIFIC VULNERABILITY TO GBVF

South Africa has a significant number of migrant women who find themselves marginalised because of illegal migrant status, gender inequality and related discrimination. Migrant women experience GBV from their husbands or partners and are often hamstrung to report these violations, due to their undocumented status. They often take on informal jobs because they lack the correct documentation that will enable them to access formal employment. This context makes them particularly vulnerable to GBV, including being forced to engage in transactional sex in exchange for work opportunities.

KEY GAPS AND CHALLENGES

The challenges that African migrant women face is two-fold viz. exacerbated vulnerability to GBV and obstacles to accessing justice and related social and health services, when they are victims of GBV. This results in the following gaps:

- » **Legislation and Policy:** Immigration laws serve as an impediment to migrant women, as they inhibit these women from leaving the country, and abusive relationships, without the consent of the father. At the same time, their precarious status of being undocumented forces them to be reliant on their perpetrators for survival. Whilst migration and trafficking are closely interconnected, migrant women are not afforded the same equal protection from legislation protecting victims of trafficking.
- » **Wider Contextual Issues:** There are pressures from the wider migrant community not to expose any form of abuse for fear of reprisal from other members of the migrant community.
- » **Services and Programming:** There is an increased vulnerability to femicide, given the levels of GBV in this community and the levels of fear to report at police stations, given their migration status and fear of being arrested. Some police stations fail to assist migrant women who are victims of GBV to obtain protection orders due to non-availability of permits allowing them to be in the country legally. Some shelters for women experiencing GBV, require identification documents from migrant women to access a shelter. Healthcare services are not available or and easily accessible to migrant women. There is a lack of information and knowledge about what services are available for migrant women.

RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Include disaggregated indicator that monitor GBV experienced by migrant workers.</li> <li>• The NCGBVF should consider a voice for the issues confronting migrant women, as integral to inclusive and intersectional principles outlined in the NSP on GBVF.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Accelerate government's response to solving the reported GBV cases of migrant women.</li> <li>• Different departments need to review their standard operating procedures (SOPs) and policies and guidelines to ensure that their GBV interventions are responsive to the needs of migrant women.</li> <li>• Ensure access to justice for migrant GBV survivors.</li> <li>• Implement public education campaigns to educate women, especially migrant women about the provisions in the NSP, to facilitate strengthened accountability.</li> <li>• Conduct research into the GBV experiences of migrant women to develop and implement evidence-based interventions.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Amplify the voice of migrant women.</li> <li>• Academic institutions and funders should strengthen GBV research among migrant women.</li> <li>• Strengthen the voice of key role players across government, political leadership, and civil society towards protecting migrant women from GBVF.</li> <li>• The key players of the NSP including government ministers and the civil society should amplify their voices in protection of migrant women in the country.</li> <li>• Create awareness of GBV prevention and mitigation interventions for the public and migrant women in particular.</li> <li>• Build awareness and knowledge of services available to migrant women.</li> </ul>

4.6 PREGNANT WOMEN

This Action Caucus was led by Embrace Mother’s Movement, the Centre for Applied Legal Studies, Women’s Legal Centre, and Section 27. It was attended by representatives from all tiers of governments, sexual and reproductive healthcare providers, civil society organisations working with pregnant women, shelters, social workers, academia and representatives from trade unions and the media.

SPECIFIC VULNERABILITY TO GBVF

A focus on pregnant women and persons is essential to addressing the pandemic of GBV because sexual reproductive health (SRH) and GBV are intricately related. Women and girls can become pregnant, as a direct result of rape – the rise in teenage pregnancies, is evidence of this. Access to appropriate SRH services such as prophylaxis, emergency contraception and termination of pregnancy are critical components of the SRH GBV response. Specific interrelated forms of violence against pregnant women and girls include domestic violence; obstetric violence that is perpetrated by reproductive health services; teenage pregnancy because of statutory rape; forced abortion and forced medical procedures such as sterilisation, hysterectomy, and episiotomy. Obstetric violence, whereby pregnant women are physically and psychologically assaulted when seeking maternity care services can result in miscarriage, psychological distress, infertility, physical pain, loss of sexual pleasure, disfigurement, disability, and death. The United Nations has framed preventable maternal mortality as a form of

GBV, and from the caucus discussion some felt strongly that this could be seen as femicide.

KEY GAPS AND CHALLENGES

GBV experienced during pregnancy, can be seen as a manifestation and extension of the wider patterns of GBVF in South Africa. Critical challenges and gaps identified through the discussions included:

- » **Overarching issues included patriarchal** and paternalistic culture in South Africa’s health system as a key driver of obstetric violence.
- » **Legislation and Policy:** Policy and legislative reform within the health care system is required to prevent the violence that pregnant girls and women experience within the system. The lack of informed consent, resulting in coerced and unnecessary medical procedures was underscored, as a key manifestation. A survivor noted that according to international law “*coerced and forced sterilisation*” is also form of torture”. In addition, it was argued that the Health Ombudsman, and Office of Health Standards and Compliance (OHSC), has not executed its role of investigating obstetric violence.
- » **Programmes and Services:** Pregnant women and girls experience obstetric violence when accessing maternity health services. Inaccessibility of sexual and reproductive healthcare remains a key challenge. The linkages between teenage pregnancies and GBV have not been addressed, including access to adolescent - friendly sexual reproductive health services. Systemic failures also contribute to high incidence

of unwanted pregnancies, illegal abortions, and sexually transmitted infections (STIs), including HIV and AIDS. Limited access to information and services is a hindrance to curbing teenage pregnancy and dealing

with the major adverse outcomes of these pregnancies, such as maternal mortality, infant mortality, and mental health illnesses.

## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Recognise pregnant persons as particularly vulnerable to GBVF, and include indicators in the NSP on GBVF implementation plans across all tiers of government.</li> <li>• Enable a special mechanism to be established to address women’s cases of forced/coerced sterilisation (beyond those before court) to capacitate all victims to seek recourse from the State.</li> <li>• Establish a framework and fund for redress for victims of obstetric violence.</li> <li>• Include survivors of obstetric violence and civil society stakeholders in multi-sectoral structures.</li> <li>• Include the Minister of Health in the Inter-Ministerial Committee on GBVF (IMC on GBVF); and Health Members of Executive Committee (MECs) to serve on provincial implementation committees with similar approach followed at local levels.</li> <li>• Ensure that Chapter Nine institutions and the Health Professionals and Nursing Councils intervene to guarantee investigations into allegations of GBV and coerced/forced sterilisation to ensure professional accountability, sanctions, redress, and access to justice.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Define obstetric violence in policy and integrate targets and indicators in the NSP on GBVF.</li> <li>• Provision of redress for victims/survivors of coerced/forced sterilisation by the Department of Health (DOH).</li> <li>• Raise awareness and capacitate victims to seek recourse that includes financial compensation, acknowledgement of wrongdoing, formal apology, medical services, and guarantees of non-repetition.</li> <li>• Debrief and train sexual and reproductive healthcare providers to enable them to provide responsive pregnancy related services for girls, incarcerated women, people living with HIV, LGBTQIA+ community, persons with disabilities and other diversities.</li> <li>• Amend the Sterilisation Act so that practice, and processes are put in place to ensure that forced/coerced sterilisation of women living with HIV and AIDS is unequivocally prohibited and regulations on forced and coerced sterilisation are done with oversight, reporting, monitoring in a manner that protects rights of women targeted by such practice.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• Amplify the implementation of the ‘Respectful Maternity Care’ programme outlined in The South African Maternal, Perinatal and Neonatal Health Policy.</li> <li>• Adequate access to Termination of Pregnancy services to enable the realisation of sexual and reproductive health rights, as mandated by the (1996) Constitution.</li> </ul>

## 4.7 WORKERS

The Labour Sector Action Caucus was facilitated by COSATU and participants from COSATU gender structures including national office bearers and affiliates, SAFTU, and worker representatives from the public, private and precarious worker sectors participated in the discussion. This caucus was initially conceptualised as *responders* to bolster the role of trade union and workplaces in ending GBVF. The workers who participated saw themselves as a group that is particularly vulnerable to GBV and harassment. Workers are the backbone of the South African economy, an economy that is structurally violent and exploitative. Organised labour has a particularly vital role in addressing central issues that impact on employed and unemployed working-class women. Violence and harassment in the world of work undermines the full economic participation of women, compromises their productivity, health and occupational safety and severely undermines their human rights.

## KEY GAPS AND CHALLENGES

It was acknowledged that there has been an inadequate response by workers to GBVF, despite programmes run by different federations. There was a commitment to campaign and respond to the fight against GBVF across the political and organisational lines as working-class women.

Key challenges and gaps identified include the following:

- » **Legislation and Policy:** Despite progressive policies and legislation, there was a wide gap in relation to implementation. Furthermore, budget cuts at local level and inadequate cooperation between different tiers of government and between national departments contributed towards compromising implementation.
- » **Services:** there is no support for survivors of domestic violence who are also being killed in their workplaces.



» **Programming and Services:** Issues range from lack of accountability at local community level, to poor labour practices both in the public and private sector such as; the dismissal or non-renewal of contracts during pregnancy and generally the inadequate maternity leave provisions; inadequate health and safety provisions in both public and private spheres. Examples include: (a) the working conditions of the CMT's in the textile industry; (b) burning buildings/workplaces; (c) differential pay scales for men and women doing the same work; (d) the absence of research on how best

to improve workplace responses to GBVF (e.g. sexual harassment/physical violence/verbal abuse) and the protection of workers; (e) random changes to shift work and extended working hours which is linked to the safety of public transport to and from work; (f) inadequate toilet facilities no access to sanitary towels or time off to deal with their biological needs; (g) time-off to visit health facilities not granted and; (h) the non- availability of safe public spaces for working class women.

RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Both public and private sector employers must be required to ensure that all Collective Bargaining processes accommodate gender demands with each round of negotiations.</li> <li>• Ensure 2% contribution by Johannesburg Stock Exchange (JSE) listed companies is spent on GBVF programs.</li> <li>• Support survivors of domestic violence in the workplace and ensure they are entitled to 10 days paid leave.</li> <li>• Build and support a Women's Co-operative Movement in addition to support for SMMEs and procurement opportunities for women owned businesses – procurement opportunities must be linked to job creation.</li> <li>• Workplaces must provide training to employees on how to address workplace and family violence for effective and timeous interventions.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Provide safe and affordable public transport to get to and from work.</li> <li>• Include trade unions (leaders and workers) in the prevention programs as they have access to large constituencies – assist unions to include GBVF prevention in their case handling processes in the workplace and the communities they live in.</li> <li>• Create safe spaces for women to report, both in their communities and at the workplace.</li> <li>• Labour inspectors to ensure compliance with relevant legislation.</li> <li>• Expand safe public and private spaces for survivors and their families – including shelters, workplaces, and temporary accommodation.</li> <li>• Synergise Requirements of Convention 190 (C190) with the South African labour laws and other pieces of legislation.</li> <li>• Provide the necessary assistance for women to set up women led co-operatives and to build a co-operative movement as part of job creation.</li> <li>• Target the Commission for Conciliation, Mediation and Arbitration (CCMA) and Labour Courts for training on the protection of the rights of survivors of GBVF.</li> <li>• Develop shared understanding of reporting and accountability outside of national summits for all levels of government.</li> <li>• Include targets for gender mainstreaming through key performance areas of state officials.</li> <li>• Hold public representatives accountable for their actions and behaviour - No-one should be allowed to hold public office if guilty of GBVF.</li> <li>• Institute discipline of public officials if charged for GBVF.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• All employers and organisations to develop sexual harassment policies and the need to monitor and report cases.</li> <li>• Hold all stakeholders accountable for ensuring implementation of the NSP on GBVF and meaningful spending of the budgets to fight GBVF.</li> <li>• Use of the public broadcaster and community radio stations, schools, and all public spaces, for messaging.</li> <li>• Finalise maintenance cases and expedite the process of tackling the backlogs.</li> <li>• Provide adequate resources, staff and support for organisations working with survivors. Employers should provide adequate resources, psychosocial support, and referrals to support survivors and their families.</li> </ul>

## OVERALL REFLECTION

*The Action Caucuses led by vulnerable groups served as a stark reminder of the many hurdles and the barriers that have to be overcome in order to adequately address and prevent GBVF, as it impacts on these groups. They highlighted the centrality of prioritising the voices and lived GBV experiences of these groups through strengthening law and policy frameworks and services and programmes. It foregrounds the principle of intersectionality, as fundamental to effective NSP implementation, reach and responsiveness. Taking a wider lens to legislative reform, beyond laws that directly relate on GBVF, to other areas that frame the wider socio-economic context - such as women's rights to property, land inheritance employment, income, alcohol taxation and SRHR related matters is critical. Systemic failures by the CJS require urgent attention and swift action. A multi-pronged focus on strengthening law and policy, whilst taking legal action, improving services, and embarking on prevention efforts to address underlying social and psychosocial driving factors, is required.*



# STRENGTHENING THE NSP ON GBVF DELIVERY BY KEY RESPONDERS

Amplifying efforts to implement the NSP also implies strengthening the role of key groups in society. These Action Caucuses provided an opportunity for specific groups viz. the faith sector, leadership across society, those involved in providing GBV-related support services and those working with men, to reflect on their roles and responsibilities, with a view to strengthen accountability and the impact of their respective contributions. Optimal attendance in these Action Caucuses was compromised by the impact of the extended plenary on the day.



