REPUBLIC OF SOUTH AFRICA

NATIONAL STRATEGIC PLAN ON GENDER-BASED VIOLENCE & FEMICIDE

HUMAN DIGNITY AND HEALING, SAFETY, FREEDOM & EQUALITY IN OUR LIFETIME

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First published in 2020.

The Gender-based Violence and Femicide National Strategic Plan (GBVF-NSP) was produced by the Interim Steering Committee established in April 2019 to respond to the gender-based violence and femicide crisis following the historic 2018 Presidential Summit on this subject.

The NSP aims to provide a multi-sectoral, coherent strategic policy and programming framework to strengthen a coordinated national response to the crisis of gender-based violence and femicide by the government of South Africa and the country as a whole. The strategy seeks to address the needs and challenges faced by all, especially women across age, sexual orientation, sexual and gender identities; and specific groups such as elderly women, women who live with disability, migrant women and trans women, affected and impacted by the gender-based violence scourge in South Africa.

For any additional information about the NSP, please visit the government website at www.gov.za or contact the Department of Women, Youth and Persons with Disabilities (DWYPD) office:

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Photographs by GCIS,
Cover design by Kwambele Social Marketing - finalised by Debi Lee
Text design and layout by Kwambele Social Marketing - finalised by Debi Lee
Printed by Big Brand Novelties Trading

Acknowledgements

This National Strategic Plan on Gender Based Violence and Femicide (GBVF) was made possible by the Interim Steering Committee (ISC) on GBVF, a collaboration of civil society and government, under the stewardship of Advocate Brenda Madumise-Pajibo and Dr Olive Shisana, respectively. In addition, we acknowledge the financial, technical and overall support from the following groups:

Development partners - The Ford Foundation, GIZ, The Embassy of Ireland in South Africa, National Lottery Commission, UNAIDS, UNICEF, UNFPA and UN Women.

Government stakeholders - Department of Social Development, Department of Women, Youth and Persons with Disabilities, Department of Planning, Monitoring and Evaluation.

Civil society organisations that hosted public consultation meetings, including the administrative and facilitation support from Masimanyane Women's Rights International and Soul City Institute for Social Justice.

The many South Africans who participated in the public consultations, including civil society organisations, that contributed to the document.

Last but not least, we are incredibly indebted to the women in the ISC, its secretariat, technical working teams, and co-drafters, whose professional contributions, from fundraising to intellectual contributions on this strategy, including their dedication and commitment to ending GBVF brought us to this point.

Foreword

Matamela Cyril Ramaphosa
President

Credit: GCIS

The unacceptably high levels of gender-based violence and femicide in South Africa are a blight on our national conscience, and a betrayal of our constitutional order for which so many fought, and for which so many gave their lives.

South Africa holds the shameful distinction of being one of the most unsafe places in the world to be a woman. We have amongst the highest rates of intimate partner violence, and recently released data from Statistics SA show that rape and sexual violence have become hyperendemic. This is a scourge that affects us all: young and old, black or white, rich and poor, queer or cis, rural or urban. It pervades every sphere of our society.

Women and girls are being abused, assaulted and murdered in our country every day - at the hands of men. We are in the throes of a deep crisis that must be brought to a decisive end.

In response to mounting calls from women's groups, civil society and the public at large for urgent action to be taken to address this problem, on the 1st and 2nd of November 2018 we convened the first Presidential Summit on Gender-Based Violence and Femicide. This was a landmark summit in several respects.

For the first time since the formation of the Women's National Coalition in 1992, individuals and organisations representing a broad swathe of society united behind a common vision.

The Summit was also instrumental in identifying key interventions to address, not just gender-based violence and femicide, but the wider challenges women and children face with regards to safety and security, poverty, access to economic opportunities, and the contestation of their rights in a climate where patriarchy and chauvinism is widely prevalent and all-pervasive.

The Summit concluded with the signing of a Declaration that government, business, labour and civil society would collaborate to conceptualise, drive and implement concrete measures to eradicate gender-based violence and femicide.

Parties to the Declaration called for a multi sectoral structure to be constituted to coordinate the implementation of a National Strategic Plan on Gender-Based Violence and Femicide.

The Summit further resolved that an Interim Steering Committee be established to lead the process of establishing structures, developing programmes, and mobilising resources.

Although we still have a long way to go before we reach our goal of ending gender-based violence and femicide, there has been incremental progress since last year's Summit.

The Interim Steering Committee, in partnership with other stakeholders, has been working to build the capacity of the state to respond to the crisis.

An Emergency Response Action Plan to address gender-based violence and femicide has been developed and presented to Parliament where it was approved during a special joint sitting on the 18th of September 2019.

Government departments have rallied around the plan: and an amount of R1,6 billion has been sourced through budget reprioritisation. It is anchored by five key interventions to be implemented over the next six months:

I. Urgently respond to victims and survivors of GBV.
II. Broadening access to justice for survivors.
III. Changing social norms and behaviour through high-level awareness raising and prevention campaigns.
IV. Strengthening existing architecture and promoting accountability.
V. The creation of more economic opportunities for women who are vulnerable to abuse because of poverty.

We are committed to galvanising support for this plan by creating a permanent structure to steer its implementation; as well as to budgeting for it over the next triennium.

The conceptualisation of the structure of the Gender-based Violence and Femicide Council has been developed and we desire that it be constituted by April 2020.

The National Gender-based Violence and Femicide Strategic Plan (NSP) presented here was developed by the Interim Steering Committee. In line with our commitment to participatory democracy, the committee canvassed the views and inputs of as many key stakeholders as possible.

The National Strategic Plan is a government and civil society's multi-sectoral strategic framework to realise a South Africa free from gender-based violence and femicide. It recognises all violence against women (across age, location, disability, sexual orientation, sexual and gender identity, nationality and other diversities) as well as violence against children. The NSP is premised on the equality of all gender groupings including the

LGBTQI+ community - and affirms that accessing services is human rights-based.

The Summit managed to coalesce different stakeholders around a common NSP. The involvement of key stakeholders in the public and private sectors, civil society, social movements, development partners as well as multilateral agencies bodes well for accountability.

The NSP centers around six pillars, namely (a) Accountability, Coordination and Leadership, (b) Prevention and Rebuilding the Social Cohesion, (c) Justice, Safety and Protection, (d) Response, Care, Support and Healing; (e) Economic Power; and (f) Research and Information Management.

Gender-based violence and femicide is an ill that has left no sector of society untouched. We call upon all South Africans to be part of the implementation of this National Strategic Plan, to support it both materially and morally, and to be active forces for change in their homes and their communities. The public, the media, faith-based groups and traditional organisations, business and labour must all come on board.

The Interim Steering Committee deserve our gratitude for the excellent work they have done thus far. Your efforts and dedication to finding solutions to this crisis are valued and appreciated.

As government, we will continue to support this NSP by ensuring that it is integrated into government planning processes, that the necessary resources are made available, and that it yields concrete and tangible results.

It has been said that the true measure of any society can be found in how it treats its most vulnerable members.

The *South Africa we Want* is a country where all its citizens are able to lead their lives of dignity and freedom, and where the vulnerable and marginalised are protected by our Constitution and Bill of Rights. We have set ourselves a course from which we will not falter.

As we reclaim our society from the clutches of violence, homophobia, chauvinism and misogyny, this National Strategic Plan is both our shield and our armour.

We will spare no effort until this country's women and children are safe, can live, work and play in freedom, and their rights upheld.

Matamela Cyril Ramaphosa
President

Table of **Contents**

Acknowledgements 1
Foreword 2
Acronyms 6
Glossary of Terms 9
Executive Summary 16

Table 1: Pillars 18
GBVF Road Map 20

1. Introduction 21

2. Background 22
Figure 1: Intimate partner physical violence reported in studies in South Africa 25
Figure 2: Reported Cases of Rape and Sexual Offences to SAPS 26
Figure 3: Attrition of rape cases: RAPSSA study 31

3. The National Strategic Plan on GBVF 2020-2030 35
Figure 4: Facets of GBVF Crisis in South Africa 35
Figure 5: Overview of national strategic response 36
Table 1: VISION: Women, A South Africa free from gender-based violence directed at women, children and LGBTQIA+ persons 37
Table 2: Five Year Outcomes 40

4. Strategic Pillars 43
Figure 6: Layered Approach for Effective Prevention 45

5. Institutional Arrangements & Implementation Modalities 57
Figure 7: Overview of roles and responsibilities of the structure 58
Figure 8: Proposed Organogram of the NCGBVF 60

6. Implementation 62

7. Monitoring and Evaluation Framework for the National Strategic Plan on Gender Based Violence and Femicide 63
Pillar 1: Accountability, Coordination and Leadership 66
Pillar 2: Prevention and Rebuilding Social Cohesion 68
Pillar 3: Protection, Safety and Justice 72
Pillar 4: Response, Care, Support and Healing 75
Pillar 5: Economic Power 77
Pillar 6: Research and Information Systems 79

8. References 81
Appendix A - Law and Policy Framework 86
Appendix B – Detailed Intervention Pillars 88
Table 3: Pillar 1: Accountability, Coordination and Leadership 88
Table 4: Pillar 2: Prevention and Rebuilding Social Cohesion 91
Table 5: Pillar 3: Justice, Safety and Protection 96
Table 6: Pillar 4: Pillar Four: Response, Care, Support and Healing 99
Table 7: Pillar 5: Economic Power 102
Table 8: Pillar 6: Research and Information Management 105
Interim Steering Committee on GBVF 107
Appendix C - Declaration 109
Appendix D - 24 Demands 125

Acronyms

ADR	Alternative Dispute Resolution
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organisation
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CGE	Commission for Gender Equality
CJS	Criminal Justice System
COGTA	Department of Cooperative Governance and Traditional Affairs
CSOs	Civil Society Organisations
CSW	Commission on the Status of Women
DBE	Department of Basic Education
DCS	Department of Correctional Services
DEL	Department of Employment and Labour
DFID	Department for International Development
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
DR	Diagnostic Review
DSAC	Department of Sports, Arts and Culture
DSD	Department of Social Development
DV	Domestic Violence
DVA	Domestic Violence Act
DWYPD	Department of Women, Youth and Persons with Disabilities
EEA	Employment Equity Act
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
FBO	Faith-Based Organisation
GBH	Grievous Bodily Harm

GBV	Gender-Based Violence
GBVF	Gender-Based Violence and Femicide
GCIS	Government Communication and Information System
GDP	Gross Domestic Product
GPF	Gender Policy Framework
GRPBM&E	Gender Responsive Planning, Budgeting, Monitoring and Evaluation and Auditing Framework
HIV	Human Immune Deficiency Virus
HTV	Homophobic and transphobic violence
IDMT	Interdepartmental Management Team
IGBVF-SC	Interim Steering Committee for Gender Based Violence and Femicide
IJS	Integrated Justice System
ILO	International Labour Organisation
IMC-VAWC	Inter-Ministerial Committee on the Root Causes of Violence Against Women and Children
IPV	Intimate Partner Violence
ISCPS	Integrated Social Crime Prevention Strategy
JSE	Johannesburg Stock Exchange
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other extensions
MAP	Men as Partners
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NC GBVF	National Council on Gender-Based Violence and Femicide
NDP	National Development Plan
NGM	National Gender Machinery
NPA	National Prosecuting Authority
NPO	Non-Profit Organisation
NSP	National Strategic Plan
PEP	Post-Exposure Prophylaxis
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination
PFMA	Public Finance Management Act
SADC	Southern African Development Community

SAHRC	South African Human Rights Commission
SAJEI	South African Judicial Education Institute
SALRC	South African Law Reform Commission
SAMRC	South African Medical Research Council
SANEF	South African Editors Forum
SAPS	South African Police Services
SDA	Skills Development Act
SDGS	Sustainable Development Goals
SEA	Sexual exploitation and abuse
SETA	Sector Education & Training Authority
SGBV	Sexual and Gender-Based Violence
SGM	Sexual and Gender Minority
SH	Sexual Harassment
SOA	Criminal law (Sexual Offences and Related matters) Amendment Act (Sexual
	Offences Act)
SOCs	Sexual Offences Courts
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering and Mathematics
STI	Sexually Transmitted Infection
TTCs	Thuthuzela Care Centres
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United National Population Fund
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VAW	Violence Against Women
VEP	Victim Empowerment Programme
WHO	World Health Organisation
WPSS	White Paper on Safety and Security

Glossary of Terms

Ableism: The pervasive system of discrimination and exclusion that oppresses people who have mental, emotional and physical disabilities.[1]

Ageism: Any attitude, action, or institutional structure, which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age.

Child: A person under the age of 18 years.

Cisgender: A term for people whose gender identity matches the sex that they were assigned at birth. For example, someone who identifies as a woman and was assigned female at birth is a cisgender woman whereas someone who identifies as a man and was assigned male at birth is a cisgender man. Cisgender is the opposite of transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-".

Comprehensive Sexuality Education refers to the provision of age-appropriate, culturally relevant, scientifically accurate, realistic, non-judgmental information about sex and relationships. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality.

Consent: An exercise of choice and a voluntary or unforced agreement to engage in sexual activity with another party.[2] Consent is an ongoing process and can be withdrawn at any time. Consent to engage in sexual activity is compulsory in every sexual act, always matters and should not be assumed, regardless of the relationship status and irrespective of previous sexualactivity with the other party.

Coordination: The regulation of diverse elements into an integrated and harmonious operation; synchronisation and integration of activities, responsibilities, and command and control structures to ensure that resources are used in the most efficient way, in pursuit of the specified objectives.

Disability is imposed by society when a person with a physical, psychosocial, intellectual, neurological and/or sensory impairment is denied access to full participation in all aspects of life, and when society fails to uphold the rights and specific needs of individuals with impairments.[3]

District-based approach service delivery model aims to address service delivery and economic development challenges through the synchronisation of planning across all spheres of government, working alongside social partners such as business and community at district level.

Domestic Violence: According to South African law, includes physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; entry into the complainants' residence without her consent or any other controlling or abusive behaviour taking place in domestic relationships.[4]

Economic abuse includes the unreasonable deprivation of economic or financial resources, which a complainant is entitled to under law or requires out of necessity and the unreasonable disposal of household effects or other property in which the complainant has an interest.[5]

1 https://lgbtqia.ucdavis.edu/educated/glossary
2 The Criminal Law (Sexual Offences and Related Matters) Amendment Act 6 of 2012
3 White Paper on the Rights of Persons with Disabilities
4 Domestic Violence Act 116 of 1998, Section 1
5 Ibid.

Family: A group of people living together and functioning as a single household, that will provide for the needs and protection of children and all its members. A well-functioning family provides members with emotional, social, spiritual and material support that is sustained throughout life and it also represents the cradle from which the values and norms of a society are transmitted and preserved, and is therefore a key institution for transforming values and norms.[6]

Family Violence is a form of inter-personal violence that includes a range of abusive behaviours - such as physical, sexual, verbal and emotional abuse and neglect - that occur within relationships of care, kinship, dependency or trust.

Femicide: Also known as female homicide, is generally understood to involve intentional murder of women because they are women but broader definitions include any killing of women or girls. In South Africa, it is defined as the killing of a female person, or perceived as a female person on the basis of gender identity, whether committed within the domestic relationship, interpersonal relationship or by any other person, or whether perpetrated or tolerated by the State or its' agents and private intimate femicide is defined as the murder of women by intimate partners, i.e. "a current or former husband or boyfriend, same-sex partner, or a rejected would-be lover". Intimate femicide is defined as the murder of women by intimate partners, i.e. "a current or former husband or boyfriend, same-sex partner, or a rejected would-be lover".[7]

Feminism is a range of social movements, political movements and ideologies that share a common goal: to define, establish and achieve political, economic, personal and social equality among all genders.

Gender: The socially constructed identities assigned to the biological characteristics of people in society. The concept of gender includes the values, attitudes, feelings, and behaviours as well as the interactions and relationships associated with being a woman (femininity) and being a man (masculinity) in a given culture and setting and these are also influenced by social, historical and cross-cultural factors[8]

Gender-based constraints refer to disparities and inequalities that all people face that are a consequence of differences linked to their gender, perceived gender or gender identity and/or expression and these disparities and inequalities become barriers to choices of self-expression and access to opportunities and services, and determine differential outcomes for them. These disparities and inequalities form constraints when they become a barrier to using a service or taking advantage of an opportunity presented by a health intervention.

Gender-Based Violence (GBV): The general term used to capture violence that occurs as a result of the normative role expectations associated with the gender associated with the sex assigned to a person at birth, as well as the unequal power relations between the genders, within the context of a specific society.[9] GBV includes physical, sexual, verbal, emotional, and psychological abuse or threats of such acts or abuse, coercion, and economic or educational deprivation, whether occurring in public or private life,in peacetime and during armed or other forms of conflict, and may cause physical, sexual, psychological, emotional or economic harm.

Gender Expression: External manifestations of gender, expressed through, among others, a person's name, pronouns, clothing, haircut,

6 Adapted from ISCPS
7 Abrahams, N., Matthews, S., Martin L. J., Lombard, C. & Jewkes R. 2013. Intimate Partner Femicide in South Africa in 1999 and 2009.
PLoS Med, 10, e1001412.
8 Connell, R. 1987. Gender And Power: Society, the Person, and Sexual Politics, Sydney, Stanford University Press;
9 Bloom, S. (2008) Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators (Chapel Hill, NC: MEASURE
Evaluation)

mannerisms, behaviour, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture or by gender identity. Individuals may embody their gender in a multitude of ways and have terms beyond these to name their gender expression(s).

Gender Identity: A person's internal, deeply held sense of their gender as being male or female or both or neither. Some people's gender identity matches the sex assigned to them at birth and their gender identity is cisgender. For transgender people, their internal gender identity does not match the sex they were assigned at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices (see non-binary and/or gender queer below). Unlike gender expression, gender identity is not visible to others.

Gender Inclusive: In ways that do not discriminate against a particular sex, social gender or gender identity.

Gender Mainstreaming:[10] Defined by the United Nations as the process of assessing the implications for women and men of any planned action, including legislation, policies and programmes, in any area and at different levels. It is a strategy for making women's and men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Gender Non-Conforming: A term used to describe people whose gender expression is different from conventional expectations of masculinity and femininity. Not all gender non-conforming people identify as trans-gender; nor are all trans-gender people gender non-conforming.

Healing is the personal experience of the transcendence of suffering.[11]

Heteronormative has been defined as the enforced compliance with culturally determined heterosexual roles and assumptions about heterosexuality as 'natural' or 'normal' and that everything else is deviant.

Heterosexism: Discrimination or prejudice by heterosexuals against homosexuals - a system of oppression that considers heterosexuality the norm and discriminates against people who display non-heterosexual behaviours and identities.

Homophobic rape: This is the sexual violence against lesbians, the term acknowledges the punitive and hateful elements of the crime.

Household: A household is defined as a group of people living and eating together from the same pot. Furthermore, a household may consist of multiple families within one household.

Human Rights: Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include civil, political, social and economic rights. For instance, these include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

Human Rights-Based Approach[12]: The essential attributes of a human rights-based

10 https://www.unwomen.org/en/how-we-work/un-system-coordination/gender-mainstreaming
11 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466870/
12 OHCHR. (2006). Frequently asked questions on a Human Rights-Based Approach. United Nations. New York/Geneva

approach are that the development of policies and programmes should fulfil human rights. A human rights-based approach identifies rights holders and their entitlements, and corresponding duty bearers and their obligations, and works towards strengthening the capacities of rights-holders to make their claims and of duty bearers to meet their obligations. Principles and standards derived from international human rights treaties should guide all development cooperation and programming in all sectors and in all phases of the programming process.

Intersectionality refers to overlapping social identities and the related systems of oppression and domination that use these to marginalise and exclude. Although all women face discrimination some women face multiple forms of oppression because of their race, ethnicity, religion, socioeconomic background, abilities and sexual orientation, which in turn shapes their experiences of violence[13]. Intersectionality looks at the relationships between these different forms of oppression and allows for analysis of social problems more fully, shapes more effective interventions, and promotes more inclusive responses.

Life cycle approach to GBV: Women and girls are at risk of different forms of violence at all ages, from prenatal sex selection before they are born through childhood, as adults and elderly women[14]

Multisectoral Response[15] refers to deliberate collaboration among various stakeholder groups (e.g., government, civil society, and private sector) and sectors (e.g., health, environment, and economy) to jointly achieve a policy outcome. By engaging multiple sectors, partners can leverage knowledge, expertise, reach, and resources, benefiting from their combined and varied strengths as they work toward the shared goal of producing better health outcomes.

Online violence refers to any act of gender-based violence against a woman that is committed, assisted or aggravated in part or fully by the use of Information and Communications Technology (ICT), such as mobile phones and smartphones, the internet, social media platforms or email, against a woman because she is a woman, or affects women disproportionately.[16]

Patriarchy is a social system in which men hold primary power and dominate in roles of political leadership, moral authority, social privilege and control of property.

Persons with Disability includes those who have perceived and/or actual physical, psychosocial, intellectual, neurological and/or sensory impairments which, as a result of various attitudinal, communication, physical and information barriers are hindered in participating fully and effectively in society on an equal basis with others.[17]

Protective factor interacts with the risk and acts as a buffer to prevent an adverse outcome and increase the chance in the case of a child for positive adjustment.

Rape: According to the Criminal Law (Sexual Offenses and Related Matters) Amendment Act, 2007, rape is the unlawful and intentional sexual penetration of a person by another without consent. The Act defines 'sexual penetration' as including the oral, anal or vaginal penetration of a person (male or female, regardless of age) with a genital organ; anal or vaginal penetration with any object or any part of the body of an animal, or the penetration of a person's mouth with the genital organs of an animal.

13 https://cofemsocialchange.org/wp-content/uploads/2018/11/TS1-Why-does-a-feminist-perspective-matter.pdf
14 Watts and Zimmerman. 2002. "Violence against Women: Global Scope and Magnitude," Lancet 359 (9313): 1233
15 Salunka, S & Lal, D.K. (2017). 'Multisectoral approach for promoting public health'. In: Indian Journal of Public Health, vol 61, pp. 163
- 168
16 Human Rights Council A/HRC/38/47 Report of the Special Rapporteur on violence against women its causes and consequences on
online violence against women and girls from a human rights perspective – Advance edited version 14 June 2018
17 White Paper on the Rights of Persons with Disabilities

Restorative justice services: Restorative justice is an approach to justice that aims to involve the parties to a dispute and others affected by the harm (victims, offenders, families concerned and community members) in collectively identifying harms, needs and obligations through accepting responsibilities, making restitution, and taking measures to prevent a recurrence of the incident and promoting reconciliation.[18]

Rights-based approach is a conceptual framework for ensuring that human rights principles are reflected in policies and national development frameworks. Human rights are the minimum standards that people require to live in freedom and dignity - based on the principles of universality, indivisibility, interdependence, equality and non-discrimination.

Risk factor is considered to be an event or situation that increases the possibility of a negative outcome for an individual.

Safety refers principally to the state of an area and is based on the real and perceived risk of victimisation.

Sex refers to the biological or anatomical characteristics that a person is born with and is usually determined on the basis of the appearance of external genitalia, namely a vagina to denote female and a penis and testes to denote male. Sex is also a synonym for sexual intercourse, which includes penile-vaginal sex, oral sex, and anal sex. Intersex is a general term used for a variety of conditions in which a person may be born with a reproductive or sexual organ that does not fit the typical definition of male or female. For example a person might be born appearing to be female on the outside but have mostly male reproductive organs on the inside or they might be born with genitals that seem inbetween the usual male and female types, for example a girl born with a noticeably large clitoris or lacking a vaginal opening or a boy may be born with a noticeably small penis or with a scrotum that is divided so that it forms more like labia (vaginal lips). However, it is possible to change a sex by having a sex change operation.

Sexual and reproductive health: A state of complete physical, mental and social well-being in all matters relating to the reproductive system and sexuality; it is not merely the absence of disease, dysfunction or infirmity. For sexual and reproductive health to be attained and maintained, the sexual and reproductive health rights of all persons must be respected, protected and fulfilled. Sexual and reproductive health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexual gender-based violence: Any sexual act or unwanted sexual comments or advances using coercion, threats of harm or physical force, by any person regardless of their relationship to the survivor, in any setting. It is usually driven by power differences and perceived gender norms. It includes forced sex, sexual coercion and rape of adult and adolescent men and women, and child sexual abuse and rape.

Sex workers are women, men and transgender people (anyone) who receive money or goods in exchange for sexual services, and who consciously define those activities as income-generating even if they do not consider sex work as their occupation and others do - it is not currently defined in South African law.

Sexual Harassment: Behaviour characterised by the making of unwelcome and inappropriate sexual remarks or physical advances in a workplace or other professional or social situation.

18 http://www.justice.gov.za/rj/rj.html

Sexual Offences includes the following categories: rape, compelled rape, sexual assault, incest, bestiality, statutory rape, sexual exploitation or grooming, exposure to or display of pornography.[19]

Sexual rights: Human rights which relate specifically to sexuality and which are articulated by national laws, international human rights documents and other international agreements. Sexual rights seek to ensure that all people can express their sexuality free of coercion, discrimination and violence.

Social cohesion: The reasonable and relative ability of the different members of society to work, live and survive together. The term indicates the predominant existence of collaborative and communal relationships within the social entity. Social cohesion further denotes a discernible social or national identity, characterised by harmonious diversity, in its efforts to strengthen human dignity and social rights that underpin it through various targeted actions.[20]

Social crime: All criminal and violent activities provoked by social factors that create an unsafe society and prevent the restoration of social cohesion and social fabric. The phenomenon takes place in a society and in areas where a general breakdown of social fiber, values, morals and principles exists, leading to further breakdown in respect and responsibility of citizens and families. In addition it refers to anti-social behaviour, which violates rules and norms of society and prevents the realisation of social cohesion and resilience in families.[21]

Social Norms are unwritten rules that regulate acceptable behaviour in a group. Social norms define what is expected of a woman and a man in society; they are both embedded in institutions and nested in people's minds.[22]

Survivor/ Survivor-focused: An approach to service provision that is centred around the principle of facilitating a shift away from being a victim towards reclaiming and exercising personal power/agency, as integral to healing.

Transgender: Any person whose gender identity does not align with their assigned sex and gender at birth.

Transphobia is the fear,hatred, disbelief, or mistrust of people who are transgender, thought to be transgender, or whose gender expression doesn't conform to traditional gender roles, that is, the behaviours, values, and attitudes that a society considers appropriate for both male and female.[23]

***Ukuthwala*:** A form of abduction under the guise of patriarchal tradition and culture that involves kidnapping a girl or a young woman by a man and his friends or peers with the intention of compelling the girl or young woman's family to agree to marriage. It has been marked by violence and rape.[24]

Victim-centric: "A victim-centred approach is the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. It seeks to minimise traumatisation associated with criminal justice processes by providing support of victim advocates and service providers, empowering survivors as engaged participants in the process, and providing survivors an opportunity to play a role in seeing their offenders brought to justice".[25]

Violence: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a

19 The Criminal Law (Sexual Offences and Related Matters) Amendment Act 6 of 2012
20 White Paper on Social Welfare, 1997
21 Department of Social Development, Integrated Social Crime Prevention Strategy, September 2011
22 Cislaghi, B., Heise, L., STRIVE Technical Brief: Social Norms London School of Hygiene & Tropical Medicine, London, UK; 201
23 https://www.plannedparenthood.org/learn/sexual-orientation-gender/trans-and-gender-nonconforming-identities/whats-transphobia
24 http://www.justice.gov.za/brochure/ukuthwala/ukuthwala.html
25 https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/

high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.[26]

Violence Against Women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[27] It refers to violence directed at a woman because she is a woman and that affects her disproportionately.[28] It takes a range of forms including but not limited to: intimate partner violence; non-partner sexual assault; trafficking; so-called honour crimes; sexual harassment and exploitation; stalking; witch craft related violence; gender related killings.

