



**REFLECTIVE REPORT ON THE IMPLEMENTATION OF THE SOUTH AFRICAN
NATIONAL STRATEGIC PLAN ON GENDER-BASED VIOLENCE AND FEMICIDE**

MAY 2020 – SEPTEMBER 2022

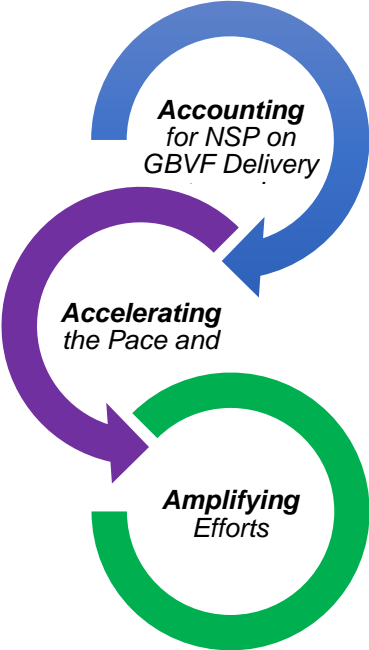


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1) Foreword

This report accounts for work that has taken place in implementing the National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF) between 01 May 2020 and 30 September 2022. It serves as a base document for the Presidential GBVF Summit Two (1-2 November 2022); and aligns with the Presidential Summit Declaration against GBVF Declaration and the 24 Demands Civil Society organisations (CSOs) made. The Summit and the report are framed around the theme of Accountability, Acceleration and Amplification. Therefore, this report contributes towards elevating and strengthening accountability across all tiers of government and sectors to play their respective roles, accelerating the pace of implementation by all stakeholders; and amplifying progress across government and society.

While the Year one report focused on the rollout of the NSP on GBVF and identified priorities for Year Two, this report aims to provide an overview of the collective achievement of indicators across all the pillars, as implemented by the government and key stakeholders. It captures multi-sectoral reporting by different sectors in a more integrated way, coupled with a deeper assessment of efforts to localise GBVF responses at the community level. In doing so, it addresses what actions need to be accelerated; identifies what has worked well and should be amplified for scaling up in Year 3 of implementation.

Over the first two years of the NSP on GBVF implementation, several vital insights emerged: (i) the impact of the COVID-19 pandemic, its restrictions and its broader socio-economic impact; (ii) the importance of making the linkages between ending GBVF and more comprehensive structural violence and inequality; (iii) how different forms of disaster, including health, economic and climate issues continue to feed into the scourge; (iv) balancing the need to strengthen responsiveness and justice for survivors, with a strong emphasis on prevention and empowerment of survivors and (v) finding ways to decisively respond to the trend of the decreasing age of GBVF perpetrators.

As the country implements various interventions, it is always difficult to take stock and celebrate progress because GBVF continues on a sheer scale and remains a blight on our national conscience. However, South Africa is beginning to see positive results through various multi-sectoral interventions and funding mechanisms. The high levels of GBV cannot be separated from the socio-economic conditions in South Africa to respond to the scourge of GBVF. Amid the context of a deeply entrenched GBVF pandemic, there are pockets of progress that must be acknowledged and upscaled. Accordingly, it remains crucial to critically reflect on the extent to which the needle moves on NSP on GBVF implementation.

The report identifies various levels of achievement across the pillars. *Accountability, coordination and leadership* remain a key priority, given that institutionalisation is a medium to long-term and iterative process of building, reinforcing and bolstering an architecture responsive to the GBVF pandemic. The report identifies varying levels of achievement, challenges and constraints across the pillars during the reporting period. In the main, we have made strides in:

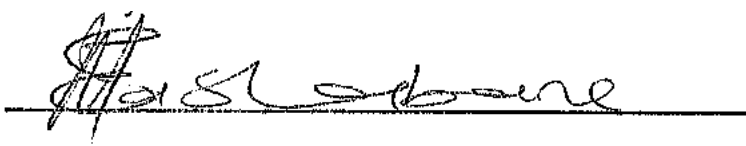
- (a) Institutionalisation of the NSP on GBVF to ensure that GBVF programmes are embedded in the planning, budgeting, monitoring and evaluation cycle of government;
- (b) Policy that elevates prevention of GBVF using evidence-based/ informed programmes and challenges patriarchal attitudes and toxic masculinities – working collaboratively through the implementation of the 100-day challenge;
- (c) Legislative reforms that seek to enforce accountability and combat impunity;

- (d) Commitment to improved sheltering of the victims and survivors of GBVF accomplished through repurposing government buildings;
- (e) Increased advocacy on the set aside 40% target using public sector procurement; some departments have made good progress to ensure the realisation of this target. We welcome partnerships established with the private sector, demonstrated by financial investments made towards the fight against GBVF. Several CSOs located in rural and other remote areas of our country have already benefited from this initiative; and
- (f) Work done in the area of research and establishment of the information management system will assist us in having an in-depth understanding of emerging trends in the field and facilitate effective strategic solutions and evidence-based responses to GBVF.

However, we have a long way to go to realise our dream/vision of *"a society free of gender-based violence directed at women, children and LGBTQIA+ persons"*. History will judge us harshly if we allow ourselves to defer this dream to the next generations. Thus, the NSP on GBVF has created space and will enable us to collectively move forward to consolidate the gains, accelerate and amplify best practices for the betterment of the lives of victims and survivors, and protect potential targets of GBVF. The core elements for an effective response to GBVF that should be scaled include, amongst others, rooting the response at a local level, optimising systems, policies and legislation, resourcing and multi-sectoral responses.

Despite strengthened accountability, significant work is still required to embed the NSP on GBVF across the different spheres of government in ways that facilitate programming and resourcing allocation. It is encouraging to see the levels of multi-sectoral collaboration in implementing all the Pillars that assist us in moving the needle in the fight against GBVF. Sadly, the pace and scale of implementation of the NSP on GBVF are not aligned with the enormity of the challenge that South Africa faces as a country. Much of the reporting has been activity-focused over the past year. It is vital that this shifts towards specific outputs, as identified in the NSP, in ways that show the direction of change of all interventions.

In conclusion, while we are far from eradicating GBVF, it has been evident over the first two and a half years how vital it is to address the systemic inadequacies in the capacity to respond. Therefore, it is critical to work in exploratory ways with stakeholders across all government tiers to maximise implementation impact, strengthen delivery capacity and build the capacity of individuals and institutions. The mantra for the NSP on GBVF is "HUMAN DIGNITY & HEALING, SAFETY, FREEDOM & EQUALITY IN OUR LIFETIME". As an extension of the principle of forward-looking co-creation of a different social milieu, this mantra requires a 360-degree approach to evaluate the implementation. We need to embrace mutual accountability for changes recognising that meeting the outcomes of the NSP on GBVF requires a cohesive society with government, civil society, communities, social movements, the private sector, development partners and all stakeholders working together to drive the agenda forward. Ultimately our success in Accounting for NSP on GBVF Delivery; Accelerating the Delivery Pace; and Amplifying Efforts will be determined by the extent to which women, children and LGBTQIA+ persons are and feel safe; and can reach their full potential in a just and equitable society.



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2) Acronyms

APP	Annual Performance Plans
CBO	Community-Based Organisation
CGE	Commission for Gender Equality
CJS	Criminal Justice System
CNPS	Comprehensive National GBVF Prevention strategy
COGTA	Department of Cooperative Governance and Traditional Affairs
DBE	Department of Basic Education
DCS	Department of Correctional Services
DDM	District Development Model
DOD	Department of Defence
DEL	Department of Employment and Labour
DFFE	Department of Environment, Forestry & Fisheries
DHA	Department of Home Affairs
DHET	Department of Higher Education and Training
DHS	Department of Human Settlements, Water and Sanitation
DOH	Department of Health
DoJ&CD	Department of Justice and Constitutional Development
DOT	Department of Transport
DPME	Department of Planning, Monitoring and Evaluation
DSD	Department of Social Development
DSAC	Department of Sports, Arts and Culture
DVA	Domestic Violence Act
DWYPD	Department of Women, Youth and Persons with Disabilities
DDM	District Development Model
DPSA	Department of Public Service and Administration
DTIC	Department of Trade, Industry & Competition
ERAP	Emergency Response Action Plan
FBO	Faith-Based Organisation
GBVF	Gender-Based Violence & Femicide
GBVCC	Gender Based Violence Command Centre
GCIS	Government Communication and Information System
GRPBM&EA	Gender Responsive Planning, Budgeting, Monitoring, Evaluation, and Auditing Framework
IDP	Integrated Development Plans
IJS	Integrated Justice System
ILO	International Labour Organisation
IMC	Inter-Ministerial Committee
IPV	Intimate Partner Violence
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other extensions
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NCGBVF	National Council on Gender-Based Violence and Femicide
M&E	Monitoring and Evaluation
MPWC	Multi-Party Women's Caucus
NDP	National Development Plan
NEDLAC	National Economic Development and Labour Council
NGM	National Gender Machinery
NIFPS	National Integrated Femicide Prevention Strategy
NPA	National Prosecuting Authority
NPO	Non-Profit Organisation
NSG	National School of Government
NSP	National Strategic Plan
RRT	Rapid Response Teams
SAHRC	South African Human Rights Commission
SALGA	South African Local Government association
SAPS	South African Police Services
SARS	South African Revenue Services
SOCs	Sexual Offences Courts
TCC	Thuthuzela Care Centre
VAC	Violence Against Children
VAW	Violence Against Women
VEP	Victim Empowerment Program
UNFPA	United Nations Population Fund
WHO	World Health Organization
WOB	Women Owned Businesses

1 Introduction

This report sets out to account for work that has taken place in implementing the National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF) between 01 May 2020 and 30 September 2022. Given that it is a base document for the Presidential GBVF Summit Two (1-2 November 2022), it simultaneously aligns delivery on the NSP on GBVF with the Declaration that emerged from the 2018 Summit and the 24 demands resulting from the previous Summit. The information draws from forty-eight reports submitted to the President over the period and is supplemented by information from the End GBVF Collective and other sources.

1.1 Background

South Africa continues to seethe under both the weight and severity of the levels of GBVF in the country. Despite concerted efforts by the state, civil society, business and the wider South African community to focus on responding to GBVF decisively, the scourge has continued relatively unabated. Indeed the NSP on GBVF emerged when activists, under the leadership of #TheTotalShutdown Movement and the African National Congress Women's League, took to the streets in their thousands on 1 August 2018 to push for strengthened accountability, acceleration of programs and overall national amplification of efforts.

Twenty-four demands were handed over to the President, which emphasized strengthened state and leadership accountability, strengthened responsiveness by the criminal justice system, improved services for survivors and increased awareness amongst key groups. Four years after the first Presidential Summit on GBVF and two and a half years after the NSP on GBVF was launched on 30 April 2020, the Summit scheduled for 1-2 November 2022 sets out to account for what has been done, what has not been done and what steps need to be taken to fast-track and deepen the response to GBVF in the country. This accountability report is therefore structured to (i) reflect on NSP delivery, using the monitoring and evaluation framework for the indicators in the NSP (ii) note that this document, in part, was responding to the demands; (iii) built onto and merging with the Emergency Response Action Plan (ERAP) and (iv) aligns with the way/s in which delivery meets the Articles in the Summit Declaration.

The NSP on GBVF takes a multi-sectoral and intersectional approach, recognizing key accountability by the state for delivery and all other sections of society. This aligns with Articles (1) and (2) of the Presidential Summit Declaration Against GBVF of 2019, arising from the previous Summit, signed by the President and representatives of a range of ten civil society networks. An intersectional analysis recognizes the multiple systems of oppression, including race, class, age, ableness, geography, citizenship, sexual orientation and gender identity, that bear down on a victim's experience of and potential to respond to GBV. Indeed in assessing progress on NSP implementation, it is both necessary and important to locate this socially within the wider South African context of varying levels of national lockdown restrictions during the state of emergency that lasted for twenty- three of the twenty-nine months of implementation and severe levels of socio-economic hardship exacerbated by COVID-19. The unprecedented nature of the pandemic resulted in increased vulnerability to GBVF and at the same time, necessitated the reprioritization of state resources.

1.2 Status of GBVF

According to the World Health Organisation (WHO), South Africa has one of the highest rates of violence inflicted on women and girls worldwide. A study released by the World Bank in

20211, noted that South Africa has extremely high levels of violence in general but that GBV in the form of intimate femicide, sexual offences, and rape, point to a need to consider GBV, its drivers and effects, as separate and distinct from the broader culture of violence. Estimates cited suggest that between 25 and 40 % of South African women have experienced sexual or physical intimate partner violence, while between 12 and 28 % of women report having been raped.

The high rates of GBVF in the country are further reflected by Statistics South Africa (2016), which notes that 21% (one in five) partnered women have experienced physical violence by a partner.² Statistics SA also notes that South Africa’s incidence of rape is among the highest in the world.³ Crime statistics show that in 2019/20, 2,695 women were murdered in South Africa. This translates to a woman being murdered every 3 hours, ranking femicide in this country as the fourth highest in the world.⁴

The GBVF statistics below reflect the reported incidences of GBV-related crimes in the Financial Year, Quarter One, across 5 years.

Crime category	April to June 2018	April to June 2019	April to June 2020	April to June 2021	April to June 2022
Rape	9 018	9 737	5 805	10 006	9 516
Sexual Assault	1 625	1 668	1 070	1 900	1 707
Attempted Sexual Offences	451	454	271	514	416
Contact Sexual Offences	293	235	150	282	216
Total Sexual Offences	11 387	12 094	7 296	12 702	11 855

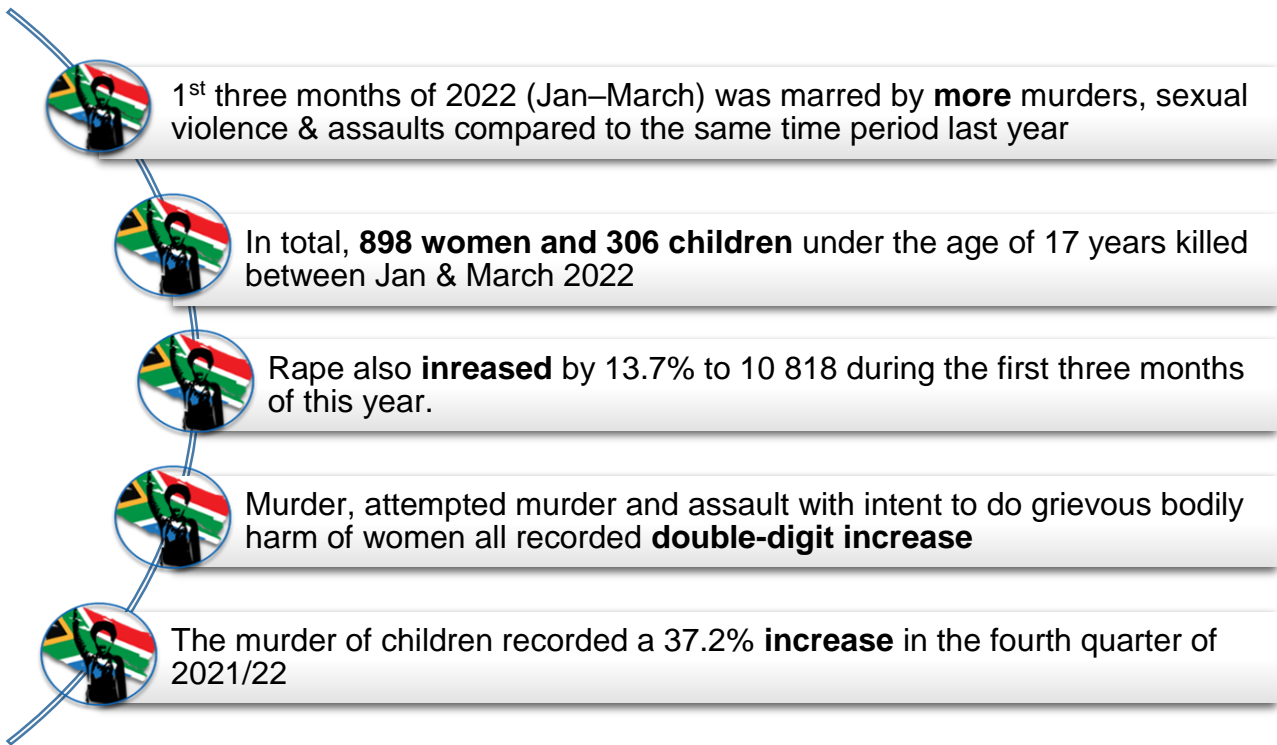
The statistics show the drastic effect that COVID had on the reporting of GBVF cases during this period when women were most vulnerable during the lockdown period and were not able to report GBV incidences. It is noteworthy that while April to June 2021 reflected an increase in reported cases, there has been a decline in reported cases in the first quarter of the 2022/2023 financial year. Overall, the bleakness of the situation is depicted in the diagram below, which shows the first three months of 2022.