## 5.1 FAITH SECTOR ACTION CAUCUS

The Faith Sector Caucus was led by the Faith Action to End GBV Collective and included participants from the inter faith sector, Christian, Muslim, Brahma Kumari, Baha'i, Hindu-Christian and Traditional Healer sectors. This sector has a critical role to play in ending GBVF in South Africa, given its proximity to South Africans and its potential for reach, both at the level/s of prevention and response. In many instances faith institutions have failed survivors due to patriarchal teachings that perpetuate gender inequality and inaction against perpetrators in the same institutions. Ministries such as pastoral support offer potential for strengthening responses to GBV at a community level.

### ASSESSMENT OF ACHIEVEMENTS, GAPS AND CHALLENGES

Key achievements included the formation of Faith Action to End GBV Collective, the existence of several liberation and feminist theological initiatives and training programmes in formal tertiary contexts and the establishment of the Phephisa Survivors' Network.

The following challenges were identified: (i) resistance amongst many senior faith leaders with GBVF not seen as a priority; (ii) narrow interpretations of sacred texts that bolster patriarchal control over all faith institutions still persist; (iii) continued insistence on male superiority in all formal religious institutions, especially the monotheistic ones; (iv) denial and hiding of sexual violence in faith institutions still persist; (v) survivors are stigmatised resulting in a lack of reporting of incidents; (vi) where structures do exist to report incidents, there is a trust deficit, making many places of worship unsafe and unaccountable and; (vii) access to justice is a great weakness for faith institutions. In relation to programming by faith institutions, the following gaps emerged: (i) working in silos for fear of a loss of profile on the issue; (ii) where good initiatives exist, it is still mainly reactive and; (iii) work is often done in isolation from wider locally based referral networks.



## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Establish a clear shared ethical and values foundation as a standard for mutual accountability and advocacy within faith communities. Use this to hold perpetrators who are religious leaders, accountable. Use this to facilitate transparency on funding sources and arrangements.</li> <li>Campaign to strengthen the existing Faith Action to End GBV Collective as an interfaith forum for active solidarity, collaboration, and strengthened accountability. Use trust building as a key strategy.</li> <li>Intentionally increase strengthened representation of women leadership and provide the necessary support for these women as change agents.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Organise a number of critical forums on key barriers and opportunities to facilitate progress on GBV work in the faith sector:</li> <li>Strategies to advocate in support of survivors against the protection of perpetrators who are religious leaders.</li> <li>Dismantle patriarchy through the systematic reclaiming of sacred texts and religious practices.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Strengthen faith leaders' understanding of gender inequality and the way/s in which it plays out in the sector.</li> <li>Strengthen healing and restorative justice.</li> <li>Moral rejuvenation for boys, girls and non-binary children and all gender expressions – and for adults in terms of parenting.</li> </ul>

## 5.2 LEADERSHIP ACTION CAUCUS

The Leadership Sector Caucus was led by the GBVF Response Fund 1 who represented private sector leadership. Stakeholders from government, civil society organisations, faith-based organisations, the private and labour sectors participated in these discussions. Bold leadership is foundational for turning the tide of GBVF in South Africa and facilitating 360-degree accountability for multi-sectoral delivery on the NSP on GBVF. Leadership in the response to GBVF across government and society more broadly has been weak, not consistent or at the level and scale required.

## ASSESSMENT OF ACHIEVEMENTS, GAPS AND CHALLENGES

Key achievements at a state level includes the bold political leadership by the President which includes the establishment and leadership of multi-sectoral and issue-based structures across the tiers of government. Through its establishment of violence-free zones and co-leading initiatives with government and independently, civil society has continued to play a variety of key leadership roles.

The following key gaps and challenges, impacting on programming and services, need to be addressed: (a) a reluctance to collaborate with the religious sector, by certain sections of government; (b) duplication of programmes as opposed to alignment and collaboration in programme implementation; (c) lack of financial resources to upscale/replicate workable models; (d) workable initiatives tend to be compromised by changes in political administration and; (e) a lack of recognition of the impact of language as a barrier, to survivors accessing justice.

## RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>Appoint GBVF champions in all departments.</li> <li>Establish District Councils tasked with addressing GBVF and hold stakeholders accountable at district and local levels.</li> <li>Establish and implement consequence-management mechanisms.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>Upscale what works (e.g. TCCs) and Conflict, Resolution, Mediation and Negotiation Training.</li> <li>Continue to forge partnerships with the private sector.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>Encourage Interdepartmental and multi-sectoral collaboration amongst stakeholders.</li> </ul>



### 5.3 SERVICE PROVIDERS ACTION CAUCUS

The GBV Service Provider Caucus was led by the National Shelter Movement of South Africa (NMSA) and participants included those running shelters and services in different provinces as well as social workers in private practice. Service providers are in frontline often first responders to providing a range of response and support services including basic safety, psychological, legal, social, technological, and other related support services. Strengthening the key role/s that service providers play has significant potential to contributing towards recovery, healing and rebuilding individuals, families, and communities.

### ASSESSMENT OF ACHIEVEMENTS, GAPS AND CHALLENGES

The sector has continued to grow in response to the needs of survivors. Services include, but are not limited to sheltering, 24- hours first responder services, post rape care, paralegal and court support navigating the criminal justice system, education, and training to build resilience and agency, face-to-face counselling and therapy, child therapy, school placements and digital – related support such as chats that can provide survivors with support. Community radio and technology have been harnessed for information dissemination and support services.

Despite the resilience and commitment by respective service providers, they continue to face a range of challenges, including: (i) funding challenges; (ii) inadequate referral system between shelters and other key agents such as DSD; (iii) a lack of cooperation from the South African Police Services; (iv) a lack of standardisation of GBV services and minimum standards and; (v) inadequate number of shelters.

### RECOMMENDATIONS

<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Accelerate the establishment of the National GBVF Council,</li> <li>• Decentralise the NSP on GBVF Collective to provincial and community level.</li> <li>• DSD to make a detailed database of funded NPOS available, for purposes of transparency and accountability.</li> <li>• State to urgently develop a multi-year-funding model incorporating governance workshops and a funding database.</li> <li>• There should be universal access to shelter services in South Africa to any GBV survivor and their family, based on a basket of standardised, minimum services.</li> </ul>
<b>Acceleration</b>	<ul style="list-style-type: none"> <li>• Fast track <i>Special Needs Housing Policy</i> for marginalised survivors and in urban and rural areas.</li> <li>• Standardise GBV services and minimum standards across all state and civil society providers and build capacity to deliver these services.</li> <li>• Urgently develop and implement a model on mental health for shelters, which includes staff, survivors, and managers.</li> </ul>
<b>Amplification</b>	<ul style="list-style-type: none"> <li>• A National standardised information systems to trace every victim be rolled out and implemented.</li> <li>• Adoption of shelter action learning programme nationally.</li> <li>• Amplify educational programmes for service providers in the health, justice, and social systems on GBV and shelters.</li> <li>• Amplify digital solutions to providing information, sharing information, and creating access to safety strategies for women at risk.</li> <li>• Strengthen shelter referral system to DSD and social workers.</li> <li>• DSD to strengthen communication systems and provide clarity on proposed centralisation of service provision.</li> </ul>

## 5.4 MEN'S ACTION CAUCUS

The Men's Action Caucus was led by Sonke Gender Justice and stakeholders from a range of global and local civil society organisations, development partners, government structures at national and provincial levels and individual activists and survivors attended the discussion. There has been growing consensus on the importance of working with men, specifically on prevention of GBVF, given the underlying patriarchal discriminatory social norms that legitimise male power, control, and use of violence. Given their positions of individual, institutional and systemic power (spanning economic, social, political, and technological) interventions with men must be grounded in principles of equality, including gender equality, foregrounding women's position, and centering their experiences and leadership. Men are overwhelming the perpetrators of GBVF, and hence concerted efforts to effect sustainable change in eliminating GBVF, requires transforming men's attitudes, behaviours, practises, identities, and relationships.

### ASSESSMENT OF ACHIEVEMENTS, GAPS AND CHALLENGES

Achievements by this sector includes: (i) the implementation of programmes to challenge existing power dynamics, working with community leaders, faith leaders etc.; (ii) working with perpetrators and those at risk of becoming perpetrators; (iii) involving men in positions of power in gender education; (iv) engaging in a range of awareness campaigns and strategies to encourage social and behaviour change and; (v) using public health programmes to encourage positive expressions of masculinities.

A number of challenges and gaps emerge in this work, notably the following: (i) programming limitations in relation to both scope and target groups; (ii) ideological underpinnings of specific programmes that entrench patriarchal perspectives, do not have gender equality as a conceptual foundation and do not centre women's experiences and; (iii) a lack of safe spaces for and support for men to engage in self- reflection and awareness raising. It is critical therefore that programmes focused on men addresses their needs for increased mental health support, addresses the gaps that exist in the provision of services for victims of rape and sexual assault, and also acknowledges that the disparities between the lived realities of women in relation to GBVF, which must be acknowledged and adequately addressed. The table below details the recommendations from the men action caucus.

### RECOMMENDATIONS

Accountability	<ul style="list-style-type: none"> <li>Men need to hold each other individually accountable for their choices and actions by calling each other out when one sees inappropriate behaviour and actions from other men and making sure other people know and understand why catcalling, inappropriate sexual comments, unwanted sexual attention, sexist and demeaning jokes, are not acceptable.</li> <li>Ensure that all programmes focusing on men centre women in their interventions and promote gender equality.</li> <li>Encourage government departments to include work with men and boys for them to shift negative gender norms.</li> <li>Have a clear monitoring, evaluation and learning framework that holds men accountable for shifting gender norms.</li> </ul>
Acceleration	<ul style="list-style-type: none"> <li>Engage community and religious leaders, community groups, and service providers to create an enabling environment to challenge unhealthy notions of masculinity and promote gender-equal norms.</li> <li>Involve men in positions of power in gender education.</li> <li>Establish men's forums where men engage on issues of GBVF to encourage social and behavioural change e.g. 'Isibaya Samadoda.'</li> <li>Awareness-raising campaigns such as talking to men in shebeens and men's dialogues about issues of gender and GBVF.</li> </ul>
Amplification	<ul style="list-style-type: none"> <li>Amplify programmes focused on men and mental health wellness.</li> <li>Amplify efforts and interventions to enhance positive male parenting which challenge traditional definitions of masculinity.</li> <li>Intensify public edutainment programmes to effect social change that deconstructs deeply entrenched stereotypes.</li> <li>Use risk assessment tools to self-assess young men's perceived risk to perpetrate GBV and make referrals to appropriate services.</li> <li>Engage traditional and religious leaders, community groups, and service providers to create an enabling environment for gender-equal norms and behaviours.</li> </ul>

## REFLECTIONS

*Taking the reflections and recommendations by the faith sector, societal leadership, GBV service providers and men can play a critical role in moving the End GBVF agenda forward decisively in South Africa. There is an urgent need to amplify and leverage on the various roles and responsibilities of these key sectors and stakeholders. The faith sector is key in addressing GBVF committed under the guise of religion and can use its significant power of reach and influence to debunk toxic social norms whilst providing support and trauma healing. Unlocking men as agents of social change, based on the constitutional principles of equality and human dignity, whilst meeting their mental health and wider psychosocial support needs as fathers, has promise for social behaviour change programmes targeting men, boys, and communities. Furthermore, addressing the needs of GBV service providers, will strengthen the critical role that they play in providing victim-centred, survivor-focused, accessible, and quality services and can provide much needed impetus for sustained recovery and healing for individuals, families, and communities. Bolstering bold leadership across all levels of society is fundamental in shifting the dial through a strong emphasis on multi-sectoral coordination, strengthened ownership of roles and responsibilities, enhancing resource availability whilst curbing silo approaches. Strengthened accountability by these sectors will help to facilitate strengthened NSP on GBVF implementation and will demonstrate meaningful participation and mutual accountability.*



# FINDING COLLECTIVE SOLUTIONS FOR CRITICAL CHALLENGES

## 6

The Clinics created a space to deeply reflect on specific issues, which serve as impediments or potential enablers, for strengthened implementation and impact across the six pillars of the NSP on GBVF. Drawing on multi-sectoral technical support teams encompassing specialist organisations and individuals in the field, the sessions set out to clearly define a problem, do an analysis, and develop clear solutions within specific time frames that could be taken forward as Summit Resolutions.

### 6.1 CLINIC ONE: ADDRESSING GBVF BACKLOG CASES

This clinic was facilitated by the National Prosecuting Authority (NPA), the Women's Legal Centre, and USAID. It was well attended, mainly by government officials from the NPA, DoJ&CD, SAPS, and civil society representatives.