Violence Against Children: Violence against children includes all forms of violence against people under 18 years old, including abuse, exploitation, neglect and maltreatment, whether perpetrated by parents or other care-givers, peers, romantic partners, or strangers.[29]

Woman: Used in this document to refer to a person that defines themselves as female and includes not only cis women, but also trans women and femme/feminine-identifying genderqueer and non-binary persons.[30]

Young People: Persons between 14 and 35 years.[31]

26 World Health Organisation definition of violence
27 United Nations General Assembly A/RES/48/104 Declaration on the Elimination of Violence Against Women 23 February 1994
28 CEDAW/C/GC/35 General recommendations No.35 on gender-based violence against women, updated general recommendation No.19. 14 July 2017
29 WHO 2019
30 https://feministoasis.com/inclusive-language-womxn-cis-nonbinary/
31 National Youth Policy 2015 - 2020

Executive Summary

The Interim Gender-based Violence and Femicide Steering Committee (IGBVF-SC) facilitated the development of the National Strategic Plan (NSP) on GBVF. The Presidential Summit on GBVF, held in Novermber 2018, mandated that an IGBVF-SC be established. Furthermore, the Summit mandated that a NSP be developed. The process of developing the plan included:

a. Discussion of the content of the NSP by more than 400 organisations represented at the Presidential Summit.
b. Refinement of the activities outlined in the articles of the Declaration on GBVF signed by the President and Civil Society organisations (CSOs).
c. Discussion and review by the Interim Steering Committee.
d. Establishment of the task team that includes government, civil society, researchers, academics and international organisations, including the United Nations, that played a key role in the drafting of the NSP.
e. Multi-sectoral consultative processes with a range of stakeholders to further refine content of the NSP and agree on the structural arrangements to facilitate its implementation.
f. Consultations held in all the nine provinces focusing on the following key stakeholders (including young people, the elderly, those working with children, labour organisations, faith-based organisations, political structures, government departments spanning the social, criminal justice and economic clusters.
g. Submission of the Emergency Response Action Plan (ERAP) that incorporated the views of the Cabinet, the President, Joint sitting of Parliament to ensure it is part of a national response.

The Gender-Based Violence and Femicide National Strategic Plan (GBVF NSP) sets out to provide a cohesive strategic framework to guide the national response to the hyper endemic GBVF crisis in which South Africa finds itself. Impetus for this plan arises from the bold 24 demands[32] by cis women, trans women and gender non-conforming people across the country who marched on 1 August 2018, under the banner of #TheTotalShutdown and builds on previous initiatives by the state and civil society.

Purpose:

Provide a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated national response to the crisis of gender-based violence and femicide by the government of South Africa and the country as a whole.

Scope:

Focuses on comprehensively and strategically responding to gender-based violence and femicide, with a specific focus on violence against ALL women (across age, physical location, disability, sexual orientation, sexual and gender identity, gender expression, nationality and other diversities) and violence against children and how these serve to reinforce each other.

32 Find the twenty four demands attached

Vision:

A South Africa free from gender-based violence directed at women, children and LGBTQIA+ persons.

The Principles that will guide the implementation of the National Strategic Plan's programmes are:

1. **A multi-sectoral approach** which harnesses the roles, responsibilities, resources and commitment across government departments, different tiers of government, civil society, movements, youth structures, faith-based structures, traditional structures, the media, development agencies, the private sector, academic institutions and all other stakeholders.

2. **Complementing and augmenting existing strategies,** instruments and national initiatives on GBVF and on overall safety in the country.

3. **Active and meaningful participation** of communities, civil society, movements, and those most affected by GBV in the design, implementing, monitoring and evaluation of the strategy.

4. **A visionary, gender-responsive, and transformative** approach that takes account of inequality and gender differences that drive and enable GBVF; and specifically, the need for men to transform.

5. **A human rights-based, victim-centred, survivor-focused approach** to the provision of services that reaches all, regardless of financial means.

6. **An inter-generational, youth-friendly** approach.

7. **Progressive realisation of outcomes** through the prioritisation of reforms and strategic partnerships to address wider systemic challenges.

8. **Forward looking in the co-creation** of a different social milieu underpinned by respect, compassion and human dignity for all.

9. **Mutual accountability for changes** recognising that meeting these outcomes require government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to drive the agenda forward.

10. **Inclusiveness, embracing diversity and intersectionality**, recognising the importance of centering the experience of women most marginalised by poverty, race, age, disability, sexual orientation, gender identity and nationality.

Vision: A South Africa free from gender-based violence directed at women, children and LGBTQIA+ persons.

Pillars:

To achieve this vision, South Africa will centre its efforts on bringing about specific changes around key pillars over the next 10 years, broken down into the five-year outcomes as listed below:

Table 1: Pillars

Pillar One: Accountability, Coordination and Leadership	**Five-Year Outcomes** 1.1 Bold leadership, strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources; 1.2. 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.
Pillar Two: Prevention and Rebuilding Social Cohesion	2.1. Strengthened delivery capacity in South Africa to roll out evidence-based prevention programmes; 2.2. Changed behaviour and social norms within key groups as a result of the rollout of evidence-based prevention interventions; 2.3. Shifts away from toxic masculinities towards embracing positive alternative approaches for expressing masculinities and other sexual and gender identities, within specific communities/groups; 2.4. Optimally harnessed Violence Against Children (VAC) programmes that have an impact on GBV eradication; 2.5. Increased cross fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBVF prevention and violence prevention interventions; 2.6. Strengthened programming that addresses the restoration of human dignity, builds caring communities and responds to historic and collective trauma; 2.7. Public spaces are made safe and violent free for all, particularly women and children.
Pillar Three: Justice, Safety and Protection	3.1. All GBV survivors are able to access efficient and sensitive criminal justice that is quick, accessible, responsive and gender inclusive; 3.2. Strengthened capacity within the criminal justice system to address all impunity, effectively respond to femicide and facilitate justice for GBV survivors; 3.3. Amended legislation related to GBV areas that build on legislative reforms initiated under the ERAP.
Pillar Four: Response, Care, Support and Healing	4.1. Strengthened existing response, care and support services by the state and civil society in ways that are victim-centred and survivor-focused to facilitate recovery and healing; 4.2. Secondary victimisation is eliminated through addressing specific individual and systemic factors that drive it; 4.3. Victims feel supported by the system to access the necessary psychosocial, material and other support required to assist them with their healing; 4.4. Strengthened community and institutional responses to provide integrated care and support to GBV survivors and their families that takes into account linkages between substance abuse and HIV and AIDS.

Pillar Five: Economic Power	5.1. Accelerated initiatives that address women's unequal economic and social position, through access to government and private sector procurement, employment, housing, access to land, financial resources and other income generating initiatives; 5.2. Safe workplaces that are free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment; 5.3. Demonstrated commitment through policy interventions, by the South African state, private sector and other key stakeholders to eliminate the impact of economic drivers of GBV; 5.4. Strengthened child maintenance and related support systems to address the economic vulnerability of women.
Pillar Six: Research and Information Management	6.1. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups and forms in South Africa; 6.2. Adoption of GBV policies and programming interventions that are informed by existing evidence-based research; 6.3. GBVF related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses.

Strategies:

The outcomes listed above directly flow from the overarching high-level strategies that will be used to drive the GBVF national agenda in the country over the next 10 years:

- Strengthening state and societal accountability, at all levels, driven by bold leadership and high level political commitment;
- Driving prevention, addressing harmful social and gender norms, facilitating healing and rebuilding social cohesion;
- Locating a response to GBVF as integral to responding to violence, poverty and inequality;
- Widening the lens, deepening the understanding and rooting the response in communities.

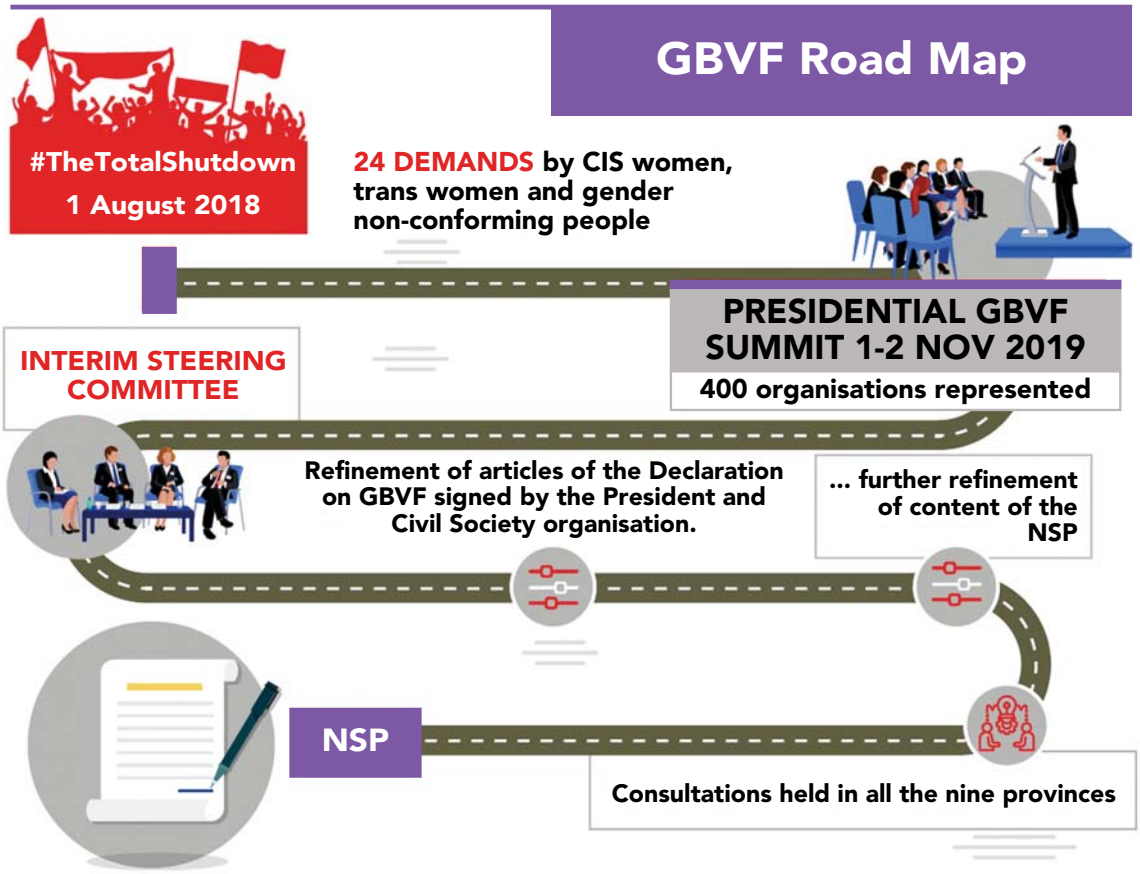
Implementation Modalities:

The document defines the roles and responsibilities of various stakeholders to accelerate, advance and realise the vision and outcomes of this strategic plan:

- The National Council on Gender-based Violence and Femicide (NCGBVF), a national multi-sectoral structure championed by the President and mandated through the Summit declaration, is the custodian of the plan and plays the role of strategic oversight for the realisation of the national outcomes outlined in the plan;
- Parliament to ensure that the Structure is governed by a statutory framework;
- The NCGBVF reports to the President through the Minister in the Presidency for Women, Youth and Persons with Disabilities;
- The Presidency to ensure government allocates adequate resources for the optimal functioning of the Structure;
- Guided by the NCGBVF, the secretariat, which will have the required sectoral proficiencies, and will drive technical support in rolling out the six pillars;
- The Minister in the Presidency for Women, Youth and Persons with Disabilities provides the overall coordination of the Inter-Ministerial Committee (IMC), government departments and processes in ensuring the successful implementation of the GBVF NSP;
- The new structure should be inclusive, with at least 51% of its members coming from civil society;
- Respective government departments, as articulated in respective sections of the

plan, will align related outputs within their respective five-year strategic plans;

- The Presidency, led by the Department of Women, Children and Persons with Disabilities (DWYPD), will facilitate institutional coherence across government;
- The Commission for Gender Equality (CGE), as a chapter 9 institution with a constitutional mandate to promote respect for gender equality, and the protection, development and attainment of gender equality will regularly assess and monitor progress in implementation of the GBVF NSP.
- Civil society will implement some of the programmes that aim to support victims and survivors of violence and their families;
- Development partners will align their investment into GBVF in South Africa with the wider national priorities articulated in the NSP;
- The private sector will elevate its own accountability through its practices and invest in supporting the roll out of respective pillars of the NSP;
- The Secretariat and strategic partners will support respective structures in embedding and aligning the plan within their own institutional arrangements;
- The Structure shall regularly monitor and evaluate the NSP using a monitoring and evaluation tool to be developed and adopted within six (6) months after its establishment;
- Harmonisation of laws and policies, respective standardisation of implementation frameworks, a comprehensive sector-wide monitoring and evaluation (M&E) system, and integrated management information systems will contribute to facilitating delivery on and accountability for the NSP.



PURPOSE	SCOPE	VISION
Provide a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated national reponse to the crisis of GBVF by the government of South Africa and the country as a whole.	Focuses on comprehensively and strategically responding to gender- based violence and femicide, with a specific focus on violence against ALL women.	A South Africa free from gender-based violence directed at women, children and LGBTQIA+ persons.

1. Introduction

The National Strategic Plan (NSP) on Gender-Based Violence and Femicide (GBVF) sets out to provide a cohesive strategic framework to guide the national response to this scourge. Founded on women's constitutionally entrenched right to be free from all forms of violence, also emphasised by the 24 demands delivered by #TheTotalShutdown movement, the Declaration emerging from the 2018 Presidential Summit on GBVF, this NSP builds onto previous work undertaken by government. It also responds to the recommendations from the review of responses to violence against women and children, commissioned by the Department of Planning, Monitoring and Evaluation (DPME);[33] the subsequent review of the National Plan of Action undertaken by the Department of Social Development (DSD), and the work undertaken by civil society through the Stop GBV NSP Campaign.[34] Furthermore, impetus is given to Priority five (5) of Community Safety and Social Cohesion and provides a coherent national framework to support South Africa in meeting Sustainable Development Goals (SDGs) Targets.[35]

Recognising the significance of preventing GBV, the NSP also draws from the White Paper on Safety and Security (2016) as the overarching policy framework for safety, crime and violence prevention in the country[36] and builds onto the six themes it has identified.[37] Furthermore, the NSP recognises the strategic relevance of addressing GBV as key to all seven priority areas that South Africa has identified for the next five years viz., (i) economic transformation and job creation; (ii) education, skills and health; (iii) consolidating the social wage through reliable and quality basic services; (iv) spatial integration, human settlements and local government; (v) social cohesion and safe communities; (vi) building a capable, ethical and developmental state and (vii) a better Africa and the world.[38]

33 DPME Report on Diagnostic Review of the Response of the State to Violence Against Women and Children (2016)
34 National Strategic Plan on Gender-Based Violence Shadow Framework
35 SDG 5.1; 5.2; 5.3 and 16.1 and 16.2 are outlined in the next session under Global Commitments
36 Civilian Secretariat for Police 2016 White Paper on Safety and Security Section 2
37 Ibid.
38 Department of Women Beijing +25 South Africa's Progress Made on the Implementation of the Beijing Platform for Action 2012 -2019

2. Background

South Africa is a deeply violent society and continues to wrestle with the impact of decades of institutionalised racism, sexism, exclusion, structural violence and other factors that have continued to undermine human development and positive social cohesion.

The 2018 Global Peace Index revealed that South Africa is one of the most violent places in the world, ranked 38 out of 163; with one of the highest murder rates found globally outside of a war zone.

The 2018 Victims of Crime Survey reports revealed an increase in crime levels for 2017/2018, as compared to 2016/2017, coupled with a decline in feelings of safety and trust in the criminal justice system (CJS).[39] The levels of vulnerability to violence for all women has been gradually coming into particular sharp focus over the past year, as all living in South Africa were inundated daily by media and police reports of the horrific and senseless murder, rape and maiming of women and children in homes and communities.[40] In addition, women, particularly black, poor and rural women, bear the brunt of poverty, unemployment and inequality, while carrying the responsibility of taking care of the emotional, physical and financial needs of children.[41]

Situational Analysis of GBV and Femicide in South Africa

During the course of 2018 and 2019, South Africa has increasingly acknowledged the crisis of GBVF and its profound impact on the lives and well-being of survivors, children, families, communities and society as a whole. There is increasing recognition that this context demands a whole of society approach in understanding, responding, preventing and ultimately eliminating GBVF. Furthermore, it is recognised that the role and duty of the state to fulfil its constitutional obligation, is paramount.

Conceptualisation of GBV and Femicide in South Africa

GBV is enabled by the prevalence of gender inequality and is rooted in patriarchal gender norms. It is defined as any act against women that results in, or is likely to result in, physical, sexual, economic or psychological harm or suffering which include threats of such acts as coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[42] It affects women throughout their life cycle (before birth to elder abuse) and is often exacerbated by cultural, economic, ideological, technological, political, religious, social and environmental factors.[43]

GBV includes physical, economic, sexual, and psychological abuse as well as rape,[44] sexual harassment and trafficking of women for sex,[45] and sexual exploitation. Economic abuse, whereby financial resources are controlled and withheld, has a significant impact on the lives of women and children; often leaving them with no choice but to remain in abusive relationships. Furthermore, when women leave abusive relationships, financial abuse often continues through withholding of child maintenance.

39 http://www.statssa.gov.za/?page_id=737&id=5
40 Emergency Action Plan on Gender-Based Violence and Femicide, October 2019
41 Statistics South Africa (STATS SA), General Household Survey, (2019).
42 United Nations General Assembly A/RES/48/104 Declaration on the Elimination of Violence Against Women 23 February 1994
43 Ibid.
44 Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 , Chapter 2 Part 1
45 World Health Organization. World report on violence and health. Geneva, Switzerland: World Health Organisation, 2002.

In addition, cultural practices such as forced marriage through *Ukuthwala* have been recognised by the Constitution as unlawful[46] while crime against women for alleged witchcraft have also been identified as a form of GBV.[47] The practice of *Ukuthwala* has been thrust into the spotlight by a criminal appeal case of Jezile v S and Others.[48] In a landmark judgment delivered by a full Bench of the Western Cape Division, the court held that *Ukuthwala* is no defence to crimes of rape, human trafficking and assault with the intent to do grievous bodily harm.

Although a wide range of perpetrators are recognised, intimate partner perpetrators are the most common abusers, globally and in South Africa.[49] Non-partner perpetrators include strangers, acquaintances, colleagues, family members, teachers, peers and other non-romantic relationships (e.g., service providers), and the context of abuse include a wide range of private and public settings such as within homes, schools, work places and service settings. Sexual harassment in these different settings, in and outside of the work place is a form of abuse which is defined in terms of the South African labour law, but has not received much attention in terms of definition and measurement.[50]

Expanded definitions have been recognised with societal experiences of violence as a result of sexual orientation, gender identity and expression and sex characteristics, cyber violence and state violence in which women and girls are denied access to critical sexual and reproductive health rights.[51] Furthermore, vulnerability to violence is intensified by marginalisation and the exploitation of women based on factors such as race, poverty, sexual orientation, sexual and/or gender identity, expression and sex characteristics, migrant status, disability, age, HIV status and sex work which all intersects with experiences of violence extending vulnerability further.[52]

Structural GBV is an outcome of the unequal and exclusionary South African economy. This form of structural violence has remained hidden, is often overlooked, and is underpinned by exploitation of labour, undervaluing of unpaid work, under-funded social protection, unequal pay for equal work, inflexible labour policies, the high costs of living, unsafe and unhealthy working environments, inhumane working hours, poor regulation of the minimum wage and precarious jobs impacting particularly on women.

Femicide[53] is the most extreme form of GBV. In South Africa, it is defined as the killing of a female person or perceived female person on the basis of gender identity, whether committed within the domestic relationship, interpersonal relationship or by any other person, or whether perpetrated or tolerated by the State or its agents and private sources. Intimate femicide refers to the killing of a female by an intimate partner (current or former husband or boyfriend, same sex partner or a rejected would-be lover[54]) and non-intimate femicide refers to the killing of a female by someone other than an intimate partner.[55] The gender identity assumed about persons fitting into this category may include transgender women as the forensic personnel predominantly rely on the physical or biological features of the deceased body to determine or assign the sex and associated gender of the victim.

Rape femicides are those where a female is raped and killed in the same crime. It is possible that many forms of GBVF, in particularly those linked to cultural and religious practices and experiences by marginalised groups, are not included in the above; they will require attention and research as the NSP implementation progresses.

46 http://www.justice.gov.za/brochure/ukuthwala/ukuthwala.html
47 Petrus (2011)
48 Western Cape Court, unreported case no 127/2014, 23-3-2015
49 Devries, et al. (2013).
50 Botha, (2016) ; Lippel, (2018)
51 CEDAW, (2017)
52Botha, (2016); Alhabib, Nur, & Jones, (2010); Jeremiah, et al., (2013); Peek-Asa et al., (2011); Mills, et al., (2015)
53 National Strategic Plan on Gender-Based Violence Shadow Framework
54Abrahams, N., Mathews, S., Jewkes, R., Martin, L. J., & Lombard, C. (2012).
55 Ibid.

The Social Context of GBV and Femicide

Violence has been part of the South African social context for decades, rooted in historical apartheid policies[56] and underpinned by high levels of inequality and poverty, racism, unequal gender power relations, and hostility to sexual and gender diversity. All of this has resulted in deep levels of collective trauma that is demonstrated in daily interactions across all social spheres as attested by the excessive homicide and crime rates.[57]

Similarly, apartheid policies promoting migration patterns destabilised families and directly influenced family structures. It has been suggested that where men are unable to maintain masculine superiority, they are more likely to use violence to exert power.[58] As such, GBV became ingrained in the social systems that permitted the use of violence to maintain the status quo. It is linked to, and reinforced by, other forms of violence in communities, such as gang and taxi violence.

These historical contexts of violence and crime have been well documented by a range of social theorists across disciplines and common combinations of theories identified include:

- a 'culture of violence' where violence is normative as the way to resolve conflict;
- apartheid legacy, where inequality, poverty, lack of access to services and opportunities, marginalisation and militarisation of men were contributory;
- the institutionalisation of violence during the apartheid era;
- exceptionally high levels of drug and alcohol abuse;
- disintegration of families;
- violence as an expression of anger and a means of asserting power;
- absent parents, particularly fathers; and
- unemployment.[59]

Patriarchal social norms and belief systems and gender inequality are common factors in all of the above to further create contexts that fuel GBV.

The extent of GBV and Femicide in South Africa

Femicide

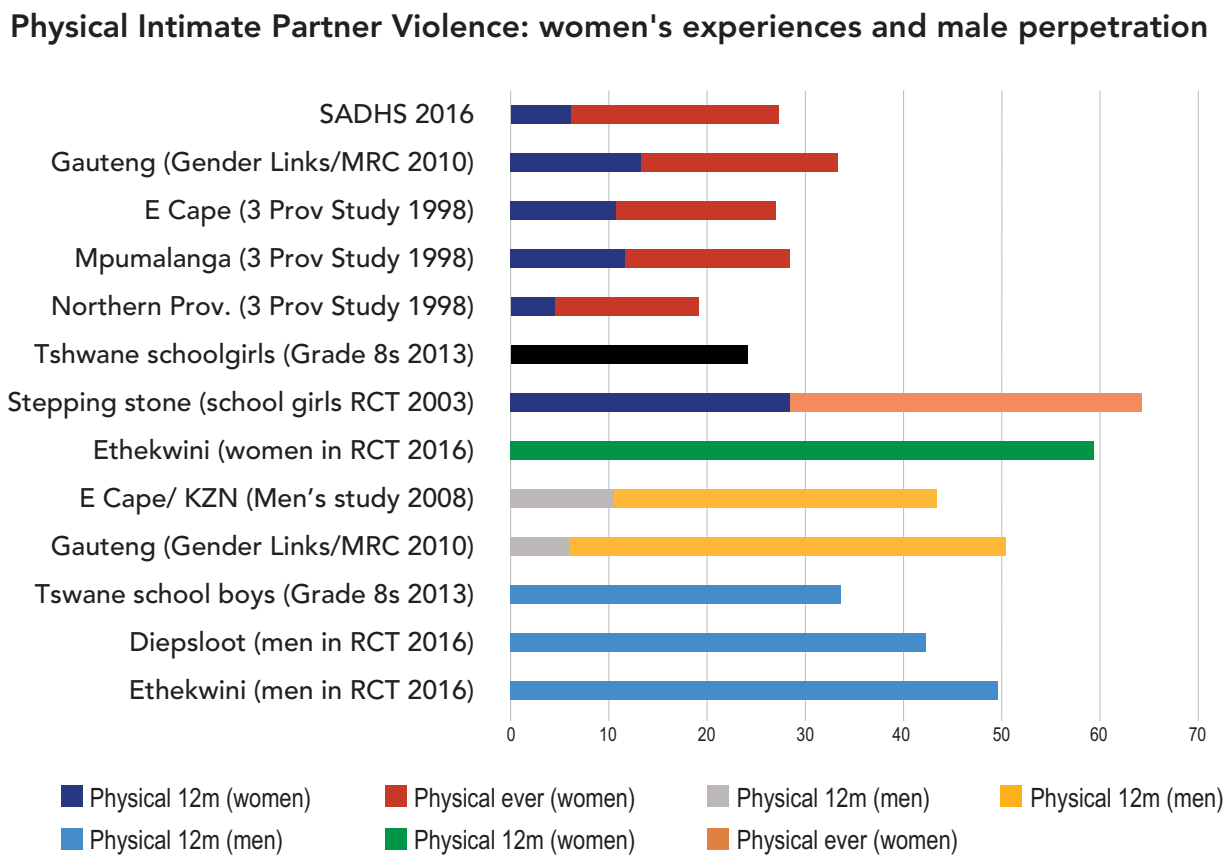
The 2009 national femicide study found that 1 024 female were murdered by an intimate partner and a further 768 female were killed by a non-partner. Intimate femicide is therefore the leading cause of female murder representing more than half (56%) of all women killed. The same study found rape femicide was identified in every 1 in 5 women killed (19.8%). The recent increase in media reports and increase in female homicide reported by police suggest femicide is not decreasing.[60] Updated data on femicide is critical and initiatives such as Femicide Watch and the Third National Incidence Study by the South African Medical Research Council (SAMRC) are underway to address this.

Domestic Violence/Intimate Partner Violence

Numerous prevalence studies since 1998 from different settings and populations confirm that GBV is highly prevalent and endemic in South Africa with physical violence being the most common form of GBV reported in studies[61] (see physical intimate partner violence in Figure 1).