¹ Jennifer Smout, Bandita Sijapati Samaneh HEMAT (2021): South Africa: Gender Assessment. World Bank Group.

² Maluleke, R. *Crimes against women in South Africa: an analysis of the phenomenon of GBV and femicide in South Africa*. Statistics South Africa, PPT presentation.

³ Maluleke, R. (2018). *Crime Against Women in South Africa, An in-depth Analysis of the Victims of Crime Survey Data*, Report 03-40-5. Statistics South Africa. <https://www.statssa.gov.za/publications/Report-03-40-05/Report-03-40-05June2018.pdf> (Last accessed: 21 March 2022)

⁴ Minisini, V. (Posted on 21 March 2021). South Africa's Secondary Pandemic: A Crisis of Gender Based Violence. Global Risk Insights. <https://globalriskinsights.com/2021/03/south-africas-secondary-pandemic-a-crisis-of-gender-based-violence/#:~:text=Prior%20to%20the%20pandemic%2C%20femicide,World%20Health%20Organisation%20in%202016>. (Last accessed: 21 March 2022)



It is important to note that the data is for reported cases, so one can assume that because under-reporting remains a serious concern, the actual cases of sexual offences are much higher. In this regard, the reporting of GBVF cases and the actual incidences of GBVF continues to be skewed. The GBVF HSRC study currently in the field will provide definitive information on the extent of this scourge in the country.

2 Methodology for Assessing Progress

	Achieved
	Progress in Process / Partially achieved
	Not achieved, with no progress reported

A scorecard was used as a tool through which to present progress, given the time frame of the NSP on GBVF which requires progressive reporting and progressive delivery over a five to ten- year period. The scorecard uses the NSP ON GBVF indicators, and colour codes progress as green for achieved indicators; amber for indicated in progress or that are partially achieved; and red for indicators not achieved, including those with no progress reported. The scorecard reports on delivery of pillars; reported budget and expenditure; and aligns these with the Presidential Summit Declaration against GBVF, 2019 and the 24 demands.

2.1 Limitations



In certain instances, it has translated into no delivery on specific indicators, as there was no government ownership of the indicator. When indicators have been integrated into departments' strategic plans, this has facilitated traction, resourcing and implementation. Building ownership of the indicators in the NSP on GBVF, whilst addressing indicator gaps, was a key part of institutionalizing the plan across government

3 Pillar 1: Accountability, Coordination and Leadership

This pillar sets out to ensure accountability at the highest political levels and across all spheres of society through firm individual and collective leadership across all spheres of society and building and bolstering an architecture that is responsive to GBVF, coordinated, agile, and adequately resourced.

The overarching approach is a focus on strengthening and, where necessary, putting additional accountability mechanisms in place that function effectively; bolstering and facilitating strong leadership, and taking an approach to structure that focuses less on form, and more on functionality and relationship building, with a simultaneous bottom-up and top-down approach.

3.1 Pillar 1 Progress Scorecard

Pillar 1: Accountability, Coordination and Leadership		
10-Year Outcome	All living in South Africa, including government, the private sector, workplace, education and training institutions, CSOs, religious and cultural institutions are held accountable for building a safe and GBVF free environment.	
5-Year Outcomes	1. Strengthen leadership and accountability across government and society to effectively respond to the GBVF crisis in a strategically and institutionally coherent way with adequate technical and financial resources.	
	2. Strengthened multi-sectoral coordination and collaboration across different tiers of government and sections of society based on relationships of trust that give effect to the pillars of the NSP on GBVF	
NSP: Total Indicators	28	100%
Delivery: # of Indicators⁵	4	14%
	15	54%
	9	32%
Overall Progress Comment	4 indicators were achieved, 15 are in progress and 9 indicators were not achieved. The delay in the establishment of the Council negatively affects the achievement of specific targets and reporting on indicators within the specific set time frame.	
Presidential Declaration	The pillar gives effect to 7 Articles (1-4, 6, 8, 10)	
24 Demands	The pillar gives effect to 6 demands (1, 3, 4, 5, 6, 22)	
	1: President Championing 3: Screening criteria for individuals leading GBVF efforts not in place 4: NSP on GBVF Developed 5: Parliamentary Oversight Committee in place 22: NSG - basic training on gender, GBVF and GRPBMEA in place	

⁵ (Color coded: Green – Achieved | Amber – In Progress | Red – not achieved)

Pillar 1: Accountability, Coordination and Leadership	
Key Achievements	1. Strengthened accountability across the government system for implementation through Institutionalisation of the plan and enforcement of compliance with reporting by government departments.
	2. Establishment of the Inter-Ministerial Committee (IMC) on GBVF provides political guidance
	3. GBVF Response Fund 1 established and functional
	4. END GBVF established and functional as a multisectoral structure driving collaborative implementation
	5. Parliamentary oversight framework in place
	6. Establish and revitalise existing coordination structures at provincial and local levels in some areas.
Key Indicators Not Achieved	1. NCGBFV Legislation not assented - currently in parliament
	2. NCGBFV not established
	3. NSP on GBVF not costed
	4. 4. Provincial Structures not fully in place
	5. NSP on GBVF is not fully integrated into strategic plans, Annual Performance Plans (APPs) Plans of national and provincial departments, District One Plans, and Integrated Development Plans at the municipal level in line with GRPBMEA
	6. Regulatory framework for religious and cultural institutions
Budget Reported for Delivery	R20 299 177 (R20,3 Million)
Expenditure Reported for Delivery	R14 066 139 (R14 Million): DWYPD, DCDT, DHA, DEL, DALRRD
Innovations	1. END GBVF Collective currently consisting of 82 organisations, 400 individuals and government departments was established in June 2020 arising from multisectoral efforts; biggest single volunteer network in tackling the scourge of GBVF
	2. Piloting of 100-day rapid response initiative to demonstrate what it takes to fast-track implementation, lessons are useful for increasing implementation pace
	3. Localisation through Rapid Response Teams at local levels

3.2 Pillar 1 Achievements

Over the two and half years of implementation, this Pillar remained a key priority, given that institutionalisation is a medium to long-term and iterative process of building, reinforcing and bolstering an architecture that is responsive to the GBVF pandemic. The successful implementation of the NSP on GBVF requires optimally harnessing the roles, responsibilities, resources and commitment across political, government, business and community leadership. While only four indicators have been met, the pillar has made considerable progress in strengthening accountability, leadership, coordination, and collaboration. The key strategic areas of progress are detailed in the Table below:

5-year Outcome	Delivery
<p>1. Bold leadership strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources</p>	<p>Established and functional accountability mechanisms for the implementation of the NSP on GBVF through the institutionalisation process include:</p> <ul style="list-style-type: none"> (a) National departments reporting monthly to the Presidency; (b) Integration into the Annual Performance Plans; (c) Inclusion of GBVF as a standard item at government Director Generals clusters (d) Inclusion in Ministers' Performance Agreements; (e) Reports to Parliamentary Portfolio Committee and the Multi-Party Women's (MPWC) Caucus at regular intervals; and (f) Establishment of a GBVF Secretariat. <p>The legislative framework that set out the powers and functions of the NCGBVF was fast-tracked over Year Two. The NCGBVF Bill was drafted, consulted, and tabled at the National Economic Development and Labour Council (NEDLAC). The Bill was tabled at the National Economic Development and Labour Council (NEDLAC). The DWYPD, upon receiving the NEDLAC report, submitted the Bill to Cabinet. The Bill was tabled and approved by Cabinet and has since been gazetted for tabling in Parliament</p> <p>COGTA led the process of identifying indicators for incorporation in the District Development Model (DDM) Implementation Framework. Implementation of the NSP on GBVF is a standing agenda item of the National Public Participation Coordinating Forum and Inter-Governmental Relations (IGR) structure established to support and monitor community participation in municipalities.</p> <p>In February 2021, the GBVF Response Fund 16 was established as an interim funding vehicle to accelerate and amplify the overall implementation of the NSP on GBVF. As of February 2022, a total of R 162 million was pledged to the Fund from a baseline of R128 million during the launch. In addition, to cash pledges, the Fund received pro-bono support from 11 organisations and individuals (e.g., marketing, legal, auditing).</p>
<p>2. Strengthened multi-sectoral coordination and collaboration across different tiers of government and sections of society based on relationships of trust that</p>	<p>Alongside the protracted process of establishing the NCGBVF, UN Women, and the DWYPD established a multisectoral Collaborative platform now called, 'END GBVF Collective'. The End GBVF Collective⁷ is The End GBVF Collective comprises government and civil society partners who are collectively responsible for tackling the scourge of GBVF. Multi-sectoral Pillar-Focused teams have organised webinars on various topics, such as the amended legislation, the Code of Good Practice and Convention No.190. They have taken up innovative projects, such as developing a better understanding of respective GBV technology platforms, to harness the potential of such platforms optimally. It continues to be a powerful platform for sharing information, raising awareness of the NSP on GBVF and working on projects collaboratively.</p>

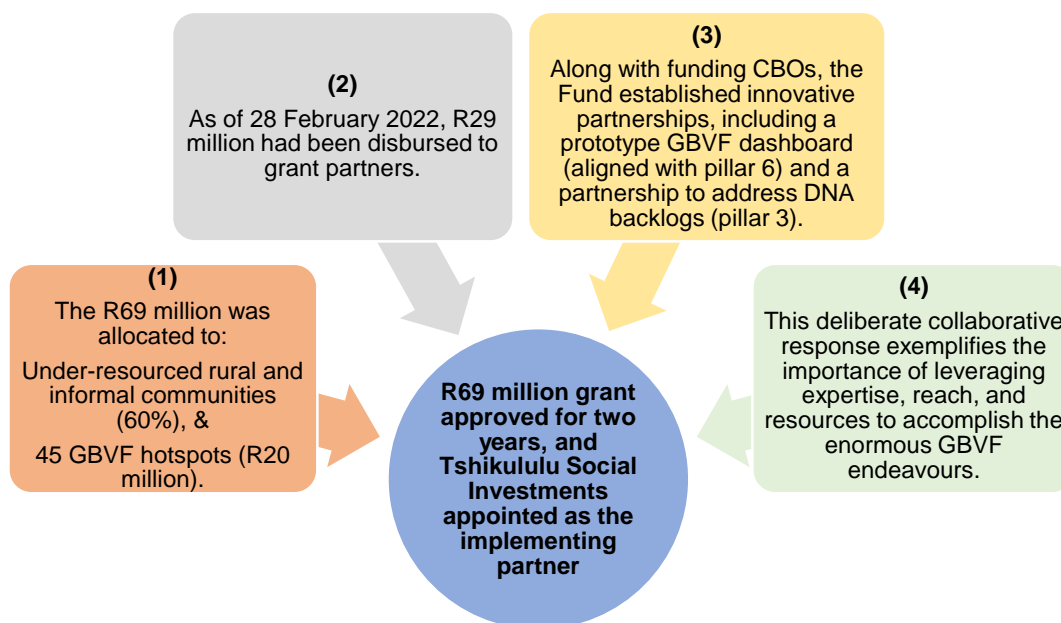
⁶ GBV Response fund: Annual Report (28 January 2021 to 28 February 2022)

⁷ <https://gbvf.org.za/category/newsletters/>

5-year Outcome	Delivery
give effect to the pillars of the NSP on GBVF	Working with the Offices of the Premier, DWYPD established 13 Rapid Response Teams (RRTs), mainly focusing on GBVF hotspots.

Accountability for Delivery: In the public sector, the NSP on GBVF priorities have to be integrated into strategic frameworks such as the Annual Performance Plans (APPs) of departments at national and provincial levels and Integrated Development Plans (IDPs) at the municipality level. The DWYPD's approach to broadening buy-in has emphasised (i) deepening the understanding of GBVF, (ii) the outcomes of the NSP on GBVF, and (iii) the roles and responsibilities of key stakeholders. At national and provincial levels, the key instruments for heightened accountability and responsiveness have been targeted information dissemination, virtual meetings, one-on-one meetings, and direct hand-holding support.

GBVF Response Fund 1: In its Theory of Change (TOC), the Fund adopted a programmatic approach, focusing on pillars two and three. The strategic approach prioritised under-resourced and marginalised communities, specifically rural communities, informal settlements, and provinces. On the 26th of November 2021, the board approved 110 community-based organisations (CBOs) and four intermediary organisations for grant assistance. The focus of the *Request for Proposals* was interventions focused on Pillars (2) and (3).



Monitoring and Evaluation (M&E) Framework: A key priority during Year One was enhancing accountability systems and tools to facilitate multisectoral and multilevel responses (individual, institutional, sectoral, and systemic). The DWYPD, with technical and financial support from the United Nations Population Fund (UNFPA), reviewed Chapter seven (7) of the NSP on GBVF, which covers the M&E Framework. The revised M&E Framework was developed to guide systems and processes in line with results-based monitoring. This process included consulting multi-stakeholders and identifying missing, misplaced, and

misallocated indicators, missing role players and clarifying the roles and responsibilities of all stakeholders. Continued efforts are being made to strengthen the M&E system and reporting.

Strengthened Multisectoral Response: The End GBVF Collective has continued to drive a cohesive multisectoral response to GBVF for over two years. It creates space for stakeholders from government, civil society, development agencies, and private citizens to think, plan and act together. The innovative platform gained momentum by introducing a results-orientated planning process that facilitated the identification of quick but impactful interventions. This led to the roll-out of the 10-day rapid response initiative, which yielded tangible results across all six pillars. Since its inception, the movement has grown from 36 to 82 organisations and 400 individuals attending meetings, planning, and acting collaboratively. It is a key innovative intervention that has facilitated and fostered open engagement and collective reflection and built cooperative relationships of trust.

Establishment of the National Council on GBVF (NCGBVF): The NSP on GBVF underscores that the NCGBVF should be legislated to protect its institutional integrity, provide clear provisions for its existence, operations, powers, functions and independence, and to facilitate adequate resourcing and ensure accountability. Article four (4) of the Presidential Summit Declaration against GBVF further emphasises the establishment of an NCGBVF through a statutory framework. The delay in establishing the Council negatively impacts bolstering accountability, coordination and leadership as a common thread for all six pillars. The existence and gazetting of the NCGBVF Bill, including the positive prospects of enactment, is a watershed, long-awaited moment demonstrating political commitment.

Resourcing of the GBVF Response: An essential component of bold leadership is demonstrated by providing the necessary financial and technical resources to address the scourge of GBVF. As reported in the State of the Nation Address (SONA), a total of R21 billion was apportioned by government departments from their baseline allocations over the 2020/23 Medium-Term Expenditure Framework (MTEF) period. The reported earmarked budget amounted to R20.5 Billion, and thus far, R10,7 Billion, which is 51% of the budget, has been spent. For Pillar 1, a budget of R20,3 million and spending of R14 Million (69%) was reported by those national departments that reported on expenditure. Although Pillar Five has the highest reported budget, it has the least spending. Disaggregation of the spending is key to ensuring gender responsiveness and understanding the proportional benefit for identified target groups, including women. Despite the progress in financial reporting, these gaps make spending monitoring inconclusive and question the extent to which GBVF priorities are mainstreamed. It is important to note that key interventions with considerable financial implications have not been costed, such as training, land allocation and disaggregated data on preferential procurement.

REPORTED BUDGET AND EXPENDITURE: 2020/21 - 2022/23			
Pillar	Budget	Expenditure	% Spend
Pillar 1	R20 299 177	R14 006 139	69,0%
Pillar 2	R45 715 363	R40 068 434	87,6%
Pillar 3	R4 020 375 598	R3 305 292 696	82,2%
Pillar 4	R1 467 621 146	R1 246 635 996	84,9%
Pillar 5	R14 935 187 160	R6 076 522 628	40,7%
Pillar 6	R3 955 810	R3 695 843	93,4%
Total	R20 493 154 253	R10 686 221 736	52,1%

NSP on GBVF Costing: A costing exercise led by the DWYPD to cost the entire NSP on GBVF has not made much progress. The cost is the bedrock of the sound roll-out of the NSP on GBVF. It is envisaged that the costing process will require at least 18 months with a fairly large team. The costing roadmap is depicted below:

Description	Pillar						Total
	1	2	3	4	5	6	
Number of key interventions	2	5	3	1	3	1	15
Number of Key Activities	13	18	22	8	17	4	82
Total Number of Indicators	26	41	27	18	22	12	146
Number of Indicators previously costed	4	2	1	2	2	0	11
Number of Indicators with no previous costing	22	39	26	16	20	12	135
Number of Indicators that require no costing	14	11	15	10	14	0	64
Number of indicators that need more detail	10	21	6	8	5	0	50
Number of Indicators to be costed	13	30	11	8	8	12	82
Activity based costing approach	4	17	7	6	4	1	39
Unit-cost based costing approach	5	11	4	1	1	8	30
Reasonable allocation-based costing	4	2	0	1	3	3	13

3.3 Zooming in on the END GBVF Collective

3.3.1 100-Day Challenge as a Multi-stakeholder and Collaborative Innovation

100-day Challenges are uniquely structured and facilitated projects that aim to enable local teams to make progress, quickly, on specific, targeted outcomes in the National Strategic Plan on GBVF. The Challenges inspire multi-stakeholder teams to collaborate more intensely, innovate more rapidly, and execute with more discipline. Through the support of the Ford Foundation, the END GBVF Collective had the opportunity to pilot this way of working. It worked through the intermediation of “100-Day Challenge Ambassadors” designated by the pillar teams of the “END GBVF Collective”.