#### DEFINING THE PROBLEM

Participants discussed the problem of the backlog of criminal cases, resulting in delays in the finalisation of cases relating to GBVF. This results in a lack of public confidence in the criminal justice system and miscarriage of justice as in some instances: (1) witnesses may have died or moved on; (2) complainants may want to withdraw matters due to the long delays in finalising cases; (3) evidence and vital information being lost or not gathered or; (4) witnesses not being able to remember exact details of the offence due to the long delay.

#### ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included :

- » **Poor cooperation and coordination** – This is mostly between various players within the justice system, including SAPS, NPA, and DoJ&CD.
- » **Poor infrastructure** – In some courts equipment such as recorders and CCTV systems (for sexual offences) have not been working for over a year. This results in unnecessary delay as cases have to be postponed while finding solutions. Many Sexual Offences Systems (SOS) need urgent repairs for court rolls to continue.
- » **Load shedding and lack of water** – This also pose a major challenge in the smooth functioning of courts. For instance, in some courts, particularly those in peri-urban and rural areas such as in Kwa-Zulu Natal, cases are delayed due to lack of electricity and water.

- » **Lack of human resources** – This was also addressed in the case of SAPS where the number of police officers working in the Family Violence, Child Protection and Sexual Offences (FCS) Unit is misaligned with the realities in communities. It was noted that the last recruitment was done in 2019/2020 and more recruitment processes are currently underway. Some courts have a higher case load than the human resources available to handle the cases, resulting in delays in cases being heard and finalised.
- » **Poor case flow management** – It was also highlighted that while theoretical case flow management platforms exist, these are not well coordinated in many areas in the country as SAPS is often absent. This results in incomplete dockets with missing information such as J88 forms, witness statements and expert reports, thus impacting on the effective prosecution of cases; incomplete investigation often results in several postponements. In addition, targets of the various role players (SAPS, NPA, Judiciary) are not aligned and often contradict each other.
- » **DNA backlog and testing of offenders** – The challenges with DNA backlog also impacts heavily on the effective and timeous prosecution and resolution of cases. DNA testing is an imperative. It was also shared that currently prisoners are released without DNA samples being taken. This is critical, particularly in cases of repeat offenders. Parliament passed the Criminal Law (Forensic Procedures) Amendment Bill to address this. However, the President has not yet assented it.
- » **Poor/ lack of sensitisation and experience in handling GBVF cases** – Participants highlighted that lack of contextual understanding and appreciation of the sensitivity required in handling GBVF cases across key government departments and stakeholders also contributes to the delays and miscarriage of justice that





survivors and victims are subjected to. In some cases, general detectives, prosecutors, and magistrates who have not been well trained in handling sexual offences cases still deal with such cases and this often leads to secondary victimisation.

- » **Technological delays and challenges** – These relate to the collection of DNA evidence and the processing thereof. The preparation of expert forensic reports and testifying is vital. Current infrastructure poses challenges

to the provision of testimony by complainants from locations other than court buildings (such as TTCs) via audio visual modalities. It was also noted that software to deal with complex rape cases is needed

- » **Lack of foreign and sign language interpreters** - In cases relating to non-nationals and people with hearing impairments, leads to postponements while these services are secured.

## RECOMMENDATIONS

- » Address coordination and collaboration between SAPS, NPA, Health, DoJ&CD, and the Judiciary so as to address and optimise case flow management.
- » Address the issue of infrastructure where necessary new advanced equipment should be purchased to address technological delays or gaps e.g. remote testifying and electronic filing of documents, including dealing with load shedding and water shortages.
- » Monthly dashboard on all backlogs (Nationally) with accurate statistics should be developed to be used to hold key stakeholders accountable to addressing the backlog.
- » Reconsider the requirements of the sexual offences' courts particularly when giving of evidence is concerned and make use of TCCs so witnesses can remotely testify from these centres.
- » Provide skills development for all personnel working on sexual offences and recruit more staff members across the criminal justice system.
- » Develop a Memorandum of Understanding (MoU) between Department of Health and the Forensic Science Laboratories to assist the Department of Health to run their own DNA tests especially on unidentified persons.
- » Fast-track the establishment of a Forensic Science Laboratory in every province.
- » Enhance prosecutor led investigations which might be useful in strengthening evidence for criminal cases and improve conviction rates.
- » Consequence management is needed, and accountability mechanisms need to be enforced.
- » Ultimately services need to be more cohesive and consolidated to ensure effective prosecution of cases. There is need to link SAPS GBV desks to TCC for holistic services.
- » Mentorship programmes between older more experienced and younger staff should be facilitated to ensure skills transfer.

## 6.2 CLINIC TWO: ENSURING SURVIVOR CENTRED AND FUNCTIONAL THUTHUZELA CARE CENTRES (TCCS)

This clinic was facilitated by representatives from the National Prosecuting Authority and Masimanyane Women's Rights International. The Clinic was well attended with multi-sectoral representatives from all provinces.

### DEFINING THE PROBLEM

There are a limited number of TCCs, and these are not evenly distributed across the country. Furthermore, there are a range of challenges with the roll-out of the model itself including: (1) standardisation across the country; (2) human resourcing; (3) infrastructural challenges; (4) gaps in

psychosocial support services and; (5) wider service delivery challenges, including a lack of awareness by communities and inaccessibility overall.

### ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included:

- » **A lack of /non- standardisation of the TCCs services** – Across the country this is a challenge and it expresses itself in the lack of clear allocation of responsibilities by respective stakeholders that are involved. In addition, standards are different across the various provinces and facilities within a specific province.
- » **Inadequate human resources** – At TCCs forensic nurses and forensically trained doctors. Furthermore, forensic nurses do not have their training recognised due to getting their training at unaccredited institutions and

they are thus not given the required remuneration for the work they do. As a result, this reduces their willingness to fully avail themselves for the forensic medical examinations.

- » **Lack of Infrastructure** – There is a lack of adequate space allocated in most public hospitals where TCC's are located. There is a need to upgrade existing centres which have become dilapidated as well as creating new TCC's to cover deprived areas.
- » **Low levels of community awareness and under-utilization of the TCC services** – There is a need to strengthen stakeholder relationships which can facilitate knowledge of the TCC's presence within communities. Waiting time for rape survivors is excessive due to a shortage of personnel which leads to secondary victimisation. Some TCC's do not operate 24/7 compromising services to survivors
- » **Lack of long-term counselling services** – There are generally poor referrals systems, coupled with a lack of confidentiality and these results in secondary victimisation of survivors.
- » **Inaccessibility of the TCCs** – This is more pronounced in rural areas as hospitals are too far from villages. Poor roads and lack of transport exacerbates this problem. Rape survivors often go directly to hospitals not knowing that they need to approach the nearest police station first. Access for persons with disabilities is even more challenging. Responsibility for transportation of the victim/survivors is not clear between SAPS/DSD/NPA/CSO's
- » **Digital illiteracy, digital poverty, and poor connectivity** – This affects all stakeholders, and impedes access to information.

- » The location and establishment of TCCs needs to align with areas where there are high levels of rape, drawn from SAPS data.
- » Reviews of each TCC must be undertaken to assess the needs of that TCC including human resources, standard data collection and filing systems across TCCs.
- » CAS system must be made available at the TCCs in order to make it possible to capture cases at the TCC instead of at SAPS only.
- » A Monitoring and Accountability Mechanism and a Complaints Mechanism is needed to identify problems quickly and respond timeously.
- » Introduce virtual testimony at TCCs to make it possible for survivors to deliver testimony to the court from a TCC.
- » Develop minimum norms and standards for services to be delivered to survivors in a context- specific manner – linking already existing services (i.e., clinic, NGOs, SAPS, NPA prosecutor) whilst strengthening coordination.
- » Legislate services to be provided to survivors of GBVF by amending section 28 of SORMA, to include the provision of psychosocial support and referrals for longer term counselling etc.
- » Engage South African Nursing Council, Department of Health, and DSD to fast-track the accreditation of forensic nurses and social workers to create an incentive for nurses and social workers to specialise.
- » Child victims requiring overnight shelter services cannot be accommodated by NPA-run TCCs adjacent shelters and must be activated in terms of the Children's Act of 2005 to be placed in a place of safety.
- » Develop a protocol to fast-track cases of child survivors under the age of 10 to address high attrition rates of cases in this specific age group.
- » Ensure ongoing and sustainable funding for NGOs who deliver psychosocial support services to victims/survivors.
- » Ensure regular, formalised, mandated coordination meetings between all stakeholders responsible for delivering services to survivors in a specific area (this can include TCC as well as other structures).
- » Engage with SAPS to provide police cars (not vans, non-branded cars) to transport survivors to and from services (i.e., hospitals).
- » Fast track designation of sexual offences courts, especially in rural areas.
- » Sensitisation training for criminal justice officials on LGBTQIA+ issues and the provision of gender-neutral facilities.

### 6.3 CLINIC THREE: ACCOUNTABILITY FOR SURVIVOR-CENTRED RESPONSE SERVICES BY SAPS BACKLOG CASES

This clinic was facilitated by WISE4Afrika Collective, Women's Legal Centre and SAPS. The Clinic was attended by a range of participants from civil society organisations working in the women's rights, children's rights, men's, disability, sex work sector, as well as representatives from the South African Police Services.

#### DEFINING THE PROBLEM

It was highlighted that SAPS is failing to implement the minimum standards of best practice across the board when responding to GBVF-related cases, despite various legislative frameworks that prescribe the police in discharging their constitutional responsibilities and duties. The Family Violence, Child Protection and Sexual Offences (FCS) Unit in SAPS is key as it deals specifically with violent crimes perpetrated against children and sexual violence offences against adults. Currently the FCS is under-capacitated as a unit. The FCS, as a reaction unit in SAPS, investigates the crimes once a docket has been filed and a case number has been provided to the victim.

#### RECOMMENDATIONS

- » Use technology to amplify accountability by digitising police services – that is the digitisation of the docket system, the implementation of body cameras on all responding police officers including all vehicles.
- » Select nine (9) police stations in nine provinces with the purpose of designing a service process blueprint that can be replicated in all other police stations.
- » Every member of the public participating in this summit must test the SAPS complaints mechanism – this includes the 24hr feedback system of the FCS Unit.
- » The transition of the previous Domestic Violence Act into the recently amended one.
- » Victims need to be allowed to write their affidavits at the police station in a language of their choosing and comfort. This includes sign-language interpreters.
- » Civil society should engage with the Civilian Secretariat for Police.
- » Implement an integrated information system of the JPS cluster because the ICMS is not working in justice. There needs to be amplification and acceleration on the integration of systems for better coordination.
- » There needs to be both acceleration in the establishment of FCS Units and amplification of their role in service provision.
- » There needs to be amplification of the role of the Civilian Secretariat for the SAPS. In addition, there needs to be civil society engagement with the Civilian Secretariat in responding to SAPS's execution of their GBV-related duties.

Key challenges and gaps identified included:

- » **Lack of accountability** – Government institutions, including the SAPS have increasingly become unaccountable for the rampant inadequacies in executing their primary responsibility to citizens.

**Inadequate judicial attention** – The right to be free from violence in all its manifestations across different sectors has received inadequate judicial attention, and thus its development and implementation has largely remained incomplete. Cases such as *S V Carmichelle*, *A Kawa vs SAPS* and *Van Eeden vs SAPS* are instructive in this regard. These cases deal with SAPS and their constitutional obligation and legal duty to protect and ensure the safety of all citizens, and thus any failure to do so is an infringement.

**Imbalance between human resources and workload** – Currently the FCS is currently under-capacitated as a unit.

**Lack of training on sexual offences and related matters** – This hinders the quality of services and is a contributing factor to secondary victimisation.

**Turnaround time on investigations** – This poses challenges to effective and timely prosecution and resolution of cases.

## 6.4 CLINIC FOUR: ACCELERATING EFFORTS TO ESTABLISH A NATIONAL COUNCIL ON GBVF

DWYPD and Call to Action. It was attended by government, civil society, and private sector representatives.

### DEFINING THE PROBLEM

The NSP on GBVF establishes a NCGBVF as a legislated national coordinating body to oversee the implementation of the NSP on GBVF at national, provincial, and local government levels. However, the delays in the establishment of a national coordinating structure has made it difficult to realise the objectives of the NSP on GBVF, as initially envisioned. The stakeholders noted that there is currently a Bill in place that was approved by Cabinet and was introduced to Parliament for processing. This Bill was initiated by the DWYPD and contains elements relating to the establishment of the Council, its structure, and a proposal for a resourcing mechanism.