56 Boonzaier, (2005); Boonzaier & Van Schalkwyk, (2011); Salo, (2007); (2018)
57 South African police report September (2019). https://www.saps.gov.za/services/april_to_march2018_19_presentation.pdf
58 Boonzaier, (2005); Boonzaier & Van Schalkwyk, (2011); Salo, (2007); (2018)
59 Department of Social Development Integrated Social Crime Prevention Strategy September (2011)
60 South African police report September (2019). https://www.saps.gov.za/services/april_to_march2018_19_presentation.pdf
61 Jewkes, Penn-Kekana, Levin, Ratsaka, & Schrieber (1999); South Africa Demographic and Health Survey (2016)

Figure 1: Intimate partner physical violence reported in studies in South Africa



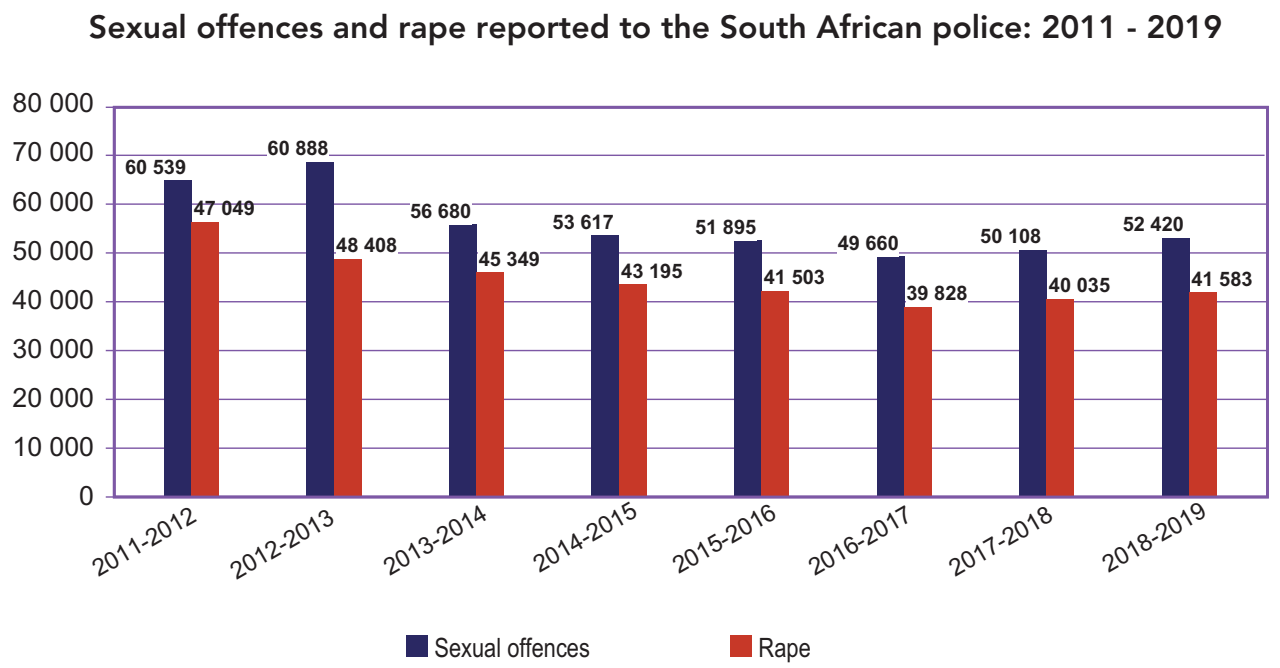
A number of population-based studies on cis women have been conducted to measure the extent of GBV in South Africa. For example, a dedicated GBV population-based study on women in Gauteng (2011) has shown that more than 1 in 3 women (37.7%) have ever experienced physical and/or sexual intimate partner violence (IPV), 18.8% reported sexual IPV, and 46.2% reported economic or emotional abuse.

While non-population-based studies cannot be generalised to the South African population, prevalence rates are consistently reported at much higher levels with some reaching above 50%. Invariably, men report higher levels in perpetration of violence studies.

Sexual Violence

Sexual violence reported to police is on the rise[62] (see Figure 2). However, underreporting to police is a commonly known fact for sexual offences; in the 2017 Gauteng study only one in 23 women who reported sexual abuse also reported to police.[63] The true number of sexual offences is therefore significantly higher than what is reported to police. High levels of rape have been reported in the Gauteng study with 37% of men reporting to having raped a woman or girl.[64]

Figure 2: Reported Cases of Rape and Sexual Offences to SAPS



An additional feature of sexual abuse in South Africa is the age of victims reporting to police, with a study reporting that almost half (46%) of sexual offence complainants are children.[65] Daily reports of sexual violence in the media attest to the normalcy of GBV across settings, mainly perpetrated by those who are supposed to protect the public (i.e. the recent Independent Police Investigative Directorate (IPID) report that described the increase of rape by police officers[66] and the 230% increase of sexual abuse cases perpetrated by teachers in the last 5 years).[67]

Debates continue on what constitutes psychological and economic violence and this affects its measurement. It is often combined in prevalence studies and in the Gauteng study

62 Ibid.
63 Machisa, et al. (2017)
64 Machisa, Jewkes, Morna, & Rama (2011)
65 Machisa, et al. (2017)
66 https://citizen.co.za/news/south-africa/crime/2188349/ipids-shocking-cover-up-of-police-who-rape-assault-torture-andkill/
67https://www.news24.com/SouthAfrica/News/more-than-230-increase-in-sex-abuse-cases-by-teachers-over-past-5-years-sa-council-of-educators-20191010

between one in three women reported experiencing emotional and/or economic abuse in the past year; one in two women reported that they have experienced such violence while over two-thirds of men reported to have perpetrated emotional or economic IPV.[68]

Violence experienced by Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual plus all other sexualities, sexes and genders not included (LGBTQIA+) persons

This refers to violence directed against persons on the basis of their real or perceived sexual orientation, gender identity, expression and/or sex characteristics. It is not uncommon for an LGBTQIA+ person to experience multiple episodes of victimisation over their lifetime, including violence from community members where their LGBTQIA+ identity is known.[69]

There is a belief that homosexuality is un-African. This erroneous and harmful belief has fuelled homophobia, transphobia, queer-phobia and other forms of discrimination and marginalisation for members of the LGBTQIA+ community. This hatred towards members of the LGBTQIA+ has resulted in hate crimes such as homophobic rape, trans-phobic rape and killings of LGBTQIA+ persons because of their sexual orientation, gender identity, gender expression an sex characteristics.[70]

LGBTQIA+/Sexual Orientation and Gender Identity (SOGI)-based stigma both increases vulnerability to sexual violence and decreases access to support services and resources. For example, homophobic and transphobic stigma within families means that LGBTQIA+ persons, especially LGBTQIA+ youth, have less family support and are often rejected. Another example includes transgender people being denied access to affirming health care or other services because of their gender identity. LGBTQIA+ persons are also less likely to access victim support services, healthcare services,[71] or the criminal justice system[72] for fear of secondary victimisation. Thus LGBTQIA+ persons, already at risk for violence due to their sexual orientation and gender identity, also have less access to resources to safeguard their vulnerability[73].

68 Machisa, et al. (2017)
69 Muller & Meer, (2018)
70 Hate Crimes Working Group, (2013); Love Not Hate Campaign, (2016); Mkhize et al., (2010); Matebeni et al., (2013); Nath & Mthathi, (2011); Nel & Judge, (2008)
71 Meer & Müller, (2017); Müller, (2017a); (2017b)
72 Nel & Judge, (2008)
73 Muller and Meer, (2018)

Links between VAC and VAW

Evidence shows that violence against children (VAC) and GBV are closely linked.[74] The intergenerational cycle is well established from research done locally and globally, with boys more likely to perpetrate and girls more likely to become victims as adults, if they experienced childhood violence.[75] Changing experiences of childhood, specifically through addressing different forms of violence against children, including corporal punishment, is a fundamental basis for eradicating GBV.[76] The co-occurrence of the VAC and GBV shares risk factors including family conflict, poverty, substance abuse, social norms and patriarchy.[77] The intersection of Violence Against Women (VAW) and VAC occurs at various stages of life, but most pronounced with intimate partner violence during adolescence, with child marriage, female genital mutilation (FGM) and exposure to IPV in dating relationships. This therefore points to the potential opportunities for integrated responses.[78]

Impact

Gender-based violence has a profound and wide ranging detrimental impact which is amplified in South African society given the high levels and severity of violence. A costing study (2015) estimated GBVF cost South Africa between ZAR24 - 42 billion annually,[79] but the true impact is severely underestimated as additional social costs that compromise sexual and reproductive health, mental health, social well-being, productivity, mobility and capacity of survivors to live healthy and fulfilling lives are not fully considered.

The most profound impact is its interference with women's social and economic development which effectively prevents their equal participation; it nullifies the progression made towards the economic empowerment of women and gender equality in the post-apartheid period. Women's experiences of violence happen within the context of their lowered status compared to South African men and this is evidenced from research confirming that women spend more than double the time on unpaid domestic work and more than five times on unpaid domestic care than their male counterparts.[80]

The unemployment rate in South Africa is increasing and has a disparate impact on women (28.9%), and particularly black women, compared to men (24.5%).[81] The 2014 South African Human Rights Commission (SAHRC) report highlighted how structural factors such as poor access to water and sanitation for women and girls in under resourced communities has led to illness and violence.[82]

Although not studied in detail, this has consequences for the economy, reducing productivity and increasing absenteeism. The impediments to development are recognised with the inclusion of decreasing IPV and VAC as part of SDGs and Indicator 5.2 requiring Governments to report on the incidence of IPV.[83] The health impact of violence is profound, with death being the most extreme outcome.[84] IPV has been found to also be associated with HIV infection in South Africa and abusive men are shown to be more likely to display HIV-risk behaviours.[85] Conversely, HIV often leads to violence because it causes relationship conflicts such as during disclosure of HIV status.[86]

Violence is a traumatic event and its chronic occurrence for many women has a multiplying effect with mental health problems being the most prevalent consequence. Women and children who experienced GBV including rape, are at higher risk of depression, anxiety

74 Guedes, Bott, Garcia-Moreno & Colombini (2016)
75 Fulu, McCook & Falb, (2017)
76 Mathews, Jewkes, & Abrahams (2014).
77 Fulu et al. (2017)78 Fulu, McCook & Falb, (2017)
78 Fulu, McCook & Falb, (2017)
79 KPMG, (2015). Too costly to ignore: The economic impact of gender-based violence in South Africa.80 SDG Base Line Report, Target 5.4., P 89, (2017)
81 Ibid., target 8.5 P117
82 SAHRC Report on the Right to Access Sufficient Water and Decent Sanitation in South Africa, 2014
83 García-Moreno & Amin (2016)
84 Abrahams, et al. (2017); García-Moreno, et al. (2015); Kimuna, Tenkorang, & Djamba, (2018, p. 1704); Mthembu et al.
(2016)
85 WHO, (2013)
86 Colombini, et al. (2016); SANAC, (2015)

disorders, Post-Traumatic Stress Disorder (PTSD), substance abuse, suicidal thoughts and attempts.[87] The South African Stress study found that rape was the most common reason for lifetime PTSD.[88] Amongst the biggest impact arising from GBVF is the enduring impact on children with violence against children and adverse childhood experiences identified as a driver for GBV.[89]

Drivers of GBV

The drivers of GBVF are a complex interplay of factors that act at individual, relationship, community and societal level, driven by social and political forces.

Gender norms and discrimination have consistently been reported, in South Africa and other global settings, as the key driver of GBV.[90] These pervasive patriarchal norms promote the use of violence as acceptable social practices and feed into:

- Ideas of masculinity that are centred on male control of women, male sexual entitlement, inequitable gender attitudes, risk-taking and antisocial[91] behaviour, and
- Ideas about femininity that promote women's subordination to men,[92] encourage them to be complicit with violence and the subjugation of women[93] and expectations on women to acquiesce to male partners' sexual desire and needs.[94]

These social and gender norms are sustained in communities where there is a greater cultural value and emphasis on gender hierarchy, where there is a greater acceptability of the use of violence in interpersonal relations, where men's dominance over and control of women is seen as legitimate, and where the notion that GBV is a private matter between the couple in the relationship is prevalent.[95]

Social and gender norms associated with GBV victimisation of women and perpetration by men are strongly connected with men who believe that their ability to demonstrate control of women is essential to their self-evaluation, as such, men are much more likely to be violent towards women who conform to the subordinate and subservient position with respect to men.[96]

Historical **economic injustices** resulting in enduring **poverty** among women and their families presents a significant determinant of GBVF. Poverty and GBV are mutually reinforcing with poverty increasing women's risk of experiencing violence, and GBV increasing risk for poverty. Poverty leads to economic dependency on abusive male partners while economic stress may increase the likelihood of arguments over resource priorities. Poverty, together with low education and unemployment, increase women's vulnerability to experience IPV[97] while unemployment among men may cause strain and stress over their failure to fulfil household expectations.[98]

Many other intersecting factors at the macro and micro level further create vulnerability, such as social norms that prescribe women and men's role in society (i.e. women stay at home to care for children), sexual and reproductive health (i.e. HIV status), availability of housing, knowledge of and access to services, migrant relationship patterns within rural communities - which are all exacerbated in marginalised groups.

Research also shows that exposure to violence and the ideas that tolerate violence begins in **childhood** through how children are socialised across all settings (i.e. home,

87 Jewkes, (2013)
88 Kaminer et al. (2008)
89 Machisa, Christofides, & Jewkes (2016)
90 Meyiwa, Williamson, Maseti, & Ntabanyane, (2017).
91 Jewkes and Morrell, (2010)
92 Shefer et al. (2008)
93 Shai (2018)
94 Wood et al. (2007)
95 WHO/LSHTM, (2010)
96 Ibid.
97 Field, et al. (2018)
98 Mthembu et al. (2016); Peralta & Tuttle, (2013); Vyas & Heise, (2016); Gibbs, Jewkes, Willan, & Washington (2018); Mthembu et al. (2016); Peralta & Tuttle, (2013); Vyas & Heise, (2016)

school, communities) which are reinforced by the media. The bond between the primary caregiver (e.g., mother) and child is integral to how children form later relationships with peers, partners and their own children.[99] When a baby does not have a healthy bond with its caregiver, is neglected, or exposed to violence, their ability to have healthy relationships is disrupted, sometimes for generations, and their chance of being a victim or perpetrator of violence in adulthood is therefore increased.[100] Childhood adversities including, physical, emotional and sexual abuse as well as neglect has been shown as a consistent driver of experiences of violence during adulthood in South Africa and other global settings.[101]

Education is another significant direct determinant of greater economic dependency on male partners, and a diminished control in the relationship. Women who have completed secondary schooling are less likely to be victims of IPV; likewise men are less likely to perpetrate physical and/or sexual IPV if they have completed secondary schooling.[102]

South Africa has amongst the highest levels of **alcohol** consumption across the globe, and harmful drinking such as heavy episodic drinking is a common occurrence.[103] Its associations with interpersonal violence, crime, health and harmful behaviours resulting in detrimental social impacts are well documented.[104] It is therefore no surprise that both men and women's use of alcohol are associated with GBV, but the relationship between women's use of alcohol and their vulnerability to being abused is complex.[105] Also, alcohol has a bidirectional relationship between GBV and mental ill-health. For example, traumatic stress due to GBV may cause poor mental health and alcohol may be consumed to cope and deal with the consequences of the abuse.[106] Similarly, this very use of alcohol may also increase the likelihood of abuse from a partner.

Systemic failures to protect, support and attain justice

The Special Rapporteur Report on VAW in South Africa highlighted the uneven geographic availability and distribution of the intersectoral responses to GBV, as well as the uneven quality and range of services provided to women and girls living in informal settlements and rural areas.[107] Specific groups of women such women with disabilities and transwomen face very particular challenges in accessing services. This report suggested that the failure of the Domestic Violence Act to protect women was because of its gender-neutral nature. This has resulted in the recurring theme of a lack of access to essential services for safety, protection and recovery. These services include timely healthcare, police response, access to justice (including legal aid and other information on their rights), safe accommodation, placement in alternative care which includes shelters, as well as foster care and child/youth care centres. Even where basic support services exist, they are typically underfunded, not of sufficient quality, and/or lack appropriately trained staff to provide support and care for survivors; all contributing towards vulnerability to secondary victimisation.

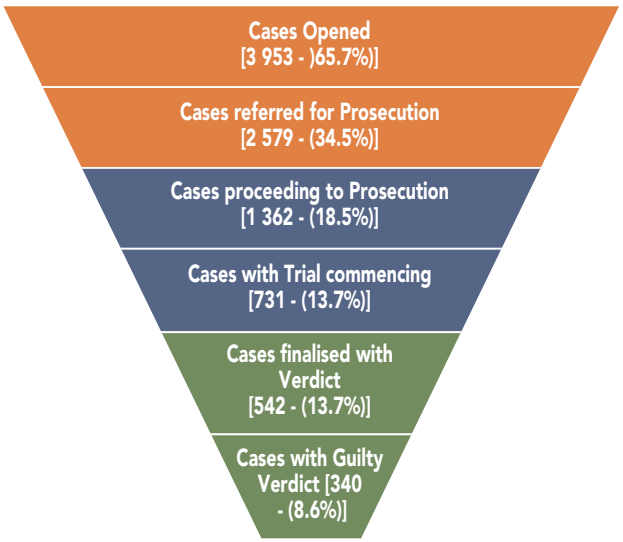
The Soul City report found the failure to assist victims is directly linked to the Domestic Violence Act not being fully costed and not placing any obligations on the Department of Social Development for the provision of care and support services or the Department of Health or National Prosecution Authority.[108]

99 Norton et al. (2012)
100 Belsky, (1993); Jewkes et al. (2010a)
101 Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, (2008)
102 Fraser & Jewkes, (2019)
103 http://saapa.net/countries/south-africa/alcohol-in-south-africa
104 Matzopoulos, et al. (2013)
105 Devries, et al. (2014); Mashaphu, Wyatt, Gomo & Tomita, (2018)
106 Mthembu et al. (2016)
107 https://www.ohchr.org/Documents/Issues/Womxn/SR/A.HRC.32.42.Add.2.pdf
108 Mpani, P., & Nsibande, N. (2015)

This points to a lack of accountability and responsibility for effectively addressing GBV. Research on social welfare spending points to the poor and low spending on GBV which shifted the burden towards Non-Governmental Organisations (NGOs) for service delivery.[109] The DPME Diagnostic Review (2016) estimated that 60% of social services for women and children are provided by civil society, which they are well placed to respond to, given their location within communities.[110] However, the women working in the NGOs and providing the services are inadequately and unfairly remunerated often whilst absorbing themselves.

A review of the implementation of the Act in 2012 by Tshwaranang found that a substantial percentage of police officers had limited knowledge of the provisions of this Act more specifically relating to their responsibilities. Indeed, it may be suggested that police officers view domestic violence as a private family matter, rather than a crime. The study found that women withdraw their cases as a result of the inefficient and unfriendly court process including long waiting periods due to a shortage of staff to process their applications for protection orders.[111] In fact, even attrition rate of rape cases from the national rape study in 2012 attest to this with only 340 (8.6%) of a total of 3953 rape cases reaching a guilty verdict (see Figure 3 below).[112]

Figure 3 Attrition of rape cases: RAPSSA study



The lack of an effective justice system is an impediment to victims of GBV seeking help and further increases their risk of more violence and even femicide.[113] More importantly, particular groups of women who are extremely vulnerable to violence as a result of intersecting vulnerabilities, require specialised response care and support, but a civil society report on the implementation of the Sexual Offences Legislation found a clear lack of understanding of the special needs of marginalised groups.[114]

The value of shelters is demonstrated in the 2018 study that found that in addition to providing women with emergency accommodation, shelters met women's basic needs, provided physical and psychological safety, meeting much needed care and support for women and their children. The study found that 75% of those who left the shelter were living free of their abusers.[115] However, the study also found that challenges with accessing funding often placed rural shelters at a disadvantage, thus limiting their ability to render comprehensive services and that the needs of women's children accompanying them to shelters, were not catered for.[116]

Victim unfriendliness remains a problem at many Thuthuzela Care Centres (TCCs) and contributes to secondary victimisation. This is largely due to continued insensitive emergency medical services (EMS) and police (SAPS) staff, inadequate counselling rooms to ensure privacy and only half (52%) having a separate entrance for perpetrators. In addition, a source of huge concern is that many TCCs are not child friendly despite children representing 60% of cases.[117]

109 Institute for Security Studies Policy Brief 122, February (2019)
110 DPME Report on Diagnostic Review of the Response of the State to Violence Against Women and Children (2016)
111 Matthews & Abrahams (2001); Parenzee et al. (2001); Vetten (2005).
112 Machisa, et al. (2017)
113 CSVR (2016)
114 Shukumisa (2016): Thuthuzela Care Centres Compliance Audit and Gap Analysis http://shukumisa.org.za/wp-content/uploads/2018/02/PA00MQJ6-1.pdf
115 Ibid
116 ibid

Lack of accountability and inadequate resourcing

The levels of impunity in South Africa, the inadequate resourcing of an effective response to GBVF and the degree to which political, faith, community and business leadership has historically not adequately responded to the issue, are all key factors that have led to the current crisis.

GBVF has not received attention and action proportionate to its prevalence and this is partly due to the absence of leadership and political support which also influences the allocation of resources for appropriate response. The Diagnostic Review (2016) highlighted a lack of alignment and related resourcing in the overall conceptual and planning frameworks as a key weakness in the state's programming responses to VAWC as well as poor accountability processes and mechanisms.[118] The state and South African society more broadly has not adequately held perpetrators and men overall accountable for individual acts of gender-based violence and for a wider social context that has seen rising levels of misogyny, and the objectification and brutalisation of women's bodies.

Various legal frameworks have been put in place to promote and enforce gender equality, such as, the Constitution, Promotion of Equality and Unfair Discrimination Act No. 4 of 2000; Employment Equity Act No 55 of 1998; Labour Relations Act No. 66 of 1995; Domestic Violence Act No. 116 of 1998; the Maintenance Act No. 99 of 1998; Criminal Law (Sexual Offences and Related Matters) Amendment Act No 32 of 2007; Protection from Harassment Act No 17 of 2011; Children's Act No 38 of 2005; Older Persons Act 13 of 2006 and the Prevention and Combating of Trafficking in Persons Act No 7 of 2013. These laws give expression to the constitutional rights to equality, human dignity, life and freedom and security of the person.[119] But one of the key problems lies in the lack of effective implementation of these laws, policies and commitments. A related component has been institutional factors that impact on effective implementation viz. the lack of a comprehensive and optimally resourced national strategy that coordinates all efforts, brings key stakeholders together and guides the implementation of effective service provision that addresses challenges.

The need for research and data

Despite the high levels of GBV, most incidents remain undocumented, underreported and unaccounted within national statistics.[120] Reliable and credible data is the bedrock for policy formulation and should play a key role in informing, planning, costing, implementation, evaluation and reviewing of programmes and policies. It is also central to ensuring that resources are allocated accurately because budgets follow reliable data sets. Sound information leads to clear roles and responsibilities for key players and can contribute towards addressing challenges in service delivery and addressing gaps.

Despite a rich research base on GBV overall, relative to other countries, there remains a poor information base, to inform a more effective response to GBV.

There is also limited or no data on the prevalence and experiences of GBVF as a result of sexual orientation and/or sexual and gender identity, disability or other marginalised groups. Economic and financial abuse is also not well understood, nor measured, and requires attention to better understand the impact for women and their children and what this implies for effective interventions across the different departments. Also lacking is a comprehensive national, provincial or local

117 Shukumisa (2016): Thuthuzela Care Centres Compliance Audit and Gap Analysis http://shukumisa.org.za/wp-content/uploads/2018/02/PA00MQJ6-1.pdf
118 https://genderjustice.org.za/wp-content/uploads/2017/12/Report-Diagnostic-Review-State-Response-VAWC-Summary.pdf
119 Appendix – See List of Legislation
120 National Strategic Plan on Gender-Based Violence Shadow Framework

database on existing services, systems and structures to prevent and/or respond to violence; also no methodologies for comparing their relative effectiveness that can be shared by government to measure the impact of policies and interventions.[121]

A 2015 study by the SAMRC and UNICEF found that while numerous types of administrative data is collected by many government departments, it is not collected in a systematic or synchronised manner and can therefore not be utilised effectively. Similarly, the DPME Diagnostic Review of the State Response to Violence Against Women and Children [VAWC] (2016) found heavy reliance on SAPS data, which is not adequately disaggregated, nor representative of the extent of VAWC victimisation in South Africa. The Diagnostic Review made a number of recommendations which include strengthening data management across departments; improving implementation monitoring, identifying useful sources, centralisation of GBVF data collection to facilitate identification of high-risk individuals, case management and situational analysis and developing electronic systems for data capture with sufficient disaggregation.[122]

In addition, the White Paper on Safety and Security (2016) identifies the need similar recommendations for effective data collection and use.

Based on the situation described above, the overall focus of the NSP is to respond to this chronic crisis and inadequate response to gender-based violence and femicide, by providing a framework to improve state and societal accountability to it.

Global and Regional Obligations and Commitments

The NSP seeks to align with a number of global, regional and national policy frameworks (See Appendix A). The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities, the International Convention on the Elimination on Forms of Racial Discrimination, the International Labour Organisation (ILO) Convention on Violence and Harassment are all key commitments relevant to GBV. This includes the SDGs (2015) and its related targets, the Beijing Platform for Action the International Covenant on Economic, Social and Cultural Rights, Agenda 2063, the Southern African Development Community (SADC) Gender Protocol and the SADC Regional GBV Strategy and Framework for Action 2019–2030.

Legislative and Policy Framework to respond to GBV in South Africa

The Constitution of South Africa sets the framework for an effective legislative response to GBV: Chapter 1 positions human dignity, the achievement of equality and the advancement of human rights and freedoms as well as non-racialism and non-sexism are founding principles. Chapter 2 affirms equality, human dignity, life, freedom and security of the person.[123] These rights underscore a national commitment to building a society that is free from all forms of violence and that respects, protects and fulfils the human rights principles of bodily integrity and autonomy. A number of policies and legislation are in place to respond to GBV:[124]

121 Institute for Security Studies Policy Brief 122, February (2019)
122 DPME Report on Diagnostic Review of the Response of the State to Violence Against Women and Children (2016)
123 The Constitution of the Republic of South Africa, 1996
124 http://www.justice.gov.za/sca/docs/20181101-GenderBasedViolenceFemicideSummit-Speech-Maya.pdf

1. The National Crime Prevention Strategy (NCPS) 1996 establishes crimes of violence against women and children as a national priority.

2. The Criminal Law Amendment Act 105 of 1997 establishes mandatory minimum sentences for certain rapes.

3. The Criminal Procedure Second Amendment Act 85 of 1997 allows for bail conditions to be tightened in cases of those charged with rape.

4 The Domestic Violence Act 116 of 1998 sets out to offer options to victims of abuse through identifying certain obligations on law enforcement bodies and making provision for interim protection orders.

5. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 codified and broadened the definition of rape and other sexual offences and introduced new offences that relate to GBV, including using or exposing children to child pornography and pornography (both off- and online). It provides for the National Policy Frame-work on the Management of Sexual Offences Matters, 2012.

6. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 6 of 2012 was passed to provide for effective prosecution and conviction of offenders. The National Development Plan, the Integrated Social Crime Prevention Strategy (2011) and the White Paper on Safety and Security (2016) are key policies in shaping the NSP.

A list of other relevant legislation is reflected in Appendix A.

3. The National Strategic Plan on **GBVF 2020-2030**

3.1. Problem Statement

South Africa has been experiencing a chronic GBV crisis over many years, arising in part from a brutal and dehumanising apartheid history and the widespread acceptance of violence as normative, under-girded by gender and other related social and economic inequalities. This is evident in (i) how all women are experiencing a lack of safety and respect for their human dignity and autonomy in their private and public lives; (ii) in the extent and brutality of the rape and murder of women, children and LGBTQIA+ persons and (iii) the degree to which there is impunity and a lack of individual, state and societal accountability for the scourge.

The fragmented and inadequate response to this scourge as evidenced by the lack of adequate funding, failure to prioritise and integrate the issue into the wider human development agenda, lack of capacity and support for those responsible for programme and service delivery, all of which contributes towards an experience that further exposes survivors to secondary trauma and also resulting in an overall inadequate focus on preventing GBVF.

Figure 4 (below) demonstrates the complexity and multi-faceted nature of GBV in South Africa.