Ambassadors were trained to create an enabling environment in each district and to support teams and leaders throughout the design and implementation of the 100-Day Challenges. Seven teams were formed in March 2022. Each team committed to an aspirational 100-Day goal of advancing one or more themes of the NSP Pillars in their targeted district. The table below shows the goals and the results achieved, side by side.

Outcome	Delivery
Pillar 1: Install/ repair 48 street lights in an indirect effort to prevent GBVF incidents in the Phutanang area.	62 lights were repaired. Reduction of reported sexual offences by 45.5%.
Pillar 2: Implement evidence-informed programs in 2 schools and safety audits and actions to reduce GBVF hotspots	Seven learners trained in each school of the two schools. In turn, they trained two classes of 30 pupils in the two schools
Pillar 3a: Increase the 30-day finalisation turnaround time of sexual offence related cases filed in	74% of the cases submitted were finalised in 30 days or less (274 out of 372 cases). The team is confident that, with current measures in place,

Outcome	Delivery
Bloemfontein courts from 51% to 75%	they will be able to sustain and even improve on this performance. The number of backlog cases was reduced by 82%.
<u>Pillar 3b</u> : Increase the number of reported sexual offence cases in Tzaneen and surrounding rural areas by 80% instead of mediating through the traditional council, which tends to protect perpetrators in the name of protecting the family.	The number of reported cases increased by 37%. The number of rape cases withdrawn decreased by 70% compared to the 100 days prior. Most of these involved minors, juvenile minors and minor victims
<u>Pillar 4</u> : Increase referral of new GBV cases in Lejweleputswa by 300%, from 416 per month to 1248 in 100-Days	258% increase, translating to 1074 more victims/survivors accessing psychosocial services each month
<u>Pillar 5</u> : Increase engagement on GBVFH at Exxaro, and start a campaign to get 10,000 pledges	5200 staff members engaged, and 1500 pledges secured
<u>Pillar 6</u> : 100% of cases reported to DSD, via Form 22 or Form 581B are assigned to a social worker.	Having discovered where the first blockages are, which is the first point of entry, the team developed an app for data entry from multiple points. Permission is being sought to test the app with real data.

The 100- Day Challenges highlight what results are possible in the short term through targeted interventions driven by inspired multi-sectoral teams. The teams introduced changes to processes and ways of working that delivered results in 100 days that will continue to impact in the coming months and years. Beyond the impact achieved, this was a rich learning experience of connecting GBVF-related national intentions to local actions. It also demonstrated a lot of appetite for moving into action locally if the right enabling conditions are created. The multi-sectoral teams served to build ownership and facilitate a fresh look at old problems, opening the doorway to innovation and solutions.

3.4 Pillar 1 Reflections

While progress has been made in implementing the pillar priorities, much work remains to ensure a significant shift from a fragmented and inadequate response to the scourge. Significant strides were made in cementing a multisectoral response, strengthening resourcing, and implementing an enabling policy and legislative environment. Multi-stakeholders have indeed heeded the call for change. Progress happens in a context where change is always fragile and susceptible to setbacks because GBVF is deeply entrenched.

High-level political commitment by the President to drive a multisectoral, society-wide and multifaceted response to the scourge has mobilised other sections of society. Through his leadership, state and wider societal accountability towards tackling the chronic GBVF crisis have been strengthened.

Important challenges to be addressed

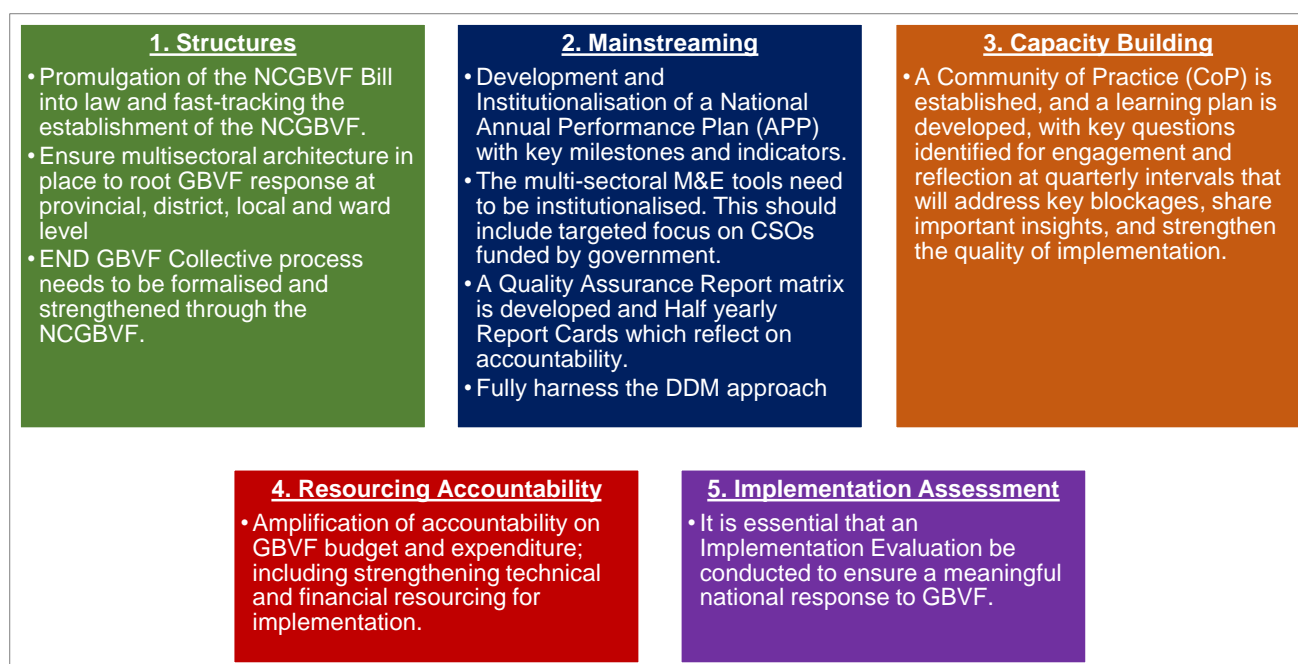
- 1) Establishment of the NCGBVF, undergirded by a legislative framework;

- 2) Although there is some improvement within government in compliance and accountability through departmental monthly reporting, it is still a long way from contributing towards the set outcomes;
- 3) There are inadequate mechanisms to facilitate multi-stakeholder and multi-level reporting and wider societal accountability;
- 4) Technical capacity to implement the NSP on GBVF across all tiers of government, but particularly at provincial and local levels needs to be strengthened;
- 5) There are inadequate financial resources and unsatisfactory reporting on spending; and
- 6) There is not enough use of communication channels to share progress and build societal ownership for delivery and accountability

3.5 Emerging Priorities: Areas of Acceleration and Amplification

Despite some progress as documented in the pillar progress scorecard, most indicators have not been met on time. Most of the indicators with no progress reflect the lack of reporting mechanisms for provinces and municipalities and the absence of a NCGBVF. Delivery on the Pillar One indicators is key to bolstering accountability for delivery overall, by further accelerating and amplifying institutionalisation.

Figure 1: Pillar 1 Emerging Priorities



4 Pillar 2: Prevention and Rebuilding Social Cohesion

This pillar sets out to turn the tide of GBVF in the country by focusing on eliminating the social acceptance of all forms of violence against women, children, LGBTQIA+ persons and persons with disability, through the development and implementation of long-term, comprehensive, adaptable, context-specific and holistic approaches to prevention that targets all living in South Africa. The focus is multifaceted and long-term and focuses on transforming harmful social and structural norms that feed GBV while intentionally reshaping the values and norms in ways that build positive social cohesion and restore human dignity.

4.1 Pillar 2 Progress Scorecard

Pillar 2: Prevention and Rebuilding Social Cohesion		
10-Year Outcome	New forms of social connectedness that contribute towards healing from an individual, familial, social, and historical trauma caused by violence are forged.	
5-Year Outcomes	1. The strengthened delivery capacity of South Africa to roll out effective prevention programs.	
	2. Behaviour and social norm change within key groups due to the roll-out of effective prevention programs.	
	3. Shifts away from toxic masculinities towards embracing positive alternative approaches to expressing masculinities and other sexual and gender identities within specific communities/groups.	
	4. Optimally harnessed Violence Against Children (VAC) programs that impact GBVF eradication.	
	5. Increased cross fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBV prevention and violence prevention interventions.	
	6. Strengthened programming that addresses the restoration of human dignity, builds caring communities and responds to historical and collective trauma.	
	7. Public spaces are made safe and violent-free for all women and children.	
NSP: Total # of Indicators	53	100%
Delivery: # of Indicators	4	8%
	23	43%
	26	49%
Overall Progress Comment	Significant work is required to move this Pillar forward. It is critical to turning the tide of GBVF in the country. The Comprehensive National GBV Prevention Strategy and related strategic frameworks serve to strengthen the interventions and the indicators for prevention as captured in the NSP, and requires further alignment and institutionalization.	
Presidential Declaration	The pillar gives effect to 5 of 19 Articles 13,14,16,17,18,	
24 Demands	The pillar gives effect to 4 of the 24 demands (7, 8, 22, 23) - 7 Prevention of re-victimisation 8. Raising awareness 22. Training Schedule 23. Media campaign for 365 days	
Key Achievements since NSP adoption to Sep 2022	1. The Comprehensive National GBVF Prevention strategy was developed and approved for implementation.	
	2. The National Integrated Prevention Strategy against Femicide was launched on 8 March 2022	
	3. Policy Framework to address GBV in the PSET system approved by March 2021	
	4. NSG runs a basic 5-day online course that covers GBVF, gender mainstreaming in the public service and GRPBMEA framework	
	5. Implementation framework developed for the NSP on GBVF & HIV&AIDS NSP	

Pillar 2: Prevention and Rebuilding Social Cohesion	
	<ol style="list-style-type: none"> 6. Range of communication interventions implemented by various departments and CSOs. 7. The National Communication Strategy aligned to the NSP on GBVF was finalised and adopted.
Key Indicators Not Achieved	1. The number of anti-GBVF programs implemented by trained CDWs and CHCWs by March 2024
	2. The number of prevention programs implemented by trained service organisations and community activists by March 2024
	3. 100% of sexist learners; material replaced by 2024
	4. 95% by 2024 of in-service teachers trained on anti-sexism
	5. % of schools with programs designed and rolled out to address GBVF
	6. The number of evidence-informed strategic behavioural change interventions with various target groups
	7. The number of studies and evidence informed strategic behavioural change interventions to address toxic masculinities
	8. 200 ward committee members trained on Gender, Equity and Diversity in Development Projects by March 2021
	9. Research on learners' attitudes, views and perceptions on GBVF conducted by 2021
	10. 100% of PSET institutions with accountability frameworks developed to curb and address GBV in PSET institutions by December 2021
	11. The number of social workers hired at the local government level
	12. The number of Lay mental health workers trained annually from April 2020 to March 2024
	13. The number of parenting and ECD programs to build non-violent and gender transformative approaches to parenting implemented.
	14. Number of community interventions to rebuild social cohesion
	15. Safety plans for all modes of public transport developed by March 2021
	16. The proportion of safe parks for children annually April 2020 to March 2024
Budget Reported for Delivery	R45 715 363 (R45,7Million)
Expenditure Reported for Delivery	R40 068 434 (R40 Million) - (DSD, DBE, DHET, DIRCO, DPWI, DPSA, CSPS, DSI, DCDT, DSAC, GCIS, DALRRD)
Innovations	1. 100-day challenge: Evidence-informed programs in 2 schools and safety audits and actions to reduce GBVF hotspots in 100 days
	2. National Femicide Prevention Strategy was developed, elevating femicide as a key issue that requires a specific prevention strategy.

4.2 Pillar 2 Achievements

Progress with delivery on this Pillar has mainly been at the level of activities and outputs, laying the foundation for taking the substantive focus of the pillar on behaviour change

forward. Key achievements primarily relate to laying a foundation for strengthened strategic delivery on the outcomes of this pillar. The National Comprehensive Prevention Strategy is a critical output over the first two and a half years of the NSP implementation. At the same time, various interventions have taken place, driven by respective government departments, civil society organisations and other entities that reach key target groups and will contribute towards achieving respective outcomes moving forward.

It has been encouraging to see the levels of multisectoral collaboration in the implementation of this Pillar. Key partners for Pillar 2 include all government departments at national, provincial and local levels; the END GBVF Collective; civil society including the faith-based sector; labour unions and social movements; the private sector; local, regional and international development partners; research and subject experts, and especially the different communities across the country and traditional leaders. Given the priority of taking a whole-of-society approach to prevention, bringing a range of stakeholders to take the mantle up with their respective constituencies is key to meaningful, rooted change. Across South Africa, different stakeholders have continued to implement locally based interventions to prevent GBVF.

Outcome	Delivery
<p>1. The strengthened delivery capacity of South Africa to roll out effective prevention programs.</p>	<ul style="list-style-type: none"> ● The Comprehensive National GBVF Prevention Strategy (CNPS) was developed and approved for implementation; The National Integrated Femicide Prevention Strategy (NIFPS) was launched, and The National Communication Strategy aligned to the NSP on GBVF was finalised and adopted. ● Social Workers have been trained in behavioural change interventions in the communities of one province. ● Several sustained anti-GBVF multi-media campaigns implemented using multi-media platforms (GCIS, community dialogues, social media posts, Twitter, webinars, public education, radio talk shows, multisectoral initiatives) ● Over 25000 childcare facilities that were not registered on the DSD database were identified through using GOV chat and geo-location technology and are currently receiving support to register. ● Strategic procurement of mental health service practitioners to support HR capacity at Primary Health Care (PHC) facilities. ● Multisectoral partnerships have resulted in the following: <ul style="list-style-type: none"> ○ A toolkit for DBE officials, educators and Learner Leaders (RCLs) is being developed for learner-led school safety interventions. ○ Training, support and mentorship are being provided to 100 GBVF volunteers/youth ambassadors in the GBVF hotspot areas in all nine provinces to strengthen community capacity to deliver GBVF prevention interventions. ○ Campaigns were held with the taxi industry to educate taxi drivers on GBV and to empower more women in the job market of taxi drivers in five (5) provinces. The taxi industry agreed to increase the representation of women at the leadership level with a proposed 30% target adopted at the National Taxi Lekgotla.

Outcome	Delivery
	<ul style="list-style-type: none"> ○ Media houses were trained on gender sensitivity to propel behaviour change within the industry, and they signed the SteptUp Statement of Commitment on ethical guidelines of how women and girls are portrayed in the media. ○ Over 760 prevention and awareness programs were held in the GBVF hotspot provinces (EC, GP, FS, KZN, NW and WC).
<p>2. Behaviour and social norm change within key groups due to the roll-out of effective prevention programs.</p>	<ul style="list-style-type: none"> ● Strategic behavioural change interventions targeting learners, educators, parents and community members have been rolled out in schools. ● The national Gender Responsive Pedagogy Toolkit has been revised. Three (3) provinces underwent related master training; five (5) provinces were on-boarded for master training on Gender Responsive Pedagogy in Early Childhood Development. ● Learner Leaders in two (2) provinces effectively voiced their inputs in the Representative Council of Learners as part of the National Policy on Reporting and Management of Sexual Harassment of Learner Cases; and learner-led school-based early violence prevention campaigns/interventions. ● Multisectoral partnerships resulted in the following: <ul style="list-style-type: none"> ○ The Establishment of a national GBVF Youth Steering Committee to support and guide National SAPS on GBVF prevention interventions targeting youth. ○ A 24-hour national crisis line for all students needing support for GBV and mental health issues was established; dialogues were held with over 8,000 students, and risk assessments for GBV were held with more than 6,000 students. ○ The establishment and functioning of the Faith Sector Collaborative were put in place to address underlying faith-rooted drivers of GBV. The Asikhulume (Let us Talk) initiative was incorporated at the GBVF Interfaith Sector District Forum, working with faith-based leaders in various provinces to build their capacity to respond to GBVF-related issues
<p>3. Shifts away from toxic masculinities towards embracing positive</p>	<p>Multisectoral partnerships resulted in the following:</p> <ul style="list-style-type: none"> ● Strategic interventions took place with traditional leaders to challenge harmful traditional behaviours/practices in at least three (3) provinces. ● Several workshops relating to prevention took place with men's groups.