### ANALYSIS OF THE PROBLEM

During the discussions the stakeholders interrogated the Bill in its current state and found it to be lacking in the aspects listed below. These aspects are critical in strengthening accountability, leadership, and coordination of GBVF response(s):

- » **Establishment of the Fund and its architecture** – Section 18 of the Bill makes reference to the resourcing of the NCGBVF but is silent on the establishment of a Fund, as provided for in the NSP on GBVF. There was also concern that the NSP on GBVF itself did not give much direction on the purpose of the establishment of such a Fund; how it would be resourced and eligibility to receive funds.
- » **Intergovernmental Coordination** – Although the Bill establishes the NCGBVF, it does not sufficiently address intergovernmental coordination which is critical in ensuring the institutionalisation of the NSP on GBVF across national, provincial, and local tiers of government.
- » **Establishing a multi-sectoral response** – Similarly, the Bill fails to establish a multi-sectoral response to addressing GBVF, including defining what accountability looks like in the context of the structure.
- » **Decision-Making and Governance Structure** – Whilst the Bill addresses board composition, it is silent on diversity and inclusion as principles of the NSP on GBVF and on how decision-making will be made. In addition to this, participants noted that the private sector was omitted from board representation.
- » **Accountability, Reporting and Transparency** – The Bill is similarly silent on how stakeholders will account, including the frequency of reporting on the progress made in the implementation of the NSP on GBVF – they stressed that the feedback loop is critical.
- » **Time frames** – Stakeholders recognised that the process of legislating the NCGBVF has been lengthy. They proposed that this be fast-tracked to enable the Council to be established and execute its mandate. There was acknowledgment that this did not align with the DWYPD timelines, given that parliament will be going into recess due to the upcoming summer/Christmas holidays.
- » **Introduction of the Bill as a section 75** – It was noted that the Bill was tagged as a section 75, therefore not requiring National Council of Provinces (NCOP) consultation. Yet, there are provincial and local government mandates and functions provided by the NSP on GBVF. Although this was raised as a concern, the legal advisor of DWYPD clarified that if the parliamentary committee is of the view that the Bill requires consultations with the NCOP, then it will be redirected back to cabinet for the necessary amendments to be made. This process may require the re-introduction of the Bill as section 76 (one that affects provinces). Should this happen, the process of adopting this Bill will be longer, given that consultations will have to be held with provincial legislatures.

### RECOMMENDATIONS

- » **Establish a GBVF Fund as stipulated in the NSP on GBVF and make proposals on how resources from the fund will be utilised.**
- » **Revise and include a section in the Bill on Intergovernmental Coordination that articulates how coordination should take place across the three tiers of government.**
- » **Insertion of a Multi-Sectoral Coordination clause in the Bill that also addresses issues of inclusivity and diversity; and consider in the board's composition, inclusion of the private sector as a critical role player in the fight against GBVF.**
- » **Enquire on the parliamentary process to provide an estimate of timeframes for the adoption of legislation on the NCGBVF.**
- » **Revise timeframes for the conclusion of the NCGBVF Bill to align with parliamentary processes and government budgeting processes.**



## 6.5 CLINIC FIVE: ACCELERATING EFFORTS TO ADDRESS SUBSTANCE ABUSE, INCLUDING ALCOHOL ABUSE AS A SIGNIFICANT DRIVER OF GBVF

This clinic was facilitated by representatives from the South African Medical Research Council (SAMRC), DSD, Southern Africa Alcohol Policy Alliance (SAAPA) and South African National Council on Alcohol Abuse (SANCA). Presentations by these groups guided the discussions in the clinic.

### DEFINING THE PROBLEM

Alcohol abuse and wider substance abuse continues to be a key driver of GBVF and wider violence across South Africa. Overall, the negative consequences are seen at the individual, family, and wider societal levels. The evidence on the linkages between GBVF and substance abuse were highlighted. There is evidence that shows that the use of alcohol is associated with both the frequency and severity of GBVF. Similarly, illicit drug use (methamphetamine, mandrax, cocaine) increases the risk for GBVF. Evidence also shows a bidirectional relationship between alcohol and other drugs and GBVF. GBV leads to increased use of alcohol and drugs, often to cope with trauma, and other underlying issues that are not dealt with like anger, which often increases the risk for GBV. Research shows that over 80% of women in treatment have suffered a childhood trauma such as rape, assault, and domestic violence. Drug-using partners are more prone to use physical and psychological violence, including sexual assault against their wives and female children.

### ANALYSIS OF THE PROBLEM

The challenges noted included the following:

- » **Intimate Partner Violence** – Interventions aimed at reducing alcohol and other drugs may lead to reductions in IPV & NPSV perpetration and experience: Both alcohol and other drug use are strongly associated with increased risk for IPV perpetration among men and experience for women.
- » **Challenges regarding liquor licensing processes** – These include outdated legislation and licensing processes that obligate licensing bodies to consider all applications brought before them, and a lack of communication, consultation, and input in the awarding, monitoring and enforcement of licenses.
- » **Lack of effective policy and legislation** – These need to be meaningfully implemented and monitored. For example, the implementation of the 2010 Global strategy and rezoning of facilities for the sale of alcohol from residential spaces to economic zones, requiring opening up small to medium-scale economic zones through the Liquor Amendment Bill.
- » **Structural and treatment obstacles** – This includes the location and accessibility to treatment centres; costs of attending treatment centres; availability, and accessibility of treatment; working hours and a lack of knowledge and training in dealing with women and concurrent disorders.
- » **Lack of training and facilities** – Especially for dealing with women who have problems with substance abuse.



- » Intervene in an integrated manner across sectors (GBVF and substance use) on the continuum from prevention to treatment and maintenance.
- » Implement the 2010 Global strategy 10 recommendations to member states, with a focus on: (1) reducing availability (trading hours, density, legal drinking age), (2) restricting advertising, and (3) increasing prices.
- » Strengthen legislation, policy, and programming to adequately address substance abuse as a key driver of GBV in the country. This can be done through addressing structural and treatment obstacles such as the location and accessibility to treatment centres, the costs of attending treatment centres, admission criteria, availability and accessibility of treatment, lack of knowledge and training in dealing with women with concurrent disorders and social challenges, including GBV.
- » Adopt Liquor Amendment Bill.
- » Introduce a dedicated alcohol levy and ban advertising at the point of sale. No sports sponsorship. Control of marketing of alcoholic beverages Bill.
- » Increase resources for liquor inspectorate: Clarify the role of Law enforcement vs liquor boards.
- » Build on and integrate priority interventions articulated in the National Drug Master Plan.
- » Increase recreational spaces for youth.
- » Overcome structural, cultural, and personal barriers that prevent women from accessing treatment through best practice models to increase collaboration between all sectors and stakeholders.
- » Women have unique differences and needs for prevention and treatment programmes; therefore, evidence-based prevention and treatment programmes must be developed to meet the needs of women at 1-stop centres.
- » All professionals need capacity building and training to understand the link between GBV and Substance Use Disorders (SUDs).
- » Develop a standardised screening and assessment tool for GBV and (SUDs).
- » Establishment of women, and family support groups using “Ripples” circle dialogues in various communities.
- » Strengthen funding to establish and run substance abuse treatment resources that cater for women's needs.
- » Develop a gender-specific care management policy for women in treatment for substance use disorders.

## 6.6 CLINIC SIX: HARNESSING THE ROLE OF DATA COLLECTION AND TECHNOLOGY IN FIGHTING GBVF

This clinic was facilitated by Pillar 6 of the End GBVF Collective and sought to explore ways in which technology could be better employed towards strengthening data collection and the overall GBVF response in the country.

### DEFINING THE PROBLEM

Efforts to optimally harness technology and data have not been included overtly in the current NSP on GBVF. A range of interrelated challenges emerge: (i) the quality of services to victims is hampered by the inability to share information; (ii) there is a lack or limited protection of victim's personal information resulting in secondary victimisation; (iii) inadequate visibility of profile and location of interventions; (iv) inability to deal with cyber abuse and online harassment and; (v) there is an inherent bias of artificial intelligence if data gathering strategies are not inclusive. Technology should be used to eliminate secondary victimisation and enable better response and support services.

Currently, victims/survivors of GBV are subjected to secondary abuse and victimisation as a result of contravening the POPI Act, 2013, especially by SAPS wherein victim's personal information is shared with the perpetrator/perpetrator's legal team. In this regard, other legislations that protect the rights of citizens are not adhered to.

Key challenges and gaps identified included

- » **Use of data to strengthen accountability** – Explore ways to use data to strengthen accountability. The discussions explored ways in which victim data is gathered, its flow is tracked and located in the system (be it hard copy or digital) and management of the data captured.
- » **Cyber abuse and online harassment** – These acts are escalating, even though the protection from harassment Act, 2011 provides comprehensive protection against electronic stalking. The current protection order mechanism is not effective to prevent further cyber abuse. There is an increase in witnessed incidents of sharing of child porn even though Section 19 of the Criminal Law Amended Act, 2007 prohibits this.

- » **Interference with evidence heightened by the paper-based system** – System failures lead to compromised information security this will be reduced when these are digitised. The use of technology can be leveraged to provide only the necessary information to the perpetrator which will minimise risk of victimisation and harassment of the victim.
- » **Limitations in collaboration amongst the multi-stakeholders** – Implementing the NSP on GBVF requires improved data system, linking and sharing of data. The current inadequate technological infrastructure and systems are preventing maximum data utilisation.

## RECOMMENDATIONS

- » **The protection of victims from secondary victimisation with regard to how their data is handled and shared is a priority, there is an inherent risk of secondary victimisation in how SAPS case data is handled and how this can violate victims' rights.**
- » **Guided by the Information Regulator, a responsible government department should develop a framework that works within the ambit of the Protection of Personal Information Act and guides the ethics on how data is handled and shared.**
- » **SITA or DCDT should be mandated to enable data-sharing with victims' best interests being paramount.**
- » **Researchers should be able to access existing datasets.**
- » **Victim-centric data management strategies should be prioritised.**

## 6.7 CLINIC SEVEN: PRIORITISATION OF KEY STRATEGIES, INTERVENTIONS, AND TARGET GROUPS TO ACCELERATE THE IMPLEMENTATION OF THE COMPREHENSIVE NATIONAL PREVENTION STRATEGY (CNPS) AND THE NATIONAL INTEGRATED FEMICIDE PREVENTION STRATEGY (NIFPS)

The Institute for Security Studies (ISS), and Phaphama Initiatives and Violence Prevention Forum facilitated the clinic. The clinic was attended by various civil society formations, victim policing forums, research, and academia (SAMRC), donor partners, and government - mainly DBE.

### DEFINING THE PROBLEM

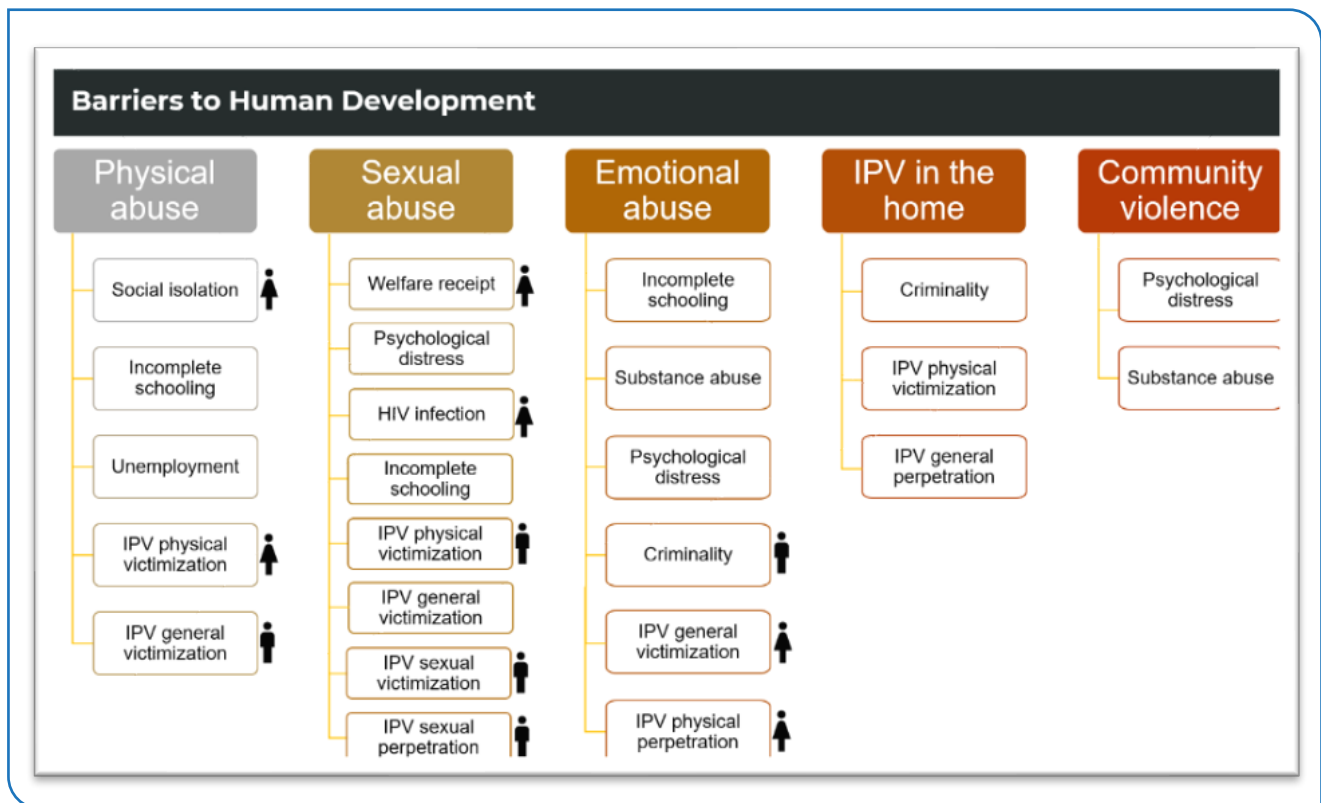
In this clinic there was a presentations on the CNPS, NIFPS, and a study on how violence and adversity undermine human development in South Africa helped define the problem and centre the discussions. It was highlighted that both the CNPS and NIFPS adopted the socio-ecological model in framing prevention. Both strategies seek ways to address the drivers of these forms of abuse, however, implementation has not yet gained traction or been institutionalised.