Figure 4: Facets of GBVF Crisis South Africa

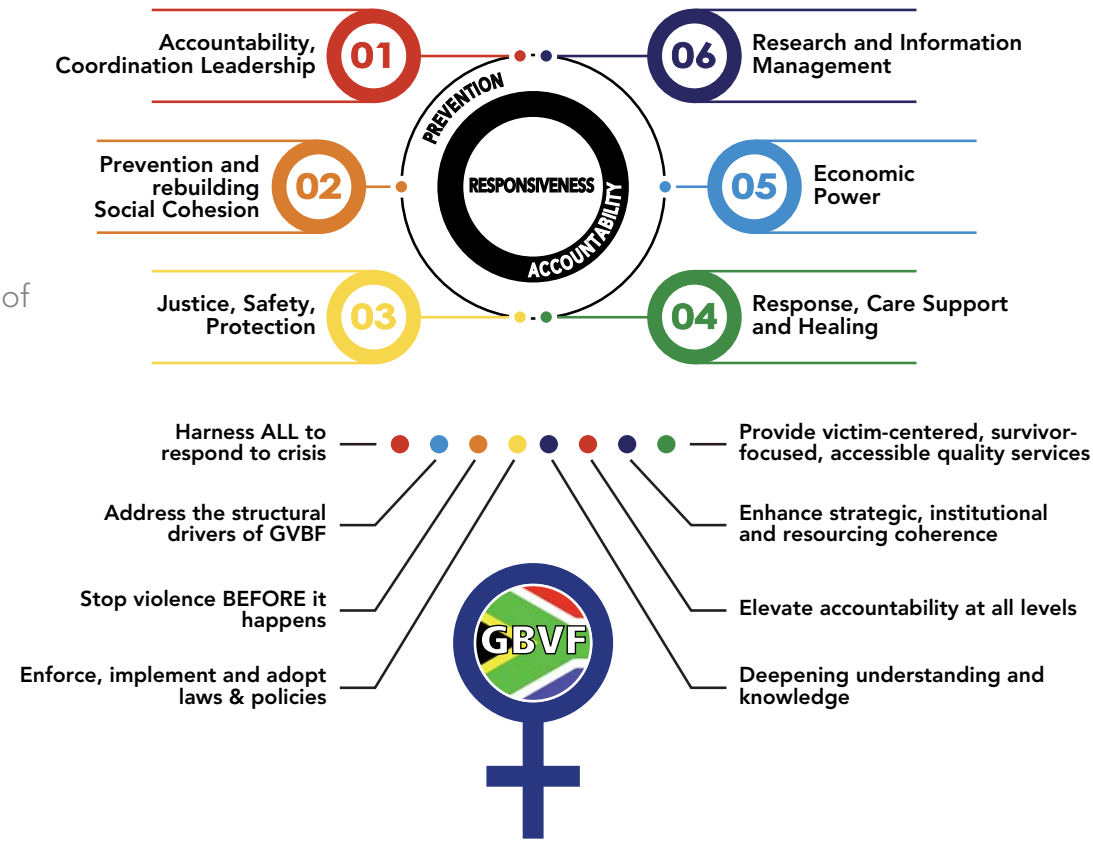


Figure 5: Overview of national strategic response

3.2. Theory of Change

The focus of the NSP is to collectively respond to this chronic crisis of GBVF towards a vision of a South Africa free from all forms of GBV directed at all women,[125] children and LGBTQIA+ persons. The NSP therefore focuses on addressing:

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

Figure 5 (above) provides an overview of the six key pillars around which the NSP is developed and shows heightened accountability, strengthened responsiveness and concerted efforts to prevent GBVF are the three critical elements of the pathway to the change the NSP sets out to bring about. It emphasises the importance of a multi-sectoral response, elevated levels of accountability and strengthened coordination and collaboration; foregrounding prevention and addressing structural and economic drivers; transforming and strengthening the response by the criminal justice system and ensuring that the state and others provide victim centric, survivor-focused accessible quality services. There is also a recognition that these pillars need to be shaped by continued and deepened understanding of the scourge and a deliberate process of rebuilding positive social cohesion.

125 This includes elderly women, young women, disabled women, migrant women and other marginalized groups.

	Table 1: VISION: Women, A South Africa free from gender-based violence directed at women, children and LGBTQIA+ persons					
	IMPACT STATEMENT: Decreased levels of GBVF for women, children and LGBTQIA+ persons in SA					
Ten-Year Outcomes	A. All living in South Africa, including government, the private sector, work place, schools, religious and cultural institutions are held accountable for building a safe and GBVF free environment. **STRENGTHEN ACCOUNTABILITY & A MULTI-SECTORAL RESPONSE**	B. New forms of social connectedness that contribute towards healing from individual, familial, social and historical trauma caused by violence are forged. **FACILITATE HEALING AT ALL LEVELS**		C. Women and girls are able to be free in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives. **MAKE SPACES SAFE & MAKE CHOICES REAL**	D. South Africa has made considerable progress in rebuilding/reweaving the social fabric in ways where gender-based violence and femicide, and violence more broadly is deemed unacceptable. **REBUILDING SOCIAL FABRIC**	
Key Strategies	*Strengthening state and societal account-ability at all levels driven by bold leadership and high level political commitment*	*Driving prevention, addressing harmful social and gender norms, facilitating healing and rebuilding the social fabric*		*Locating a response towards GBV as integral to responding to violence, poverty and inequality*	*Widening the lens, deepening the understanding and rooting the response in communities*	
Pillars	**PILLAR ONE:** ACCOUNTABILITY, COORDINATION & LEADERSHIP	**PILLAR TWO:** PREVENTION & REBUILDING OF SOCIAL COHESION	**PILLAR THREE:** JUSTICE, SAFETY & PROTECTION	**PILLAR FOUR:** RESPONSE, CARE, SUPPORT AND HEALING	**PILLAR FIVE:** ECONOMIC POWER	**PILLAR SIX:** RESEARCH & INFORMATION MANAGEMENT
Five-Year Outcomes	1.1 Bold leadership, strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources; 1.2 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.	2.1 Strengthened delivery capacity in South Africa to roll out effective prevention programmes; 2.2 Changed behaviour and social norms within key groups as a result of the rollout of evidence-based prevention interventions; 2.3 Shifts away from toxic masculinities towards embracing positive alternative approaches to expressing masculinities and other sexual and gender identities, within specific communities/groups; 2.4 Optimally harnessed VAC programmes that have an impact on GBV eradication; 2.5 Increased cross fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBV prevention and violence prevention interventions; 2.6 Strengthened programming that addresses the restoration of human dignity, builds caring communities and responds to historic and collective trauma; 2.7 Public spaces are made safe and violent free for all, particularly women and children.	3.1. All GBV survivors are able to access efficient and sensitive criminal justice that is quick, accessible, responsive and gender inclusive; 3.2 Strengthened capacity within the criminal justice system to address all impunity , effectively respond to femicide and facilitate justice for GBV survivors; 3.3 Amended legislation related to GBV areas that build on legislative reforms initiated under the Emergency Response Action Plan.	4.1 Strengthened existing response, care and support services by the state and civil society in ways that are victim-centred and survivor-focused to facilitate recovery and healing; 4.2 Secondary victimisation is eliminated through addressing specific individual and systemic factors driving it; 4.3 Victims feel supported by the system to access the necessary psycho-social, material and other support required to assist them with their healing; 4.4. Strengthened community and institutional responses to provide response, care and support to survivors and other vulnerable persons.	5.1 Accelerated initiatives that address women's unequal economic and social position through access to government and private sector procurement, employment, housing, access to land; financial resources and income generating initiatives; 5.2 Safe workplaces that are free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment; 5.3 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 5.4 Strengthened child maintenance and related support systems to address the economic vulnerability of women	6.1 Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups and forms in South Africa; 6.2 Adoption of GBV policies and programming interventions that are informed by existing evidence-based research; 6.3 GBVF related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses

Process of Developing NSP on GBVF

The IGBVF-SC facilitated the development of the GBVF NSP as mandated through the Decla-ration from the Presidential Summit on GBVF. The process included:

- Consultation with more than 400 organisations represented at the Presidential Summit, to inform the process and design;
- Refinement of the activities outlined in the articles of the Declaration on GBVF and signed by the President and CSOs;
- Discussion and review by the IGBVF-SC;
- Establishment of the task team comprised of government, civil society, researchers, academics and international organisations, including the United Nations, that played a key role in the drafting of the NSP;
- Multi-sectoral consultative processes with a range of stakeholders to further refine content of the NSP and on the structural arrangements to facilitate its implementation;
- Public consultations held in all the nine provinces focusing on the civil society, GBV service providers, local representatives, faith based institutions, community formations, workers, LGBTQIA+ communities, law enforcement, ordinary citisens and all interested persons;
- Submission of the ERAP, developed in response to the September 2019 femicide related incidents and subsequent GBV related protests, with inputs from the IGBVF-SC, the Cabinet, the President, and the Joint Sitting of Parliament.

Purpose

The NSP sets out to provide a multisectoral, coherent strategic policy and programming framework to strengthen a coordinated national response to the chronic crisis of gender-based violence and femicide by the government of South Africa and the country as a whole.

Scope and Approach of the GBVF NSP

Focuses on comprehensively and strategically responding to GBVF, with a specific focus on violence against ALL women (across age, physical location, disability, sexual orientation, sexual and gender identity, gender identity, nationality and other diversities) and VAC and how these serve to reinforce each other. The approach contextualises GBVF within the wider context of the normalisation of violence, its impact across the life cycle on ALL women, and at the same time the disproportionate impact on women, children and LGBTQIA+ persons marginalised by race, class, geography, age and ableism.

Strategic Approach

Vision

A South Africa free from GBV directed at women, children and LGBTQIA+ persons.

Specific Target Groups

All women across the life cycle:

a. Young women;
b. Older women;
c. Workers – all workers, including but not limited to, domestic workers, sex workers, farm workers;
d. Disabled women;
e. Lesbian women who face violence arising from their sexual orientation;
f. Transgender women who face violence arising from their gender identity;
g. Transgender men who face violence arising from their gender identity;
h. Gay men, who are more feminine identifying face violence arising from their sexual orientation;
i. Migrant women who experience general violence, xenophobic violence, violence from partners and non-partners;
j. Rural women;

k. Women and girls, across ages, nationalities, sexual orientation and gender identities who have become victims of sex trafficking;
l. Children who experience violence within families and institutions;
m. Girls, who are particularly vulnerable to specific forms of violence, such as early forced marriages, sexual violence, cyber violence and other specific forms of violence.

Targeted Groups to reach for work on changing norms include: men and boys, religious and traditional leaders, parents, community leaders, public sector employees, employers and the media.

Principles

The Principles that will guide the implementation of the NSP's programmes are:

1. A multi-sectoral approach to optimally harness the roles, responsibilities, resources and commitment across government departments, different tiers of government, civil society, movements, youth structures, development agencies, the private sector, academic institutions and all stakeholders;
2. Complementing and augmenting existing strategies, instruments and national initiatives on GBVF and overall safety in the country;
3. Active and meaningful participation of communities, civil society, movements, and those most affected by GBVF in the design, implementation, and monitoring and evaluation of the strategic plan;
4. A visionary, gender-responsive, and transformative approach that takes account of inequality and genderdriven differences driving GBVF, and the need for men specifically, to transform;
5. A human rights-based, survivor-centred approach to the provision of services that reaches all, without the risk of financial hardship;
6. An inter-generational, youth-friendly approach;
7. Progressive realisation of outcomes through the prioritisation of reforms and strategic partnerships to address wider systemic challenges;
8. Forward looking towards co-creation of social cohesion underpinned by respect, compassion and human dignity for all;
9. Mutual accountability for changes recognising that meeting these outcomes requires government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to drive the agenda forward;
10. Inclusiveness, embracing diversity and Intersectionality, recognising the importance of being rooted in women's experiences who are most marginalised by poverty, race, age, disability, sexual orientation, sexual identity, gender identity and nationality.

Furthermore, it aligns itself with the overarching approach to change as articulated within the National Development Plan, including a focus on contributing towards building positive social cohesion as integral to reweaving the social fabric based on human dignity, equality, respect and the forging of a caring and humanising society.

The NSP sets out to achieve the following outcomes over the next five years:

Table 2: Five Year Outcomes

	Five-Year Outcomes
Pillar One: Accountability, Coordination and Leadership	1.1. Bold leadership, strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources; 1.2. 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.
Pillar Two: Prevention and Rebuilding Social Cohesion	2.1. Strengthened delivery capacity in South Africa to roll out evidence-based prevention programmes; 2.2. Changed behaviour and social norms within key groups as a result of the rollout of evidence-based prevention interventions; 2.3. Shifts away from toxic masculinities towards embracing positive alternative approaches for expressing masculinities and other sexual and gender identities, within specific communities/groups; 2.4. Optimally harnessed VAC programmes that have an impact on GBV eradication; 2.5. Increased cross fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBVF prevention and violence prevention interventions; 2.6. Strengthened programming that addresses the restoration of human dignity, build caring communities and responds to historic and collective trauma; 2.7. Public spaces are made safe and violent free for all, particularly women and children.
Pillar Three: Justice, Safety and Protection	3.1. All GBV survivors are able to access efficient and sensitive criminal justice that is quick, accessible, responsive and gender inclusive; 3.2. Strengthened capacity within the criminal justice system to address all impunity, effectively respond to femicide and facilitate justice for GBV survivors; 3.3. Amended legislation related to GBV areas that build on legislative reforms initiated under the Emergency Response Action Plan.
Pillar Four: Response, Care, Support and Healing	4.1. Strengthened existing response, care and support services by the state and civil society in ways that are victim-centred and survivor-focused to facilitate recovery and healing; 4.2. Secondary victimisation is eliminated through addressing specific individual and systemic factors that drive it; 4.3. Victims feel supported by the system to access the necessary psychosocial, material and other support required to assist them with their healing; 4.4. Strengthened community and institutional responses to provide integrated care and support to GBVF survivors and their families that takes into account linkages between substance abuse and HIV and AIDS.

Pillar Five: Economic Power	5.1. Accelerated initiatives that address women's unequal economic and social position, through access to government and private sector procurement, employment, housing, access to land, financial resources and income other generating initiatives; 5.2. Safe workplaces that are free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment; 5.3. Demonstrated commitment through policy interventions, by the South African state, private sector and other key stakeholders to eliminate the impact of economic drivers of GBV; 5.4. Strengthened child maintenance and related support systems to address the economic vulnerability of women
Pillar Six: Research and Information Management	6.1. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups and forms in South Africa; 6.2. Adoption of GBV policies and programming interventions that are informed by existing evidence-based research; 6.3. GBVF related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses.

ENOUGH IS
ENOUGH!

4. Strategic **Pillars**

4.1. Pillar One: Accountability Coordination and Leadership

4.1.1. Purpose

This pillar sets out to ensure accountability at the highest political levels and across all levels of society through firm individual and collective leadership; building and bolstering an architecture that is responsive to GBVF, coordinated, agile, and adequately resourced. It gives effect to Articles 1 to 10 of the Presidential Summit Declaration Against Gender-Based Violence and Femicide. Accountability and strengthened coordination emerge as a theme throughout the Declaration, with a particular focus on increased and effective resourcing for a range of programmes and interventions and for the enhancement of institutional, strategic and operational coherence across sectors and spheres of governance.

4.1.2. Approach

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.

4.1.3. Strategic areas of intervention

Strengthened political, administrative and societal leadership is critical in responding to the crisis of gender-based violence and femicide in South Africa. In working towards this change over the next five years the following outcomes are expected:

- Bold leadership, strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources;
- Strengthened multi-sectoral coordination and collaboration across different tiers of government and sections of society based on relationships of trust to give effect to the pillars of the NSP.

This bold leadership needs to find expression in the vetting of all public servants; swift action taken against public servants, political, religious and traditional leaders; strong action and messaging by political leadership on a zero-tolerance approach to GBVF; and the state firmly addressing impunity. This leadership needs to be nurtured and developed across government and society broadly through instilling values of self and collective reflection; and strengthening openness to ongoing learning and development. At the same time, consistent messaging across government and society that strongly condemns GBVF and the norms that drive it, through ongoing communications using a variety of platforms, is a critical element of this bold leadership.

The private sector should be accountable for addressing GBV in the work place; CSOs should be accountable to their stakeholders for quality of services provided and the media needs to be

accountable for the implementation of ethical guidelines on how women and girls are portrayed in the media, as well as how GBVF is reported.

Accountability needs to be further enforced through the role of Chapter 9 institutions, Parliament, the DWYPD and the DPME ensuring integration into departmental strategic plans, Annual Performance Plans (APPs) and Integrated Development Plans (IDPs).

Strengthened multi-sectoral coordination and collaboration must be based on relationships of trust, supported by an agile, functional national structure led and driven by strong multi-sectoral technical teams and augmented by local and provincial structures based on relevance for respective communities, guided by a district level team that together support and build cohesion around the NSP vision. Given the enormity of the task, a multisectoral GBVF Fund, drawn from the private sector and other stakeholders, will focus on resource development to complement the fiscus.

4.1.4. Emergency Response Action Plan (ERAP)

Arising from the overall strategic orientation to accountability, coordination and leadership, the following interventions are being rolled out within the Emergency Response Action Plan (ERAP) on GBVF in South Africa (October 2019 – March 2020):

- a multi-sectoral coordination and accountability structure;
- a functional team accountable for the roll out of the ERAP;
- a multi-sectoral GBVF Fund;
- legislators trained on GBVF oversight; and
- the roll out of the Gender-Responsive Planning, Budgeting, Monitoring and Evaluation and Auditing (GRPBMEA) Framework, specifically as it relates to the NSP.

4.1.5. Assumptions

- Current levels of political commitment to eradicate GBVF will remain at the same levels;
- The proposed structural arrangements proposed will be piloted, fine-tuned and legislated within a six-month period in order to drive the NSP process;
- Respective stakeholders will be able to move beyond differences, build meaningful relationships of trust, and find ways to work together;
- Key institutions play their specific roles optimally to ensure accountability and delivery.

4.2. Pillar Two: Prevention and Rebuilding of Social Cohesion

4.2.1. Purpose

This pillar sets out to turn the tide of GBV in the country by focusing on eliminating the social acceptance of all forms of violence against women, children and LGBTQIA+ persons through the development and implementation of long-term, comprehensive, adaptable, context specific and holistic approaches to prevention that targets all living in South Africa. It gives effect to Articles 16 to 18 of the Presidential Summit Declaration Against GBVF.

Effective prevention means addressing the range of risk factors that drive gender-based violence, femicide and violence and contribute towards the normalisation

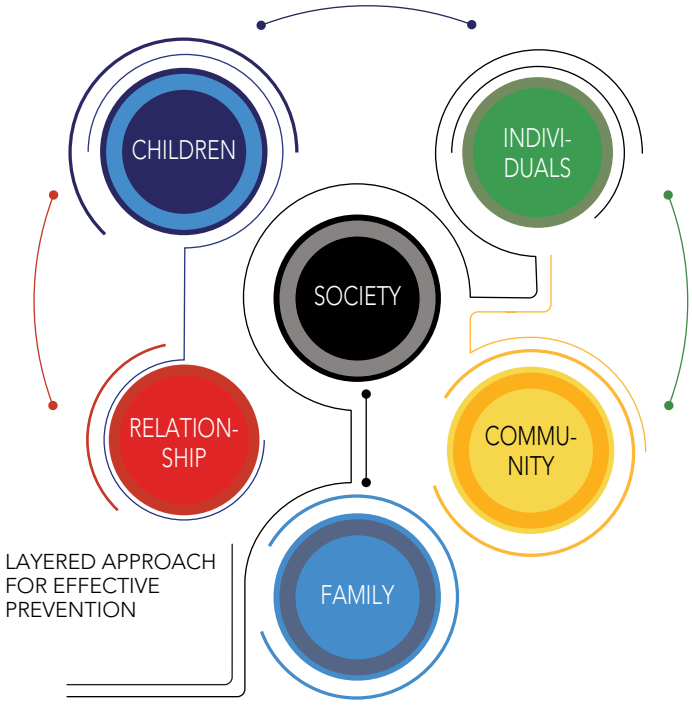
of violence. There are a number of known factors that lead to GBV:

- pervasive patriarchal norms that promote the use of violence as an acceptable social practice.
- social and gender norms from childhood within families, relationships, institutions, communities, society and populations.
- ideas of masculinity that are centred on male control of women, male sexual entitlement, inequitable gender attitudes, risk-taking and antisocial behaviour.
- ideas about femininity that promote women's subordination to men, encourage women to be complicit with violence.
- the subjugation of women;
- expectations on women to acquiesce to male partners' sexual desire and needs;
- homophobic and transphobic violence (HTV) against sexual and gender minority (SGM) adults and children are prevalent across most systems and institutions in Southern Africa due to a range of patriarchal, heteronormative and cisnormative beliefs and attitudes;
- exposure and experiencing violence from early childhood, including boys being bullied;
- the emotional attachment bond between the primary caregiver (e.g., mother) and child is integral to how children form later relationships with peers, partners and their own children;
- drug and substance abuse;
- individual and household poverty feature significantly as a base indirect determinant for perpetration; and
- education is another significant direct determinant of greater economic dependency on male partners, and a diminished control in the relationship. In many instances often responses to prevention at local levels have not focused on these underlying socio-economic drivers but instead focused on increasing security.

4.2.2. Approach

South Africa responds to the GBVF crisis in a coherent, comprehensive and multi-sectoral way that transforms harmful social and structural norms that feed gender-based violence while intentionally reshaping the values and norms in ways that build positive social cohesion and restores human dignity. Based on the ecological model, this has to take place at different levels of societal functioning spanning individual through to wider society as reflected in Figure 6 below; it includes preventing violence before it happens, preventing recurring violence and preventing long-term harm from violence.

Figure 6: Layered Approach for Effective Prevention



Key principles that underpin the approach being taken to prevention include: (i) a holistic model of prevention

that takes structural and power related drivers of GBV and femicide into account; (ii) a victim-centred social justice approach to GBVF rooted in human rights and an intersectional understanding of power, privilege and oppression (iii) evidence-based prevention and theory-driven programming based on what is shown to work from South Africa and globally across different sectors and disciplines; and (iv) must address the drivers of GBV, particularly the inequality arising from the sex and and gender superiority enjoyed by cisgender heterosexual men - who in turn practice, produce and reinforce toxic masculinities; (v) new prevention strategies that are adaptive should intentionally be developed over time by investing in high quality pilots, studying promising approaches that communities are already using and innovating with local structures; (vi) inclusive through responsiveness to vulnerable groups and groups put at risk (e.g. sex workers, persons with disabilities LGBTQIA+ persons, children, women farmworkers, migrants and refugees) and (vii) addressing factors in the built environment that compromise the safety of women and children.

4.2.3. Strategic areas of intervention

Over the next five years the NSP will focus on achieving the following changes:

1. Strengthened delivery capacity in South Africa to roll out evidence-based prevention programmes, including the development of a comprehensive national prevention strategy;
2. Changed behaviour and social norms within key groups as a result of the rollout of evidence-based prevention interventions;
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 VAC programmes that have an impact on GBV 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 historic and collective trauma.
7. Public spaces are made safe and violence free for all, particularly women and children.

Strengthening the delivery capacity in South Africa to roll out effective prevention programmes, whilst building the capacity of individuals and institutions to implement prevention interventions, is key, all of which will be integrated into the development and roll out of a comprehensive national prevention strategy. Working in exploratory ways with a range of stakeholders to roll out, adapt and develop effective behaviour and social norm interventions with individuals and social institutions across the spectrum is critical. This will include a specific focus on schools, workplaces, religious institutions and households and take a whole of society approach. Focused interventions that set out to challenge toxic masculinities and to explore alternative ways of expressing masculinities is seen as an important prevention priority to stop men from perpetrating violence. At the same time this provides an important opportunity to more deeply engage with sexual orientation and gender identity issues as another key factor driving specific forms of GBV. Engaging in

interventions to protect children from violence is a fundamental part of an integrated and sustainable approach to preventing GBV. Developing effective interventions to transform norms through a range of prevention interventions, including parenting programmes, educational interventions and skills development programmes in sustained ways is critical. In addition, specific themes identified in the White Paper on Safety and Security [WPSS] (2016) viz. an effective criminal justice system, early intervention to prevent crime and violence, victim support, effective and integrated service delivery, safety through environmental design and active public and community participation is considered.

Simultaneously important is the need to identify and nurture opportunities to cocreate spaces that contribute towards building greater social connectedness, provide spaces for healing, support and self-expression at a community level. Thus playing an important role in addressing and healing on-going social trauma and fear. Investing in making public spaces safe is a key physical component of this pillar, which should be driven by local government. In addition, using media (traditional and new media platforms) to influence societal norms through addressing GBVF issues, portraying positive images of gender equality, sensitive reporting on GBVF and LGBTQIA+ communities will further enhance social cohesion and combat harmful gender stereotypes that perpetuate patriarchal norms.

Prevention interventions to address on line violence, given the proliferation of internet use and mobile technologies in daily lives have also provided tools and platforms for the replication and continuation of the perpetration of violence against women. The specific vulnerability of young women in facing a disproportionate level of online violence is considered.

4.2.4. Emergency Response Action Plan

Prevention by its nature is a medium-to long-term process and the immediate outputs in the ERAP should be seen as a launch-pad linked to the interventions within the NSP which includes the following: (i) a 365-day multi-media sustained and persistent campaign to prevent and condemn GBVF driven by a multi-sectoral team, including civil society; (ii) use of public buildings as boards for prevention messaging, in partnership with the private sector; (iii) a national multi-faceted campaign to prevent GBV through programmes targeting schools (including schools for learners with special needs), higher education campuses, communities, and workplaces (public and private); and (iv) a social behaviour change programme (schools, religious camps, campuses, communities, etc.) to influence changed behaviour for boys and men, while involving all sectors of society.

4.2.5. Assumptions

- Communities are ready and willing to harness their individual and collective resources to stop GBVF;
- Institutions are open to challenging and transforming patriarchal and cis-heteronormative norms that feed GBV;
- Men are open to participating in programmes that challenge and disrupt their power and open them to individual and broader social change;
- Resistance to change and back lash will be minimised and well-managed;
- CSOs, social movements and government are willing and able to build

strengthened levels of trust to facilitate cooperation and inter-dependencies in stopping GBV.

4.3. Pillar Three: Justice, Safety and Protection

4.3.1. Purpose

This pillar sets out to address the systemic challenges that have resulted in an inadequate response to the management of GBVF cases, particularly domestic violence, sexual offences, child homicide, human trafficking, and other related matters. It aims to facilitate access to justice, safety and protection in response to the needs of victims of GBV using domestic legislation, policies, international and regional protocols and addressing the infrastructural and resourcing challenges that have obstructed the optimal delivery of justice to different survivors. It gives effect to Articles 2-4, 6-8, 12 and 15 of the Presidential Summit Declaration Against Gender-Based Violence and Femicide.

4.3.2. Approach

The aim is for the development and implementation of a holistic, coordinated, multi-sectoral approach using harmonised, impactful and enforceable legislation which provides for the protection of women, children, older persons, persons with disabilities and LGBTQIA+ persons against all forms of violence and its consequences. The approach will rely on the application of effective criminal justice that is cognisant of secondary victimisation to deliver victim and survivor centered access to justice.

4.3.3. Strategic Areas of Intervention

Strategic areas of intervention included, will ensure that at the end of the five year period, the following are accomplished:

- All GBV survivors are able to access efficient and sensitive criminal justice that is quick, accessible, responsive and gender-inclusive.
- Strengthened capacity within the Criminal Justice System (CJS) to address all impunity, effectively respond to femicide and facilitate justice for GBV survivors;
- Amended legislation related to GBV areas that build on legislative reforms initiated under the ERAP.