Outcome	Delivery
<p>alternative approaches to expressing masculinities and other sexual and gender identities within specific communities/groups</p>	<p>Integrated (VEP, Social Crime and Anti-substance abuse) education and awareness campaigns were conducted at several institutions of higher learning, e.g. anti-substance abuse awareness campaigns were conducted in 12 institutions of higher learning reaching over 2,500 students</p> <ul style="list-style-type: none"> ○ What about the Boys? Implemented by Primestar deals with toxic masculinity through a film shown in schools
<p>4. Optimally harnessed Violence Against Children (VAC) programs that impact GBVF eradication.</p>	<ul style="list-style-type: none"> ● Related sessions were held during Disability Disclosure and Awareness and Child Protection Week ● Multisectoral partnerships resulted in the following: <ul style="list-style-type: none"> ○ A digital training manual was developed on online violence for all front-line workers around online learner safety. ○ A National Inclusive Safer Schools (NISS) Toolkit was developed. ○ An online Sports-for-Development (S4D) Life Skills Program and a series of intergenerational dialogues in schools were rolled out focusing on elements of gender sensitivity, equality and prevention of GBV in schools.
<p>5. Increased cross-fertilization and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBV prevention and violence prevention interventions.</p>	<ul style="list-style-type: none"> ● The development of the guidelines on Socio-Educational Inclusion of Diverse Sexual Orientation, Gender Identity, Expression and Sex Characteristics (SOGIESC) in Schools got underway. ● Multisectoral partnerships resulted in the following: <ul style="list-style-type: none"> ○ GBVF prevention has been integrated into substance abuse interventions and Sexual and Reproductive Health and Rights (SRHR) in several provinces. <p>There was poor reporting available on work done in this particular area. This presents a key gap that needs to be addressed urgently.</p>
<p>6. Strengthened programming that addresses the restoration of human dignity, builds caring communities and responds to historical and collective trauma.</p>	<ul style="list-style-type: none"> ● More than 1 700 medical doctors and professional nurses were trained to enhance their skills in the clinical management of mental disorders, including victims/survivors of GBV. ● Multisectoral partnerships resulted in the following: <ul style="list-style-type: none"> ○ A series of physical and virtual intercultural dialogues were held to promote a peaceful culture for improved social behaviour. Interactions and peace committees were established in various districts. ○ The '120 Day Communications Campaign' brought to the fore that: (i) open spaces are critical for a diversity of voices to share different understandings of Sacred Texts to disrupt normalised, seemingly 'God-ordained' gender relations; and (ii) there is an appetite in South Africa for opinion pieces on faith and GBVF.

Outcome	Delivery
7. Public spaces are made safe and violent free for all women and children.	<ul style="list-style-type: none"> ● Over 28,379 illegal liquor outlets were either closed or the illegal trade terminated, up from approximately 7 000 in 2020/21. ● The NSP on GBVF is being integrated into the Provincial IDPs, including a focus on safe spaces in the respective provinces.

4.3 Pillar 2 Reflections

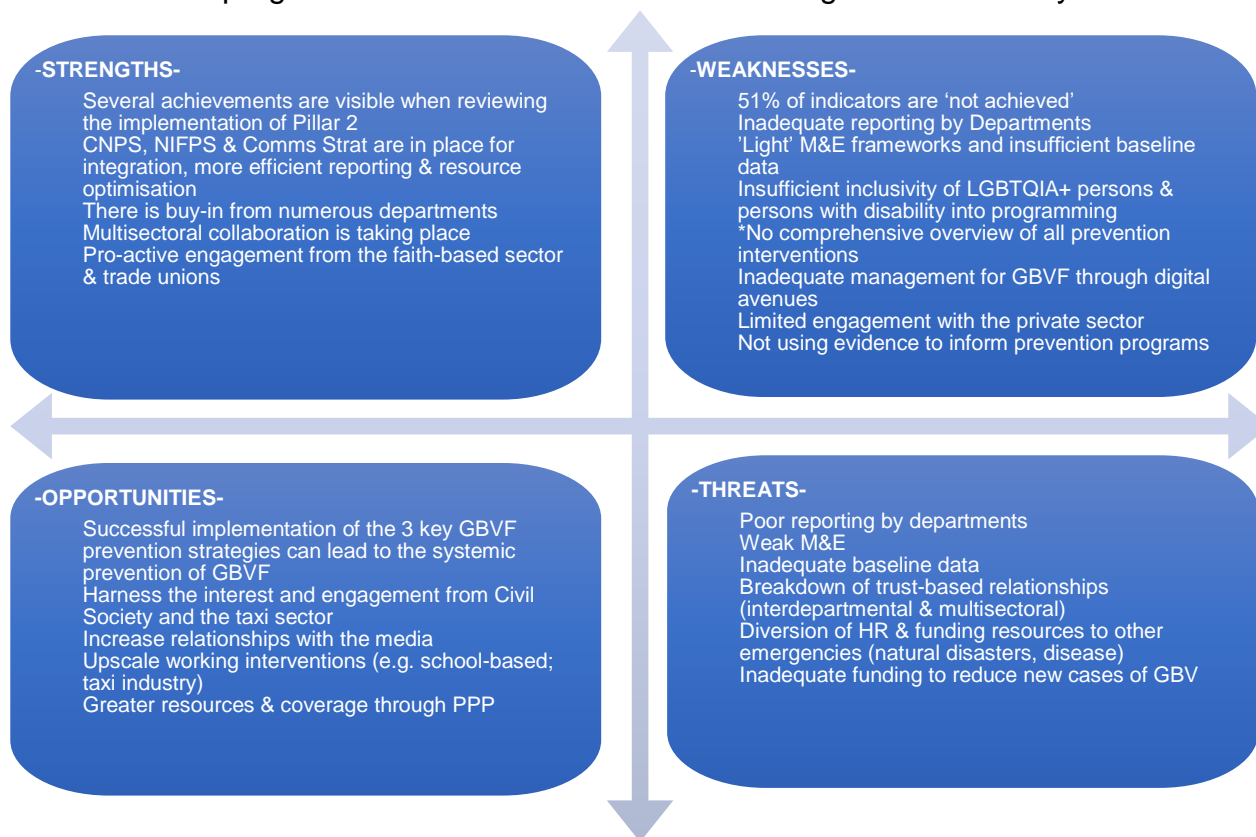
As the reports show, there are several communication and awareness raising interventions by a range of government departments and other stakeholders, and there is increased awareness of GBVF across the population overall. Moving beyond basic awareness towards shifting social norms and changing behaviour driven by toxic gender identities is a key priority moving forward. The strategies reported on above, provide key strategic tools, with which to move this work forward coherently and meaningfully. This strategic lens will be used to review and align technical and financial investments relative to outcomes, with campaigns such as the 16-days of activism.

COVID-19, as the singularly defining period of the last two years, has deepened and widened the collective trauma of all living in South Africa. At the same time, it highlighted the levels of social connectedness and solidarity of South Africans and the potential for mass-scale behaviour change. All these insights need to be factored in as the Comprehensive National GBV Prevention Strategy is moved forward. Failures and successes, particularly in rural contexts, offer useful lessons for GBVF prevention. Drawing lessons from other sectors, such as HIV and AIDS, is key to facilitating alignment, integration and reaching marginalised groups.

Linking hate crimes, prejudice and discrimination suffered by the LGBTQIA+ community with the levels of misogyny and femicide women experience more broadly will respond to the common patriarchal drivers and highlight the needs of this community. This requires urgent attention, as there has been an inadequate movement around this. Bolstering existing capacity to do GBV prevention is a key priority moving forward, particularly at local levels. The CNPS will assist in building a collectively owned understanding of prevention, including key messages, facilitating different stakeholders moving forward in the same direction. The innovation of working through local youth ambassadors and being responsive to both social and economic imperatives simultaneously presents a lot of promise.

Addressing the deep trauma and healing of individuals and communities arising from intersecting forms of violence has to be a central axis of prevention efforts in South Africa. Integrating efforts to intentionally rebuild the social fabric and restore positive social cohesion, whilst addressing collective and individual trauma, is key in turning the tide on violence. Interventions that recognise and work with the weight of historical trauma and ongoing social and economic inequality are fundamental. Intentional and concerted efforts have to reweave the social fabric in ways that do not normalise violence.

The reflections of progress for Pillar 2 are summarised through a SWOT analysis:



4.4 Pillar 2 Emerging Priorities: Areas of Acceleration and Amplification

Figure 2: Pillar 2 Emerging Priorities



5 Pillar 3: Justice, Safety and Protection

The NSP on GBVF Pillar 3 seeks to establish a criminal justice system (CJS) that is receptive, responsive, caring, agile and effective to victims and survivors of GBV. More often than not, victims and survivors of GBV approach the justice system with ambivalence, fear of the unknown, fear of humiliation, fear of further retaliation, fear of being disbelieved, and fear of losing the case, amongst others. As aspired by article 5 of the Presidential Summit against GBVF of 2019, Pillar 3 is tasked to review the existing laws on GBVF to ensure that they are more victim-centric and responsive. Article 13 of the same also calls upon criminal justice system actors to refrain from exposing survivors to secondary victimisation and more traumatic experiences at service points.

5.1 Pillar 3 Progress Scorecard

Pillar 3: Justice, Safety and Protection		
10-Year Outcome	The criminal justice system provides protection, safety and justice for survivors of GBVF and effectively holds perpetrators accountable for their actions.	
5-Year Outcomes	1. All GBV survivors can access efficient and sensitive criminal justice that is quick, accessible, responsive and gender-inclusive	
	2. Strengthened capacity within the criminal justice system to address all impunity, effectively respond to femicide and facilitate justice for GBV survivors	
	3. Amended legislation related to GBV areas that build on legislative reforms initiated under the Emergency Response Action Plan	
NSP: Total # of Indicators	54	
Delivery: # of Indicators	21	39%
	16	30%
	17	31%
Overall Progress Comment	21 of the indicators achieved with the two years of implementation and 16 are in progress. The legislative process went smoothly, given the urgency. The 17 indicators not achieved are key in bolstering responsiveness and trust in the Criminal Justice System.	
Presidential Declaration	The pillar gives effect to 8 Articles (4,5,7,8,9,12,13,15)	
24 Demands	The pillar gives effect to 6 demands (7, 10, 11, 14, 15,16)	
	7. Combatting and Prevention of Hate Crimes Bill in Parliament 10. Assented legislation on consistent sentencing and enforcement of existing laws 11. Provision of legal aid to victims requires further attention 14. Comprehensive law reform has taken place and in progress 15. Limited progress 16. Progress in the establishment of Thuthuzela Care Centres (TCCS) - infrastructure and functionality need to be improved.	
Key Achievements since NSP adoption to Sep 2022	1. Six pieces of legislation related to GBVF assented and signed into law and implementation costing in progress	
	2. 83 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).	

Pillar 3: Justice, Safety and Protection	
	<ol style="list-style-type: none"> 3. 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 4. Legal Aid Regulations amended to include support to survivors of domestic violence. 5. Six (6) additional TCCs were established, bringing the national spread to 61 TCCs 6. TCCs Sexual offences conviction rate increased from 73.9% in 2020/21 to 76.7% in 2021/22 financial year 7. 16 996 people were reached through victim-offender dialogues, and mediation and 14 848 convicted sex offenders were reached through therapeutic and non-therapeutic programs for 2021/22 financial year. 8. 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
Key Indicators Not Achieved	<ol style="list-style-type: none"> 1. Compensation and Restitution for victims of crime and enforcement mechanism in place by April 2021 2. Audit of Correctional Services policy and service delivery 3. DNA analysis capacity established in the Eastern Cape and KwaZulu-Natal by March 2021 4. Reduce the GBVF-related forensic cases backlog to 5 000 by March 2021 5. Fund for survivors of GBVF to meet specific needs such as legal aid costs established by March 2021 6. The number of Designated Health Facilities annually 2020-2024 7. Amendment of the Labour Relations Act to provide a provision on vetting all employees dealing with GBVF matters 8. Traditional Courts Bill amended by March 2022 9. Legislation on decriminalisation of sex work promulgated by March 2022 10. Prevention and Combating of Hate Crimes and Hate Speech Bill promulgated by March 2021 11. Conviction and detection rates for women and children 12. Quality of victim-friendly services
Budget Reported for Delivery	R4 020 375 598 (R4,02 Billion)
Expenditure Reported for Delivery	R3 305 292 696 (R3,3 Billion): SAPS, DEFENCE, NPA, DoJ&CD - (not included DCS)
Innovations	<ol style="list-style-type: none"> 1. Online Web Portal for Protection Order Applications developed in line with the Domestic Violence Amendment Act 2. Let's Talk Justice Radio Talk Show has the participation of over 70 radio stations, mostly community radio stations 3. Automatic GBVF Case Management System 4. SOCs model is seen as international best practice. 5. Holding regular webinars to communicate Pillar achievements whilst sensitising the public the recent legal developments.

5.2 Pillar 3 Achievements

Amid COVID-19 restrictions, Pillar 3 achieved an almost 40% performance bar as the NSP journeyed halfway through the set implementation period. Significant progress was made in legislative reform and respective interventions to make the court system more victim-friendly. The notable accomplishments include:

Outcome	Delivery
<p>1. All GBV survivors can access efficient and sensitive criminal justice that is quick, accessible, responsive and gender-inclusive</p>	<p>Upgraded 114 courts in line with the Minimum Standards of Strategy for Reasonable Accommodations and Measures to Access Justice for Court for Users with Disabilities. This Strategy provides a catalogue of standardised support services to remove barriers to physical, language, visual, auditory and cognitive accessibility to court users with disabilities</p>
	<p>SMS Notification is introduced in (i) domestic violence applications for protection orders and (ii) applications for clearance certificates against the National Register for Sex Offenders (NRSO). This is to make communication of case developments quicker and more accessible</p>
	<p>Legal Aid Regulations amended to provide legal aid services to survivors of domestic violence</p>
	<p><i>Regulations relating to Sexual Offences Courts</i> in place to provide a catalogue of support services to survivors of sex crimes</p>
<p>2. Strengthened capacity within the criminal justice system (CJS) to address all impunity, effectively respond to femicide and facilitate justice for GBV survivors</p>	<p>6 TCCs established at Cradock, Frontier (EC), Paarl (WC), Uppington (NC), and Nelspruit (Mpumalanga) to undergird a victim-centric justice system that is quick and receptive. The conviction rate in sexual offences reported at TCCs increased from 73.9% in 2020/2021 to 76.7% in the 2021/2022 financial year. From 2020/2021 to 2021/2022, 342 life imprisonment sentences were imposed in sexual offences cases managed by TCCs.</p>
	<p>Eighty-three courts aligned to the <i>Regulations relating to Sexual Offences Courts</i>. A total of 299 courts for regional divisions preside over sexual offences matters in terms of section 55A (5) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007.</p>
	<p>2 Khuseleka One Stop Centres (OSC) established by DSD: the Saartjie Baartman Khuseleka OSC in WC and the Mpumalanga OSC to bring the total of these centres in the country to 9.</p>
	<p>Through the activism of the Indlezane Yezwe organisation, SAPS established a mobile police station in Lusikisiki to bring safety and security closer to people.</p>
	<p>Finalised the development of Phases 3 and 4 of the Femicide Watch, a national repository of disaggregated data of GBV-related femicide cases. Additional data metrics and filtering capabilities were added for improved case profiles and programmatic interventions.</p>
<p>Developed the Femicide Prevention Strategy to supplement the aspirations of the NSP. The Strategy further introduces a country definition of femicide and delineates the types of femicide within the context of South Africa</p>	