The CNPS seeks to: (1) deepen a collective understanding of the drivers, responses, and good practices; (2) bridge resource, capacity, leadership intervention, policy, and evidence gaps; (3) systemise evidence-informed GBVF prevention across the country and scale-up what works

and; (4) continue actions and activism to transform social norms towards healing, wholeness and reshaping individuals, institutions, families, and communities.

This correlates with the NIFPS which aims to: (1) strengthen legislation and develop femicide specific policy and guideline to prevent and respond; (2) provide leadership and accountability for femicide prevention, and strengthen institutional capacity; (3) prioritise femicide surveillance and build knowledge of what works and; (4) Implement a targeted, context specific femicide prevention programmes.

The findings from the Birth to Thirty cohort study were used to underscored local and international research that indicates the devastating effects of GBV including crime and violence in general on human development in all its forms (be it physical, mental, psychological, emotional, social or economic). These are unpacked in the diagram below on barriers to human development that are linked to GBV.



Given the levels of GBVF in South Africa, there is a need to urgently prioritise the implementation of the NCPS on GBV and the NIFPS in ways that ensure effective delivery. The definition of the problem, drawn from local and international research showed the devastating effects of GBV and violence in general on human development in all its forms (be it physical, mental, psychological, emotional, social, or economic).

## ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included:

- » **All forms of violence intersect and reinforce each other** – Violence undermines human development and wellbeing across the life cycle. This understanding must be central to implementing the CNPS and the NIFPS, and in prioritising interventions that can have sustainable impact.
- » **All forms of violence intersect and reinforce each other** – Violence undermines human development and wellbeing across the life cycle. This understanding must be central to implementing the CNPS and the NIFPS, and in prioritising interventions that can have sustainable impact.
- » **Inadequate resourcing** – There are inadequate resources and capacity to support interventions and roll them out at scale.
- » **Inadequate communication and coordination** – There is no shared understanding of what it will take to prevent GBVF and violence in general.

- » **Lack of taking stock to enable conceptual understanding and implementation** – Every person, organisation, institution, and department has a role to play in preventing GBVF and violence in general, and this can only be realised through a process aimed at coming to a shared understanding of what it will take to prevent violence and the roles that each body has to play
- » **Mutual Accountability** – A whole-of-society approach has not been fully adopted.





## RECOMMENDATIONS

- » Fast-track a gender-responsive framework and resourcing of the response through National Treasury and other departments; and other multi-stakeholders for prevention and rebuilding social cohesion. This is essential for an enabling environment to scale-up of evidence-led programmes, including parenting programming that has significant potential for inter-generational impact on social norms. A costing model for evidence-led parenting programmes has been developed and the existing network of service providers creates the opportunity for scaling up.
- » Prioritise agreement at local, national, and provincial levels on what violence prevention is, and allocate roles and responsibilities
- » Map policies, services/interventions, and service providers to identify what is working and the gaps in the prevention landscape at national, provincial, and local levels.
- » Strengthen accountability through a 'whole-of-society' approach and institutionalise GBVF prevention.

## 6.8 CLINIC EIGHT: ADDRESSING HOW TO HARNESS COMMUNITY-BASED STRUCTURES, INCLUDING RRTS, AS KEY MECHANISMS FOR GBV PREVENTION AND TO UNBLOCK SYSTEMIC CHALLENGES FACED

This clinic was facilitated by the German Development Cooperation (GIZ) in partnership with the Department of Cooperative Governance (DCoG). The Clinic was attended by development partners, representatives from local government and national government and civil society.

### DEFINING THE PROBLEM

Ineffective responses to GBVF at a community (local) level despite the existence of local structures. Strengthening locally based responses is critical to amplify efforts to effectively respond to and prevent GBVF and ground the implementation of the NSP on GBVF.

### ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included

- » **Financial Resources** – In order to support the implementation of GBVF initiatives by both government and CSOs at local (District/Municipality/Ward/Community) level, are limited.
- » **No budget for community structures** – Funding is needed to enable community structures to coordinate and to respond effectively to GBV.
- » **Limited capacity in terms of human resources** – There is a need for personnel; language interpretation (braille, sign language) for persons living with a disability to access services and intervention that impart knowledge and skills in handling GBVF cases.
- » **Inadequate infrastructure** – Currently SAPS does not have Victim-Friendly Rooms, GBV help-desks in all their stations. There is a backlog of cases, inadequate shelters and often no SAPS transport for victims.
- » **Under-representation of marginalised groups** – Currently there is an under-representation of sectors or individuals representing persons with disabilities, children, girls, older persons, LGBTQIA+ community in the planning and implementation of GBVF interventions. In some instances, language is a barrier particularly where manuals are only written in English.
- » **Lack of political leadership** – Leadership at different political levels remains inadequate and does not even exist in some areas. This leads to limited accountability/responsibility in execution of decisions. Roles in safety are not understood by municipalities.
- » **Fragmented implementation/Lack of collaboration** – This is often observed between existing local structures such as Community Policing Forum/SAPS/Community-Based Organisations, Community Safety Forum, Rapid Response Teams. The lack of collaboration leads to the absence of tangible results.

## RECOMMENDATIONS

- » Every department should allocate a ring-fenced budget to GBVF through the Treasury issuing a directive to that effect. Departments need to plan together to increase gender responsiveness and reduce duplication. In line with a whole of society approach a mechanism must be found to ensure that local, African immigrants-owned local businesses, and international businesses support funding of GBVF prevention and response interventions. All this must be guided by a costed models for each NSP pillar and be monitored by a dedicated multi-sectoral accountability structure– similar to or that falls within the GBVF Council as it has linkages to structures at the grassroots level.
- » Efforts should be made to use all available platforms at the local level to communicate the GBVF message including local community radio stations, newspapers, Imbizos, taverns, schools. The Department of Sports, Arts and Culture should be tasked with translating GBVF communication in all local languages including braille. This is to ensure inclusive communication on GBVF awareness, the work of the coordinating structures and GBV interventions that are being implemented.
- » Commit all organs of state including provinces and municipalities to integrate GBVF priorities into their plans and programmes; to reflect the role of different stakeholders and to include different stakeholders including CSOs in the planning and implementation of these different programmes.
- » A structure that resembles SANAC should be in place so as to enforce accountability and seamless coordination between all GBVF programme implementing entities. At all levels, there must be oversight mechanisms and district level integration should be coordinated through the District Development Model clusters, with the political champions providing strong monitoring. HODs of all entities should develop a project plan together. SALGA should develop a framework to guide the implementation. GBVF programmes should be preventative, corrective, and sustainable.

## 6.9 CLINIC NINE: HARNESSING THE ROLE OF THE MEDIA AND ETHICAL GUIDELINES IN ADDRESSING GBVF

This clinic was facilitated by Gender Links and attended by representatives from GCIS, the CGE, Media Monitoring Africa (MMA) and journalists (including public and community media), and artists.

### DEFINING THE PROBLEM

GBVF is still overshadowed in the media and receives minimal coverage. Both the quantity and quality of coverage of GBVF reporting by the media remains a challenge. GBVF as a topic was a mere 2% of news coverage in the 2018-2019 GIZ/UNWomen/GL study, and rape is the most covered form of GBVF. Women are heard more than men on GBVF in the news. Although in overall news coverage, only one in every five women speaks (21%), women's voices dominate GBVF stories. There is bias shown in the function of news sources. Survivors' voices are muted accounting for proportions ranging from 5%-9% across the different studies, while spokespersons and government officials (49%-52%) dominate GBVF stories across the different studies. Women reporters dominate in the coverage of GBVF. There is very little focus on prevention constituting 5% of GBV coverage in the news. This is deeply concerning considering the potential powerful role of TV in spearheading prevention campaigns. Stories on where to get support are very

limited, except in children's programming, with only 16% of TV news stories on GBVF mentioning where to access help as opposed to 67% of children's stories on GBVF mentioning where to access help.

There are still very strong elements of gender stereotyping, especially in entertainment. Only 2% of news and 7% of children's coverage fell in the blatant stereotype category, compared to 16% for entertainment. This is of concern given the powerful role of TV entertainment in shaping societal norms.

### ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included

- » **Sensationalist reporting** – Headlines can be detrimental as such stories only draw attention to certain facts, not the real issues at hand.
- » **Lack of in-depth coverage** – Where incidents of GBVF garners a short media blitz and this makes the issue seem like an isolated event. There are examples of good practice where the media provides in-depth analysis and locates the coverage in a broader context as a societal issue, not (only) as a private/family matter or isolated incident or high-profile case. This kind of coverage needs to become the norm.
- » **Inaccurate and inappropriate GBVF terminology** – Media sometimes fails when it comes to using the right terms and phrases when reporting GBVF. Correctly phrasing GBVF not only helps fight the scourge at

societal level but also helps society take GBVF seriously unlike trivialising it by using inaccurate and sometimes inappropriate terms (“Sex pests,” “Perverts,” etc.). Inappropriate language minimises the extent to the violation.

- » **Inadequate victim to survivor narrative** – Across all media monitored more women are seen in images, but these visual representations largely portray women and as victims, not as survivors.
- » **Lack of informed consent compromises credibility** – In smaller communities, survivors may be easily identified by some detail that might seem insignificant in other contexts. There is a need to carefully balance between ensuring credibility of the story, and protection of privacy and safety of survivors. Media professionals should in principle obtain informed consent from any survivor interviewed or portrayed in any report to disclose their personal data to avoid revictimisation.
- » **Failure of the criminal justice system** – Coverage on the role of the police is limited and when done it seems to focus on how the police are overwhelmed or failing to protect women.
- » **Online media is a double-edged sword in the GBVF fight** – While it provides survivors and witnesses a platform to speak out and garner support, social media is also a platform that is increasingly used to target women and inflict violence. The limited coverage of online violence creates a dichotomy between online (trolling of women in the media – shaming, bullying, doxing, targeted troll armies) and offline world. Online violence is real violence, and may easily spill into the offline world. Online reporting ordeals of GBVF should take into account the relevant procedures and rights at stake.
- » **Objectification of women in advertising** – There is continuation of tapping into women’s physical appearance to sell products and gender biases and stereotypes are widespread in advertising.
- » **Inadequate institutionalisation** – GBVF is still at a programme level in government departments and most of the time not ready to be communicated or publicised.
- » **Lack of budget for communication** remains a major challenge because for a campaign to be impactful it requires the requisite financial resources for it to be sustained. This arises from a de-prioritisation of communication and a belief that community media is free.

## RECOMMENDATIONS

- » **Strengthen the role of the media, as a central element that can play a positive role in ending GBVF through adequate resourcing to execute its prevention role, in NSP implementation.**
- » **The formulation of gender policies that clearly denounce GBVF in content and in the media houses themselves where they are non-existent.**
- » **Ongoing training for key communicators (including political principals), journalists, community media and the development of strong common messaging.**
- » **The empowerment of citizens and communities to demand accountability from the media through media and digital literacy.**
- » **Strengthen collaboration between the media across all genres with civil society organisations, and activists towards challenging gender stereotypes in media and advertising, and raising awareness on GBVF. Establish meaningful partnerships so media can cover issues comprehensively.**
- » **In-depth, contextualised, innovative, careful reporting, storytelling, and content creation to counteract audience fatigue on GBVF, that center on personal experiences and triumphs, shifting the narrative from victims to survivors.**
- » **Lobby the newly established Marketing, Advertising and Communications Council (MAC) to deal with objectifying women in the media and advertising. Greater funding for the media, and community media in particular.**

## 6.10 CLINIC TEN: PROTECTING CHILDREN FROM BECOMING PERPETRATORS

This clinic was facilitated by Lucy Jamieson. The Presenters included Professor Shanaaz Matthews, Mozaic and Fortunate Mangai.