4.3.4. Emergency Response Action Plan

The NSP builds onto, consolidates and expands on the key interventions listed within the GBVF ERAP (October 2019 – March 2020) which focuses on:

i) Clearing backlog of all DNA samples at forensic laboratories related to GBVF especially sexual offences cases;
ii) Set up a laboratory for DNA testing in the Eastern Cape Province and other rural provinces;
iii) Infusion of adequate resources (human and capital) in sexual offences courts, TCCs and the Family Violence, Child Protection and Sexual Offences (FCS) Units, and Khuseleka One Stop Centres, for effective response;
iv) Prioritising GBVF cases to clear the backlog;
v) Review and act decisively within a specific timeframe on pending complaints against police officials, prosecutors and magistrates in matters related to GBVF cases;
vi) Procure evidence-collection kits (Paediatric Rape Kits, Adult Rape Kits and Buccal Sample Kits) to ensure that these are readily avail-

able when rape cases are reported - for the purpose of evidence collection and to speed up the case progression to the court;

vii) Establish eleven additional Sexual Offences Courts with full staff capacity and resources for victim-support services;

viii) Expedite the distribution and implementation of the revised Guidelines for the Management of Survivors of Sexual Violence to all police stations and ensure that each investigating officer has been trained on these;

ix) Enforce current legislation on licensing of alcohol outlets including the withdrawal of licenses for those that do not comply;

x) Amendment of legislation related to GBVF in areas, including but not limited to, (a) bail provisions of the Criminal Procedure Act, 1977 (b) (b) sentencing laws to provide harsher sentences and restrict parole to offenders imprisoned for certain cases of GBVF; (c) tighten provisions of the National Register for Sex Offenders to ensure that it expands its scope and addresses the question of making it public;

xi) Fast tracking of proposed amendments to legislation referred to in (x) above, including the following pending Bills: Prevention and Combating of Hate Crimes and Hate Speech; Traditional Courts Bill; Cybercrimes Bill; Victim Support Services Bill, Recognition of Customary Marriages Amendment Bill; and Extension of Prescription Periods in respect of Certain Sexual Offenses Amendment Bill which amends s18 of CPA, 1977 and s12 of the Prescription Act, 1969;

xii) Amendment of the 2012 National Policy Framework on the Management of Sexual Offences Matters (NPF SO) to align it with the Presidential Summit Declaration against GBVF of 2019; and

xiii) A comprehensive audit of all police stations and courts, with a view to making recommendations that will facilitate victim-centric buildings.

4.3.5. Assumptions

- Effective implementation of laws and policies can make a difference in facilitating social change.
- Those working in the CJS are open to interrogating their own value systems, and making personal shifts that respect the rights of women, LGBTQIA+ persons and victims from all walks of life.
- Adequate resourcing will be available in a sustained way over the next five to ten years to facilitate systemic changes.

4.4. Pillar Four: Response, Care, Support and Healing

4.4.1. Purpose

This pillar seeks 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. It recognises that effective response, care and support is integral to healing and comprehensively working towards eradicating GBV in South Africa. It recognises that effective response, care and support is integral to healing and comprehen-sively working towards eradicating GBV in South Africa. It gives meaning to Articles 7-9; and 12-13 in the Declaration arising from the Presidential Summit on GBVF.

4.4.2. Approach

The overall focus is two-fold: (i) strengthening and overhauling services and 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 responding to and supporting survivors.

All survivors should be able to access care and support services to reduce the impact of GBV 24 hours a day and seven days a week. A survivor and child-centred approach to the provision of services, underpinned by feminist principles, must be applied in the provision of: (i) a holistic, comprehensive, consistent, confidential, equal and equitable quality service responsive to the diverse needs of women across ages, sexual and gender diversities, including the need to provide support to their children; (ii) a standardised core package of services by trained, skilled, compassionate and competent staff which includes access to health and mental care, appropriate after-care services and referrals/feedback systems; (iii) the active engagement of commu-nities, including women, children and LGBTQIA+ persons in recognition of women's self-agency and own choices to end GBV and to promote survivors' access to services; (iv) coordinated, intersectoral and integrated service provision specifically, in relation to housing, education, local government and economic development; (v) support, care and debriefing for all service providers, as integral for their own well-being whilst contributing to limiting any forms of secondary victimisation; and (vi) adequate valuing and appropriate market related remuneration for all staff working on providing a comprehensive basket of services to survivors.

4.4.3. Strategic Areas of Intervention

In working towards a whole of society approach, it is imperative to change the current bias that favours perpetrators to a survivor-centric approach in order to (i) provide a platform for survivors to express and raise their voices, thereby breaking the silence; (ii) reduce femicide, promote norms and standards for the protection of women and girls, (iii) provide the opportunity for integration, support and referrals (aftercare), (iv) promote standardisation of services, and (v) ensure that services are legislated and reflect a caring society.

Over the next five years, response care and support services provided by the state and NGOs will be strengthened and intentionally shifted towards being victim-centered and survivor focused to contribute towards the recovery and healing of survivors. Secondary victimisation will be minimised through addressing individual and systemic factors driving it. Victims will feel supported by the system to access the necessary psychosocial, material and other support required to assist them with their healing and strengthened community and institutional responses to provide response, care and support to survivors and other vulnerable persons will be in place.

4.4.4. Emergency Response Action Plan

The NSP builds onto, consolidates and expands on the key interventions listed within the GBVF ERAP (October 2019 – March 2020) which focuses on: (i) providing funding to NGOs that provide direct services to victims and survivors; (ii) immediately rolling out training on victim-centric, survivor-focused services; (iii) setting up an emergency fund for

rapid response at a community level; (iv) hiring additional social workers to provide psychosocial services; (v) establishing additional shelters in communities to better meet the needs of survivors and accommodate members of the LGBTQIA+ community and persons with disabilities; (vi) adequately resource the infrastructure and human capacity to effectively run TCCs at health care facilities and (vii) making public buildings available for sheltering and interim housing arrangements for survivors in consultation with CSOs.

4.4.5. Assumptions

- The South African state is committed to providing response, care and support service as part of its constitutional obligation;
- There is a willingness to address the inequity and limitations of the current social welfare approach and to value women's unpaid labour in providing support services;
- CSOs, social movements and government are willing and able to build strengthened levels of trust to facilitate cooperation and inter-dependencies in responding to GBV;
- Communities have intrinsic capacity and social infrastructure that can be harnessed to support survivors;
- There is a commitment to the provision of support systems for all front line service providers and others dealing with GBV (e.g. educators).

4.5. Pillar Five: Economic Power

4.5.1. Purpose

This pillar sets out to intentionally transform the structural foundation of gender-based violence across local, provincial and national spheres, in ways that reshape economic and social norms and value systems to facilitate women and LGBTQIA+ persons being able to freely participate in, navigate and change their lives. The transformative aspiration of this pillar means that many of the changes require a long-term lens, with short-term changes that contribute towards more deeply integrating an understanding of the ways in which the economy and other structural drivers shape the nature and experiences of GBV for different women in South Africa. It gives effect to Article 19 of the Presidential Summit Declaration Against GBVF.

4.5.2. Approach

An effective sustainable response to GBV in South Africa depends on a fundamental shift in economic power dynamics that have an adverse impact on women in particular. Equally important is an understanding of GBV in South Africa and the recognition of the inherent economic abuse, as defined in the Domestic Violence Act 116 of 1998 that is a central component exercised in the control over women's bodies, within intimate relationships, and in broader societal systems such as the economy.

The structure and functioning of the economy, currently thrives on devaluing women, undermining their agency and safety as well as through exploiting their labour. At the personal/intimate level, economic abuse often manifests through the financial control of women in relationships, and when they leave these relationships, through withholding financial resources, particularly as it relates to maintenance of children. Therefore, strategically linking efforts to reclaiming economic power to simultaneously changing the social position of women, and their specific vulnerabilities to different forms of GBV, is an approach aligned with a vision of eradi-

cating GBV in South Africa. Furthermore, deliberately harnessing the work place as a platform from which to implement GBV prevention and response interventions is important. The workplace is subsidised by the private sector and provides an important opportunity to ensure the accountability of the business community by leveraging opportunities for transformation of the work place to reduce the economy's violence towards women as well as addressing workplace violence such as sexual harassment. The economic impact of women's social position, as most often primary care givers of children, requires specific supportive actions by employers to address the undue economic hardship and vulnerability that this places on them.

4.5.3. Strategic Areas of Intervention

Over the next five (5) years:

1. Accelerated initiatives that address women's unequal economic and social position, through access to government and private sector procurement, employment, housing, access to land, financial resources and income other generating initiatives;
2. Safe workplaces that are free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment;
3. Demonstrated commitment through policy interventions, by the South African state, private sector and other key stakeholders to eliminate the impact of economic drivers of GBV;
4. Strengthened child maintenance and related support systems to address the economic vulnerability of women.

Overall, this pillar seeks to proactively respond to and transform the structural drivers of gender-based violence through initiatives that challenge women's unequal economic and social position, proactively address systemic discrimination and inequality whilst holding government and employers accountable for making workplaces and public spaces safe for women and LGBTQIA+ persons. Key to this is the acceleration of initiatives to address women's unequal economic and social position specifically through access to government and private sector procurement, employment, housing, land, financial resources and income generation initiatives. These outcomes should be supported by initiatives, including but not limited to, those that seek to: (a) advance placement of women in jobs at all levels including business ownership schemes; (b) introduce strict child maintenance regulations and enforceable penalties that significantly restrict movement and freedom of defaulters; (c) take a gender transformative approach to access to land (d) adoption and implementation of policies that seek to shift economic power and eliminate existing gender inequalities.

Another key focus over the next five years is to ensure safe work places that are free from violence against women and LGBTQIA+ persons. This will be rolled out through government and private sector to ensure compliance with sexual harassment policies and effective monitoring thereof. In addition to the elimination of sexual harassment, an audit of drivers of unsafe work spaces, including working hours, location conditions, etc., will be conducted with the aim to develop turnaround plans for an enabling environment for women to thrive in the workplace with the ultimate goal of balancing the economic power dynamics.

Major investment from government, through the implementation of GRPBMEA Framework is key to ensure

strengthened accountability by the economic cluster and local government. Efforts to better understand structural challenges such as women's unpaid work and the structure of work will inform campaigns and interventions to begin addressing these. At the same time specific policy, legislation and interventions will be put in place to protect specific groups of workers who are particularly vulnerable to specific forms of GBV.

4.5.4. Emergency Response Action Plan

Arising from the overall strategic orientation to economic power, the following interventions are being rolled out within the ERAP on GBVF in South Africa (October 2019 – March 2020):

1. Prioritisation of economic opportunities within job creation initiatives to address the economic needs of survivors.
2. Use of the Expanded Public Works Programme (EPWP) non-state sector programme through focusing on women, to train a cadre of community care workers that can support community psychosocial support services, based on principles of equity and human rights; and
3. Enforcement of the 40% government procurement target for awarding women state-related tenders which will be supported through capacity development interventions for potential service providers.

4.5.5. Assumptions

- There will be an appreciation of the importance of addressing economic drivers, as integral to addressing GBV by key stakeholders;
- There is an appreciation of the need for driven affirmative action to address women's vulnerable social and economic position;
- Departments, government agencies and others that have not traditionally worked on GBV increasingly understand the need for their roles and responsibilities in responding to and preventing GBV;
- Strategic responses and partnerships will be in place to reduce the impact of external macro factors such as a decline in economic growth on the interventions towards eliminating GBVF.

4.6. Pillar Six: Research and Information Management Systems

4.6.1. Purpose

This pillar sets out to ensure that strategic, multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralised, increasingly shape a strengthened response to GBVF in South Africa. It gives effect to Article 11 and 15 of the Presidential Summit Declaration Against GBVF.

4.6.2. Approach

The approach focuses on expanding and deepening the existing GBVF knowledge base in South Africa through consolidating and widening a pool of interdisciplinary specialists able to support the country in continuing to shape a response that is rooted in global evidence whilst generating new knowledge that is specific to understanding the impact of current and historical factors shaping the manifestations and mutations of GBV in South Africa. A key element of the strategic approach focuses on optimally sharing research findings that have been generated and strengthening the use of such evidence to inform the piloting and scale up of effective programming; whilst

simultaneously supporting the documenting of local good practice at a community level that offers promise for adaptation and meaningful impact.

Key principles shaping the approach to the roll out of this pillar are: (i) working in ways that break through historic silos; (ii) facilitating inclusivity, mutual respect and accountabilities for collectively defined outcomes and address any forms of gate keeping; (iii) embracing diversity of experience, social and geographic location and discipline in a spirit that facilitates growth and development of GBV knowledge creation overall, and of the individuals working in the field; (iv) building meaningful partnerships between research institutions, government, academia, NGOs, activists and communities that facilitate and enhance complementarities in their roles and responsibilities within research processes; (v) proactively exploring less developed substantive areas in the GBV response, such as structural drivers using approaches that span different disciplines, and that integrate less explored conceptual approaches to GBV in South Africa such as de-colonisation and (vi) a firm commitment to ethical methods and consensual participation that consciously addresses historic inequalities in the field.

4.6.3. Strategic Areas of Intervention

Interventions in this pillar are expected to contribute towards the following outcomes over the next five (5) years:

1. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups and forms in South Africa;
2. Adoption of GBV policies and programming interventions that are informed by existing evidence-based research;
3. GBVF related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses.

Important research gaps relate to the following areas: (a) national burden of GBV and most at risk groups and contexts; (b) responses to GBV; (c) prevention of GBV; (d) assessment of the implementation of programmes and roll out of services; (e) better understanding of the relationship between GBV and structural drivers; (f) improved understanding of conceptual, programming and service delivery interconnections between VAW and VAC; (g) better understanding of psychological and economic/financial abuse within different at risk groups and context (i.e. financial abuse by maintenance defaulters); and (h) approaches to capture practice-based learning within communities and institutions, as an important foundation for generating local evidence-based solutions to new and emerging, critical areas.

A priority area is the development of a national prevalence survey that can be repeated at regular intervals to track trends; a national survey on femicide that updates the 2009 data and information on specific groups such as LGBTQIA+ persons, women with disabilities, experiences of students and learners in education, sexual harassment of women in formal work places, violence experienced by specific groups of women such as farm workers and sex workers and province-specific issues.

Implementation research, which seeks to understand what, why, how, and if interventions work in real-world settings and feed that information back in a way

that can be used and implemented by policymakers and practitioners is essential to support the sustainable scale-up of evidence-based programmes that address the risk factors for violence.

The development of a GBVF database cataloguing related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses will further serve to complement implementation research and strengthen the state's response to GBVF.

Research information can be utilised to identify the impact, influence, and scale of behaviour change and to identify negative outcomes in intervention/ prevention programmes and refine policies. It is important to build onto existing work of better understanding the pathways to violent masculinities and the role of parenting practices, economic power, individual, family and related factors.

At the same time better understanding the relationship between mental ill health, substance abuse disorders and IPV as well as the relationship between a child abuse history, mental health disorders and IPV are important areas for further exploration.

Important research questions that need to be addressed in relation to response and prevention include (i) a mapping of available services, including the quality of services and victims' experiences to eliminate the secondary trauma experienced resulting from violence meted out by institutions; (ii) the effectiveness of sector-specific and/or cluster-specific interventions to enhance the quality of the response, for example, by the CJS system and the social welfare system; (iii) a deepened understanding of institutional arrangements that can contribute towards more effective delivery of programmes within government, across government and between government and civil society; (iv) identifying interventions which can be adapted and delivered in specific settings to effectively reduce GBV; (v) exploring how to harness large platforms to deliver effective interventions for GBV prevention at scale; (vi) piloting a range of locally based models to facilitate the roll-out of effective psychosocial support in communities; and (vii) deep exploration of violent masculinities and what specific interventions with children, and boys, in particular could make an important difference; and (viii) ongoing understanding of technology assisted violence against women and how it needed interventions to ensure existing laws and interventions are responsive.

4.6.4. Assumptions

- Different sections of government will see the usefulness of building and investing in integrated management information systems that ultimately facilitates strengthened state accountability;
- Researchers from different disciplines will see the value of working collaboratively to better understand and respond to GBVF;
- Funds will be available to do the prevalence study, in 2020 and at regular intervals thereafter.

Efficient, effective and functional institutional arrangements are critical to facilitate the realisation of the NSP, through multi-sectoral, simultaneously bottom up and top-down collaboration and structural arrangements and accountabilities. A phased approach will be taken to the roll out of institutional arrangements to maximise the potential for success and to adjust as needed.

Transgender and GNC Folx matter
demands
RISE UP
AGAINST

5. **Institutional** Arrangements & **Implementation Modalities**

5.1. Scope of the Institutional Arrangements

The Institutional arrangements for the roll out of the NSP are defined by the guidance provided in the Declaration, in relation to structure and accountabilities. The defined parameters are:

- The setting up of an independent structure, comprising of 51% civil society representation, reflective of a range of interests and positionalities;
- The accountabilities as specified in the Public Finance Management Act (PFMA), and related legislation that governs public sector practice;
- A relationship with the wider national gender machinery, as specified within the existing policy framework;
- Working with and through key strategic government departments and civil society networks and organisations;
- Building on-going national, provincial and local accountability for an urgent, comprehensive and all-inclusive response to GBV.

Agreement has been reached that a responsive, nimble, representative, and inclusive institutional infrastructure, that is characterised by a bottom-up approach, needs to support the roll out of the NSP and overall national response to GBVF.

The institutional arrangements need to reflect a commitment to a flexible and light structure at the centre, with key operational mechanisms in place to effectively and urgently respond to arising needs. Therefore it is envisaged that the structure will:

- hold all role-players and stakeholders accountable;
- be empowered to demand accountability across government departments, and therefore cannot be tied to the mandate of any one department;
- encourage and facilitate collaboration and coordination within respective sectors and communities ensuring institutional readiness while also aligning resources (human, financial, infrastructure and technical) to optimally fulfil its mandate.

A phased approach will be taken for the set up and evolution of the structure to optimise its success, drawing on historic, current and emerging lessons.

The diagram below provides a schematic snapshot of the envisaged structure.

The institutional arrangements need to reflect a commitment to a flexible and light structure at the centre, with key operational mechanisms in place to effectively and urgently respond to arising needs.

Figure 7: Overview of roles and responsibilities of the structure

(Please note that this does not necessarily mirror the hierarchy of the NCGBVF.)

5.2. Roles and Responsibilities

While the IGBVF-SC coordinates the development of the NSP, the Permanent NCGBVF, once appointed, backed by legislation, will be the custodians of the NSP and will be responsible for driving its implementation.

5.3. Inter-Ministerial Committee (IMC)

- Plays a key facilitation and political liaison role in the NCGBVF processes;
- Ensures that government provides the needed financial support, spending approvals and policy inputs to the NCGBVF;
- Oversees the implementation of the GBVF programmes and activities; and
- Ensures that the NCGBVF has the requisite operating environment to perform functions free of manipulation and undue influence.

5.4. National Council on GBVF (NCGBVF)

- The NCGBVF will be an independent and non-partisan Advisory Body. The Department of Justice and Constitutional Development (DOJCD) is tasked by IGBVF-SC with drafting legislation that sets out the powers and functions of the NCGBVF.
- The NCGBVF will be legislated to protect its institutional integrity, provide clear provisions for its existence, operations, powers and functions, independence and future, to facilitate adequate resourcing and ensure accountability.
- It derives its mandate from: (a) the Constitution of the Republic, 2006; (b) International and Regional instruments (CEDAW, Maputo Protocol); (c) Cabinet Instruction, 2012; and (d) Presidential Summit Declaration Against GBV, 2018.

- The NCGBVF's overarching role is to provide strategic leadership and political guidance towards the elimination of GBVF in South Africa. It will play this role through inter alia:
  - » Setting the national agenda for responding to GBVF through inter alia, implementation of the NSP and processes to engage all stakeholders.
  - » Set priorities at three-year intervals (short-term), five-year intervals (medium term) and long term, aligned with the National Development Plan (NDP) outcomes, Medium Term Strategic Framework (MTSF) and Medium Term Expenditure Framework (MTEF) priorities.
  - » Facilitate programming, resourcing and monitoring and evaluation coherence to respective NSP pillars and the Gender Responsive Planning, Budgeting, Monitoring and Evaluation and Auditing Framework (GRPBMEA).
  - » Ensure that resources are equitably distributed for a comprehensive response to GBVF.
  - » Increase accountability, strengthen coordination and reduce impunity on GBVF.
  - » Facilitate strategic partnerships, as and when required.

5.4.1. Executive Board

The executive board will consist of a maximum of 13 persons, constituted of six (6) representatives from relevant government departments, at a Ministerial level and seven (7) representatives from civil society that will be appointed through a process of public nomination. The public nomination process will be overseen by the Presidency through the Ministry of Women, Youth and Persons with Disabilities, supported by a technical team of no more than five (5) persons. Specific criteria are defined in the overall Terms of Reference for the structure.

5.4.2. NCGBVF Secretariat

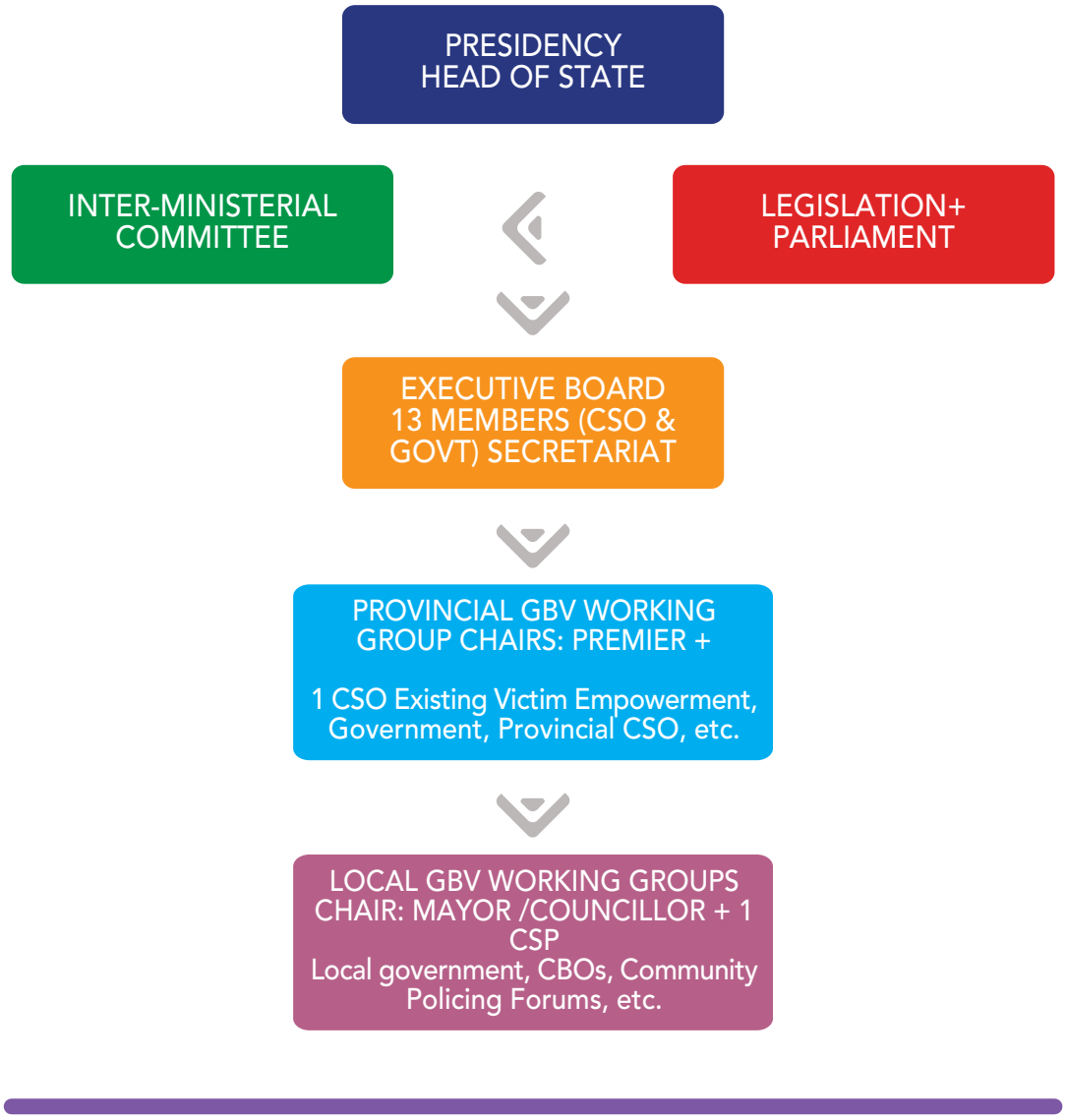
The NCGBVF Secretariat Unit led by a Chief Executive Officer (CEO) will provide technical and administrative support to the NCGBVF. The Secretariat will be responsible for the day to day running of the NCGBVF with adequate human and financial resources in place and is accountable to the NCGBVF.

5.4.3. Operational Arrangements

Operational arrangements will be put in place to align with the NSP pillars, and other related technical requirements as determined by the CEO. Where technical units and teams are put in place, these should be diverse and multi-sectoral in composition and comprise a mixture of skills and knowledge, including practitioners, researchers, policy makers and any other person/structure able to make a contribution to the focus area. The NCGBVF structure will be replicated at a provincial level, championed by the Premier and at a district and local level by the Mayor, as demonstrated by Figure 8 on right.

The state has an obligation to fund the structure and the roll out of the NSP, across different tiers of government, and augmented by a National GBVF Fund with resources mobilised from National Treasury, development partners and the private sector. In addition, funds should be made available to support rapid responses for organisations working on GBVF to strengthen sustainable and accessible delivery of interventions and services.

Figure 8: Proposed Organogram of the NCGBVF



5.5. Government

Government departments and structures have the following responsibilities:

1. Align strategic plans and existing programmes with the outcomes and outputs in the NSP.
2. Allocate budgets for respective pillars.
3. Ensure allocation of funding and resources at national, provincial and local levels.
4. Resource and enhance the capacity of structures and human resources for effective implementation.
5. Facilitate the necessary inter-governmental relations between national, provincial and local to facilitate effective implementation of the NSP.
6. Integrate M&E systems into existing government-wide framework.

7. The following departments will play critical and specified roles:
8. The DWYPD;
9. DPME;
10. National Treasury (NT);
11. The Department of Cooperative Governance and Traditional Affairs (COGTA);
12. In addition all departments, particularly those in the justice, governance, social and economic clusters, will use the GRPBMEA Framework to integrate NSP deliverables with their core mandates.

5.6. Civil Society Organisations

Civil society structures will co-convene the NCGBVF and provide direction and leadership based on key issues emanating from their constituencies. This would *inter alia*, involve the following:

1. Advocate and promote for the implementation and resourcing of the NSP.
2. Develop targeted messages to address social, economic and cultural drivers to the realisation of the autonomy of women, children and LGBTQIA+ persons.
3. Support capacity development processes, across respective sectors.
4. Ensure that communities and those most affected by the issues, are integrally involved in the design and roll-out of programmes.
5. Ensure CSOs can deliver services, integrated and linked with the NSP.
6. Advocate for the necessary resource mobilisation to address key systemic barriers to the rights of survivors.
7. Generate and share strategic information representing the views of their stakeholders to inform the development of policies, laws, and strategies for policy and programme formulation, implementation, monitoring and evaluation.
8. Strengthen overall coordination within civil society to improve response and prevention of GBVF.

5.7. Private Sector

1. It will support local, provincial and national actions to implement the NSP through direct funding and public/ private partnerships;
2. It will play an active role in ensuring that work places become active plat forms to respond to and prevent GBV.

5.8. Development Sector

1. Support local, provincial and national actions to implement the NSP;
2. Support capacity development of government (including health-care providers, educators, social workers and law enforcement agents), CSOs and others to play their specific role in implementing the NSP;
3. Support CSOs in formulation of advocacy strategies and provision of technical support as and when required.

5.9. System Level Requirements

The following system level requirements are necessary for the implementation of the NSP:

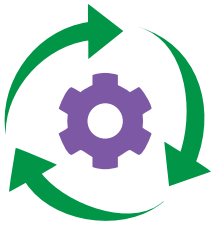
1. Strengthened harmonisation of laws and policies impacting on mandates relating to GBVF across government.
2. Standardisation frameworks in costed psychosocial services and shelter services based on principles of equity and inclusivity.
3. Integrated service delivery model/s that are adapted to context;
4. Integrated management information systems spanning the Integrated Justice System (IJS) and social clusters;
5. A comprehensive sector-wide M&E system that builds upon and expands the government-wide M&E framework to include non-state actors.