Outcome	Delivery																							
	<p>During the period 1 January 2022 and 31 July 2022, the number of femicide cases finalised with a verdict was 284 of which 271 resulted in convictions. The conviction rate in the femicide cases amounted to 95.4%. During the same period, 221 verdicts were handed down in cases relating to Intimate Partner Femicide. From these 221 verdicts, 206 convictions were obtained, thus registering a conviction rate of 93.2%</p>																							
<p>3. Amended legislation related to GBV areas builds on legislative reforms initiated under the ERAP.</p>	<p>During this reporting period, 6 Bills that seek to protect the rights of women and children were assented to and signed into law within an unprecedented shortest record time:</p> <table border="1" data-bbox="533 551 1442 1368"> <thead> <tr> <th data-bbox="533 551 979 622" rowspan="2">Legislation</th> <th colspan="2" data-bbox="979 551 1442 584">DATE OF</th> </tr> <tr> <th data-bbox="979 584 1150 622">Assent</th> <th data-bbox="1150 584 1442 622">Commencement</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 622 979 779">1) Recognition of Customary Marriages Amendment Act, 2021 (Act 1 of 2021 (DHA))</td> <td data-bbox="979 622 1150 779">26 May 2021</td> <td data-bbox="1150 622 1442 779">1 June 2021</td> </tr> <tr> <td data-bbox="533 779 979 887">2) Child Justice Amendment Act, 2019</td> <td data-bbox="979 779 1150 887">4 June 2020</td> <td data-bbox="1150 779 1442 887">19 Aug 2022</td> </tr> <tr> <td data-bbox="533 887 979 963">3) Cybercrimes Act, 2020 (Act 19 of 2020)</td> <td data-bbox="979 887 1150 963">26 May 2021</td> <td data-bbox="1150 887 1442 963">1 Dec 2021</td> </tr> <tr> <td data-bbox="533 963 979 1070">4) Domestic Violence Amendment Act, 2021 (Act No 14 of 2021)</td> <td data-bbox="979 963 1150 1070">25 Jan 2022</td> <td data-bbox="1150 963 1442 1070">Not fixed yet</td> </tr> <tr> <td data-bbox="533 1070 979 1178">5) 5. Criminal and Related Matters Amendment Act, 2021 (Act No 12 of 2021)</td> <td data-bbox="979 1070 1150 1178">25 Jan 2022</td> <td data-bbox="1150 1070 1442 1178">5 Aug 2022</td> </tr> <tr> <td data-bbox="533 1178 979 1368">6) Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2021 (Act No 13 of 2021)</td> <td data-bbox="979 1178 1150 1368">25 Jan 2022</td> <td data-bbox="1150 1178 1442 1368">31 July 2022</td> </tr> </tbody> </table> <p>Other progressive legislative developments include:</p> <ol style="list-style-type: none"> 1) Cabinet approved the Prevention of Hate Crimes and Hate Speech Bill, which is still in Parliament. 2) A draft Bill has been prepared on decriminalising sex work, which is still in progress. 3) The Traditional Courts Bill was passed by Parliament in September 2022 and is now awaiting assent by the President. The Bill addresses issues of gender discrimination in recognition of the Constitutional protection afforded to women. 	Legislation	DATE OF		Assent	Commencement	1) Recognition of Customary Marriages Amendment Act, 2021 (Act 1 of 2021 (DHA))	26 May 2021	1 June 2021	2) Child Justice Amendment Act, 2019	4 June 2020	19 Aug 2022	3) Cybercrimes Act, 2020 (Act 19 of 2020)	26 May 2021	1 Dec 2021	4) Domestic Violence Amendment Act, 2021 (Act No 14 of 2021)	25 Jan 2022	Not fixed yet	5) 5. Criminal and Related Matters Amendment Act, 2021 (Act No 12 of 2021)	25 Jan 2022	5 Aug 2022	6) Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2021 (Act No 13 of 2021)	25 Jan 2022	31 July 2022
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Amendment Acts increasing Accountability: In bolstering the spirit of 360 degrees accountability, as encapsulated by article 2 of the Presidential Summit Declaration against GBVF, 2019, which require *‘Political, government, business and community leadership, and families be held accountable for actions and omission that are contrary to the achievement*

of a South Africa that is free from GBVF, 3 GBV Acts were amended.



Domestic Violence Amendment Act, 2021

- No bystandarism in domestic violence against children, persons with disabilities and older persons.
- No legal action against the whistle-blower if such report was made in good faith
- Failure to report amounts to a crime



Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2021

- No bystanderism in sexual offences perpetrated against vulnerable persons
- No legal action against the whistle-blower if the report was made in good faith
- Failure to obey amounts to an offence

Fast-track the vetting process of persons providing services directly to children and mentally disabled persons in terms of the National Register for Sex Offenders (NSRO):

From April 2021 to March 2022, the NRSO received and processed 3 644 applications for clearance certificates and achieved 81% of this work instead of the planned 50%. This report comprises 2 701 applications for certificates received and 2 188 issued within ten days. The 943 certificates were also issued from the backlog cases.

5.3 Pillar 3 Reflections

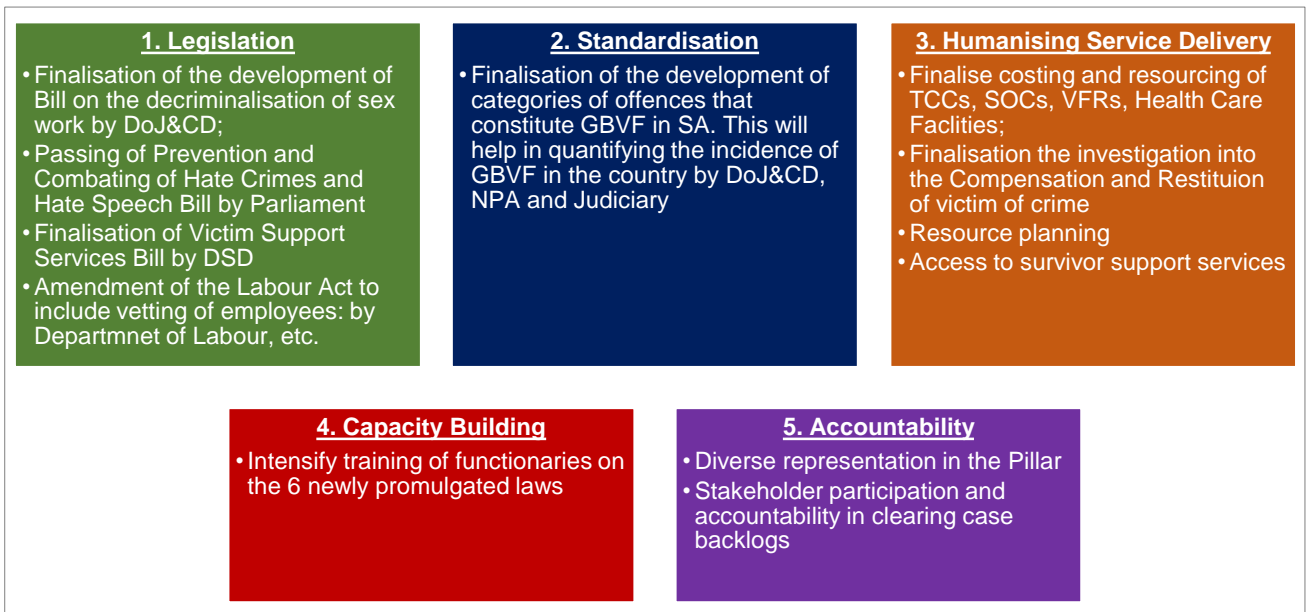
Over the past two and a half years, legislative reform has significantly accelerated towards addressing critical gaps and challenges. The amendments provide a more victim-centric justice system that gives reasonable accommodation to witnesses with disabilities. It requires the participation of victims of GBVF offences in parole proceedings. Courts will impose tougher sentences in cases of murder of children, as well as in femicide or domestic homicide and rape cases. The Courts will impose tougher sentences in cases of attempted murder and assault to cause grievous bodily harm against a victim in a domestic relationship with the accused. The Amendment Act introduces significant changes to the NRSO, including additional sex crimes and incest. The particulars of all persons convicted of sexual offences will be entered into the NRSO. At the same time, increased numbers of life sentences are issues to perpetrators of rape. The Bills that are pending, and before parliament, will be fast tracked, moving forward.

Outcome	Non-Achievement	Constraints
All GBV survivors are able to access efficient and sensitive criminal justice that is quick, accessible, responsive and gender-inclusive	Compensation and Restitution for victims of crime and enforcement mechanism in place by April 2021	Human resource constraints, as SALRC was requested to participate in the drafting of some of the Amendment Bills due to urgency to deliver.
	Emergency Fund for survivors of GBVF to meet specific needs such as legal aid costs established by April 2021 to March 2024	NCGBVF has not yet been established

Outcome	Non-Achievement	Constraints
Amended legislation related to GBV areas that build on legislative reforms initiated under the ERAP.	The amendment of the Labour Relations Act to provide a provision on the vetting of all employees dealing with GBVF matters Annually April 2021 to Mar 2024	Lack of ownership of target
<ul style="list-style-type: none"> • Backlogs and non-delivery are a function of ineffective resource allocation. Resources are deployed in numerous interventions that are neither strategic nor big enough to impact. Additionally, policy/ legislation processes are long and straddle two arms of the state. • Addressing the FSL capability challenges as one of the systemic issues, driving backlogs continues to be a priority. 		

5.4 Pillar 3 Emerging Priorities: Areas of Acceleration and Amplification

Figure 3: Pillar 3 Emerging Priorities



6 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 agency towards reclaiming their bodies, mental and physical health, well-being and lives. The overall focus is two-fold: (i) strengthening and overhauling services and systems; improving relationships between stakeholders whilst (ii) building and bolstering resilience through harnessing the capacity of institutions, households and communities to play important roles in supporting survivors.

6.1 Pillar 4 Progress Scorecard

Pillar 4: Response, Care, Support and Healing	
10-Year Outcome	1. Victim-centred and survivor-focused accessible, equitable and quality services that are readily available across the criminal justice

Pillar 4: Response, Care, Support and Healing		
	system, health system, education system and social support system at all respective levels	
5-Year Outcomes	2. Strengthened existing response, care and support services by the state and victim-centred, and trauma-informed ways to facilitate recovery and healing	
	3. Secondary victimisation is eliminated by addressing specific individual and systemic factors driving it	
	4. Victims feel supported by the system to access the necessary psychological, material and other support required to assist them with their healing.	
	5. Strengthened community and institutional responses to provide integrated care and support to GBVF survivors and their families that take into account linkages between substance abuse and HIV and AIDS.	
NSP: Total # of Indicators	29	100%
Delivery: # of Indicators	9	31%
	10	34%
	10	34%
Overall Progress Comment	There is a need to accelerate and amplify efforts to strengthen response, care and support services for survivors- making the linkages, with the healing component of the Pillar is key.	
Presidential Declaration	The pillar gives effect to 2 Articles (9,12)	
24 Demands	The pillar gives effect to 7 demands (7,11,13,14,16,18,19,)	
	7. Prevention of re-victimisation 11. Provision of Legal Aid, not adequate 13. Psychosocial support 14. Comprehensive law on addressing GBVAW 16. TCCs resourced 18. Provision of shelter 19. Registration of GBVAW cases in hospital	
Key Achievements since NSP adoption to Sep 2022	1. The DSD VSS Bill was gazetted for public comments and reports available.	
	2. The Intersectoral Shelter Policy and the Psychosocial Support Services Policy is in place.	
	3. The Command Centre was revamped and expanded its capacity	
	4. 55 decentralised psychosocial support teams were established across all provinces.	
	5. In a total of 52 districts across the country, 45 districts have at least one shelter, 7 districts are without shelters, and 136 shelters exist across the country. 117 (85%) of these GBV shelters are funded by the DSD	
	6. DHET, through HIGHER HEALTH, implemented a 24-hour national crisis line for all students needing support for GBV & mental health issues.	
	7. Twelve buildings have been renovated and handed over to DSD for shelters and interim housing.	
	8. Established an additional Khuseleka One Stop Centre in the Western Cape, totalling 8 nationally across 6 provinces.	
	9. Departments have an Employee Health and Wellness program to provide survivors with psychosocial support.	

Pillar 4: Response, Care, Support and Healing	
Key Indicators Not Achieved	1. Victim Empowerment Services Support Bill approved by Cabinet March 2022 and not yet by Parliament
	2. White Paper on Families approved March 2023
	3. Norms and Standards for victim empowerment services aligned with the NSP on GBVF March 2023
	4. M&E framework for victim-friendly, survivor-focused service delivery developed. March 2024
	5. Agreement for DOH to manage TCCs finalised by March 2021
	6. % Wards that have Community Rapid Response Teams established % by March 2024
	7. % Municipalities that have MOUs in place with CBOS, FBOs, activists that are engaged in shaping local responses by March 2024
	8. Develop protocols for response Integrated Service Delivery model established April 2022/23
	9. % Municipalities that have plans on care and support, including a service map and referral parts (responding to safety plan) for GBV support services, substance abuse and related mental health care developed. 100% by 2024
	10. % Schools with GBV Programs with social workers that are institutionalised across the levels of schooling and higher education to provide caring, safe environments.
	11. Multi-sectoral locally rooted programs to GBVF established.
	12. White paper on social development
Budget Reported for Delivery	R 1 467 621 146 (R1,467 Billion)
Expenditure Reported for Delivery	R 1 246 635 996 (R1,25 Billion) (DSD, DPSA, DHET, DPWI, Treasury, DCDT)
Innovations	100-Day challenge: Increase the referral of new GBV cases reported by 300% (i.e. from 416 to 1 248) to increase response, care, support and healing.

6.2 Pillar 4 Achievements

Achievements

Overall, there has been uneven progress made in relation to delivery on this Pillar, with some movement in three of the four 5-year outcomes, as captured by the table below:

Outcome	Delivery
1. Strengthened existing response, care and support services by the state and civil society in ways that	The DSD VSS Bill was gazetted for public comments
	The Command Centre was revamped and expanded
	The Intersectoral Shelter Policy and the Psychosocial Support Services Policy is in place.
	47 buildings have been identified for renovation and handover as shelters and interim housing arrangements for survivors.

Outcome	Delivery
are victim-centred and survivor-focused to facilitate recovery and healing	In a total of 52 districts across the country, 45 districts have at least one shelter, 7 districts are without shelters.
	There are 142 operational shelters across the country with a bed capacity of 1678. (85%) of these GBV shelters are funded by the DSD. 2 new shelters were launched in the Free State (in Sasolburg and Qwa-Qwa).
	Funding: <ul style="list-style-type: none"> ● 296 CSOs funded through the CARA funds. Total transferred to CSOs by 31 September 2022 is = R78 300 000 and 4.1 Million used to appoint a service provider to mentor and coach emerging CSOs ● R522 million was provided for the years 2019 up to 2022 for victim support services – white doors, shelters and Khuseleka One-Stop services ● 8.4 million was disbursed to national organisations - NICDAM, LIFELINE, NSM-SA
2.Secondary victimisation is eliminated by addressing specific individual and systemic factors driving it.	Decentralised psychosocial support teams were established across all provinces.
3.Strengthened community and institutional responses to provide integrated care and support to GBVF survivors and their families that consider linkages between substance abuse and HIV&AIDS.	DHET through HIGHER HEALTH implemented a 24-hour national crisis line for all students needing support for GBV & mental health issues.
	All departments have an Employee Health and Wellness program and plan to provide survivors with psychosocial support. Employee Health and Wellness Program Implementation Reports from Departments reflect the availability of psychosocial interventions and counselling services in the Departments

Strategic interventions that have been implemented that contribute to meeting the needs of victims and survivors at grass root level include:

- The deployment of foot soldiers to fight the scourge of GBVF. This is possible through a partnership with the HWSETA. The project will be effective for twelve months.
- Capacity building of one hundred GBVF ambassadors to be deployed in the GBVF Hotspots areas across the country. R 4.3 million has been set aside for its implementation
- Funding from SANAC will enable the training of frontline workers from both the Government and Civil Society on the management and response to trauma incidents.

6.3 Pillar 4 Reflections

It is worth noting that most interventions that require collaboration across departments and spheres do not work well. Such interventions that have not moved include: (i) establishing and maintaining Community Rapid Response Teams; (ii) Municipalities crafting MOUs with CBOS, FBOs and activists that are engaged in shaping local responses; and (iii) developing protocols for response through an Integrated Service Delivery model.

However, TCCs seem to be holding their own. Findings from the sites visited are that, generally, TCCs are functioning well. One of the strengths of the model is the multi-sectoral approach that brings all services under one umbrella, i.e. (the National Prosecution Authority (NPA), Department of Health (DoH), Department of Social Development (DSD), South African Police Service (SAPS) and various NGOs). However, there are specific challenges that must be resolved urgently. The strength of the model is also its weakness. For example, infrastructure issues are perceived to be solely the responsibility of the DOH, while the NPA is responsible for providing coordination and services to the victims. It is for that reason there is such inequality. The TCCs visited range from state-of-the-art infrastructure, such as the one in Kimberley, and others very dilapidated, such as those in Soweto Baragwanath and Laudium. TCC's⁸ budgets are segmented and rely on private and government funding. The funding aspects are managed in the Provincial offices, and there is no budget manager in the centre. Each stakeholder provides only for the needs of their staff members in the centre, including the debriefing, while others do not even get debriefed.