### DEFINING THE PROBLEM

Despite all the violence against children, the focus of the NSP is on responding to violence against women and that violence against children, in certain circumstances, is a subsidiary focus. Support services to children and families are crucial. Grants for women and children have been frozen, and provinces have had to cut their budgets for afterschool programmes, parenting programmes. These cuts will intensify the pressure on families and increase the drivers of violence whilst support and prevention programs are being cut back instead of scaled-up.

### ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included:

- » **Violence prevention** – The whole of society must work deliberately and sustainably to remove sources of harm and inequality, and heal woundedness, by intentionally growing an ethic of mutual care, respect, and inclusion to build peace. In essence, prevention and response are two sides of the same coin. The manner in which the cases of violence and abuse are tackled can determine whether someone experiences more violence or less.
- » **The INSPIRE Framework for effective programming to end violence against children** – This includes the following 7 critical elements, implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services and education and life skills.
- » **Scaling up evidence-informed programmes or interventions** – It is important and should be enabled. A good programme or intervention which be responsive to context and implementation support including finance, should be in place.

### RECOMMENDATIONS

- » **Fully integrate children into the NSP – #Pillar 7 starting with a definition of GBV that recognises that the violence that girls and boys experience in childhood drives a cycle of victimisation and perpetration.**
- » **Include children and children's sectors representatives in the National GBV Council and coordinating bodies at provincial and local level.**
- » **Scale up evidence- based educational GBVF programmes at national level, from early Childhood Development level to university.**
- » **Increase funding and investment in targeted Children's GBVF programs. National Treasury and Departments (National and Provincial) are requested to ensure that child protection, prevention interventions, and parenting support do not fall victim to budget cuts – ring-fenced funding.**
- » **Good programming for a balanced equitable, responsive approach to services that brings boys to the same level of focus as girls, and ensures access irrespective of where children live.**
- » **Hold Pillar 2 accountable – one of the key indicators not achieved under Pillar 2 as reflected on Page 20 of the GBVF Report is % of schools with running GBVF programs.**

## 6.11 CLINIC ELEVEN: ALIGNMENT AND INTEGRATION NSP ON GBVF WITH NSP-HIV, STIS, TB

This clinic was organised by the Swedish Embassy and centred on three key presentations from UNAIDS, the National Department of Health (NDoH) and SANAC, though presented by UN Women. It was attended by multi-stakeholders across national, provincial, district and local municipalities levels.

### DEFINING THE PROBLEM

The problem identified by this clinic centered around the silo approach in tackling the dual pandemics and how the interlinkages have not been fully addressed. The clinic highlighted challenges in the lack of alignment in South Africa's NSPs to respond to GBVF and HIV, TB and STIs. This gap was seen to result in poor effectiveness, integration, cross-fertilisation, and loss of resources due to duplication. Specifically, the clinic outlined the material costs of misalignment and inaction relating to the dual pandemics. The costs to individuals, society, and financial



systems in with GBV were highlighted. Total estimated costs for inaction in South Africa were estimated at 33 billion USD or 10% of GDP.

In the research evidence presented during the clinic, examples were made of teenage pregnancy resulting from rape, and subsequently, in HIV transmission. This was further linked to negative impacts on education and economic potential, including increased reliance on social services and government burdens in delivering antiretroviral therapy. Delegates highlighted the following drivers of GBVF and HIV: (1) harmful social cultural norms (specifically patriarchal norms and practices); (2) unequal economic and social power; (3) lack of education, knowledge, and information and; (4) poor response enabling status quo.

## ANALYSIS OF THE PROBLEM

Key challenges and gaps identified included:

- » **Silo approach in tackling the dual pandemics** – There is a lack of synergy between the GBVF and HIV&AIDS NSPs and the interlinkages have not been fully addressed. Largely, the scale of the dual pandemics and the constrained health and criminal justice infrastructure, reinforces the need for a multi-sectoral response. Integrated HIV and GBV interventions were noted e.g. testing for evidence of sexual assault as well as HIV; and Comprehensive Sexuality Education (CSE). However, efforts require augmentation and a more deliberate approach, strategically and operationally.
- » **Gaps in the government response** – Obstetric violence and GBV interventions are critical, and they should target different groups.

## RECOMMENDATIONS

- » Publish a new national implementation plan that addresses these dual pandemics by building from the 2021 'South African Interlinkage Framework of NSPs on GBVF and NSP on HIV, TB and STIs.'
- » Policies and programmes must be put in place that reduce and eliminate stigma and discrimination faced by those living with HIV, and those who are victims of GBVF.
- » NDOH must tackle obstetric violence, including forced sterilisation as a form of GBV.
- » Strengthen resourcing of social behaviour change programmes targeting harmful norms in traditions, cultures, institutions, religion, and individuals
- » Expand strategic community-led communication plans that create meaningful information exchange.
- » Enhance comprehensive sexuality education, youth friendly Sexual and Reproductive Health services, school retention for girls, including assistance to return after sexual assault and pregnancy; and reducing GBV and HIV.
- » Provide an overarching framework for effective and efficient implementation of HIV, TB & STIs and GBVF NSPs.

## REFLECTIONS

*Bringing together different stakeholders, experiences, and expertise to bear on specific critical challenges that South Africa needs to address in order to unblock challenges and accelerate efforts to implement the NSP on GBVF which has brought to light some of the gaps that the GBVF response needs to bridge on the ground.*

*The issues addressed in the clinics highlighted systemic blockages; wider societal drivers and challenges; implementation requirements and resourcing. Recommendations emerging from the clinics straddled policy and legislative change and / or acceleration; process and mechanism suggestions; strengthened resourcing; piloting approaches; couple with enhance institutional accountability. The prioritisation of GBVF requires strengthening of intergovernmental and multi-sectoral coordination and collaboration, including consequence-management. In particular, prioritising the recommendations of the clinics in the short- to medium-term is critical as they serve to deal with the bottlenecks that hamper the impact of various initiatives. The resolutions emerging from most of the Clinics focus on addressing systemic challenges, and in most instances did not articulate very specific time frames.*

*The clinics illuminated the importance of taking targeted actions to address specific challenges, obstructing effective service provision, prevention, and response to GBVF in the country.*

# OVERALL REFLECTIONS, CONCLUSIONS AND RESOLUTIONS

## 7

The Summit underscored that GBVF continues to be a crisis that demands ongoing high-level political prioritisation. Through its structure and roll out, it emphasised the centrality of taking a *whole- of- society* approach to responding to GBVF, whilst at the same time strengthening state accountability for ensuring that all in South Africa are and feel safe.<sup>39</sup>

Whilst acknowledging positive steps that have been taken by different role players in implementing the NSP on GBVF, it is clear that South Africa continues to wrestle deeply with its past history of violence. All living in South Africa continue to be exposed to normative forms of violence with women, children and members of the LGBTQIA+ community being particularly vulnerable to different forms of GBV. Until the results of the first national prevalence study being undertaken by the Human Sciences Research Council are released, there is no comprehensive national baseline for an in-depth understanding of the scale of GBVF in the country.

Furthermore, GBVF continues to mutate: (i) widening its grip through different spaces such as the cyberspace; (ii) deepening the levels of gruesome brutality expressed through the barbaric dismembering of women's bodies and; (iii) expanding its expression through even more severe consequences for the children of survivors. The extent and nature of GBVF in South Africa demands deep introspection into the very character of South African society and the ways in which this and other factors result in distorted and toxic expressions of hyper-masculinity. *Holding all men in South Africa, particularly those in leadership, accountable for their roles and responsibilities is fundamental for ending this pandemic.*

Whilst police data provides a proxy of the extent of reported cases, systemic challenges in the data collection process undermines the extent to which this provides an accurate picture. This was underlined by the response of summit delegates when SAPS presented its data during the plenary session. The recording of cases is not disaggregated into different forms of violence as defined by the Domestic violence Act and the capturing of data is not readily disaggregated by sex, resulting in discrepancies and contestation. *Addressing the systemic challenges with the collection of GBV crimes, is critical, as it will facilitate a deeper understanding of these crimes, the extent of these crimes and contribute towards improved policing and wider societal responses.*

The 2017 Femicide Study has provided evidence that there has been a general downward trend in the country of intimate femicide between 1999 and 2017, which points to the way/s in which legislative and policy interventions, such as the Gun Control Act, can have a positive impact. It is disturbing though to see that SAPS data shows a steep increase in the levels of murder of women and children over F/Y 2021/22 and F/Y 2022/23 respectively. South Africa's levels of femicide, relative to other countries, points to the extent of the GBV problem in the country. *Prioritisation of the implementation of the Integrated Femicide Prevention Strategy, alongside the Comprehensive National Prevention Strategy has to be expedited.*

Furthermore, levels of GBVF in South Africa, have to be contextualised within the wider context of heightened levels of crime and violence overall, and resulting levels of collective trauma and social fracture. There has been a steady increase in the rates of murder between 2019 and 2022 from 36.8/ 100 000 in 2019 to 39.5 / 100 000 in 2021 and to 43.7 /100 000 in 2022. The outlier was 2020 in which it decreased to 32.6/ 100 000, amidst decreased reported levels of violence overall, directly attributable to COVID-19 lockdown levels. *Actively addressing individual and collective trauma through accelerating and amplifying NSP on GBVF interventions to rebuild the social fabric, transform toxic social norms and identities whilst promoting healthy, non-violent and safe relationships, families, institutions and communities is key.*

Whilst there have been notable achievements in relation to legislative reform, there was wide recognition that there has been an inadequate focus on prevention efforts. The launch of two key strategies viz. the National Comprehensive Prevention Strategy and the Integrated Femicide Prevention Strategy over the two-and-a- half-year period is an important foundation from which to facilitate collective movement in the same strategic direction. *Amidst a range of prevention-related activities being undertaken across government and civil society, targeted evidence-informed prevention interventions that intentionally disrupt harmful social norms and rebuild positive social cohesion*

39 [https://www.gov.za/sites/default/files/gcis\\_document/201409/ndp-2030-our-future-make-it-workr.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/ndp-2030-our-future-make-it-workr.pdf)

*and human connectedness is key. Widening and deepening the collective capacity of different stakeholders to better understand and drive prevention programmes, particularly at a local level will be the bedrock of successful prevention efforts in South Africa.*

The NSP on GBVF widened the framing of GBV in South Africa, through an embedded focus on economic inequality as central to an effective GBVF response. There was a recognition of policy initiatives such as the 40% public sector procurement policy for women and the establishment of WECONA, towards addressing structural barriers. However, the deeply sited nature of economic inequality means deep systemic transformation is required, to fundamentally change the social and economic position of women, which is a foundational element of the high levels of GBVF in South Africa. *Accelerating efforts that address macro-economic drivers of gender inequality and GBV needs to be high on the national agenda and more intentional links need to be made between these and addressing GBV. At the same time harnessing the role of the private sector and of the labour movement, whilst leveraging government policy initiatives and holding all these stakeholders accountable provides a unique opportunity to make an impact. The Gender Responsive Planning Budgeting, Monitoring, Evaluation and Auditing Policy Framework provides a unique opportunity to optimise government budgeting and expenditure for NSP delivery.*

The degree of frustration and anger at the reality of more than half of South African populace living largely unsafely cannot be diminished and trivialised. Whilst the NSP on GBVF was developed as a national roadmap to respond to the extent of the crisis, there is slow progress in its localisation, coupled with poor universal knowledge and understanding of the NSP on GBVF. The first two and half years have not begun to make an impact on these experiences on the ground. *Strengthened efforts are required to build knowledge and understanding of the NSP on GBVF and how communities and individuals can be active participants in implementing it, across different tiers of government, across civil society and the country at large.*

At the same time, a positive development has been strengthened through strategic collaboration between government and civil society stakeholders, evidenced by the organising of the Summit and through the work undertaken by the End GBVF Collective. In the light of the delays in the establishment of the NCGBVF, these spaces have continued to provide meaningful opportunities for co-creation at a strategic level. This is within a wider context in which trust deficits between government and civil society continue to abound, undermining the building of a strong foundation for a multi-sectoral response across various levels. These trust deficits are often founded on inadequate understandings of respective roles and constraints, lack of accountability for effective service delivery, systemic failures, miscommunication, and inadequate sharing of information. *Consolidating the Summit Resolutions on Accountability into a comprehensive*

*accountability framework for NSP delivery, which is inclusive of all sectors of society is a critical priority for building a solid foundation for accelerated and amplified implementation, and to contribute towards rebuilding trust.*

The pre-summit roadmap of organising different processes at provincial level brought different voices and enabled participants to raise their specific concerns, whilst also making recommendations to address these concerns was therefore critical for shaping the National Summit. It served to underline the need for greater technical and political capacity, particularly at provincial and local levels, to do GBV-related programming. The relative success of pre-summit related activities was uneven, but nevertheless provided valuable inputs and lessons for the national summit. *The structures and processes that were created to feed into the Summit such as an on-line provincial Whatsapp group remain useful as ways of continuing to engage in dialogue and support for strengthening GBVF-related programming across the country.*