6. Implementation

The implementation and review of this strategic plan will be developed in alignment with the Monitoring and Evaluation plan consistent with DPME processes to ensure full integration. The NSP will be implemented using the following modalities:

1. Outcomes within the NSP will be integrated into departmental five-year strategic plans and Annual Performance Plans;
2. At a local government level it will be integrated into Integrated Development Plans;
3. Monitoring of the Gender Responsive Planning, Budgeting, Monitoring and Evaluation Framework will be used to facilitate and monitor the above;
4 The Secretariat will drive implementation aligned with the respective NSP pillars, and establishing operational arrangements, including multisectoral technical teams, as and when necessary;
5. Funding Arrangements that will assist with the release of funds to GBV civil society programming;
6. Building onto existing structures that are working well at a community level (Police, Victim Empowerment Programme (VEP), civil society networks etc.) local multi-sectoral coordinating structures will play a key role in ensuring that the NSP outcomes are translated into meaningful change on the ground.
7. District level coordinators will play a key role, to drive and support local responses.
8. Mechanisms will be developed to engage with key strategic partners, including but not limited to development partners that can play a supportive role in the roll out of the NSP.
9. The DWYPD will play a key role in overseeing the overall implementation plan, with ultimate accountability to the NCGBVF.

The implementation and review of this strategic plan will be developed in alignment with the Monitoring and Evaluation plan consistent with DPME processes to ensure full integration.



7. **Monitoring** and Evaluation Framework for the **National Strategic Plan** on **Gender-Based Violence and Femicide**

7.1. Purpose of the framework

The purpose of the framework is set to delineate clear pathways to achieving the goals and objectives of the NSP through a credible and independent M&E system. It seeks to serve as a guideline in the development of monitoring and evaluation plans for sectors and departments to deliver a diverse and socially cohesive society with one common national identity.

7.2. Scope and limitations of the framework

The NSP will draw on the broader Government-wide Monitoring and Evaluation (GWM&E) system[126] put into effective since 2008 and which emphasise the importance of performance monitoring and evaluation as key factors in ensuring an effective, accountable and transparent performance system through continuous evaluation and linking the results to the intended delivery outcomes. It provides the overall framework for a government wide accountability system to facilitate the effective monitoring of the respective interventions. This system finds expression to the seven high-level strategic priorities set by the current administration, aligned to the NDP and implemented through the MTSF. Noting the magnitude of GBVF, its related complexities and the need for a whole of society approach, effective design of such a M&E system has to be acknowledged. This M&E system will need to harness the collective efforts of different role-players and their political influence, and its success will depend on sound technical capacity and institutional arrangements.

7.3. Accountability and reporting

National Treasury Regulations (PFMA, Act 1 of 1999) of 1999 require Accounting Officers of institutions to establish procedures for quarterly reporting to the executive authority in order to facilitate effective performance monitoring, evaluation and corrective action. In elevating the GBVF interventions to a strategic level it requires, commitments made in the NSP and declaration be infused into Performance Agreements between Ministers and the President; and Premiers with respective provincial departments and entities through the Strategic Plans and APPs in order to achieve hierarchy of the desired results and impact at a political level.

126 Government-Wide Monitoring and Evaluation System, Presidency 2007.1

7.4 Monitoring and continuous tracking of progress

Existing efforts by Government, Private sector, NGOs and CSOs to overcome and reduce GBVF will be aligned to the NSP pillars. Where necessary, integration and coordination will be facilitated through the instrumental use of the M&E framework.

Using the DPME sector monitoring system of creating logical linkages between the interventions, actions and outcomes, the proposed model for reporting will have to compliment the multi-sector approach of implementation to ensure reporting by all stakeholders including departments on their respective commitments. Clear time bound targets would also have to be set, including quantitative, measurable and relevant annual as well as five year targets. DPME has introduced a critical component of "Citizens-based monitoring" of government performance and service delivery. Monitoring data generated directly by citizens, especially those affected and impacted by GBVF will be an important validation of progress made (or not) by all stakeholders, and aimed at open communication and re-instilling trust in institutions. The following implementation modalities to accelerate, advance and realise the vision and outcomes of this strategic plan are proposed:

a. The NCGBVF is the custodian of the plan and plays the role of strategic oversight for the realisation of the national outcomes outlined in the plan;
b. Respective government departments, as articulated in respective sections of the plan will align related outputs within their respective five year strategic plans and facilitate institutional coherence across government;
c. Civil society will continue to advocate for the implementation and resourcing of the NSP overall, giving voice to the needs and leadership of those most affected and to co-lead the process;
d. Development partners will align their investments into GBVF in South Africa with the wider national priorities articulated in the NSP;
e. The private sector to elevate its own accountability through its practices and to invest in supporting the roll out of respective sections of the NSP.

7.5 Evaluation of sectoral plans, strategies and programs

An understanding of the effectiveness of existing plans, strategies and programs will be necessary to continue with efforts that are working (and upscale) or review and redesign those that are not making much impact. Evaluation evidence that contributes to the design and implementation of current and proposed interventions to reduce GBVF are not available in the mainstream across line function government departments, with only a small body of emerging evaluation evidence from certain sectors. Adequate resourcing and efficiency outcomes are also dependent on relevant evaluation evidence, Thus, a database of all existing programs and its effectiveness will be necessary, to assess the impact and relationship of various interventions with one another.

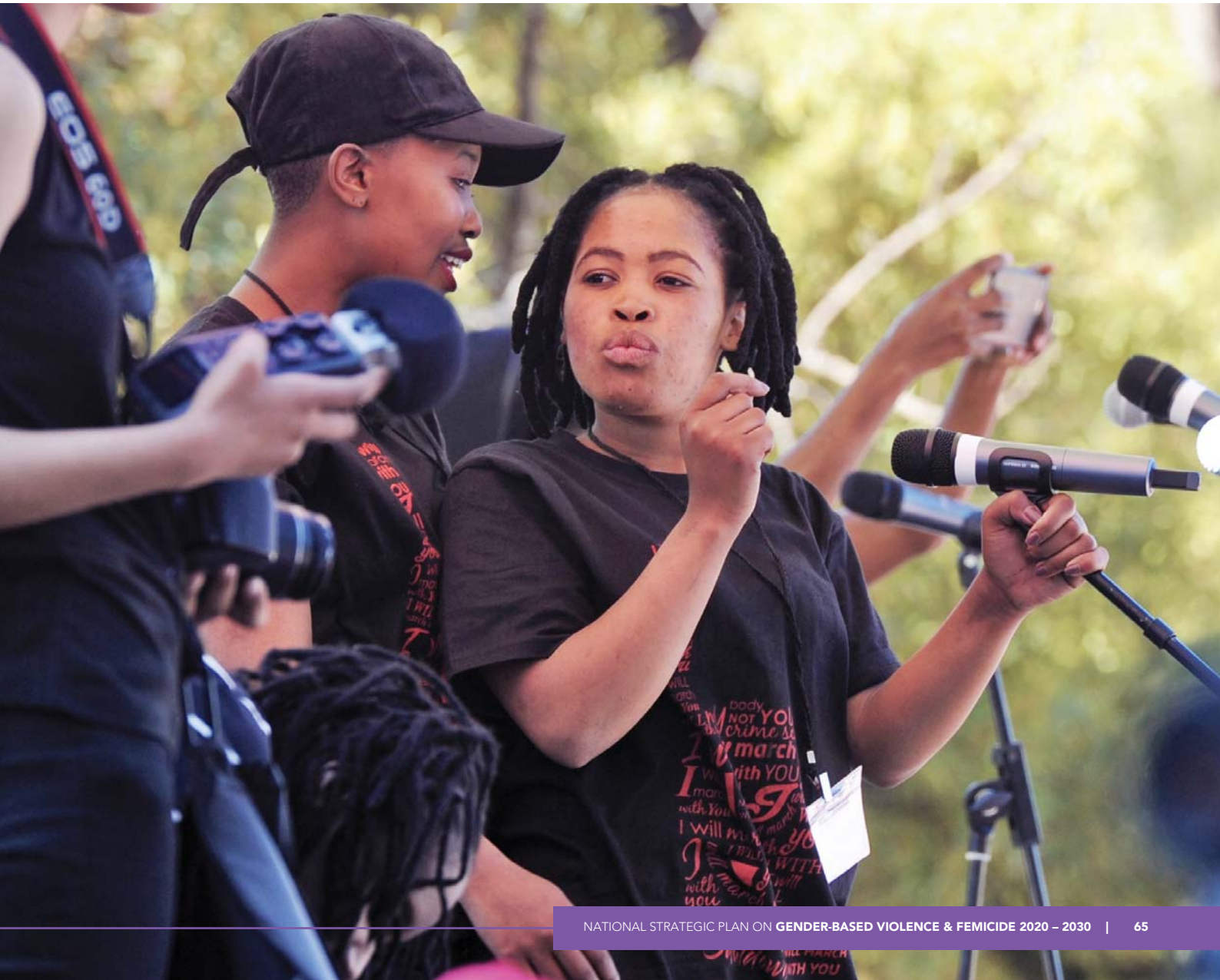
7.6. Scope and limitations of the framework

The monitoring and evaluation framework for the NSP provides for a multi-sectoral, coherent strategic intent to strengthen a coordinated national response, accountability and oversight to the crisis of GBVF by the government

and the country as a whole. The framework covers the national implementation of the NSP on GBVF, which includes routine monitoring and reporting activities of high impact interventions across the six pillars of the NSP. Generally, a number of limitations exist about data collection and reporting for GBVF albeit a strong legislative and policy framework to respond to GBV in South Africa as stated in the situational analysis.

Baseline data on certain indicators proposed, may not be available including data disaggregation in terms of target groups. Responsibilities for data collection are currently not coordinated to support the multi-sector approach and thus reliance on current government reporting structure pending the promulgation of the NCGBVF. Stakeholder analysis becomes critical to determine their respective roles and engagement in monitoring and evaluation activities, the associated risks and consequence management, form and method of communicating the progress.

The Secretariat and strategic partners are to support and monitor respective structures in embedding and aligning the plan within their own institutional arrangements, using the existing frameworks and processes, and where necessary adapting these to facilitate optimal roll out.



Pillar 1: Accountability, Coordination and Leadership

Outcome: All living in South Africa, including government, the private sector, work place, education and training institutions, CSOs, religious and cultural institutions are held accountable for building a safe and GBVF free environment.

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
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.	Development of an accountability architecture (national coordinating structure) undergirded by the necessary legislative mandate to drive a multi-sectoral response to GBVF.	NCGBVF established and promulgated.	By March 2020 to March 2024	Lead: DWYPD Support: NCGBVF, DOJ&CD, DWYPD
		Legislation in place.		
		Council members appointed for the national structure.		
		Operational arrangements, including budgets in place.		
	Put mechanisms and processes in place to hold state and societal leadership accountable for taking a firm stand against GBV.	All public servants are vetted.	Annually April 2020 to March 2024	Lead: DPSA Support: All Depts.
		Swift action when found guilty of any form of GBV.	3 month turn-around time from matter being reported	Lead: DPSA, DOJ&CD Support: NCGBVF
		Regulatory framework for functioning of religious and cultural institutions.	Annually April 2020 to March 2024	Lead Department: COGTA Support: NCGBVF
		Code of Ethics for media reporting.	Annually April 2020 to March 2024	Lead: NCGBVF Support: GCIS
		Peer and citizen-based accountability for CSO programming.	Annually April 2020 to March 2024	Lead Department: NCGBVF Support: DSD, CSOs, Development Partners
		Prompt responses to all GBVF related issues using a range of media platforms.	Annually April 2020 to March 2024	Lead Department: NCGBVF Support: GCIS
	Development of a partnership model, funding and resourcing plan to respond to the crisis by locating the response in locally based structures, activism and agency within communities.	GBVF comprehensive response model (funding, resourcing and partnership) developed for the NSP.	Annually April 2020 to March 2024	Lead: DWYPD Support: NCGBVF, DOJ&CD
	The CGE, SAHRC, CLRC and Public Service Commission institutions play a complimentary role to the NCGBVF in the monitoring of the NSP.	Roles and complementarities in relation to monitoring identified and rolled out.	Annually April 2020 to March 2024	Ongoing Lead: NCGBVF Support: CGE, SAHRC, CLRC and Public Service Commission
	Establish a Parliamentary oversight Committee for the NSP.	A special multi-sectoral parliamentary committee established to oversee the implementation of the NCGBVF.	Annually April 2020 to March 2024	Lead: Parliament Support: National, Provincial and Local government
	Hold private and public sector accountable for the development and roll out of sexual harassment policies and workplace strategies.	Number of private and public institutions reporting on implementation of sexual harassment policies.	Annually April 2020 to March 2024	Lead: DEL Support: National and provincial departments
		Annual Accountability Social Audit Report.	Annually by April 2020 to March 2024	Lead: NCGBVF Support: Private sector, Business and Labour Movements

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
	Integration of NSP priorities in all relevant departmental and municipal plans and frameworks.	GRPBMEA and NSP indicators in relevant Departmental/ Sector APPs and Strategic Plans.	Annually April 2020 to March 2024	Lead: DWYPD Support: DPME; NT National Depts.; Provincial Depts.
		Percentage of national government and sector budgets dedicated to GBVF.		
	Adoption of zero tolerance to policies on cyber violence and sensitive reporting of GBVF.	Social media accountability framework developed and the adoption of zero tolerance of cyber violence.	By April 2021 to March 2024	Lead: DCDT Support: FPB, National, Provincial & Local government, CSO
		Ethical guidelines on media and communicators relating to the portrayal of women and children in the media developed, implemented and monitored.		
	Strengthen leadership within and across government and non government sectors to strengthen the national response to GBVF.	Leadership indaba at national and local levels across sectors held.	Continuous and reported bi-annually by April 2020 to March 2024	Lead: NCGBVF Support: Public, Private sector, business, labour, media, CSO
Effective multi-sectoral coordination by lead agency and collaboration across different tiers of government and across different sections of society based on relationships of mutual benefit and trust to give effect to the pillars of the NSP.	Roll out of a national response to GBVF through provincial and local structures with optimal institutional arrangements and resources across government, private sector, media, NGOs, CSOs religious and cultural institutions with a specific focus on prevention and psychosocial support.	Multi-sectoral, autonomous provincial structures established and functional in each province.	Annually April 2020 to March 2024	Lead: DWYPD Support: Premier offices
		District level service delivery model developed to respond to GBV.	By November 2020 to March 2024	Lead: COGTA Support: Premier offices, Municipalities, Provincial departments
		Rapid Response Structures at community level / local platforms in place and harnessed to readily respond to the GBVF crisis.	Annually April 2020 to March 2024	Lead: COGTA Support: NCGBVF, Premier offices, Municipalities, Provincial Depts.
	Establish feedback mechanisms to support the multi-sectoral approach to dealing with GBVF.	Mechanisms for civil society engagements and peer monitoring (citizen based monitoring) in place.	Annually April 2020 to March 2024 reporting bi-annually	Lead: COGTA Support: DPME, National, provincial departments, Municipalities and CSO
		District level service delivery model developed to respond to GBVF.	Annually April 2020 to March 2024	Lead: COGTA Support: DPME, National, provincial departments, Municipalities and CSO
	Mobilisation through common interest groups for policy advocacy and grassroots sensitisation on GBVF to enhance women's ability to access, protect and promote their rights.	Number of programmes reviewed, developed and implemented to create awareness on GBVF and empowerment and promote values of the Constitution and the Bill of Rights.	Annually April 2020 to March 2024 on-going	Lead: CSO Support: Public and Private Sector, Business and Labour

Pillar 2: Prevention and Restoration of Social Fabric

Outcome: South Africa has made considerable progress in rebuilding/reweaving the social fabric in ways where GBVF, and violence more broadly is deemed unacceptable.

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
Strengthen the delivery capacity of South Africa to roll out effective prevention programmes.	Develop a comprehensive national prevention strategy.	National prevention strategy with key overarching messages in place.	Annually April 2020 to March 2024	Lead: DWYPD Support: DBE, DHET, DSD, COGTA, GCIS, CSO, all departments
	Communication and advocacy campaigns	Communication toolkit with list of key messages and targeted sources of media developed.	Implemented continuously and reported bi-annually	Lead: Brand SA, GCIS Support: DWYPD, National, Provincial, Local Government, CSO
		Sustained media campaign for 365 days by all departments led by GCIS providing information including awareness.	Implemented continuously and reported bi-annually	
		Number of multimedia campaigns implemented and different sources used.	Implemented continuously and reported bi-annually	
	Develop and collate transformative materials, curriculum , tools and approaches that can be adapted for prevention interventions for different institutional and social contexts and meet diverse needs.	Manuals and training support materials developed and accessible for all disability groups.	Range of standardised and flexible materials in place reviewed and adapted annually	Lead: NCGBVF Support: NSG, DBE, DHET, Academic Institutions, Training institutions
	Train and support community capacity to deliver GBVF prevention interventions.	% of CDWs trained in GBV doing prevention work.	Implemented continuously and reported bi-annually	Lead: DSD, NSG Support: NCGBVF, COGTA, Municipalities
		% of CHCWs trained in GBV doing prevention work.	Implemented continuously and reported bi-annually	Lead: DOH, NSG Support: NCGBVF, Provincial Health Departments
		Community level activists and GBV service organisations trained and rolling out prevention programmes.	Implemented continuously and reported bi-annually	Lead: NCGBVF and COGTA Support: DSD, Provincial Departments and Municipalities
		Roll out and training of district level coordinators.		
Change behaviour and social norms that drive GBV with key groups using a variety of approaches.	Adapt and roll out school-based GBV prevention programmes.	Number of schools with programs specifically designed and rolled out to address GBVF.	Annually April 2020 to March 2024	Lead: DBE Support: Provincial Departments of Education, DSD
		Views and perceptions from young people on GBVF used to track attitudes.		
	Implement programmes to prevent GBV and eliminate the scourge of GBV in the Post-School Education and Training (PSET) System.	Policy Framework to address GBV in the PSET system approved.	Annually April 2020 to March 2024	Lead: DHET Support: PSET Institutions, NCGBVF

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
		National and institutional accountability and enabling environment is in place to curb and address GBV in PSET institutions.	Annually April 2020 to March 2024	Lead: DHET Support: PSET Institutions, CSO, National and Provincial departments
		National support for PSET institutions is effected in the implementation of GBV policies and provides proper support and assistance to victims of GBV with an effective and comprehensive specialised referral system.	Implemented continuously and reported bi-annually	Lead: DHET Support: PSET, CSO, National and Provincial departments
	Implement evidence based behaviour change interventions with targeted communities.	Evidence based behaviour changes interventions adapted and rolled out in specific geographical communities.	Annually August 2020 to March 2024	Lead: NCGBVF Support: COGTA, DSD, DSAC, CSO, Provincial and National Departments, Municipalities
		Intervention for traditional leaders and healers developed and roll out.		
		Intervention for religious leaders adapted and rolled out.		
		Behaviour change - interventions to shift attitudes and behaviours within the public sector adapted and rolled out.		
	Develop context-specific home grown GBVF prevention interventions.	Continuous assessment of community and institutional prevention interventions that are effective and have potential for wider impact.	Annually April 2020 to March 2024	Lead: NCGBVF Support: COGTA, DSD, DSAC, CSO, Provincial and National Depts., Municipalities
		Strategic community outreach interventions to raise awareness and generate acceptance of different expressions and forms of Sexual Orientation and Gender Identity (SOGI) rolled out.		
Challenge and transform toxic masculinities driving GBVF perpetration.	Commission studies to better understand how to intervene in the development of toxic masculinities in South Africa.	Strategic interventions for boys identified and rolled out.	Annually August 2020 to March 2024	Lead: NCGBVF & Research Institutions, DBE Support: DHET, DSD, National Centre on Violence and Crime Prevention, CSO
		Strategic interventions with young men (PSET, unemployed, working) identified and rolled out.		
	Design and adapt interventions that provide skills that shape new forms of positive masculinities.	Strategic interventions to shift behaviour in men rolled out (e.g. Brothers for Life).	Annually August 2020 to March 2024	Lead: NCGBVF & Research Institutions Support: DHET, DSD, National Centre on Violence and Crime Prevention, CSO, Media, National and Provincial departments, Municipalities, Business, Labour
		Strategic interventions targeting men in their role as fathers piloted and rolled out.		
		Strategic interventions focused on building gender equitable approaches to communication and relationships is rolled out using religious institutions and workplaces as possible platforms.		

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
Harness approaches to prevention that facilitate integration and deepen impact.	Use parenting and ECD programmes to build non-violent and gender transformative approaches to parenting.	Evidence-based parenting programmes rolled out.	Annually April 2020 to March 2024	Lead: DBE & DSD Support: DOH, NCGBVF, CSOs,Municipalities
		GBV prevention integrated into roll out of ECD programme.		
	Integrate GBV prevention into SOGI programming and vice versa.	SOGI violence prevention integrated into GBV prevention programming.	Annually April 2020 to March 2024	Lead: NCGBVF, DOJ&CD Support: DBE, DHET, DEL, NSG
		GBV prevention integrated into SOGI programmes.		
	Integrate GBVF prevention into wider violence and crime prevention.	Community level violence prevention programmes integrate GBVF prevention.	Annually April 2020 to March 2024	Lead: NCGBVF, SAPS Support: DSD, DOJ&CD, CSOs
	Integrate GBVF prevention into substance abuse interventions.	Substance abuse (drugs and alcohol) interventions integrate GBVF prevention component.	Annually April 2020 to March 2024	Lead: DOH and DSD Support: NCGBVF, CSOS, UNODC
	Integrate GBVF prevention into SRHR and HIV prevention interventions.	SRHR awareness and HIV prevention interventions integrate GBVF prevention component.	Annually April 2020 to March 2024	Lead: DOH, SANAC Support: DSD, GBVF Council, CSOs, UNFPA, National and Provincial government, Municipalities
Restore human dignity, build caring and safe communities that is responsive to individual and collective trauma.	Make public spaces and violent free for women and children.	Gender-responsive IDPS integrate safety audits and interventions.	Annually August 2020 to March 2024	Lead: COGTA and SALGA Support: DEA, DSAC, DSD, NCGBVF, Municipalities
		Public transport safety interventions in place.	Annually April 2021 to March 2024	Leads: DOT & COGTA Support: GBVF Council Provincial Departments of Transport, Municipalities, Business, Labour
		Proportion of safe parks for children.	Implemented continuously and reported quarterly	Lead: COGTA & DSD Support: UNICEF, CSOs, Municipalities
	Facilitate community interventions that promote social connectedness and healing.	Lay mental health workers trained.	Annually April 2021 to March 2024	Lead: NCGBVF & DOH, DSAC, DSD Support: COGTA, CSOs, FBOs, MRM structures, traditional structures, National and Provincial government, Municipalities
		Circles of Healing/Ubuntu rolled out.	Implemented continuously and reported quarterly	
		Community Building through non-violent art forms.	Annually April 2020 to March 2024	
		Strategic conversations on the collapsed social and moral fibre in society spearheaded by the Social Cluster, working with the Moral Regeneration Movement (MRM).		
	Implementation of the National Action Plan to Combat Racism, Racial Discrimination, Xenophobia and Related Intolerance.	Rapid Response Mechanism to respond to incidents of racist and xenophobic offences/hate crimes.	Rapid Response mechanism instituted by 2022 to April 2024	Lead: DOJ&CD Support: NCGBVF, National and Provincial Departments, Municipalities CSO, Chapter 9 institutions

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
		Virtual data repository on disaggregated statistical data for measurement of racism, racial discrimination, xenophobia and related intolerance	Annually April 2020 to March 2024	

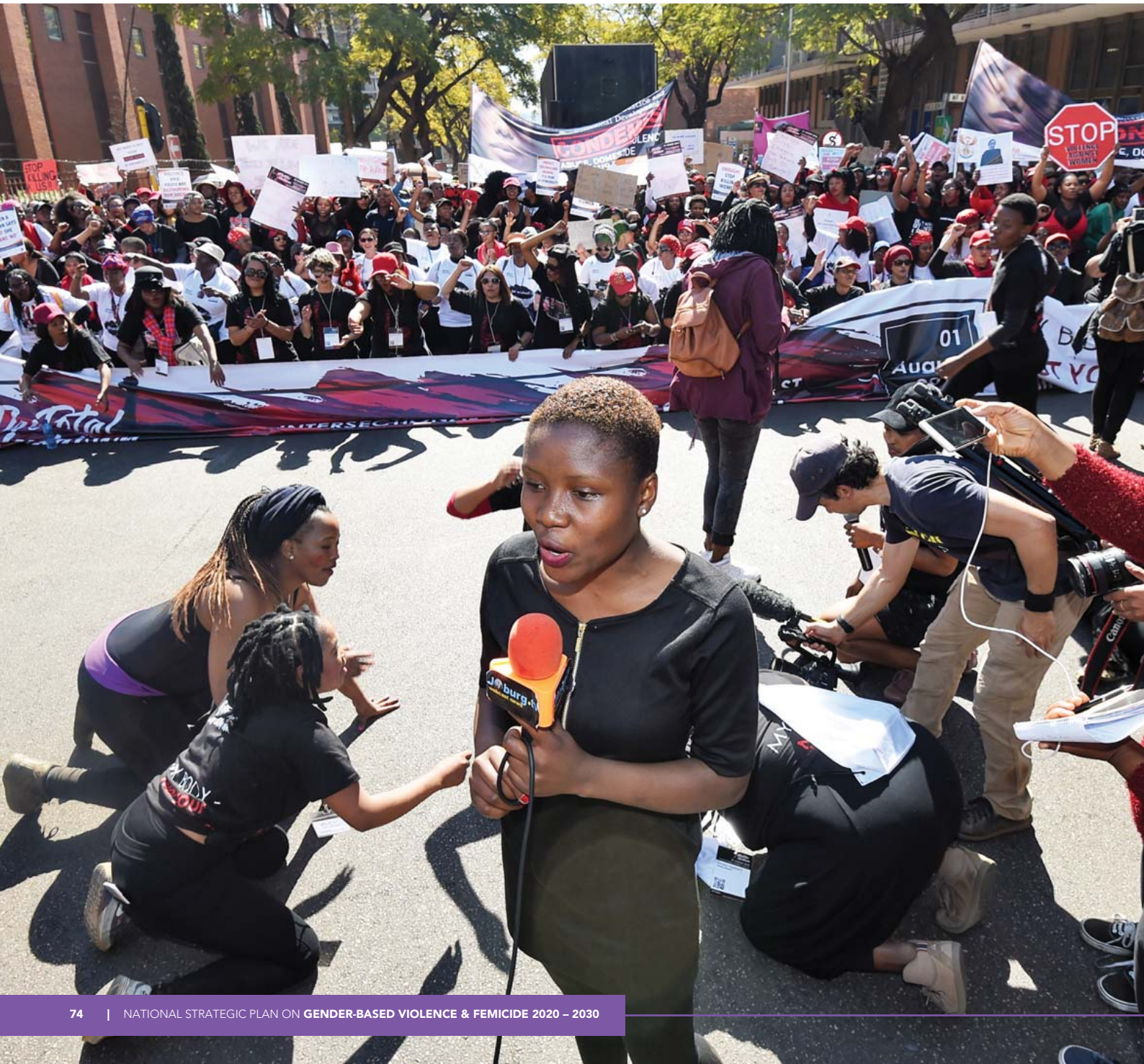
Pillar 3: Protection, Safety and Justice

Outcome: The criminal justice system provides protection, safety and justice for survivors of GBVF and effectively holds perpetrators accountable for their actions.