TCC: Kimberley	Gauteng Province DSD Facility	TCC: Baragwanath	DSD Psychosocial Support Services
			

6.4 Pillar 4 Emerging Priorities: Areas of Acceleration and Amplification

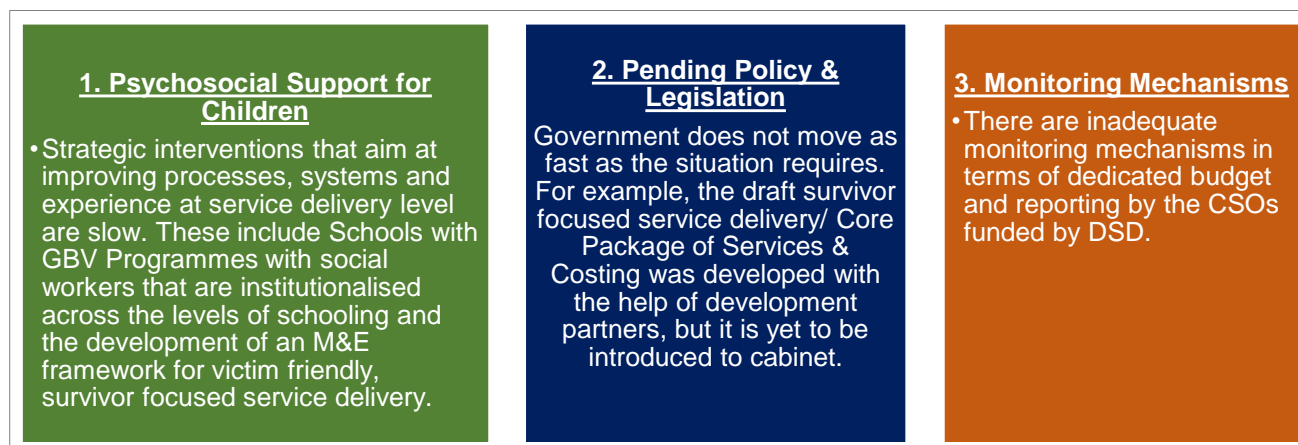
The care, support and healing services receive considerable funding estimated to be over R1.5 billion. However, considering the extent of the challenge, funding resources, particularly related to hiring social work professionals and financing NGOs and CBOs in the space, are inadequate. Emerging priorities for the pillar are centred on optimising policy space and standards as well as protocols and systems such that service delivery is of quality, predictable, accessible and equitable throughout the country.

Given the levels of GBVF in the country, expanding the scale and scope of psychosocial service provision is urgent. Accelerating strengthened community and institutional responses to provide integrated care and support to GBVF survivors and their families need to be strengthened urgently. Strengthening interlinkages between SAPS closing down liquor outlets and alcohol and substance abuse programming by DSD can simultaneously contribute to improved safety, prevention of GBV and building stronger social cohesion within

⁸ List of TCCs spread in the country is included as Appendix A

communities. Integration with other programs, such as HIV and AIDS will contribute to a strengthened impact.

Figure 4: Pillar 4 Emerging Priorities



7 Pillar 5: Economic Power

This pillar sets out to transform the structural makeup of South Africa’s economy by systematically increasing access, control, and ownership of productive resources to women, as well as strengthening their participation in the world of work to address the economic drivers of GBVF across local, provincial, and national spheres. It recognises the clear link between GBV and economic dependence and seeks to ensure that obstacles to women’s economic autonomy are effectively addressed. The pillar work gives effect to Article 8 of the 19 articles of the Presidential Summit Declaration Against GBVF, being to “Promote woman-centred economic development”.

7.1 Pillar 5 Progress Scorecard

Pillar 5: Economic Power		
10-Year Outcome	1. Women, children and LGBTQIA+ persons can be free in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives.	
5-Year Outcomes	2. Accelerated initiatives address women’s unequal economic and social position through access to government and private sector procurement, employment, housing, land, financial resources and income other generating initiatives.	
	3. Safe workplaces free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment	
	4. Demonstrated commitment, through policy interventions, by the South African state, the private sector and other key stakeholders to eliminate the impact of economic drivers of GBV	
	5. Strengthened child maintenance and related support systems to address the economic vulnerability of women	
NSP: Total # of Indicators	26	100%
Delivery: # of Indicators	4	15%
	17	65%
	5	19%

Pillar 5: Economic Power	
Overall Progress Comment	The outcomes in this pillar are long-term interventions and require deep-systemic change. Noting that 4 indicators have been achieved and 14 are in progress, concerted efforts are required from both the private and the public sectors to take the work of this pillar forward.
Presidential Declaration	The pillar gives effect to 5 Articles (2,4,8,10,19)
24 Demands	The pillar gives effect to 2 demands (18,19)
	18:Efforts are underway to facilitate shelters and interim housing 19.Very limited progress
Key Achievements since NSP adoption to Sep 2022	1. Programs for equitable job creation, representation and ownership by women
	2. Economic plans able to demonstrate are GRPBM&EA
	3. Public employment opportunities for youth and women and persons with disabilities
	4. Representation of youth disaggregated by gender and disability on the EE Report
	5. Ownership for women, youth and SMME
	6. Ratification of ILO Convention 190
	7. WECONA was launched in October 2021 as a strategic platform for women's economic empowerment.
	8. Women's Economic Empowerment program related to 40% procurement has trained more than 6000 women businesses in doing business with the government
	9. Policy interventions to protect specific groups of particularly vulnerable workers
Key Indicators Not Achieved	1. Workplaces meeting employment equity targets
	2. Land and an agrarian fund established
	3. The mechanism in place to prevent defaulting of child maintenance
	4. Interventions to reshape work structure in ways that value-productive and reproductive labour
	5. Gender Inequality index
Budget Reported for Delivery	R14 935 187 160 (R14,9 Billion)
Expenditure Reported for Delivery	R6,07 Billion): Presidency, DPSA, DTIC, DBSD, Treasury, DEL, DHS Tourism, DPWI, DOH, DFFE, DCDT (outstanding information) - Additionally, State Owned Companies spent R31,9 Billion on Preferential Procurement for designated groups
Innovations	1. Women entrepreneurs were empowered to access global value chains through online platforms and place their products on retail shelves through the program, e.g. SheTrades Za.
	2. Training women in business in these areas: registration & compliance requirements, Procurement and Regulatory Framework, developing a tender document and costing it, & training of Procurement officials. financial literacy at the basic level: how to make financial decisions, budgeting, financial planning /management, Marketing and sales, Access to Finance and Growth

Pillar 5: Economic Power	
	Opportunities, linking women to private sector procurement value-chain opportunities
	3. A total of 24 products (2 brands of sanitary towels) from four SMMEs (2 women) were listed with major retailers, namely Dischem, Clicks, NIZAMS and independent Pharmacies
	4. WECONA was launched in October 2021 as a strategic platform for women's economic empowerment.
	5. Conceptual framework for harmonizing disability standards and definitions across a variety of datasets was developed.

7.2 Pillar 5 Achievements

Given the structural and systemic nature of economic challenges and solutions in South Africa, the report below focuses on reporting broadly on economic progress made by women in South Africa, as well as specific actions taken by the Pillar 5 Collaborative to drive progress in key areas. The section reports across the four main thematic areas of the pillar, i.e. (a) address women's unequal economic and social position by increasing productive assets for women and preferential procurement for women-owned businesses, (b) eliminate hostile work environments and poor working conditions, (c) eliminate discriminatory policies, and (d) strengthen child maintenance and related support systems to reduce the unfair burden of women's reproductive roles.

Outcome	Area	Delivery
1. Address women's unequal economic and social position by increasing access to productive assets for women and preferential procurement for women-owned businesses	Enterprise ownership	While there is an increase of 0.08% between 2020 and 2021 in the percentage of women-owned businesses in South Africa, women still own 21.9% of businesses.
	40% public sector procurement	Several government departments are making progress in meeting the 40% target; however, the results vary widely from less than 10% in some departments to 44% in the Department of Health. More than 6000 women business owners out of a target of 10 000 have been trained since 2020 to qualify for government tender processes.
	Private sector procurement	The WECONA has been launched and implemented as a public/private partnership to facilitate access to market and private sector procurement opportunities. While there are several active industries, several industries must still commit to gender transformation targets in their supply value chains.
	Land and housing	The land and agrarian fund have not been established. However, DALRRD procured and allocated 438.1756 ha of land to 1 youth and 27 women in Mpumalanga. DHS built 1.8 million houses for female-headed households and 12 000 for persons with disabilities.
	Access to finance	Several initiatives have been implemented by DSBD and DTIC to ensure that women-owned enterprises have access to finance. However, it has not been possible to determine the total figures allocated over two years as reporting is not uniform.

2. Eliminate hostile work environments and poor working conditions.	Harassment in the world of work - ILO C190	ILO C190 has been ratified, localised and integrated into the Equity Employment Amendment Bill and the Code of Conduct.
	Employment of women	Gender parity is achieved in many government departments, especially in middle-management, professional, skilled, semi-skilled and unskilled categories. In top management, gender parity is above 40%. However, the private sector is far from reaching gender parity. The country's high unemployment rates affect the overall state of women's employment.
	Women in the care economy	South Africa does not have a policy on the care economy.
3. Eliminate discriminatory policies that increase the exclusion of women	Employment Equity Amendment Bill	The Employment Equity Amendment Bill has been finalised, as well as the Code. The Financial Inclusion Strategy is in parliament.
	Code of Conduct	Code of Conduct has been finalised, with ILO C190 integrated.
	Financial inclusion strategy	The Financial Inclusion Strategy is under parliamentary review
4. Strengthen child maintenance and related support systems	Child maintenance default management system	DoJ&CD are implementing the system for digital tracing and increasing capacity for maintenance monitoring..

Enterprise Ownership: At the core of this strategy is the intention to increase the number of businesses owned by women, as well as enable access to markets. According to the Mastercard Index of Women Entrepreneurs (2022), the percentage of women-owned businesses in SA grew from 21.1 % in 2020 to 21.9 % in 2021. The report further states that the percentage of women engaged in early-stage entrepreneurial activities is growing faster than that of men, with 11.1 % of working-age women engaged in early-stage entrepreneurial activities. While the 0.08 % growth during COVID-19 marks the strong will and resilience of women in the economy, it is important to highlight that it is also necessity-driven entrepreneurship.

The DSBD supports designated groups to own new enterprises and sustain their operations through capacity building and strengthening productive capacity. Through the Localisation Support Program, SMMEs and cooperatives are supported to improve the quality of their products to commercialise and list 1000 products with local retailers. To date, 24 products have been listed with Clicks, Dischem and other pharmaceutical stores. COVID-19 slowed down the listing. 112 SMMEs were created/resuscitated, with 75 youth-owned and 50-women owned. A further 1 042 (500 women-owned) businesses were supported to access local retail opportunities, i.e. engaging with clicks and pick n pay, mall activation, pop-up markets and capacity building.

Accelerating public sector procurement through the Women Economic Empowerment Program (WEEP): Cabinet approved a commitment towards 40% preferential procurement towards women-owned enterprises to ensure that women-owned businesses have an opportunity to do business with the public sector. Through the WEEP coordinated by the Presidency, more than 6 000 women enterprises from Limpopo, Eastern, Free State, North West and Kwazulu-Natal provinces have participated in the 1-day capacity building training. The training has focussed on tax compliance, product certification, securing funding, financial literacy, marketing and branding, registration, and tender processes. Sixty women business owners have participated in a WEEP mentorship and coaching program.

Through DSBD, 930 women, 1 030 youth entrepreneurs and 29 entrepreneurs with disabilities accessed Business Development Support to strengthen their capacity to deliver on government procurement opportunities. Through the Small Enterprise Manufacturing Support Program, 33 manufacturers have been supported, of which 31.85 % were women.

Various national government departments have begun to increase their procurement spending on women-owned enterprises. During the 2021/22 financial year, Eskom, SAFCOL and Transnet allocated 10.6 % of procurement spend on women-empowered enterprises (i.e. those with at least 30 % or more ownership by women). In contrast, the Department of Health reports that 44 % of its spending was awarded to women-owned companies in 2020/21. The Department of Water and Sanitation approved over R213 million for 13 women-owned enterprises and over R104 million for four woman-empowered enterprises – translating to 26.7 % of total procurement spend. The Department of Forestry, Fisheries and the Environment allocated 17 % of its procurement spend of over R299 million to women-owned enterprises. Given the varied nature of the procurement reports from national government departments and considering the missing data, it has not been possible to determine the overall procurement spend for women-owned enterprises across all government departments. National Treasury may help by setting up a process of recording this indicator.

Accelerating private sector procurement through the Women's Economic Assembly (WECONA): Since its launch in October 2021, WECONA has sought to engage industry leaders to set gender transformation targets in each industry, implement existing commitments and establish game-changing interventions that increase procurement from women-owned businesses. Through its interactions with the private sector, WECONA has noted high levels of commitment in some industries towards gender transformation based on the industry's openness to engage, gender targets adopted, and actions taken towards implementation.

Activation and action from industry stakeholders have included the following:

Financial services industry: The first ever WECONA gender-lens investment summit was held on the 26th of July 2022 with development finance institutions and the financial services sector, where an agreement was reached with DFI's to adopt the gender-lens investment principles as stipulated by the 2X Challenge. IDC announced a commitment of R9 billion towards gender-lens investing, and PIC committed R12.5 billion.

Automotive Sector: Through the Auto Industry Transformation Fund (AITF), 30 % of overall spending has been committed to gender transformation in the industry – totalling R1.6 billion over five years. Of 13 transformation businesses supported since 2021, 8 have been women-owned. The Automotive Business Council (NAAMSA), the AITF and the National Association of Automotive Component and Allied Manufacturers (NACAM) have gone further to collaborate with WECONA on an action plan that will develop a pipeline of women leaders in

dealerships and ensure that there is a South Africa-based training and accreditation system for women in auto.

The Agricultural Sector: WECONA is working to establish contract agreements between local women producers and retailers in the FMCG sector to give market access to small-scale producers. For instance, UCanGrow has contracted 150 tons of dried chillies from small and medium farmers in the Western Cape, Eastern Cape and Limpopo, which will be dried locally and supplied to a major retailer.

The FMCG Sector: Massmart has announced a spend of R1bn to SMEs in their Supplier Development Program in 2020, of which 50 % benefits women entrepreneurs. Spar and Shoprite have agreed to work with WECONA on a national program to support women-owned products to get into their retail space.

Textiles, Clothing, Leather and Footwear: WECONA has noted that manufacturing/beneficiation infrastructure is the critical enabler needed to increase productivity and growth in the wool and mohair space. To this effect, Hertex in Worcester, established in 1946, has been acquired by a black female business owner. Furthermore, a scouring plant has been approved, alleviating manufacturing challenges in the wool and mohair industry.

Access to finance for women-owned businesses: The pillar sets out to expand women's financial inclusion by creating an ecosystem of financiers within the public and private sectors that fund women-owned (WOB) businesses in the country, thereby bridging the funding gap. With the advent of COVID-19, the Department of Small Business Development and its entities, i.e., SEDA and SEFA, intensified the Township and Rural Entrepreneurship Program (TREP) roll-out to mitigate the economic impact of the pandemic. In the 2021/2022 financial year, 24 women-owned enterprises were granted funding amounting to R 430 049 339, 7 Women empowered approvals were made at R119 082 710.

Reduce harassment and GBV in the world of work - ILO Convention 19: The Convention on the Elimination of Violence and Harassment in the World of Work (C190) was ratified on 29 November 2021. All NEDLAC social partners attended to witness and supported this ratification process. On 17 January 2022, the ILO formally confirmed the ratification of the ILO C190, and this Convention will come into force for South Africa on 29 November 2022.

Increase employment opportunities: Women accounted for 43.4% of employed South Africans in the fourth quarter of 2021. Two issues are worth highlighting related to women's employment. Firstly, women tend to be employed in low-skilled, low-paying and insecure jobs. Secondly, the high unemployment rate means that even when there is near gender parity in women's employment, unemployment remains high, affecting 51 % of women according to the expanded definition. Black African women are most affected, as 40.6 % of black African women are unemployed according to the official definition, compared to 34.5% of men or 10.4% of white women.