Provincial pre-summits events, alongside the Action Caucus discussions with different vulnerable groups emphasised the importance of taking specific actions and addressing key gaps experienced by specific groups such as older women, children, the LGBTQIA+ community, migrant women, sex workers and women with disability, who are particularly vulnerable to GBVF. Whilst the NSP on GBVF needs to continue to focus on the needs of ALL women, being particularly responsive to the needs of vulnerable groups is critical and a strong indicator of the extent of progress. *Overall gaps in policy and legislation need to be addressed; services need to be expanded to address the specific needs of these vulnerable groups undergirded by adequate resource allocations.*

Given the specific vulnerability of children to GBV, the increasing numbers of child perpetrators, the significant ways in which GBV impacts on all children and the fatal impact of abusers using children as a proxy to further abuse their mothers, finding ways to strengthen the NSP focus on children was acknowledged throughout the planning of the summit. Arising from the range of interventions to address this, it became clear that *finding the right way/s to address the inter-generational impact of gender-based violence on children decisively whilst working with them and the sector, is critical for strengthened prevention and response, care, support and healing.*

The summit discussions pointed to the importance of working and leveraging the roles of specific segments of South African society such as leadership at all levels, men, the faith sector, the labour sector, and service providers towards amplifying the potential impact that they can have on ending GBVF. *Strengthening accountability by these respective groups and the respective spaces that they occupy holds much promise for strengthening whole-of-society accountability and responsibility, whilst amplifying the potential impact of the NSP on GBVF on South African society.*



The clinics focused on addressing specific challenges relating to service delivery straddling criminal justice and social development systems; areas that required policy and legislative acceleration; key areas that could be harnessed to scale up implementation and areas where strategic alignment could serve to amplify impact. These discussions

provided specific recommendations to address policy and legislative gaps, improve service provision and facilitate strengthened resourcing. *Working with the multi-sectoral teams that proposed these solutions provides a strategic foundation from which to move these forward with the urgency required.*

GBVF Presidential Summit 2 underlined the following:

- » GBVF remains a monumental challenge in South Africa, accompanied by high levels of frustration and anger;
- » Different spaces are not safe for women (in all their diversities), children and the LGBTQIA+ community which increases their vulnerability to GBVF;
- » Services to survivors, particularly policing, remains inadequate and insensitive;
- » Specific groups are particularly vulnerable and additional emphasis is required to meet their specific needs: children, pregnant women, sex workers, older women, LGBTQIA+ individuals and migrant women;
- » GBVF cannot be responded to in isolation from wider contextual issues taking place in the country, notably COVID-19 impact; social and economic hardship and inequalities; service delivery challenges need to be addressed and;
- » There is a strengthened awareness of GBVF overall but there is a need for strengthened awareness of the NSP on GBF that has wide and inclusive reach;
- » Whilst there has been progress on NSP on GBVF implementation, that this is uneven across the pillars and specific outputs require particular acceleration and amplification;
- » The progress has not been adequate relative to scale of the challenge and the pace needs to be accelerated and positive efforts need to be strengthened;
- » Strengthened leadership, at all levels to drive accountability, acceleration and amplification is required;
- » Strategic and operational management systems, processes and monitoring have to be strengthened;
- » Strengthened, transparent financial systems, and increased resourcing, is critical, moving forward and;
- » Crafting a country-wide National Accountability Framework, that can monitor, measure and report on performance in ongoing and transparent ways will serve to embed greater accountability across the board. All of these critical areas are captured in the Summit Resolutions.





## 7.1 RESOLUTIONS

The Resolutions emanating from the Summit emphasised the following:

- 1) Specific recommendations through which to strengthen state accountability across all tiers of government;
- 2) Specific recommendations to improve service delivery and responsiveness to the needs of survivors;
- 3) Specific recommendations to strengthen societal accountability;
- 3) Specific recommendations to strengthen implementation of the NSP to meet the specific needs of specific groups;
- 4) Specific recommendations to fast-track actions over a six-month period and;
- 5) Specific recommendations to accelerate specific elements of the implementation of the NSP on GBVF.

Fast-tracking delivery on these resolutions is fundamental towards building onto the Summit momentum of accelerating and amplifying NSP delivery, whilst strengthening and consolidating a *whole-of-society* approach to GBVF.

## 7.2 CONCLUSION

Given the level of crisis in the country, bold leadership, and firm actions to drive an agenda in which GBVF will not be tolerated in South Africa is an imperative. The COVID-19 response demonstrated what is possible across government and society when a critical issue threatening well-being and lives, is prioritised. The GBVF crisis demands similar institutional, state, and societal responses. The summit demonstrated that despite the numerous challenges, high-level political commitment remains in place and that state and non-state actors committed to ending this scourge, can work together to take this agenda forward. At the same time, continuing to use the NSP on GBVF as a roadmap around which to galvanise strengthened state accountability and societal responsibility, remains key.

The message emanating from the Presidential GBVF Summit II: South Africa continues to find itself in a severe GBVF pandemic, and whilst recognising steps in the right direction, the overwhelmingly scale of the scourge demands a response equal to the challenge. Bold accountable leadership across government and society, must be accompanied by accelerated efforts towards preventing GBVF. Amplified efforts towards strengthened support services, justice for survivors and their families and bringing ALL OF SOCIETY on board is fundamental.



# PROGRAMME FOR PRESIDENTIAL GENDER-BASED VIOLENCE AND FEMICIDE II 1-2 NOVEMBER 2022



**GALLAGHER CONVENTION CENTRE  
REGISTRATION AT EVENT: 30 -31 OCTOBER 2022**

Session Moderated by Co-Chairs of the Presidential Summit Planning Committee Honorary Professor Olive Shisana and Ms.. Sibongile Ndashe			
No.	Item Plenary	Time Frame	Presenters
<b>Duration 9.30am – 12.30pm</b>			
1	Opening and Welcome National Anthem Candle Lighting for Victims of Femicide	9.00am – 9.15am	Honorary Professor Olive Shisana & Sibongile Ndashe
2	Setting the Scene	9.15am – 9:25am	
3	Status of GBVF in South Africa Presentations: • Status of GBV • SAPS	9.25am – 10.00am	Lt. General Mosikili
4	Status of Femicide SAMRC Video Clip – Voices of Survivors		Professor Naeemah Abrahams
4	Accountability Panel One	10.00am – 11.30am	Moderator: Mr. Eusebius McKaiser
	Minister of Women, Youth, Persons with Disability		Minister Maite Nkoana-Mashabane
	Minister of Police		Minister Bheki Cele
	Minister of Justice		Minister Ronald Lamola
	Speaker of the National Assembly		Ms. N. Mapisa- Nqakula
	Civil Society		Ms. Nondumiso Nsibandé
Premiers in attendance to respond to province-specific questions			
<b>Tea Break 11.30 – 11.50am</b>			
5	Introducing the President	11.50am – 12.30pm	Minister Maite Nkoana- Mashabane
	Presidential Input		President Matamela Cyril Ramaphosa



Lunch 12.30pm – 1.30pm			
<b>6</b>	Making regional and international with our national agenda	1.30pm – 2.00pm linkages	Honorary Professor Olive Shisana at the University of Cape Town (UCT)
	First Lady Namibia		Ms. Monica Geingos
	Message of Support - EU Ambassador on behalf of the Gender Development Group	or	Ambassador Sandra Kramer
	USAID / Ambassador		Ambassador Reuben Brigety II
Brief Commissions			
<b>7</b>	Commissions on Pillars 1 – 6	2.00pm – 4.00pm	
	<b>Pillar 1:</b> Accountability, Coordination and Leadership		Sibongile Ndashe & Ms. Esther Maluleke
	<b>Pillar 2:</b> Prevention and Social Cohesion		Ms. Keitumetsi Moutloatse & Ms. Phinah Kodisang
	<b>Pillar 3:</b> Justice, Safety and Protection		Adv. Praise Kambula & Ms. Francesca Fondse
	<b>Pillar 4:</b> Response, Care, Support and Healing		Ms. Siza Magangoe & Ms. Tracey Kotzen
	<b>Pillar 5:</b> Economic Power		Ms. Namhla Mniki-Mangalisa & Ms. Phelisa Nkomo
	<b>Pillar 6:</b> Research and Information	Management	Ms. Josephilda Nhlapo-Hlope Dr. Nwabisa Shai
Tea Break 4.00pm – 4.20pm			
<b>8</b>	Action Caucuses	4.30pm – 6.00pm	
	Organisations working with children		Dr. Shaheda Omar
	Pregnant Women		Ms. Julie Mentor
	LGBTQIA+		Steve Letsike
	Organisations working with elderly women		Ms. Civil Legodu & Mr Roedolf May Soapf
	Persons with Disability		Ms. Phuti Mabelebele
	Migrant Women		Ms. Tolulola George
	Sex Workers		Ms. Nkere Skhosana & Ms. Katlego Rasebitse
	Service Providers		Dr. Zubeider Dongor
	Workers		Ms. Gertrude Motsweni
	Men		Rev. Bafana Khumalo
	Leadership Across Sectors		Dr. Judy Dlamini
	Faith Sector		Ms. Daniela Gennrich
	Provincial Accountability Forum		Ms. Mmabatho Ramagoshi



**Session Moderated by Co-Chairs of the Presidential Summit Planning Committee  
Professor Olive Shisana and Ms. Sibongile Ndashe**

No.	Item Plenary	Time Frame	Presenters
<b>Duration 9.30am – 12.30pm</b>			
1	Opening and Welcome Back END GBVF Collective	9.00am – 9.10am	Ms. Nomqgibelo Mdlalao
2	Reports from Commissions & Discussion	9.10am – 9.45am	
3	Reports from Action Caucuses & Discussion	9.45 am – 10.20am	
4	Report from the Children’s Summit	10.20am – 10.30am	Representative from The Children’s Summit
5	Accountability Panel Two	10.30am – 11.50am	Moderator: Ms. Cathy Mohlahlana
	Director-General of National Treasury		Mr. Ishmail Momoniat
	Minister of Social Development		Minister Lindiwe Zulu
	Minister of Public Service		Acting Minister Thulasi Nxesi
	Private Sector		Ms. Jahni De Villiers
	Development Partner		Aleta Miller – UNWOMEN
	CGE		Ms. Tamara Mathebula
	Faith Sector		Ms. Daniela Gennrich
	Provincial Representative		
<b>Provide directions for breakaway sessions</b>			
	Instructions for Clinics	11.50am – 12.00pm	
<b>Lunch 12.00pm – 1.00pm</b>			
	Clinics	1.00pm – 4.00pm	
	Accountability for survivor- centered response services by police for them to access the necessary protection, support and justice		SAPS, WISE Collective, Women’s Legal Centre
6	Protecting our children from perpetration and becoming victims		The Children’s Institute, Teddy Bear Foundation, UNICEF
7	How to harness community based structures, including RRTs, as key mechanisms for GBV prevention and to unblock systemic challenges faced		GIZ, DWYPD, SALGA, COGTA
	Prioritisation of key strategies, interventions and target groups to accelerate the implementation of the Comprehensive National Prevention Strategy & Femicide Strategy using a feminist lens		Violence Prevention Forum, DBE
	Media Messaging and Ethical Guidelines		Gender Links
	Strengthen legislation, policy and programming to adequately address substance abuse as a key driver of GBV in the country		SAAPA, DSD, SAMRC
	Establishing the Council		DWYPD & Call To Action





		GBVF Response Fund 1, Development Partner Gender Group & Ford Foundation
	Harnessing Technology to strengthen accountability for GBV delivery	Pillar 6 Technology Team
	Integration and alignment of NSP with other key programming such as HIV & SRHR	Embassy of Sweden & Implementing partners
	Ensuring that backlogs in cases are addressed in a sustained way, to avoid this in future	Women's Legal Centre and NPA
	Ensuring survivor-centered functional Thuthuzela Care Centres	Masimanyane Women's Rights International & NPA
<b>Tea Break</b> 4.00pm – 4.20pm		
<b>8</b>	Reports from Clinics Conference Resolutions	4.30pm – 6.00pm
<b>Closure</b>		

**WE HOPE YOU HAVE ENJOYED DAY 2 AND THE END OF THE  
PRESIDENTIAL GENDER-BASED VIOLENCE AND FEMICIDE  
SUMMIT II.**



# QUESTIONS FROM THE SECOND PRESIDENTIAL SUMMIT



## PANEL QUESTIONS FROM MODERATORS:

### Questions to Minister of Women, Youth, and Persons with Disabilities:

What are you proud of, if anything? When I look at those stats are proud of this government what would be three or four things that are indisputable that 1 500 activists could not disagree with are achievements in making headway to eliminate GBVF?

As a woman in South Africa, how free do you feel? The second question is how long does it take to set up a national council on GBV?

### Question to the Minister of Police:

Besides talking to what policing has done towards eliminating GBVF since 2018, can you make available, publically, the raw data, input data, and the methodology for how those stats are collated and put together, because in order to have maximum transparency and to know whether the experiences of civil society and why there seems to be a gap between what activists have said and what has been shown in the stats today.