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
Improve access to survivor support services through a victim centric criminal justice services that is sensitive to and meets their needs.	Humanising service delivery and address unequal and inequitable spread of victim services.	Interventions in place torespond to specific barriers that all victims may face in accessing services, and specifically people with disability and LGBTQIA+ persons.	Systems in place by April 2020 to March 2024. Ongoing monitoring and adjustment annually	Lead: DOJ&CD Support: Parliament, National, Provincial, Local Government, CSO
		Information on cases is readily available for victims to access and track progress.		
	GBV Service Delivery Training and support is provided to all service providers within the CJS dealing with GBVF matters (including police, prosecutors, magistrates, intermediaries, court preparation officers, court clerks, heath care providers and policy makers) to strengthen victim-centric-survivor-focused services and prevent any forms of secondary victimisation.	Number of officials trained within the CJS dealing with GBVF matters.	Annually April 2020 to March 2014	Lead: DOJ&CD, SAPS, NPA, DOH Support: National, Provincial, Local Government, CSO
		Debriefing support mechanisms in place.	Ongoing	Lead: DOJ&CD, SAPS, NPA, DCS, SAJEI, DoH
	Finalised investigation in respect of reparations for victims of crime and develop enforcement mechanisms for compensation restitution espoused by the Victims Charter.	Compensation and Restitution for victims of crime and enforcement mechanism in place.	By April 2021	Lead: SALRC Support: GBVF Council, National, Provincial, Local Government, CSO
	Provide funding to survivors of GBVF to meet specific needs such as legal aid costs.	Emergency Fund.	By April 2021 to March 2024	Lead: NCGBVF Support: National, Provincial, Local Government, CSO
Strengthen capacity within the CJS to address impunity and Facilitate justice for GBV survivors	Resourcing of infrastructure and human capacity to facilitate effective service delivery; (detective, forensic, investigation and prosecution) at FCS units, TCCS and SOCs.	Number of TCCs Units established.	Annually April 2020 to March 2024	Lead: DOH / NPA/ SAPS Support: DSD, DOJ&CD
		Number of Courts upgraded into SOCs.	Annually April 2020 to March 2024	
		Number of FCS Units upgraded.	Annually April 2020 to March 2024	
	Clearing of the backlog of cases related to GBV.	Number of GBVF cases cleared.	Annually April 2020 to March 2024	Lead: SAPS Support: DOJ&CD, NPA, Judiciary, Legal Aid SA
		Case management system upgraded.	Annually April 2020 to March 2024	Lead: SAPS Support: DOJ&CD, NPA, Judiciary, Legal Aid SA
	Development of the phase 3 to 6 of the Femicide Watch.	Country-wide Femicide watch system in place.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: SAPS, IJS, NPA

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
	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.	Number of certificates issued to persons providing services to children and mentally disabled persons.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: SAPS, IJS, Employment sector, DOH
Amend legislation related to GBVF areas, build onto legislative reforms initiated under the Emergency Response Action Plan.	Amendment of Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 dealing with the National Register for Sex Offenders (NRSO) to extend protection to all victims of sexual offences, irrespective of age and mental status.	Chapter 6 of Criminal Law amended.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Overhaul of the Criminal Procedure Act, 1977 to make it victim-centric, including the review of bail provisions.	Criminal Procedure Act amended.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Amendment of the Labour Relations Act to provide a provision on the vetting of all employees dealing with GBVF matters.	Labour Relations Act amended.	Annually April 2022 to March 2024	Lead: DOL Support: Parliament, National, Provincial & Local government, CSO
	Amendment of Customary Marriages Act – registration of marriages, recognition of cross-national marriages; same sex marriages - coordination with DHA.	Amendment of Customary Marriages Act amended.	Annually April 2020 to March 2024	Lead: DHA, DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Finalisation of Traditional Courts Bill.	Traditional Courts Bill amended.	Annually March 2021 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO, SALRC
	Finalisation of legislative process to decriminalise sex work – fast tracking and promulgation.	Legislation on Decriminalisation of sex work promulgated.	Annually March 2021 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Inclusion of cyber violence in the Cyber Crimes Bill to address on line sexual violence.	Cyber Crime Bill amended.	Annually March 2021 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Finalisation of the Prevention and Combating of Hate Crimes and Hate Speech Bill.	Prevention and Combating of Hate Crimes and Hate Speech Bill.	Annually March 2021 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Amendment of the Older Persons Act.	Older Persons Act amended.	Annually April 2020 to March 2024	Lead: DSD Support: DOJ&CD, Parliament, National, Provincial & Local government, CSO
	Amendment of the Film & Publications Act.	Film & Publications Act amended.	Annually April 2020 to March 2024	Lead: DCDT Support: FPB, Parliament, National, Provincial & Local government,CSO
	Finalisation of the Regulations for Sexual offences Courts.	Regulations for Sexual offences Courts are finalised.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: National, Provincial & Local government, CSO

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
	Finalise Amendment of the Domestic Violence Act 1998.	Legislative framework on Domestic Partnership finalised.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: National, Provincial & Local government, CSO
	Review of the Charter for Victims of Crimes.	Charter for Victims of Crime amended.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: Parliament, National, Provincial & Local government, CSO
	Finalise the development of the Victim Support Services Bill.	Promulgation of the Victim Support Services Act.	Annually April 2020 to March 2024	Lead: DSD Support: Parliament, National, Provincial & Local government, CSO



Pillar 4: Response, Care Support and Healing

Outcome: Victim-centred and survivor-focused accessible, equitable and quality services that are readily available across the criminal justice system, health system, education system and social support system at all respective levels.

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
Strengthen existing response, care and support services by the state and civil society in ways that are victim-cantered, and survivor focused and trauma informed to facilitate recovery and healing.	Finalisation of legal framework for Response Care & Support Victim Empowerment Bill and White Paper on Social Welfare Services.	Victim Empowerment Services Support Bill passed.	Annually April 2020 to March 2024	Lead: DSD Support: DOJ&CD
		White Paper on Social Welfare Services adopted.		
	Development of a minimum core package of services and related costing for GBVF survivors.	Minimum core services package and costing in place for GBVF survivors.	Annually April 2020 to March 2024	Lead: DSD Support: DPME, DOH, NT, NCGBVF
	Standardisation approach to sheltering adopted for funding and services.	Standardised Shelter Framework in place.	Annually April 2020 to March 2024	Lead: DSD Support: NT, NCGBVF
		Funding Model for NGOS providing services to victims of crime and GBV.	Annually April 2020 to March 2024	Lead: DSD Support: NT, NCGBVF
		M&E framework for victim friendly, survivor focused service delivery.	Annually April 2020 to March 2024	Lead: DSD Support: NT, NCGBVF
	Resourcing of the TCCs to adequately provide inte-grated services at health care facilities, managed by the NPA and DOH.	Agreement in place for DOH to manage TCCs.	Annually April 2020 to March 2024	Lead: NPA Support: DOH, SAPS, NT, NCGBVF
	Implement Psychosocial Support Prog-ramme for all frontline workers in place and rolled out, including those working in CSOs.	Institutional mechanisms such as compulsory leave, task shifting and team building to provide a supportive institutional environ-ment for service providers.	Implemented continuously and reported annually	Lead: DSD Support: DOH, SAPS, DBE, DHET, CSO
		Mandatory debriefing and psychosocial support services captured in Victim Empower-ment Support and Services Bill.	Implemented continuously and reported annually	Lead: DSD Support: DOH, SAPS, DBE, CSO
	Development of integrated service delivery model (drawing on existing good practice) that strengthens relationships and referrals across service providers.	Response, care and support delivery model in place.	Annually April 2020 to March 2024	Lead: NCGBVF Support: DWYPD, DSD, DOH, DOJ&CD
		Community Rapid Response Teams established.	Annually April 2020 to March 2024	Lead: NCGBVF Support: DWYPD, COGTA
	Strengthening of the local level coordi-nation to address current fragmen-tation and build cooperative relation-ships of trust between government stakeholders, civil society organisations and communities in responding to GBVF.	MOU between respective service providers are in place.	Annually April 2020 to March 2024	Lead: NCGBVF Support: DSD
		CBOS, FBOS, activists are engaged in shaping local responses.		
		Integrated management infor-mation systems linking social development, health, education and the criminal justice system in place and utilised.	Integrated Service Delivery model imple-mented by 2020	Lead: DSD, DOH Support: NCGBVF, National, Provincial, Municipalities, CSO

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
	Establishment of local level rapid response teams in every municipality with clear protocols for week day, weekend, after hours' services (to consider danger and rural allowance), and protocols for child protection (all departments) to amplify the response to the needs of victims.	Improved multi-sectoral locally rooted responses/programmes to GBVF with expanded, standardised sheltering services and meets the needs of LGBTQIA+ persons and persons with disabilities.	Integrated Service Delivery model implemented annually from April 2020 to March 2024	Lead: DSD, DOH Support: NCGBVF, National, Provincial, Municipalities, CSO
		Municipal 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.	Annually April 2020 to March 2024	Lead: COGTA Support: Municipalities
		GBV Programmes (including response, care, support & prevention) with social workers are institutionalised across the levels of schooling and higher education to provide caring, safe environments.	Annually April 2020 to March 2024	Lead: DSD, DOH Support: NCGBVF, National, Provincial, Municipalities, CSO
		Workplaces are held accountable for providing psychosocial support for survivors within the workplace, as integral to their Employee Wellness Programmes.	Annually April 2020 to March 2024	Lead: DPSA Support: National, Provincial and Local government, DEL, BUSA

Pillar 5: Economic Empowerment

Outcome: Women, children and LGBTQIA+ persons are able to be free in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives.

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
Accelerate initiatives to address women's unequal economic and social position.	Develop, implement, support and monitor programmes for equitable job creation, representation and ownership by women.	Number of programmes implemented for equitable job creation.	Annually April 2020 to March 2024	Lead Department: DEL Support: DPWI
	Public private partnerships are established to facilitate economic opportunities for women leaving abusive relationships.	Number of public private partnerships in place to facilitate economic opportunities.	Annual targets established disaggregated by province and economic sector.	Lead Department: DSD Support: DTI, COGTA, NCGBVF
	Reconfigure Land and Agrarian Reform funding to achieve Land and Agrarian reforms transformation deliverables.	Land and agrarian fund established.	Annually April 2020 to March 2024	Lead: DALRRD Support: NT
	Put shelters and interim housing in place.	Number of survivors being able to access shelters/province.	Annually April 2020 to March 2024	Lead: DSD, DHSWS Support: NCGBVF
		Interim housing arrangements in place, based on updated policy directives.		
	Establish Survivor-focused cooperatives /groups to build entrepreneurship, healing and economic resilience.	Multi-sectoral interventions in place for shelter and interim housing for survivors.	Annually April 2020 to March 2024	Lead: DTI Support :DSBD, DHSWS, NCGBVF
		Public private partnerships established to facilitate economic opportunities for women leaving shelters.	Annually April 2020 to March 2024	
	Put policy mechanisms in place to address range of gender related inequalities in the economy.	Range of policy interventions in place to address barriers women face to participation in strategic sections of the economy.	Annually April 2020 to March 2024	Lead: DTI Support: DSBD,DTI, DWYPD, Public and Private Sector
	Develop systems and accountability measures for maintenance defaulting.	Mechanism in place to prevent defaulting of child maintenance.	Annually April 2020 to March 2024	Lead Department: DPJ& CD, DSD, NCGBVF
Make workplaces safe and violent free for all women.	Workplace interventions for GBV support developed and rolled out in public and private sector.	# of workplaces with GBV wellness interventions in place % increase annually	Annually April 2020 to March 2024	Lead Department: DEL and DPSA Support Departments: All national and provincial departments, BUSA, Labour Movement
	Develop sexual harassment policies in workplaces across the public and private sectors.	Proportion of workplaces with enforceable sexual harassment policies in place disaggregated for public and private.	Annual proportional increase	
Strategic policy interventions by the state, private sector and other key sectors rolled out towards eliminating the impact of the economic drivers of GBV on all women.	Raise awareness of women's unpaid labour and initiate interventions to reshape the structure of work in ways that value productive and reproductive labour.	Percentage of time spent on unpaid domestic and care work, by sex.	Annually April 2020 to March 2024	Lead: DWYPD Support: STATS SA, DEL, NCGBVF

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
	Monitoring of GRPBM&EA roll out, specifically in economic cluster.	Degree to which GBV targets are integrated into departmental and municipal plans.	Annually April 2020 to March 2024	Lead: DWYPD Support: DPME Parliamentary Oversight, CGE, civil society
	Ensure the implementation of the Employment Equity Act to eliminate gender and race wage disparity.	Reports on reducing the wage gap.	Annually April 2020 to April 2024	Lead: COGTA Support: Municipalities, DPME, NCGBVF
	Public employment opportunities with a specific focus on youth and women and persons with disabilities.	Public private partnerships established to facilitate economic opportunities for women leaving shelters.	Annually April 2020 to April 2024	Lead: DEL, DTI,DSBD Support: National and Provincial departments, Municipalities
		% representation of women in SMS and MMS positions on the EE Report.	Annually April 2020 to April 2024	
		% representation of youth on the EE Report.	Annually April 2020 to April 2024	
	Broaden ownership for women, youth and SMME.	40% set aside for women, youth and SMMEs.	Annually April 2020 to April 2024	Lead: DSBD Support: DEL, DTI, DWYPD
	Support and encourage the role of women, persons with disabilities and LGBTQIA+ persons as leaders in all sectors of society.	Disability index.	Annually April 2020 to March 2024	Lead: STATS SA Support: DWYPD, DPSA
		Gender Inequality index.	Annually April 2020 to March 2024	Lead: CGE Support: STATS SA, DWYPD, DPSA
	Implement intervention to address GBV vulnerabilities of farm workers, mine workers & domestic workers.	Laws and policy interventions in place to protect specific groups of workers who are particularly vulnerable to specific forms of gender-based violence.	Annually April 2020 to March 2024	Lead: DEL Support: DRDLR, DME
	Finalisation of legislative process to decriminalise sex work – fast tracking and promulgation (linked to pillar 3).	Sex work decriminalised and policy in place.	Annually April 2020 to March 2024	Lead: DOJ&CD Support: DEL, NCGBVF

Pillar 6: Research and Information Systems

Outcome: Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralised increasingly shape a strengthened response to GBVF in South Africa and the use of existing evidence to improve programme effectiveness.

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
Strengthen information and research base to address systemic challenges to facilitate effective strategic solutions and evidence based responses to GBVF.	Develop and institutionalise coordinated and Integrated Data Management, Information and Collection system.	Multi-disciplinary Research Technical Team established, linked to the NCGBVF .	Annually April 2020 to March 2024	Lead: DOJ&CD Support: IJS, DSD, DOH
		Integrated GBVF Management Information System across government and the justice system (with disaggregated data of victims).	Annually April 2021 to March 2024	Lead: DOJ&CD Support: IJS, DSD, DOH
	Establish a GBVF clearing house that sources relevant data, analyses and syntheses to enable, dissemination, monitoring and evaluation in the usage of research information.	National repository for GBVF research is established, as integral to the work of the National Centre of Violence and Crime Prevention.	Annually April 2021 to March 2024	Lead: DWYPD Support: DPME, DWYPD
		An evidence map with a research repository developed and updated regularly.	Annually April 2020 to March 2024	Lead: DPME Support: National and Provincial departments, CSO, Academia
		Databases and Information systems relating to GBVF generated by all service providers and implementers of various interventions.	Annually April 2020 to March 2024	Lead: DWYPD Support: IJS, DOJ&CD, NPA, DSD, DOH
		Disaggregated comprehensive dash board relating to survivors and offenders inter-linked with unique identifier functionality.		
	Identification of knowledge gaps and coordination of the national research agenda for optimally sharing of existing and emerging evidence and encouraging areas of further inquiry that could be taken up by academic and research institutions.	Seminars on the sharing of the research findings that have been generated and strengthening the use of such evidence to inform the piloting and scale up of effective programming.	Annually April 2020 to April 2024	Lead: NCGBVF Support: DWYPD, DPME
		Quarterly, multi-stakeholder engagements held and facilitated by the research technical team, to review and analyse existing evidence to update the repository and research agenda.	Quarterly April 2020 to April 2024	Lead: NCGBVF Support: DPME, DWYPD
		Documentaries produced on local good practice at a community level that offers promise for adaptation and meaningful impact for assessment and roll out.	Annually April 2020 to March 2024	Lead: NCGBVF Support: DPME, DWYPD

KEY INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	ACCOUNTABILITY LEAD DEPARTMENT
	Establish partnerships between research institutions, government, academia, NGOs, activists and communities that facilitate and enhance complementarities in their roles and responsibilities within research processes.	National prevalence study on GBV conceptualised, designed and conducted.	Annually April 2020 to March 2024	Lead: NCGBVF Support: STATS SA; SAMRC
		National prevalence study to understand the extent of violence against LGBTQIA persons.	Annually April 2020 to March 2024	Lead: NCGBVF Support: STATS SA, Femicide Watch, IJS
		National survey on femicide that updates the 2009 data and addresses specific information gaps.	Annually April 2020 to March 2024	Lead: SAMRC Support: STATS SA, Femicide Watch, IJS

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List of Appendices

Listing	Section Referred to in Document	Appendix
Appendix A	Background	Law and Policy Framework
Appendix B	NSP	Detailed Intervention Pillars
Appendix C	Background	24 Demands
Appendix D	Background	Declaration

APPENDIX A - Law and Policy Framework

Global Commitments

- Beijing Declaration and Platform for Action;
- Universal Declaration of Human Rights
- UN Convention on the Rights of the Child and Optional Protocols;
- UN Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages;
- UN Convention on the Rights of People with Disabilities;
- UN Principles for Older Persons;
- UN Declaration on the Elimination of Violence against Women (1993);
- UN Convention on the Elimination of All Forms of Discrimination Against Women;
- UN Convention and Protocol Relating to the Status of Refugees;
- UN General Assembly Resolution 17/19: Human Rights, Sexual Orientation and Gender Identity;
- UN Sustainable Development Goals;
- International Covenant on Civil and Political Rights;
- Vienna Declaration and Programme of Action (1993);
- The Yogyakarta Principles;
- International Covenant on Economic, Social, and Cultural Rights;
- The 2030 Agenda for Sustainable Development National Legislation Constitution of South Africa (Act No. 108 of 1996);
- Sexual Offences and Related Matters Amendment Act of 2007;
- Domestic Violence Act of 1998;
- Marriage Act 25 of 1961;
- Code of Good Practice on the Handling of Sexual Harassment in the Workplace (2008);
- Choice on the Termination of Pregnancy Act 92 (1996); Amendments (2004, 2008);
- Sterilisation Act 44 (1998) and Amendment Act (2005);
- Labour Relations Act 66 of 1995 and amendments;
- South African Police Services Act 68 of 1995;
- Film and Publications Act 65 of 1996 and amendments;
- South African Schools Act 84 0f 1996;
- Employment Equity Act 55 of 1998;
- Recognition of Customary Marriages Act 120 of 1998;
- Refugees Act 130 of 1998;
- Maintenance Act 99 of 1998;
- Promotion of Equality and Prevention and Unfair Discrimination Act 4 of 2000;
- Firearms Control Act 60 of 2000;
- Immigration Act 13 of 2002 and amendments;
- National Health Act 61 of 2003;
- Children's Act 38 of 2005 and amendments;
- Older Persons Act 13 of 2006;
- Civil Union Act 17 of 2006;
- Child Justice Act 75 of 2008;
- Independent Police Investigative
- Directorate Act 1 of 2011;
- Protection from Harassment Act 17 of 2011;
- Dangerous Weapons Act 15 of 2013;
- Prevention and Combating of Trafficking in Persons Act 7 of 2013;

127 Department of Social Development South African Integrated Programme of Action Addressing Violence Against
Womxn, Children and LGBTQIA+ persons (2019-2024) Draft 8 October 2018

- Judicial Matters Amendment Acts 43 of 2013, 24 of 2015 and 8 of 2017;
- Victim Support Bill;
- Prevention and Combating of Hate Crimes and Hate Speech Bill;
- Judicial Matters Amendment Act 22 of 2005;
- National Health Act 61 of 2003;
- Alteration of Sex Description and Status 49 of 2003.

Regional and Sub-Regional Commitments

- Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa;
- African Union Solemn Declaration on Gender Equality in Africa;
- African Charter on the Rights and Welfare of the Child;
- African Union Youth Charter;
- Resolution 111 of the African Commission on Human and People's Rights: The Right to a Remedy and Reparation for Women and Girl Victims of Sexual Violence; Resolution 275 of the African Commission on Human and People's Rights: Resolution on Protection Against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity; SADC Protocol on Gender and Development; AU Agenda 2063;
- African Commission on Human and People's Rights Guidelines on Combating Sexual Violence and its Consequences in Africa;
- Protocol on the control of firearms, ammunition and other related materials in the SADC Region[127]. SADC Regional Strategy and Framework of Action for Addressing Gender-Based Violence 2018 - 2030;
- Strategy for Sexual and Reproductive Health and Rights in the SADC Region 2019 - 2030;
- Regional Strategy for HIV Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations.

National Policies

- National Development Plan (NDP) Vision 2030;
- National Gender Policy Framework;
- National Sexual Assault Policy (Department of Health);
- National Contraception Policy;
- Guidelines within a Reproductive Health Framework Strategy (2001);
- White Paper on Population Policy 1998;
- A comprehensive Primary Health Care Package for South Africa (2001);
- National Youth Policy National Strategic Plan for HIV, STIs and TB for South Africa (2012-2016);
- White Paper on Social Welfare Services;
- Strategy for the Engagement of Men and Boys in Prevention of Gender-Based violence (2009);
- Department of Social Development, Policy on funding Non-Governmental Organisations for the provision of Welfare and Community Development Services (2013);
- White Paper on Families in South Africa (2012);
- Social Development Guidelines on Services for Victims of Domestic Violence (2010);
- Guidelines on Services for Victims of Sexual Offences (2010);
- Integrated Social Crime Prevention Strategy (ISCPS): White Paper on Safety and Security (WPSS, 2016).

APPENDIX B – Detailed Intervention Pillars

Table 3: Pillar 1: Accountability, Coordination and Leadership

Ten-year Outcome/*Change we want to see over next decade*		
All living in South Africa, including government, the private sector, work place, education and training institutions, civil society organisations, religious and cultural institutions are held accountable for building a safe and GBVF free environment		
Five-year Outcome/*Change we want to see over next decade*	1.1. Bold leadership, strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources.	
Short term Outcome	**Outputs**	**Lead Department**
1.1.1. Persons with a history of perpetrating GBV are not appointed to government and public institutions.	Comprehensive and functional vetting system. All public servants are vetted.	DPSA
1.1.2. Swift action is taken against any public servant when found guilty of any form of gender-based violence.	Enforcement of existing measures to respond to GBV by respective departments.	DPSA
1.1.3. Religious and cultural leaders are not eligible to continue to hold office whilst allegation of gender-based violence are held against them.	Legal framework governing the conduct of religious and cultural leaders in terms of GBVF is enacted.	DOJ& CD Parliament
1.1.4. Political, civil society and trade union leadership will be governed by a GBV code of account ability with clear consequences and actions.	Code of Conduct and Commitment. Mechanisms in place.	
1.1.5. Men are held accountable in public and private spaces for being respectful of ALL women and honoring their financial responsibility towards their children.	a) Media Campaign to shift social norms on masculinities. b) Regulations are in place that restrict access to specific services for maintenance defaulters.	GCIS DOJ&CD NCGBVF
1.1.6. Private sector is held accountable for the development and roll out of sexual harassment policies and workplace strategies which are incentivised.	a) Annual Accountability Social Audit Report. b) All work places have sexual harassment policies and work place strategies.	DEL BUSA
1.1.7. CSOs engage in peer monitoring processes and citizen -based monitoring.	Horizontal feedback mechanisms in place: performance linked to access to representivity and opportunities.	NCGBVF
1.1.8. Responsible and sensitive reporting of GBVF.	Ethical guidelines for media and communicators developed, implemented and monitored.	NCGBVF

1.1.9. Positive media presence in response to GBVF crisis demon-strating consistent messaging and a high level of responsiveness.	a) Overarching communication strategy developed with key overall messages and audience specific messaging (b) Prompt responses to all GBVF related issues using range of media platforms.	NCGBVF
1.1.10. Website owners including blogs, social media pages, forums, or chat rooms, particularly those with comments, should intervene and immediately take firm action, including moderating comments, publicly condemning perpetrators, reporting them to authorities, or banning such users. Owners should adopt zero-tolerance policies on cyber violence.	Social Media Accountability Framework and Process in place.	NCGBVF
1.1.11. The CGE, and other Chapter 9 institu-tions, play a complimentary role to the Council in the monitoring of the NSP.	Roles and complementarities in relation to monitoring identified and rolled out.	CGE
1.1.12.Parliamentary oversight of the NSP takes place.	a) A special multi-sectoral parliamentary committee established. b) Implementation of the GBVF NSP is overseen.	Parliament
1.1.13. NSP GBVF priorities are fully integrated, costed and monitored in all relevant departmental and municipal plans and frameworks under this administration.	a) GBVF national priorities rolled out as integral to departmental strategic plans at national, provincial and local levels, signed off in APPs and IDPs and integrated into operational plans. b) Check list developed by DWYPD and DPME to facilitate on going alignment for all government departments.	DWYPD DPME
1.1.14. Leadership within and across government and non-government sectors is nurtured and built to strengthen the national response to GBVF.	a) Ongoing leadership indabas at national and local levels, across sectors. b) Self and collective reflection, and strengthen openness to ongoing learning and development encouraged.	NCGBVF
1.1.15. All public servants and others involved in the delivery of prevention and response services are held accountable for effective service delivery.	a) Clear checklists in place for different service providers. b) Monitoring systems in place. c) Communication channel for reporting unacceptable services in place. d) Consequence management systems in place, for failure to deliver in relation to GBVF response and prevention.	All relevant departments NCGBVF

Five-year Outcome/*Change we want to see over next decade*	1.2. Strengthened multi-sectoral coordination and collaboration across different tiers of government and sections of society based on relationships of trust give effect to the pillars of the NSP.	
Short term Outcome	**Outputs**	**Lead Department**
1.2.1. Multi-sectoral, autonomous fully functional structure with optimal institutional arrangements and adequate resourcing in place overseeing implementation and coordination of the plan.	a) Legislation is in place. b) Council members are appointed for national structure. c) Operational arrangements, including budgets are in place.	Presidency
1.2.2. Multi-sectoral, autonomous provincial structures with optimal institutional arrange-ments and adequate resourcing are in place.	a) Council members are appointed for provincial structures. b) Operational arrangements, including budgets are in place.	Premier's Office
1.2.3. Relationships of trust and cooperation developed between key stakeholders around a locally rooted implementation plan driven by provincial and local multi-sectoral GBV mechanisms.	a) Local structures/mechanisms in place for different contexts. b) NSP targets integrated into IDPS and local priorities defined. c) Approach designed to build trust and meaningful collaboration (team building). d) Operational arrangements including budgets are in place.	COGTA
1.2.4. Effective coordination at district level that responds and prevents GBV.	a) District-level coordinating teams in place that work around a common agenda. b) District level service delivery model developed to respond to GBV.	COGTA
1.2.5. Feedback mechanisms at regular intervals.	a) Multi-sectoral M&E framework in place with robust feedback mechanisms at regular intervals. b) Sector-wide Monitoring and Evaluation System in place, building onto existing government-wide framework capturing clear and meaningful targets.	DPME DWYPD
1.2.6. Appropriate and responsive funding and processes in place at national, provincial and local levels drawn from range of funding sources.	a) Multi-sectoral GBVF Fund established. b) Private sector funds raised. c) Development partner funding mobilised. d) Clear criteria and operational systems are in place to facilitate strengthened support for expanded and customised responses.	DSD/NDA
1.2.7. Technology intermediaries adhere to human rights standards to protect women's rights on online platforms and new technologies.	a) Public commitment made by technology intermediaries. b) Cyber violence programme designed and rolled out.	FPB