According to the Employment Equity Report 2021/22, the South African public sector is doing well with gender representation among employees, with women representing more than half (53%) of those employed in most categories, as detailed in the Table below.

Representation of women in the public vs. private sector

Level	Public sector	Private sector
Top management	41,4%	24,6%
Senior management	44,0%	34,9%
Middle management / professionals	56,6%	41,7%
Junior management / technical	59,5%	41,5%
Semi-skilled	58,8%	41,8%
Unskilled	57,9%	41,6%

In terms of government employment creation programs, 79 percent of the beneficiaries of the Community Works Program (CWP) are women and over 50 percent of the beneficiaries in the Expanded Public Works Program are women, which creates a gender imbalance. Furthermore, the Presidential Employment Stimulus program has created 1,1 million work opportunities since 2020, with 63 % benefiting women.

Eliminate discriminatory policies that increase the exclusion of women in the economy: The Employment Equity Amendment Bill 2020 was tabled in Parliament in June 2020. Subsequently, the Portfolio Committee on Employment and Labour published this Bill for public comment in February 2021. The Department of Employment and Labour prepared responses and clarified all matters raised in written and oral submissions to the Select Committee, where deliberations are still in progress.

Gender-Responsive, Planning, Budgeting, M&E, Auditing: The draft financial inclusion strategy under review by parliament was developed by the National Treasury to ensure the delivery of financial services at an affordable cost to vast sections of the population that are historically excluded or under-served by the formal financial sector, majority of which are women.

Addressing the economic vulnerability of women through child maintenance and related support systems: The DoJ&CD has had challenges in implementing the Maintenance Act, 1999 (Act No.98 of 1999), including long delays in the finalisation of the maintenance applications, as well as maintenance defaulting. To address these challenges, the DoJ&CD has implemented the maintenance improvement framework and the online tracing system that helps to improve capacity for DoJ&CD to enforce maintenance orders. A Maintenance Defaulters Register is also being established by the department to enable the Department to monitor compliance and non-compliance rates even when no default application has been filed.

7.3 Pillar 5 Reflections

The progress that this Pillar has made has to be contextualised within a wider economic context that has been characterised by job losses, poverty and economic hardship. The achievement of progress is severely constrained by rising unemployment which reached an unprecedented 35.3% in the fourth quarter of 2021, with youth unemployment at 66.5%. As shown above, important strides have been made by the pillar in terms of supporting the economic empowerment of women. However, important challenges remain:

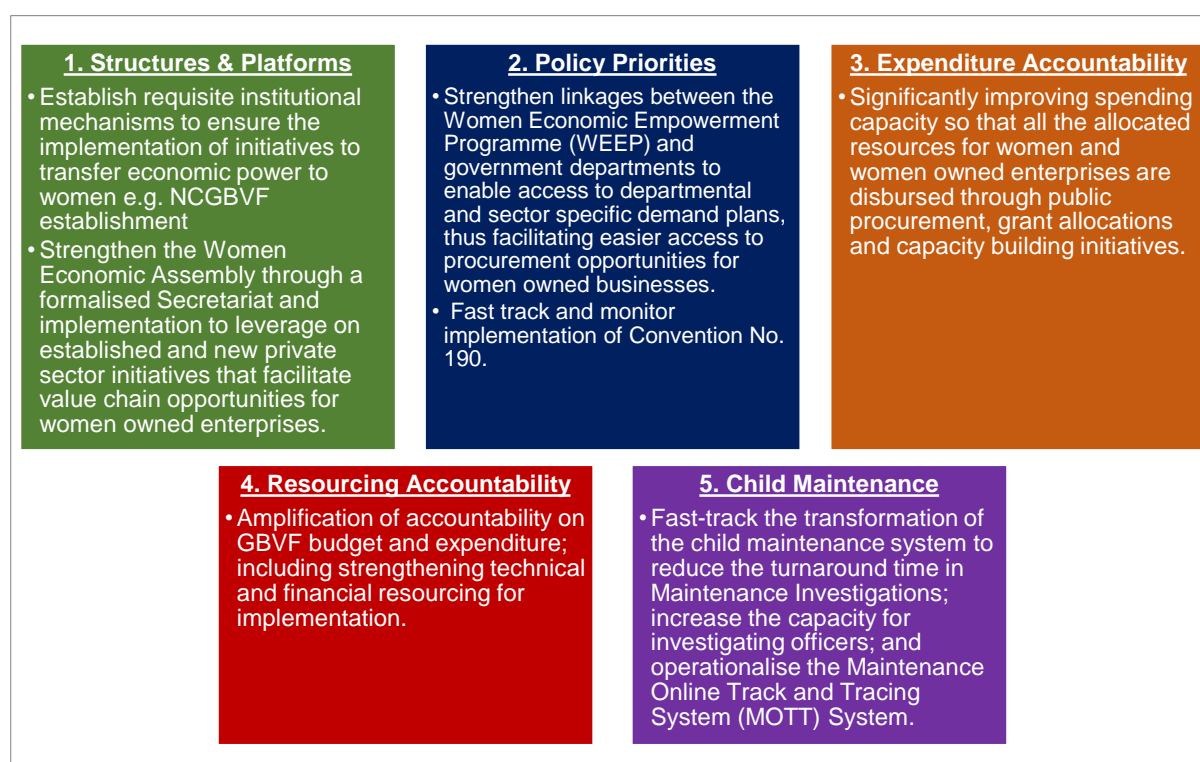
- 1) Reporting on expenditure for the NSP has improved but can be further strengthened. There is inadequate funding to support the economic empowerment initiatives driven by SMMEs and NGOs.
- 2) Of the R14,9 billion allocated for women-owned enterprises, only R6,07 billion was spent in the reporting period. Government departments must improve their

disbursement rate to women, including finding innovative ways of reaching intended beneficiaries.

- 3) Beyond the public sector, there is no standardised mechanism for collecting, capturing and reporting all the initiatives undertaken by various stakeholders, including the private sector.
- 4) There is no gender-disaggregated data on preferential procurement or contracts with women-owned companies in South Africa, both within the public and private sectors. This makes it difficult to understand the extent of women's participation in key sectors of the economy.
- 5) There is a need to ensure that women establish new businesses; and that such businesses are in growth sectors of the economy to increase the likelihood of sustainability and profitability. An ecosystem is needed that allows for enterprise growth from the informal to the formal sectors and from micro and small-scale businesses to medium and industrial scale.
- 6) There is a need to address the lack of local infrastructure for manufacturing and processing. An audit to identify all under-utilised public infrastructure is needed to repurpose them to become community-based agro-processing and manufacturing plants.
- 7) South Africa does not currently have a policy on the care economy, which is one of the key segments of the economy that could reshape the structure of work in ways that value-productive and reproductive labour.
- 8) Child maintenance and related support systems need to be strengthened through capacity building and digital infrastructure to increase efficiency in maintenance monitoring.

7.4 Pillar 5 Emerging Priorities: Areas of Acceleration and Amplification

Figure 5: Pillar 5 Emerging Priorities



8 Pillar 6: Research and Information Management

This pillar strengthens the information and research base to address systemic challenges and facilitates effective strategic solutions and evidence-based responses to GBVF. Delivery on this pillar forms a strategic foundation for the overall delivery of the NSP on GBVF and for an effective national response to GBVF overall. Several critical research gaps are identified in the NSP on GBVF, which span prevalence, diagnostic assessment, and operational, drawing both on empirical studies and capturing practice-based learning.

8.1 Pillar 6 Progress Scorecard

Pillar 6: Research and Information Management		
10-Year Outcome	Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralised increasingly shape a strengthened response to GBVF in South Africa	
5-Year Outcomes	1. Improved understanding of the extent and nature of GBVF broadly and in relation to specific groups in South Africa	
	2. Strengthened use of existing research findings to shape GBV policy and programming interventions	
	3. Information relating to GBVF is readily available across different government management information systems, to address systemic challenges and facilitate effective solutions and responses	
NSP: Total # of Indicators	13	100%
Delivery: # of Indicators	2	15%
	7	54%
	4	31%
Overall Progress Comment	2 indicators have been achieved, and 7 are in progress. The National GBV Prevalence Study currently underway will provide a baseline from which to understand the extent of GBV in South Africa. Strengthening and integrating the management information system across government is a key priority.	
Presidential Declaration	The pillar gives effect to 3 Articles (10,11,15)	
24 Demands	The pillar gives effect to 2 demands (2, 6)	
	The progress made by this pillar provides the evidence for strengthening the overall response to GBVF in the country in terms of informing new policy and to assess progress.	
Key Achievements since NSP adoption to Sep 2022	1. Evidence map with a research repository developed	
	2. The third National Femicide Prevalence survey was launched (SAMRC) in March 2022	
	3. National GBV Prevalence survey underway	
	4. The fourth National Femicide Prevalence Study is underway.	
Indicators not Achieved	1. Integrated GBVF Management Information System across government and the justice system developed	
	2. Databases and Information systems relating to GBVF generated	
	3. Dashboard relating to survivors and offenders interlinked with unique identifier functionality	
	4. National prevalence study to understand the extent of violence against LGBTQIA persons conducted by March 2024	

Pillar 6: Research and Information Management	
Budget Reported for Delivery	R3 955 810 (R 3,9 Million)
Expenditure Reported for Delivery	R3 695 843 (R3,7 Million): DWYPD, DSI, DCDT (Not included - Prevalence Studies)
Innovations	1.Evidence map with a research repository developed
	2.One documentary in progress in response to the GBVF pandemic.

8.2 Pillar 6 Achievements

Overall, there has been positive progress made in relation to delivery on this Pillar, with some movement on all three 5-year outcomes, as captured by the table below:

Outcome	Delivery
1. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups and forms in South Africa	Third National Femicide Prevalence Survey was launched (SAMRC) in March 2022. The Fourth National Femicide Survey (2020) is underway to understand femicide during the COVID-19 National GBV Prevalence Study underway (HSRC)
2. Adoption of GBV policies and programming interventions that are informed by existing evidence-based research	Evidence Map with a Research Repository Developed
3. GBVF-related information across different government management information systems is readily used to address systemic challenges and facilitate effective solutions and responses.	VEP and GBVF Command Centre integrated system is in process. Integrated Justice System and Femicide Watch further developed Pillar 6 initiative on Dashboard

Despite only two indicators being fully achieved, and strategic interventions have been taken to move the needle forward on the respective 5 -year outcomes.

The National Femicide Study: The South African Medical Research Council (SAMRC) recently completed the Third National Femicide Study. The study results were released in March 2022 and showed that the 2017 femicide rate had decreased from 8.8/100 000 in 1999 to 4.8/ 100 000 per population. Intimate Partner Femicide remains a significant challenge, translating into almost 7 women murdered in the country every day.

The 1st National Population-Based GBV Prevalence Study: The Human Sciences Research Council (HSRC) is currently completing the first National GBV survey. The study was implemented in 2021, and data collection is currently in progress. It will provide the country with baseline data on the forms, extent, and nature of GBV victimisation and perpetration using a nationally representative sample, internationally recommended methodology and instruments. The study will be conducted in all nine provinces with a target of 23 381 respondents aged 18 years and above. It will also document forms, the extent and

nature of GBV directed at women with disabilities and LGBTQIA+ persons. This will provide a strong baseline for taking the specific needs of women with disability and members of the LGBTQIA+ into account for policy, programming and future studies.

The GBV Prevalence Study has specific strategic significance: (i) the results from this study are critical for tracking the national response to GBV as it will provide a national baseline; (ii) the study itself is a key building block towards establishing a national GBV surveillance system; (iii) this national level data will provide ample evidence that can inform policies and interventions on GBV ensuring that future work on GBV is evidence-based and responsive to areas emerging from the study and (iv) lastly, this information will be made available across different government management information systems to inform effective solutions and responses to the crisis of GBV in our country.

Different Studies Conducted: Based on information available a range of useful studies have been conducted that contribute towards better understanding the context of GBVF including: (i) STATS SA released its Governance, Public Safety and Justice Survey 2020/21 which measures the extent and levels of crime from the perspective of victims and households – this included perspectives on domestic violence against women and children; (ii) STATS SA released a report on Women’s Empowerment 2017–2022 covering indicators, trends and patterns spanning economic social and political domains relating to gender; (iii) a study on the Costly Impact of GBV: private sector perceptions and realities in South Africa explores the impact on GBV on the economy and (iv) the Centre for the Study of Violence and Reconciliation study on ‘*Lived Realities and Responses to Sexual GBV: A Synthesis Report on Eight Communities*’ sets out to identify the major issues associated with SGBV in these communities in order to enhance, where possible, existing SGBV initiatives.

Adoption of GBV policies and programming interventions informed by existing evidence-based research: The work undertaken by DPME to do evidence mapping provides an important baseline from which government and other stakeholders can adopt GBV policies and programs that are evidence-based and evidence-informed. This work was undertaken by the Research and Knowledge Management Unit of the DPME to map the available evidence of the effectiveness of GBVF interventions as integral to rolling out Outcome 6.2 in the NSP. Evidence of effectiveness is understood to assess interventions from all sectors of society, including government and other stakeholders, to address the problem of GBVF.

Examples of research that has been undertaken over the past two years to strengthen policy making: (i) DPME and DSD collaborated on a study ‘*Defining and Costing a Comprehensive Packages of services for survivors of GBV*’ to identify a package of core support services for women and children survivors of violence, and to conduct costing of these services; (ii) the findings of a pilot of Ntombi Vimbela Intervention Program by DHET and SAMRC targeting female first-year students was shared.

Strengthening and integrating management information systems across the government can improve service delivery efficiencies and effectiveness. Positive steps have been taken by government departments such as the DoJ&CD in harnessing technology to improve survivors applying for protection orders electronically. The DoJ&CD has initiated some internal processes to strengthen its management information system interface through the Integrated Justice System processes and the development of Femicide Watch. The National Register for Sex Offenders (NRSO) System is aligned with the Criminal Law (Sexual Offences and Related Matters) Amendment Act 2021 (Act No. 13 of 2021). The DSD initiated drafting a prototype for a Victim Empowerment Program Integrated Management Information

System to serve as a VEP MIS and link this to the GBVF Command Centre. Pillar Six of the End GBVF Collective has initiated efforts to develop a dashboard that will link various systems and platforms, improving access to the different GBVF datasets and management systems. Amongst other links, an Application Programming Interface (API) that will link the local intelligence platform to incident heat maps is available.

8.3 Pillar 6 Reflections

The pillar six scorecard shows that two indicators have been fully achieved, seven are in progress, and four have not been achieved. Year Two has seen significant contributions towards developing an improved understanding of the extent and nature of GBVF, particularly through the prevalence study that has been completed and one that is in progress. Similarly, developing the Evidence Map by DPME is a key foundation to take the outcome of evidence-informed policy and programming forward.

8.4 Pillar 6 Emerging Priorities: Areas of Acceleration and Amplification

Figure 6: Pillar 6 Emerging Priorities

<p>1. Harnessing Expertise</p> <ul style="list-style-type: none">• In the absence of the NGBVF Council the establishment of a multi-disciplinary research technical team that can shape and drive a national GBVF research agenda is limited. The work of the End GBVF has laid the foundation for this process.	<p>2. Integrated Systems</p> <ul style="list-style-type: none">• Roll out of the outcome on strengthening government Management Information Systems needs to be prioritised and accelerated. This will contribute to strengthening services to survivors, and address key issues such as referrals, as captured in the 24 demands.
<p>3. Leveraging on Existing Systems</p> <ul style="list-style-type: none">• Various government systems need to be explored and leveraged e.g. information from the District Development Model system.	<p>4. Research Agenda</p> <ul style="list-style-type: none">• Furthermore the establishment of the Council will serve to consolidate and elevate GBV research strategically. Setting a clear national research agenda will be useful in providing overall national direction.

9 Overall Analysis and Conclusions

As the Cabinet adopted the NSP on GBVF in March 2020, the COVID-19 pandemic emerged, bringing both challenges and opportunities. In this context, the national response to GBVF focused on maintaining and strengthening the traction gained during the implementation of the ERAP.

Over the first two and half years of the NSP on GBVF implementation between May 2020 and September 2022, a number of important insights emerged: (i) the negative impact of the COVID-19 pandemic on the NSP implementation ecosystem due to COVID-19 restrictions; (ii) the importance of making the linkages between ending GBVF and wider structural violence and inequality; (iii) how different forms of disaster, including health, economic and climate issues continue to feed into the way/s in which GBVF takes place and the capacity of survivors to report cases; (iv) balancing the need to strengthen responsiveness and justice for survivors with a strong emphasis on prevention, healing and empowerment of survivors; (v) the reality of the trend of the decreasing age of GBVF perpetrators; and (vi) the tension between virtual ways of working that potentially contribute towards accelerating innovation in a context of digital poverty and exclusion.