### Question to Minister of Justice and Correctional Services:

We have criminally low conviction rates in the country, and when we interrogate where the bottlenecks are there's often a ping-pong match between policing and the court system. The courts, obviously prosecutors, can only work with what is in front of them. But, despite that, we also know that there are other problems that are specific to the justice cluster, such as women finding themselves in secondary forms of victimisation, harms being reinscribed as a result of the entire justice system not being survivor focused and survivor centric. Can you speak to that and also, in the spirit of accountability, give a frank self assessment as you see it, of what you have done and haven't done since 2018.

### Question to the Speaker of the National Assembly:

It should not be left up to civil society organisations, the media, and Chapter 9 Institutions alone to hold government accountable, besides passing laws the fundamental reason why MPs exist is to hold your counterparts in cabinet responsible and that's a crucial part of your constitutional mandate. Can you bring us up to date and tell us what parliament is doing to make sure that we get some traction in achieving the NSP?

### Question to the Civil Society representative:

What are civil societies doing against all odds in our communities? How can we improve the relationship between civil society and the State, because there seems to be distrust? And, civil society organisations are a microcosm of society at large and are often on the correct side of many public policy issues but it does not mean that they don't reproduce some of the toxicities – rape culture, hierarchies, masculinity – is there work that civil society organisations also need to do, because you can simultaneously skewer the State and also be honest about the ways in which civil society organisations themselves still have a lot to do to be safer spaces.

### General Questions to all the Panellists

Who amongst my panellists support the decriminalisation of sex work?

What happened to R1.6 billion?

## QUESTIONS FROM THE FLOOR

1. I would like an answer with a date and time by the end of this summit around the Council on GBVF. Secondly, a question around the over ten thousand police officers that have been accused of sexual violence crimes, and only fifty of them have been charged. What is going on with those?
2. South Africa submitted a ten-year report to CEDAW (1998 – 2008). CEDAW made recommendations, of which part 5 focused on GBV, which then went to parliament. In 2012, parliament resolved to establish a National Council against GBV. Twelve years later we still don't have one. It was established by former President Motlanthe who was the patron of that council but it was disbanded by the Minister of Women in 2015. We need accountability.
3. The second point raised (to justice) – we are about to launch the National Intervention Strategy on Hate Crimes but there is no budget. How is our government going to account, implement, and monitor without a budget? How are we going to implement and respond effectively to hate crimes and GBVF?
4. Lastly, there was a report by CSVR that says that South Africa is in conflict with itself because of GBV – we have a crisis in this country. We need to rise and account on shared responsibility, shared accountability, and see the work that is done by civil society wholeheartedly.



5. NPOs are currently using their voices without resources; because of the work that they do, they are not safe and are silenced. Why are you not finding ways to also educate those in the rural areas about the NSP and what they should know and do?
6. Behind the uniform is a man, however the department is failing to give officers counselling and training.
7. Questioning why men who have murdered women are still allowed out on bail? If GBVF is prioritised, NPOs who advocate against offenders/perpetrators would be the ones arrested and not the NPO representatives themselves for speaking up.
8. How do MPs who are accused with GBVF still have a right to stand up and address us as a country? How are they still allowed to hold office and why are their victims intimidated out of pressing charges or continuing their cases?
9. How an NPO was expelled from training under social development and feedback after having discovered, and subsequently questioning, that majority of the people offered the training were not part of NPOs and youth who were promised jobs on stipends.
10. Sex workers are being arrested and harassed under the same laws that protect women and the LGBTQI communities. Do the stats also reflect or indicate the crimes that the police arresting the sex workers commit against them? Furthermore, not all the Ministers today will be Ministers in December – who will we hold accountable for the 2024 timeframe to decriminalise sex work? And the stigmatisation of sex workers, especially those operating in or from predominately Black areas.
11. In 2018 we had a Summit to recognise that South Africa is one of the worst in collecting disaggregated data in the world. In 2022, disaggregated data is still one of the biggest issues and as a result we cannot do much to fight GBVF without even understanding what is happening, to whom it is happening, and the impact thereof. Most of the officials have never even done an impact assessment which means that we are rolling out interventions on the ground that are not evidence-based and where there is no information or data to support that those interventions are working, yet money is being spent on those interventions. How far are we in moving forward with disaggregated data in South Africa?
12. To the President, in 2019 we marched to the JSE to hold the private sector accountable in this country asking for a 2% tax levy on all JSE listed companies in the country so that they can be held accountable for their own participation and complicity in GBVF. To this day from 2019 to 2022, we have never been able in holding the private sector accountable for that 2% tax levy. How far is that process in holding the private sector accountable?
13. We have been doing work on the NSP for well over two years being funded by donations and voluntary labour. At what point are you going to take the work of fighting the fight against GBV seriously enough for you to be able to fund it. Because we've committed ourselves to the NSP GBVF process, where is the money to fund the NSP on GBVF? Why is it being Funded by the Ford Foundation, an American-based company and not our own departments?
14. Children have been pushing to be on the programme and media briefings to address and bring forth their issues but, unfortunately, that has not happened. During the initial drafting of the NSP children's voices were not included yet they suffer from GBV as well. People have spoken and represented so much on GBVF but how many times have children been mentioned or considered?
15. When will the sexual offenses register be made public? What happened to No Male for Abusers and Rapists? There were many victims and survivors at the 2018 summit, what happened to them? More importantly, where is Martha?
16. In 2007 the national register for sexual offenders was issued. It is no use having an act that is not implemented. There is a high rate of teenage pregnancies and primary and secondary victimisation because from CJS to psychosocial services we don't have a vetting system in place. Our victims are savagely cross-examined during court. Can we have proper court preparation to make our people strong to be able to respond to learned people cross-examining and violating them?
17. Where is the Department of Social Development – social development was given power by the Victim Empowerment Charter to coordinate all the departments in making sure that the Victim Empowerment Programme becomes a success. All the questions on funding and the like should have been answered by them. The DSD is failing to coordinate, monitor and evaluate the programmes and that is why the stats presented today did not speak to one another.
18. We as South Africa are the rape capital of the world. A woman raped every 25 seconds, and one in nine women will be raped. For the most part, rape is only taken seriously when it is committed by a serial rapist. Women's lives are subsequently uprooted and inconvenienced as a result of reporting, yet men are still comfortable in their homes; and women must carry the burden of proving the rape whilst the perpetrator/s are left alone. Plead that our government needs to do better.
19. A correction of an omission around the femicide prevention strategy just highlighted - the development of the strategy was commissioned by the Department of Justice and Constitutional Development working with the Promotion of Rights of Vulnerable Groups lead by advocate Kambula.

Question addressing the President - what will it take to fund GBV prevention that works? What will it take to redirect the loads of funding going into policing that we see from those stats? It is not having the impact that it is meant to have. Community organisations here are demonstrating because they are loaded with lots of responsibilities that are not funded. Please can you ensure that there is adequate funding.

20. Request that the database from this summit not be abandoned and not utilised to ensure that civil society be included in all talks and discussions going forward.

Proposal of an accountable and transparent funding workshop open to all registered NPOs and NPCs to ensure funding is readily made available.

21. There is a convicted rapist serving as Mayor in Kannaland municipality on the Garden Route. This shows that our government is not serious about GBV by allowing convicted rapists to act as public representatives.
22. Out of all the presentations, none spoke about albinism. Maybe it is a way of avoiding albinism as a disability. We had the march in 2018 and until today we do not have any response from the office of the President. The killings of albinism are being ignored. If albinism is not a disability, can the President declare? The people are vulnerable to GBV because of political and social reasons/harms towards them – becoming unemployable because reasonable accommodation in South African schools is lacking.
23. How much of the funds allocated were given to Health as they are the critical stakeholders in evidence collection and are one of the first (either Health or SAPS) to have contact with victims and survivors. We are talking about accountability, response, care, and healing, and if you are not investing in Health or SAPS we will not be getting the end results to increase the conviction rate. Can the Minister of Health and stakeholders be part of the engagement?
24. The Minister of Justice indicated that it only took two years to move a law. Currently, we have the Liquor Amendment Bill sitting since 2017. There is a clear link between GBV and alcohol. Why is the Department of Trade and Industry not moving this bill so we can create a safer environment for women? To the Minister of Education – why is the Minister introducing a proposal that schools can apply for liquor licenses?
25. The space of the NPOs in GBV is shrinking, and government has taken over. There is a lack of funding, no funds for shelters, and the government is failing to account for the money now that the President had pledged during the first summit. Organisations with vast experience on violence against women and children are not recognised at all. We also have our hotspots that are not even mentioned in these reports. President, please remove the Minister of Police.

26. We cannot solve the issue of GBV if we haven't solved the crucial issues in this country. We need to raise leaders who are going to be actively involved and go to the ground. Leaders must be doing the same active work and campaigns for GBV. Also asked for removal of ministers.

27. Rapists and murderers are being released on bail – 855 women and 243 children were killed between April and June this year; 9560 rapes reported in the same period and only 286 rapists were convicted with 46 life sentences. How is this possible? President, remove bail for rapists and murderers.

28. President, what are you doing about the departments that are not submitting monthly reports to your office on their roles and responsibilities on GBV? Speaker of Parliament, what are you doing about our leaders who you have put in positions and when they are involved in issues of GBV they are still in those positions? That doesn't show us that as parliament you are really serious about dealing with the issue of GBV. They have their rights, but as a leader, even if it is alleged, take those people out so that we can see that you are really serious about GBV. Parliament, where are you on our Convention 190?

At the 2018 summit we spoke about the issue of women who are not getting parole – today you did not give us the report on how far it is with those women.

29. President, one of the rights in the Constitution speaks to the right to life for all. How do you measure the life of an innocent child who was murdered or raped? In June 2016, I sent a letter to the President as well as the Minister of Justice which raised: (1) with every raped child and every case that has to do with sodomy, an attempted murder should be added. Can we make that happen? You need to understand the psychological and physical part of a sexually abused child, then you would know that we need to amend in an attempted murder with that rape charge; (2) section 12 of the Child Amendment Bill says that the Minister can give consent or sign that the child may get married. Are you not abusing the very same rights of a child in section 12? What situation would lead to a Minister signing off a marriage of a child?
30. The panel is not complete if the Minister of Health is not there. As physicians we have a problem and limitations with what has been addressed.
31. Can we be provided with an online platform to ask our question? If that is not done, may you please then tell us who to go to raise concerns while other things are still going on?



# PRESIDENTIAL GBVF SUMMIT II PLANNING COMMITTEE MEMBERS (PSPC)

No.	Member	Organisation/Sector
	Prof Olive Shisana	The Presidency (Government Co-Chair)
	Sibongile Ndashe	Civil Society (Co-Chair)
	Shoki Tshabalala	DWYPD (Government 2 <sup>nd</sup> Co-Chair)
	Kayan Leung	Civil Society (2 <sup>nd</sup> Civil Society Co-Chair)
	Siza Magangoe	DSD
	Adv. Praise Kambula	DOJ/CD
	Fanani Manugu	DPSA
	Pebetse Maleka	Treasury
	General Senthumule	SAPS
	Josephilda Hlophe	DPME
	Adv. Nthabiseng Mogale	CGE
	Brenda Madumise- Pajibo	Civil Society
	Candice Ludick	Civil Society
	Mandisa Khanyile	Civil Society
	Dr. Shaheda Omar	Civil Society
	Vanita Daniela	Civil Society
	Faith Khanyile	Business
	Samukezi Mrubula-Ngwenya	Academia
	Joan Moeketsi	Development Partners
	Getrude Mtshweni	Unions
<b>WORKING GROUPS CO-CHAIRS</b>		
<b>Fund-Raising and Logistics</b>		
	Sibongile Mthembu	The Presidency
	Dr. Lesley Ann Foster	Civil Society
<b>Programme Design</b>		
	Esther Malulele	DWYPD
	Keitumetse Moutloatse	DWYPD
	Tamara Braam	The Presidency
	Nonhle Skosana	Civil Society



### **Communication and Marketing**

Shalen Gajadhar DWYPD

Babalwa Mtenganya CSO Civil Society

### **SECRETARIAT TEAM:**

Nomgqibelo Mdlalose DWYPD

Mandla Neku DWYPD

Cassandra Nyathi DWYPD

Whitney Leje DWYPD

Nanazi Mkhize DWYPD

### **SOME OF THE FUNDERS**

Department of Justice and Constitutional Development

Department of Social Development

Department of Women, Youth and Persons with Disability

GBVF Response Fund 1

HIDSA

Gates Foundation/NVF

Rio Tinto

GIZ

Embassy of Ireland

CIRHT

French Embassy

TB/HIV Care

Shout It Now

Ford Foundation

Old Mutual

Netherlands Embassy

UNFPA

UNWomen





<https://gbvf.org.za/>

**FOR FURTHER GBVF RESOURCES:**

[www.dwypd.gov.za/index.php/resource-centre/gender-based-violence-femicide](http://www.dwypd.gov.za/index.php/resource-centre/gender-based-violence-femicide)