Based on the content covered in the report, the concluding section reflects on these for the 2nd Presidential GBVF Summit:

Accountability: Despite strengthened accountability, significant work is still required to embed the NSP on GBVF across the different spheres of government in ways that facilitate programming and resourcing allocation. Financial reporting for NSP expenditure has continued to be challenging and an area that requires strengthened accountability. At the same time, the progress towards the establishment of the NCGBFV, has been slow and given room for criticism that the government has not demonstrated high-level commitment and accountability. However, accountability has been demonstrated across respective pillars through some important achievements, such as legal reform and its potential impact on survivors' access to services.

Overall, the scorecards show different levels of achievement. In some instances, there is a progressive movement towards achieving outcomes; in other instances, there has been no movement. As the country is in its third year of implementation, addressing systemic barriers to implementation is imperative to ensure strengthened state accountability. The pace of implementation has to be accelerated, particularly concerning areas that have not adequately responded to the needs of survivors and the demands of activists. Bold leadership must be amplified to continue to drive this agenda nationally, provincially and locally. The stated commitments need to find expression in plans and ring-fenced budgets so that the needle can be moved forward.

Acceleration: The pace and scale of implementation have not been aligned with the enormity of the challenge that South Africa faces as a country. Much of the reporting has been activity-focused over the past year. It is important that this shifts towards specific outputs, as identified in the NSP, in ways that show the direction of change of all interventions. Acceleration is required in specific areas that would be game changers for this scourge and would immediately be specifically responsive to the needs of survivors.

Addressing GBV is a complex issue requiring multi-faceted responses and commitment from all stakeholders, including government, civil society, and other citizens. It also requires complementary interventions to reclaim power for women, including economic power. There is a need to strengthen the response across sectors, given the magnitude and multi-layered impact of GBVF. The response of the government to victims of GBVF can mitigate or exacerbate insecurity and fear, thereby either preventing or inadvertently enabling further violence. Services that recognise and respond appropriately to the needs of victims of GBVF can assist in halting the cycle of GBV and contribute towards building a culture of human rights and respect for others.

Amplification: Positive steps that have been taken in the right direction for effective NSP implementation have to be amplified. These centre around core elements for an effective response to GBVF: (i) rooting the response at a local and community level; (ii) optimising systems, policies and legislation; (iii) adequate resourcing of the NSP on GBVF and (iv) embedding a multi-sectoral response.

9.1 Recommendations

The following three-pronged strategic recommendations for taking the emerging priorities for each pillar forward are highlighted:

PILLAR	ELEMENT	STRATEGIC RECOMMENDATIONS		
		ACCOUNTABILITY	ACCELERATION	AMPLIFICATION
1	Harness ALL to respond to crisis	Assent the NCGBFV Legislative Framework	Conclude the establishment of the NCGBFV so that it can begin to play its role as intended	Formalise the END GBVF Collective and scale up the rapid response initiative as a key results-based monitoring mechanism
			Prioritise the complementary institutionalisation and accountability - monitoring and evaluation	

PILLAR	ELEMENT	STRATEGIC RECOMMENDATIONS		
		ACCOUNTABILITY	ACCELERATION	AMPLIFICATION
			frameworks/ architectures.	
2	Stop violence before it happens	Enhance high-level leadership at government, civil society, faith-based organisations, and the private sector to facilitate a whole of a society prevention approach.	Accelerate efforts to implement the CNPS and FPS concurrently, taking an intersectional lens. Make concerted efforts towards a comprehensive assessment of the impact of interventions	Amplify prevention efforts across the primary, secondary and tertiary spectrum to address GBV, including increasing incidences of femicide. Shift the emphasis from raising awareness only to behaviour change interventions.
3	Enforce, Implement, & Adopt Laws & Policies.	Strengthen accountability at all levels by the criminal justice system, which is a core component of forging a caring and humanising society	Cost and effectively implement legislation that has been passed or is in its final stages. Provide victim-centric services by accelerating efforts to capacitate and support front-line service providers across the CJS.	Strengthen support services to survivors through the improvement of coordination across the Criminal Justice System, and the provision of infrastructure and sensitive support services
4	Provide victim-centred, survivor focused, accessible quality services	Fund CSOs that demonstrate effectiveness, efficiency and impact. Expand funding to CSOs for effective service delivery for the implementation of GBVF.	Bolster monitoring mechanisms of the funded CSOs in line with accountability for delivery.	Strengthen and foreground the healing component of the pillar through strengthening interventions that deal with individual and collective trauma
5	Address structural drivers of GBVF	Resource and bolster the existing capacity of multi-stakeholders to implement across the Pillars which remains a key strategic priority to successfully	Harmonise and implement workplace policy and legislative instruments. Specifically, localise and integrate ILO C190 into the Equity Employment	Institutionalise preferential procurement.

PILLAR	ELEMENT	STRATEGIC RECOMMENDATIONS		
		ACCOUNTABILITY	ACCELERATION	AMPLIFICATION
		implement the NSP on GBVF	Amendment Bill and the Code of Conduct	
6	Deepening Understanding & Knowledge	Harness and build integrated government Information Management Systems	A mid-term evaluation/review is important to identify achievements, surface lessons and insights on effectiveness and impact and identify priorities for the remaining 2.5 years	Strengthen the evidence-base for effective GBVF policy and programming through strengthening multi-disciplinary research fora and approaches.

9.2 Concluding Commentary

We need to end GBV directed against women, children and LGBTQIA+ persons in its entirety. Currently, the GBVF scourge remains a chronic crisis and continues to undermine the fundamental Constitutional rights to equality, human dignity, life and freedom and security of the person. The normalisation of violence and the brutal, misogynistic ways in which GBVF is expressed necessitates a *whole-of-society* approach in which all stakeholders are brought on board to play their complementary roles. Historically, uncoordinated and fragmented ways of implementing GBVF programs have undermined the effectiveness of the response to the scourge.

Multi-sectoral partnerships and focused interventions that address systemic challenges have produced results over the last two and a half years. Promising interventions are covered in the report that intentionally addresses social and economic drivers, which is key in the current harsh economic context. Amid the context of a deeply entrenched GBVF pandemic, there are pockets of progress that must be accelerated and amplified. Accordingly, it remains crucial to account for the extent to which the needle moves the NSP on GBVF implementation and to strengthen a multi-sectoral monitoring framework.

Important insights that have emerged over the first two and a half years: (i) systemic inadequacies need to be addressed; (ii) the capacity to respond to GBVF needs to be strengthened; (iii) exploratory approaches help work with stakeholders across all government tiers to strengthen delivery capacity, facilitate innovation and build the capacity of individuals and institutions and (iv) a shared vision and mutual accountability across state and society, for the changes that the NSP on GBVF sets out to achieve, is key to driving the agenda forward.

This report provides an overview of what has happened, the gaps in what has not happened and the areas that require acceleration and strengthening. The Presidential Summit Two provides a platform to use this information to explore more deeply ways to strengthen the national response to GBVF in South Africa. Accelerating the pace of delivery and amplifying efforts that are game changers is key to creating a South Africa where women, children and LGBTQIA+ persons are and feel safe and can reach their full potential in a just and equitable society. Let us use the Summit to move in unison to a reality where human dignity, healing, safety, freedom and equality become a reality for all who are affected by GBVF.

10 Appendix A: List of Thuthuzela Care Centres as at September 2022

List of Thuthuzela Care Centres (TCCs) - Distribution by District			
Province	District	#	TCC Site
Eastern Cape	Alfred Nzo DM	1	Matatiele TCC, Taylor Bequest Hospital, 1 Main Street, Matatiele, 4730
	Alfred Nzo DM	2	Bizana TCC, St Patrick's Hospital, Hope St, Bizana, 4800
	Amathole DM	3	Butterworth TCC, Butterworth Hospital, Cnr Scanlen &, Geach St, Butterworth, 4960
	OR Tambo DM	4	Mthatha, Sinawe TCC, Mthatha General Hospital, 68 Blakeway Rd, Umtata Central, Mthatha, 5100
	Nelson Mandela MM	5	Gqeberha, Dora Nginza TCC, Dora Nginza Hospital, Spondo St, Salt Pan, Gqeberha, 6059
	OR Tambo DM	6	Lusikisiki TCC, St Elizabeth Hospital, Lusikisiki 1 R61, Main Street, Lusikisiki, 4820
	Buffalo City MM	7	Mdantsane TCC, Cecilia Makiwane Hospital, 4 Billie Road, Mdantsane, 5219
	Chris Hani DM	8	Cradock TCC, Cradock Hospital, 30 Hospitaal street, Cradock, 5880
	OR Tambo DM	9	Libode TCC, St Barnabas Hospital, Nyandeni Region, R 61 on way to Port St. Johns (10km Past Libode)
	Amathole DM	10	King Williams Town TCC, Grey Hospital, 54 Kings Road, King Williams Town, 5601
	Chris Hani DM	11	Queenstown TCC, Frontier Hospital, Corner Kingsway & Livingstone Rd, Queenstown, 5319
Free State	Fezile Dabi DM	12	Sasolburg TCC, Metsimaholo District Hospital, 8 Langen hoven Street, Sasolburg, 1948
	Thabo Mofutsanyane DM	13	Bethlehem TCC, Phekolong Hospital, 2117 Riemland Road, Bohlokong, Bethlehem, 9701
	Lejweleputswa DM	14	Welkom TCC, Bongani Regional Hospital, Mothusi Road, Thabong, Welkom, 9463
	Mangaung M M	15	Bloemfontein, Tshepong TCC, National District Hospital, Roth Avenue, willows, Bloemfontein, 9301
Gauteng	Ekurhuleni MM	16	Vosloorus, Sinakekelwe TCC, Thelle Mogoerane Regional, Hospital 12390 Ext 14 Nguza Street, Vosloorus, 1486
	Johannesburg MM	17	Soweto, Nthabiseng TCC, Chris Hani Bara Hospital, Old Potchefstroom Road, Diepkloof, 1864
	Tshwane MM	18	Laudium TCC, Laudium Community Health Centre, Corner Bengal & 25th Avenue, Laudium, 0037
	Johannesburg MM	19	Lenasia TCC, Lenasia South Hospital, 03 Cosmos Street, Lenasia, 1821
	Sedibeng DM	20	Vereeniging TCC, Kopanong Hospital, No. 2 Casino Road, Duncanville, Vereeniging, 1939
	Tshwane MM	21	Mamelodi TCC, Mamelodi Day Hospital, Casualty Department 9472, Crisis Centre, Serapeng Street, Tsamaya Road, Mamelodi East, 0122
	Ekurhuleni MM	22	Tembisa, Masakhane TCC, Tembisa hospital, Cnr Flint Mazibuko & Reverend RTJ Namane Drive, Tembisa, 1632
KwaZulu-Natal	eThekwini MM	23	Chatsworth TCC, RK Khan Hospital, R.K Khan Circle, Westcliffe, 4092
	King Cetshwayo DM	24	Empangeni TCC, Ngwelezane Hospital, Cnr Thanduyise & Ngwelezana Road, Empangeni, 3880
	eThekwini MM	25	Umlazi TCC, Prince Mshiyeni Memorial Hospital Ward C4, Off Mangosuthu Highway Umlazi, 4061
	eThekwini MM	26	Phoenix TCC, Mahatma Gandhi Hospital, Phoenix Unit 2, 100 Phoenix Highway, Phoenix, 4068
	uMgungundlovu DM	27	Edendale TCC, Edendale Hospital Moses Mabhida Rd, Plessislaer, Edendale, Pietermaritzburg, 3201

List of Thuthuzela Care Centres (TCCs) - Distribution by District			
Province	District	#	TCC Site
	Ugu DM	28	Port Shepstone TCC, Port Shepstone Regional Hospital, Bazley St, Port Shepstone, 4240
	iLembe DM	29	Stanger TCC, Stanger Regional Hospital, Corner King Shaka St & Patterson Rd, Stanger, KZN, 4450
	Amajuba DM	30	Madadeni TCC, Madadeni Hospital, Section 6 Madadeni, 2951
Limpopo	Capricorn DM	31	Seshego TCC, Seshego Hospital Corner Bookelo & Mandela Street Zone 1, Seshego 0742
	Waterberg DM	32	Mokopane TCC, Mokopane Hospital, Dudu Madisha View, Mokopane, 0600
	Vhembe DM	33	Musina TCC, Musina Hospital, White Road Street, Musina, 0900
	Mopani DM	34	Giyani TCC, Nkhensani Hospital, Giyani Parliament & Giyani factory Unit, Next to Giyani TVET, Ground Section Giyani, 0826
	Vhembe DM	35	Thohoyandou TCC, Tshilidzini Hospital R 524 Punda Maria Road, Tshisaulu, 0945
	Sekhukhune DM	36	Groblersdal TCC, Groblersdal Hospital, 18 Voortreker Street, Groblersdal, Limpopo, 0470
	Capricorn DM	37	Mankweng TCC, Mankweng Hospital, Houtbosdorp Road, Sovenga, 0727
Mpumalanga	Gert Sibande DM	38	Evander TCC, Evander Hospital, Corner Bolgna Street & Lausanne Road, Evander, 2280
	Nkangala DM	39	Emalahleni TCC, Witbank Provincial Hospital Mandela Avenue, Witbank, 1035
	Ehlanzeni DM	40	Kabokweni TCC, Themba Hospital, Kabokweni Main Road, 1245
	Ehlanzeni DM	41	Tonga TCC, Tonga Hospital, Tonga View, Kwalugedlane, Mangweni Road, 1341
	Gert Sibande DM	42	Ermelo TCC, Ermelo Hospital, 1 Joubert St. Ermelo, 2350
	Ehlanzeni DM	43	Nelspruit TCC, Rob Ferreira Hospital, cnr of Piet Retief Street and Madiba drive, Nelspruit, 1200
Northern Cape	Siyanda DM	44	Upington TCC, Dr Harry Surtie Hospital, 26 corner Upington Drive and Turner Street, Upington, 8801
	Frances Baard DM	45	Galeshewe TCC, Galeshewe Day Hospital Tyson Road, Kimberly, 8301
	Kgalagadi DM (John Taolo Gaetsewe)	46	Kuruman TCC, Kuruman Hospital, N14 Main Road, Kuruman, 8460
	Pixley Ka Seme DM	47	De Aar TCC, Central Karoo Hospital Causality Department, Van Der Merwe Street De Aar, 7000
	Namakwa DM	48	Springbok TCC, Dr Van Niekerk Hospital HIV&AIDS Counselling Unit, Hospital Road, Springbok, 8240
North West	Dr. Kenneth Kaunda DM	49	Potchefstroom TCC, Potchefstroom Hospital Corner Chris Hani & Kuris, Private Bag x938, Potchefstroom, 2531
	Dr. Kenneth Kaunda DM	50	Klerksdorp TCC, Tshepong Hospital Benji-Oliphant Road, Jouberton, Klerksdorp, 2570
	Ngaka Modiri Molema DM	51	Mahikeng TCC, Mafikeng Provincial Hospital, Lichtenberg Road, Mafikeng, 2745
	Dr Ruth Segomotsi Mompoti DM	52	Taung TCC, Taung District Hospital, Magistrate Road, Taung, 8584
	Bojanala DM	53	Rustenburg TCC, Job Shimankane Tabane Hospital, Corner Heystek & Bosch street; Rustenburg, 0299
Western Cape	Cape Town MM	54	Bellville TCC, Karl Bremer Hospital, M5 Building, Corner Mike Pienaar and Frans Conradie Boulevard, Bellville, 7530
	Cape Town MM	55	Atlantis TCC, Wesfleur Hospital, Wesfleur Circle, Atlantis, Cape Town, 7349

List of Thuthuzela Care Centres (TCCs) - Distribution by District			
Province	District	#	TCC Site
	Eden DM	56	George TCC, George Provincial Hospital, Corner of Davidson and Langenhoven Road, Heatherlands, George, 6530
	Cape Town MM	57	Heideveld TCC, Heideveld Emergency Centre, Heideveld Road, Heideveld, 7764
	Cape Town MM	58	Khayelitsha TCC, Khayelitsha District Hospital, Corner Walter Sisulu & Steve Biko, Khayelitsha, 7784
	Cape Winelands DM (Boland)	59	Worcester TCC, Worcester Hospital, Murray Street, Worcester, 6849
	Cape Winelands DM (Boland)	60	Paarl TCC TCC, Paarl Hospital, Hospital Street, Paarl, 7646
	Cape Town MM	61	Wynberg TCC, Victoria Hospital, Clinic Forensic Unit, 1 Alphen Rd, Wynberg, 7800

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