Table 4: Pillar 2: Prevention and Rebuilding Social Cohesion

Ten-year Outcome/*Change we want to see over next decade*		
South Africa has made considerable progress in rebuilding social cohesion in ways where GBVF and violence more broadly is deemed unacceptable.		
Five-year Outcome/*Change we want to see over next decade*	2.1. Strengthened delivery capacity in South Africa to roll out effective prevention programmes.	
Short term Outcome	**Outputs**	**Lead Department**
2.1.1. Development of a comprehensive National Prevention Strategy.	a) National Prevention Strategy in place. b) Context specific home-grown holistic set of interventions adapted. c) Interventions accessible for all disability groups.	NCGBVF
2.1.2. Context specific, home-grown holistic, set of interventions are adapted to more deeply understand what is required to effectively prevent all forms of GBV and violence more broadly in South Africa.		
2.1.2. Adaptability for disabled persons is built into the design, and materials are made accessible for all disability groups.		
2.1.3. Transformational training approaches and materials with consistent prevention messaging for the public sector, schools, communities and diverse audiences is adapted and developed.	a) Transformational materials available. b) Centralised GBV prevention hub is in place, linked into National Centre on Violence and Crime Prevention.	NCGBVF
2.1.4. A layer of trained and supported community level workers and activists engage in prevention activities at household and community level aligned to local plans.	a) Capacity building of CDWs and CHCWs. b) Roll out and training of district level coordinators.	NCGBVF DSD DOH
2.1.5. GBV organisations involved in services are trained to integrate prevention and healing components into their interventions.	GBV response service providers trained.	NCGBVF
2.1.6. Workplace GBV interventions in identified sectors are piloted and rolled out.	A model for GBV workplace interventions developed and rolled out by Department of Employment and Labour.	DEL
2.1.7. Promising, innovative interventions in key areas (substance abuse, lay mental health care workers, LGBTQIA+ persons, disability and economic power) are identified, tested and expanded.	a) Partnerships between research institutions and local NGOs to document and strengthen good practices established. b) Promising innovations around key areas identified, tested and rolled out.	NCGBVF

2.1.8. GBV prevention is integrated into programmes that address related social issues, specifically alcohol abuse, HIV prevention, economic empowerment of women, youth and LGBTQIA+ individuals; and	a) Mainstreaming models for critical areas developed and piloted. b) Integration of GBV into job creation initiatives. c) Integration of GBV into community poverty eradication initiatives.	NCGBVF
2.1.9. GBV prevention is intentionally integrated into job creation and poverty eradication initiatives in communities.		DPWI DEL
Five-year Outcome/*Change we want to see over next decade*	2.2. Behaviour and social norm change within key groups as a result of the roll out of effective prevention interventions.	
Short term Outcome	**Outputs**	**Lead Department**
2.2.1. An evidence-based prevention intervention is rolled out targeting school going children.	Good Schools Toolkit piloted and adapted.	DBE
2.2.2. Awareness and prevention programme for institutions of higher learning is developed and rolled out.	Prevention and Awareness. Programme rolled out.	DHET
2.2.3. A programme specifically targeting religious leaders is rolled out to harness their capacity as agents of social norm change.	Programme for religious leaders adapted and rolled out.	NCGBVF
2.2.4. A programme specifically targeting traditional leaders and healers on specific harmful practices with a province specific focus is developed and rolled out.	Programme for traditional leaders and healers developed and rolled out.	COGTA
2.2.5. A community-based intervention to address harmful gender norms is rolled out and assessed across a spectrum of communities.	Stepping Stones and SASA Model adapted and rolled out.	NCGBVF COGTA
2.2.6. Community programmes to build safe communities sensitive to the needs of women, children and LGBTQIA+ persons are integrated to IDPS and continually rolled out.	IDP related interventions rolled out.	COGTA SAPS
2.2.7. Cyber-awareness programmes that are disability-accessible and responsive on online safety, protection and digital security for the public, including young children and parents, are rolled out; 2.2.8. Capacity building of police, prosecutors and the judiciary on emerging cyber threats so that they are able to better appreciate the nature of the crimes, can respond effectively to	Cyber Awareness programme rolled out. Cyber specific capacity building of criminal justice sector officials. Regulations developed.	FPB SAPS DOJ&CD SAJEI

complaints when filed, and enforce existing laws; 2.2.9. Regulations to ensure that mobile phones used by children are identified and content to such devices is filtered, is revised.		
2.2.10.Building onto the ERAP, multi-pronged multi-media campaign is rolled out in a sustained way aligned with messaging being communicated in the behavioural change interventions in ways that reach all South Africans; 2.2.11. Interventions that formalise media efforts towards equal women's representation, a positive portrayal of women and LGBTQIA+ persons in the media and sensitive reporting of GBV are promoted.	Sustained multi-pronged media campaign rolled out (e.g. Soul City Campaign)	GCIS
Five-year Outcome/*Change we want to see over next decade*	2.3. Shifts away from toxic masculinities towards embracing positive alternative approaches to expressing masculinities and other sexual and gender identities, within specific communities/groups.	
Short term Outcome	**Outputs**	**Lead Department**
2.3.1. A programme targeting men and their role as fathers, is piloted and rolled out; 2.3.2. A behaviour change intervention focused on building gender equitable approaches to communication and relationships is rolled out using religious institutions and workplaces as possible platforms; 2.3.3. Community outreach interventions to raise awareness and generate acceptance of different expressions and forms of SOGI are rolled out.	a) Programmes targeting men adapted and rolled out (e.g. Brothers for Life). b) Media and awareness interventions promoting positive and alternative images of masculinities rolled out. c) Community interventions rolled out to facilitate an embracing of different forms of SOGI.	DSD DBE NCGBVF GCIS
Five-year Outcome/*Change we want to see over next decade*	2.4. Optimally harnessed VAC programmes that have an impact on GBVF eradication.	
Short term Outcome	**Outputs**	**Lead Department**
2.4.1. Prevention efforts are integrated into the roll out of the national ECD programme.	Prevention interventions integrated into ECD Programme.	DSD DBE

2.4.2. Parenting programmes to equip mothers and fathers with non-violent and gender transformative communication and parenting skills are rolled out.	Parenting Programmes (e.g. Sinuvuyo, Seven Passes) rolled out.	DSD DBE
2.4.3. After school care programmes are rolled out, targeting informal settlements and communities where children are particularly vulnerable to violence.	After school care programmes rolled out.	DBE
2.4.4. Intentional integration and cross fertilization of programming focused on VAW and VAC takes place, particularly as it relates to parenting skills and corporal punishment more broadly.	Systems and structures for strengthened inter linkages between VAC and VAW programming in place.	DSD
Five-year Outcome/*Change we want to see over next decade*	2.5. Increased cross fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBV prevention and violence prevention interventions.	
Short term Outcome	**Outputs**	**Lead Department**
2.5.1. Violence prevention against persons as a result of sexual orientation and sexual and gender identity, is increasingly integrated into GBV prevention programming.	Sexual orientation and gender identity violence prevention integrated into GBV prevention programming.	DSD DBE SAPS DOJ&CD
2.5.2. Violence prevention programmes at community levels integrate prevention of GBV into their interventions and vice versa.	Violence prevention programmes at community level integrate GBV and vice versa.	DSD DBE SAPS DWYPD
Five-year Outcome/*Change we want to see over next decade*	2.6. Strengthened programming that addresses the restoration of human dignity, builds caring communities and responds to historic and collective trauma.	
Short term Outcome	**Outputs**	**Lead Department**
2.6.1. A cadre of lay mental health workers is trained to support individuals at a community level to deal with ongoing psychosocial issues.	A cadre of lay mental health workers trained.	DOH NCGBVF
2.6.2. Local formations that provide spaces for dialoguing, self-expression and developing practical solutions are established (with survivors, with mixed community groups, with men, with LGBTQIA+ persons etc. in ways that make sense for communities).	Circles of Healing established.	NCGBVF

2.6.3. Non-violent art expression, espousing transformative values, is encouraged at a community level across art forms.	Community, school and individual art awards across ages.	DSAC NCGBVF
Five-year Outcome/*Change we want to see over next decade*	2.7. Public spaces are made safe and violent free for all women and children.	
Short term Outcome	**Outputs**	**Lead Department**
2.7.1. IDP processes integrate safety audits.	a) Safety audits undertaken by municipalities. b) Street lighting, bridges, isolated parks, shebeens, drug dealers, and related factors integrated in safety plans. c) Development of IDPS through integrating a gender analysis and perspective to planning in the built environment and budgeting.	COGTA SALGA Community Structures
2.7.2. Women, children and LGBTQIA+ persons are able to access safe transport.	Safe Transport Campaign rolled out.	Department of Transport Local Municipalities NCGBVF
2.7.3. Public parks are made safe for children.	Safe Parks Initiative rolled out (e.g. Isibindi Programme).	DSD Local Municipality NCGBVF

Table 5: Pillar 3: Justice, Safety and Protection

Ten-year Outcome/*Change we want to see over next decade*		
The criminal justice system provides protection, compassion, respect, support, safety and justice for survivors of GBV and femicide and effectively holds perpetrators accountable for their actions.		
Five-year Outcome/*Change we want to see over next decade*	3.1. All GBV survivors are able to access efficient and sensitive criminal justice - that is quick, accessible, responsive and gender neutral.	
Short term Outcome	**Outputs**	**Lead Department**
3.1.1.Interventions are in place to respond to specific barriers that victims may face in accessing information and services, addressing the unequal and inequitable spread of victim services.	a) Disability services, including sign language interpreters, and the provision of counter induction loop systems and sensitisation training, are available at police stations, and other points within the CJS are available. b) Infrastructural alterations are done, based on the audit of CJ completed under the emergency plan, to ensure that they are victim-friendly, disability friendly and child friendly, where necessary. c) Court based victim support services and witness protection are available, particularly in rural areas. d) Quality legal aid support is readily accessible for women and LGBTQIA+ persons who cannot afford litigation. e) Information on GBV laws and policies and how these can assist is widely made available. f) e-services are available to survivors to ensure quick access to justice. g) Information on cases is readily available for victims to access and track.	SAPS DOJ&CD IJS Legal Aid South Africa NPA DOH GCIS
3.1.2. Training and support is provided to all service providers within the CJS dealing with GBVF matters (including police, prosecutors, magistrates, intermediaries, court preparation officers, heath care providers and policy makers) to strengthen victim-centric survivor-focused services and prevent any forms of secondary victimisation.	a) GBV Service Delivery Training provided. b) Trauma debriefing programme provided.	Universities Justice College South African Judicial Educational Institute Police Colleges/ Academy and Regional Training Centres National School of Governance Health care training institutions
3.1.3. Investigation by SALRC in respect of reparations for victims of crime and develop enforcement mechanisms for	Enforcement mechanisms developed on compensation and restitution for victims.	SALRC

the right to compensation and right to restitution espoused by the Victims Charter is finalised by target date.		
Five-year Outcome/*Change we want to see over next decade*	3.2. Strengthened capacity within the CJS to address impunity overall; effectively respond to femicide and facilitate justice for GBV survivors.	
Short term Outcome	**Outputs**	**Lead Department**
3.2.1. Infrastructure, human resources (detective, forensic, investigation and prosecution) capacity is in place at FCS units and SOCs to facilitate effective service delivery.	a) Infrastructure upgraded. b) Human resource plan is developed. c) Human resource capacity is augmented.	SAPS DOJ&CD NPA
3.2.2. Gaps and misalignment in GBVF related legislation are identified and addressed.	a) Legislation reviewed and amended. b) Critical inter linkages and misalignment between formal and informal systems addressed. c) Misalignment and gaps within municipal by laws addressed.	DOJ&CD DSD FPB DBE
3.2.3. Back log of GBVF cases is cleared.	a) Case Management System for dealing with back log enhanced. b) Back log cleared.	DOJ&CD NPA Office of the Chief Justice Legal Aid South Africa
3.2.4. Effective implementation of GBV legislation with adequate resourcing and budgets.	a) Costing for the implementation of legislation in place. b) Adequate resources allocated.	DOJ&CD SAPS DSD FPB DBE National Treasury
3.2.5. Strengthen the institutional capacity of the criminal justice institutions to prevent, and respond to gender-based violence.	a) Criminal justice policies, including investigatory and prosecutorial and judicial policies reviewed. b) National Femicide Watch in place and annually published.	DOJ&CD NPA IJS Office of the Chief Justice
3.2.6. Critical policy and service delivery issues relating to undue length of remand detention, inadequate use of diversion programmes, overcrowding in correctional facilities, rape within correctional facilities and limited rehabilitation and welfare programmes for first time offenders are addressed.	a) Audit of DCS policy and service delivery issues completed. b) Findings implemented.	DCS
3.2.7. Persons providing services directly to children and mentally disabled persons are vetted against the NRSO3.	a) Ongoing vetting of officials providing services to children and mentally disabled persons.	DOJ&CD All depart-ments

3.2.8. Concerted efforts to address misconduct including corruption and any forms of sexual harassment and GBV by officials within the CJS are dealt with by the employer and the CJS.	b) Corruption cases and any other forms of sexual harassment and GBV by CJS officials dealt with. c) Any forms of sexual harassment by public sector officials and within civil society sector dealt with decisively.	Civil society
Five-year Outcome/*Change we want to see over next decade*	3.3. Amended legislation related to GBV areas that build on legislative reforms initiated under the ERAP.	
Short term Outcome	**Outputs**	**Lead Department**
Amendment of 3.3.1. Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 dealing with the National Register for Sex Offenders (NRSO) to extend protection to all victims and survivors of sexual offences.	Chapter 6 of Criminal Law amended.	DOJ&CD Parliament
3.3.2. Overhaul of the Criminal Procedure Act, 1977 to make it victim-centric, including the review of bail provisions.	Criminal Procedure Act amended.	DOJ&CD
3.3.3. Amendment of the Labour Relations Act to provide a provision on the vetting of all employees dealing with GBVF matters.	Labour Relations Act amended.	Parliament DEL
3.3.4. Amendment of Customary Marriages Act – registration of marriages, recognition of cross-national marriages; same sex marriages - coordination with DHA.	Customary Marriages Act amended.	Parliament DOJ&CD DHA
3.3.5. Finalisation of Traditional Courts Bill.	Traditional Courts Bill finalised.	DOJ&CD COGTA Parliament
3.3.6. Finalisation of outstanding legislative measures and policies that relate to the decriminalisation of sex work.	Legislative measures and policies relating to the decriminalisation of sex work are finalised.	Parliament DOJ&CD
3.3.7. Inclusion of cyber violence in the Cyber Crimes Bill to address on line sexual violence, violence and exposure of children to pornography by target date.	Cyber Crime Bill includes sexual violence, violence and exposure of children to pornography.	FPB Parliament
3.3.8. Enactment of the Hate Crime and Hate Speech Bill.	Hate Crime and Hate Speech Bill enacted.	DOJ&CD
3.3.9. Amendment of Older Persons Act.	Older Persons Act amended.	DOJ&CD

3.3.10. Amendment of Film and Publication Act.	Film and Production Act amended.	DOJ&CD Communi-cations
3.3.11. Finalisation of Domestic Partner-ship Bill.	Legislative framework on Domestic Partner-ship Bill finalised.	DOJ&CD

Table 6: Pillar 4: Pillar Four: Response, Care, Support and Healing

Ten-year Outcome/*Change we want to see over next decade*		
Victim-centred and survivor-focused accessible, equitable and quality services are readily available across the criminal justice system, health system, educational system and social support system at respective levels OR Improved and expanded response, care and support services to all women, children and LGBTQIA+ persons who experience gender-based violence that is standardised, meets their specific needs and contributes towards their healing.		
Five-year Outcome/*Change we want to see over next decade*	4.1. Strengthened existing response, care and support services by the state and civil society in ways that are victim-centred and survivor-focused to facilitate recovery and healing.	
Short term Outcome	**Outputs**	**Lead Department**
4.1.1. Finalisation of overarching policy and legal framework for Response Care & Support: Victim Empowerment Support Services (VESS) Bill and White Paper on Social Welfare Services (WPSWS) in adopted; Development of a core package of services and related costing is in place.	a) VESS Bill enacted. b) WPSWS adopted by Cabinet. c) M&E framework for victim friendly, survivor focused service delivery developed and implemented. d) Core Package of Services & Costing developed and institutionalised.	DSD Parliament
4.1.2. Standardisation approach to sheltering in place i.r.t. funding, services, housing children in shelters, referrals, service level agreements and addressing the needs of specific groups, including disabled women, lesbian and trans women.	a) Standardisation framework in place.	DSD
4.1.3. Additional human resourcing, infrastructure and capacity is provided for existing and new shelters to adequately respond to the needs to the LGBTQIA+ community, and for the children of survivors.	a) Shelter infrastructure upgraded (gradually to meet standard articulated in framework). b) Additional human resources hired and capacitated.	DSD Civil Society DPWI
4.1.4. Public buildings are made available for sheltering, interim housing arrangements for survivors, in consultations with CSOs to facilitate healing. Standardised Shelter Framework in place.	a) DPWI multi-sectoral sheltering project task team established. b) Public buildings upgraded and availed (meeting standards articulated in framework).	

4.1.5. Police officers and stations are capacitated and supported to provide victim friendly support services to survivors: implementation and monitoring of key policies relating to police duties in relation to domestic violence and sexual offences are fast-tracked; VFRs are expanded and SLAs are in place with DSD for effective psychosocial support services - this should include responses to cyber-related violence.	a) Implementation of Ministerial Six Point plan. b) Police officers trained. c) Policy of Reducing Barriers to the Reporting of Sexual Offences and Domestic Violence developed and implemented. d) Policy on the Investigation and management of Serial Rape and Serial Murder developed and institutionalised.	SAPS CSP CSP
4.1.6. Operational research conducted to better understand the drivers of secondary victimization and develop appropriate responses to it.	a) Studies conducted on secondary victimisation during encounter with justice cluster. b) Policy informed by research evidence on secondary victimisation developed and institutionalised.	SAPS
4.1.7. Victim friendly facilities including TCCs function optimally.	a) Agreement in place for DOH to manage TCCS. b) DOH strategic plan and operational plans and budgets at TCC facility level - TCC are adequately resourced to effectively provide integrated services at health care facilities, managed by the DOH. c) Social workers hired through emergency plan budget and placed in victim friendly facilities are sustained. d) Additional psycho - social workers are retained, and incrementally increased through workplace and educational institution interventions.	DOH NPA DSD DSD
4.1.8. Clinical care expanded and offered at primary health care (PHC) sites to complement the services provided at TCCs and other specialised sites in order to reach more survivors who cannot or will not access services at TCCs - Service providers should use clinical enquiry to identify individuals who are experiencing violence during the provision of HIV testing, initiation on ART, and routine HIV clinical care appointments. Those who disclose a fear of or are currently Post GBV clinic care integrated with PHC service delivery.	a) Post GBV protocol for primary health care facilities developed and rolled out. b) Protocol for identifying and acting on GBV using clinical inquiry during HIV testing, initiation on ART, and routine HIV clinical care developed and rolled out. c) Health care providers capacitated to respond sensitively to sexual health related issues for transgender persons accessing health care through transition.	DOH
4.1.9. NGOs providing support to victims adequately resourced.	a) Funding Model for NGOS providing services to victims of crime and GBV. b) NGOs adequately funded and supported.	DSD Civil society
4.1.10. GBV Command Centre and other help line infrastructure functioning optimallyand human resourcing is strengthened, using technology to	a) Technology harnessed in GBV response. b) Command Centre adequately capacitated.	DSD

facilitate rapid and sensitive responses to survivors; harnessing technology in the response.		
Five-year Outcome/*Change we want to see over next decade*	4.2. Secondary victimisation is eliminated through addressing specific individual and systemic factors driving it.	
Short term Outcome	**Outputs**	**Lead Department**
4.2.1 Psychosocial Support Programme for all frontline workers in place and rolled out, including those working in CSOs.	a) Mandatory debriefing and psychosocial support services provided to all front line workers including b) Institutional mechanisms such as compulsory leave, task shifting and team building provided to all frontline workers.	DSD DOH SAPS DOJ&CD DBE DHET All other departments
4.2.2.Intervention to build caring non-violent institutional cultures for caring non-violent services, building onto Batho Pele.	a) Performance management system that engenders accountability and rewards good behaviour implemented/enforced.	NPA NCGBVF
Five-year Outcome/*Change we want to see over next decade*	4.3. Victims feel supported by the system to access the necessary psychosocial, material and other support required to assist them with their healing.	
Short term Outcome	**Outputs**	**Lead Department**
4.3.1. A seamless integrated service delivery model is developed (drawing on existing good practice) that strengthens relationships and referrals across service providers, and rural and urban settings	a) A seamless integrated service delivery model is developed and implemented. b) Existing one stop models (Khusuleka, TCCs) capacitated and strengthened.	DSD DPLG
4.3.2. Dealing with systemic challenges that survivors may face, and facilitate prompt resolution.	a) Community based support delivery model developed. b) Community Rapid Response Teams are in place. c) Response, Care and Emergency Fund piloted in the EGBFVRP is formalised to provide critical emergency financial support to survivors.	Council at local level DOJ&CD
Five-year Outcome/*Change we want to see over next decade*	4.4. Strengthened community and institutional responses to provide integrated care and support to GBVF survivors and their families that takes into account linkages between substance abuse and HIV/ AIDS.	
Short term Outcome	**Outputs**	**Lead Department**
4.4.1. Community members and structures, educational institutions and	a) Community members and structures (including FBOS) capacitated with	NCGBVF DSD

work places are capacitated and supported to provide support to GBV survivors and their families.	information, skills and support to provide containment support to survivors and others through the roll out of a lay mental health intervention. b) Community-based support groups established. c) Psychosocial support services for GBV survivors at educational institutions (schools, further and higher education institutions) and at work places established. d) Schools safety programmes established. e) DHET GBVF Policy framework implemented. f) Employee Wellness programmes expanded to include psychosocial services for victims of GBV and violence.	DBE DHET DEL
4.4.2. Community members are readily able to access care and support for themselves and their families on substance-abuse related interlinkages with GBV.	Strengthened referral and support networks for GBV and substance abuse, including alcohol abuse in place at a community level.	DSD DBE NCGBVF
4.4.3. Community members and structures, educational institutions and work places are capacitated and supported to provide support to GBV survivors and their families.	Strengthened referral and support networks for GBV and substance abuse, including alcohol abuse in place at a community level.	

Table 7: Pillar 5: Economic Power

Ten-year Outcome/*Change we want to see over next decade*		
Women, children and LGBTQIA+ persons are able to be free in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives.		
Five-year Outcome/*Change we want to see over next decade*	5.1. Accelerated initiatives that address women's unequal economic and social position, through access to government and private sector procurement, employment, housing, access to land, financial resources and income other generating initiatives	
Short term Outcome	**Outputs**	**Lead Department**
5.1.1. Develop, implement and support and monitor programmes for equitable job creation, representation and ownership by women.	a) Job opportunities with employment targets within respective sectors have specific gender targets. b) Public private partnerships are established to facilitate economic opportunities for women leaving shelters. c) Community based approaches to saving and income generation nurtured and rolled out.	DPWI DEL YDA DWYPD

5.1.1. Develop, implement and support and monitor programmes for equitable job creation, representation and ownership by women.	a) Job opportunities with employment targets within respective sectors have specific gender targets. b) Public private partnerships are established to facilitate economic opportunities for women leaving shelters. c) Community based approaches to saving and income generation nurtured and rolled out. d) Expand government spend on women. e) Economic development Intervention for survivors leaving shelters rolled out. f) Survivor-focused cooperatives /groups established to build entrepreneurship, healing and economic resilience.	DPWI DEL YDA DWYPD
5.1.2. Shelter and interim housing is in place.	a) Policy directive to ensure that women who leave abusive relationships, have access to housing - immediately and transitional housing thereafter in place. b) Multi-sectoral intervention in place Department of Human Settlements, Water and Sanitation.	DPWI
5.1.4. Gender transformative approaches taken to land reform initiatives.	Land made available for economic opportunities for women to participate in the food production value chain.	Dept. of Agriculture and Rural Development Dept. of Public Works and Infrastructure
5.1.5. Policy mechanisms to address range of gender related inequalities are in place.	a) Barriers to women's participation in strategic sections of the economy are removed, b) SETAs reconfigured with gender targets set for both workforce development as well as SETA Board appointments. c) Women's entrepreneurship is promoted by providing access to capital markets, technical assistance and networks. d) Gender representation targets set for forums involved in trade decision-making. e) Male cultural bias is removed in credit application, bond application and business funding. f) Accreditation in place for informal employment and businesses.	Dept. of Employment and Labor Dept. of Public Services and Administration BUSA JSE
5.1.6. Punitive financial penalties for companies and the state that perpetuate the gender wage gap.	Accountability and advocacy to ensure adherence to the principle of equal pay for equal work is driven overall with clear disaggregated targets in specific sectors.	Presidency NCGBVF DEL

Five-year Outcome/*Change we want to see over next decade*	5.2. Safe workplaces that are free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment.	
Short term Outcome	**Outputs**	**Lead Department**
5.2.1. Workplaces provide GBV services and prevention initiatives within the context of wider violence.	GBV Workplace programme developed and rolled out.	DEL DPSA BUSA
5.2.2. Employers are held accountable for programmes and policies being in place to ensure an adequate response to sexual harassment in the work place.	Sexual harassment policies in the work place monitored.	DEL Unions BUSA
Five-year Outcome/*Change we want to see over next decade*	5.3. 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.	
Short term Outcome	**Outputs**	**Lead Department**
5.3.1. GRPBM&EA Monitoring.	Integration of GBVF NSP targets into the delivery on specific departmental strategic plans and IDPS: Transport, Human Settlements, Public Works, Public Services and Administration, Employment and Labor, Agriculture and Rural Development, Cooperative Governance and Traditional Affairs and Trade and Industry and IDPS.	DWYPD COGTA
5.3.2. Better understand how to address the structure of work and work days, time poverty and gendered pay differentials within the work force.	a) Research Project to address structural challenges within the workplace. b) Piloting and roll out of specific recommendations.	Research Technical Team DEL Trade Unions NEDLAC
5.3.3. Valuing and recognising women's unpaid labor.	a) Campaign to raise awareness of women's unpaid labor, and advocate for changes. b) Policy framework developed on value of women's unpaid labor. c) Enabling and inclusive approach taken to structure and functioning of work.	DEL Trade Unions Women's rights organisations
5.3.4. Specific policy, legislation and interventions in place to protect specific groups of workers who are particularly vulnerable to specific forms of gender-based violence.	a) Specific policy and legislation developed to protect specific groups of workers. b) Interventions in place to address GBV vulnerabilities of farm workers. c) Interventions in place to address GBV vulnerabilities of sex workers and those who are victims of sex trafficking.	DOJ&CD Parliament DEL DME

	d) Interventions in place to address GBV vulnerabilities of domestic workers. e) Interventions in place to address vulnerabilities of women mine workers.	
Five-year Outcome/*Change we want to see over next decade*	5.4. Strengthened child maintenance and related support systems to address the economic vulnerability of women.	
Short term Outcome	**Outputs**	**Lead Department**
5.4.1. Accelerated Maintenance Support Programme.	a) Interventions and processes undertaken to facilitate mothers readily accessing the financial maintenance from the fathers of their children, that is due to them. (b) Mechanisms in place to prevent defaulting.	DOJ&CD DSD DEL

Table 8: Pillar 6: Research and Information Management

Ten-year Outcome/*Change we want to see over next decade*		
Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralised increasingly shapes a strengthened response to GBVF in South Africa.		
Five-year Outcome/*Change we want to see over next decade*	6.1. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups in South Africa.	
Short term Outcome	**Outputs**	**Lead Department**
6.11. A national study to understand of the magnitude of GBV in South Africa is rolled out.	Prevalence Study.	STATS SA with technical advisory team
6.1.2 A national study to understand of the extent of violence against LGBTQIA+ persons.	Prevalence study.	STATS SA with technical advisory team
6.1.3 Studies to develop a deepened understanding of the impact of online violence on women and LGBTQIA+ persons and potential strategies to address it are rolled out.	a) Research project on the impact of online violence on women in society. b) Strategies developed.	NCGBVF
6.1.4 Studies to develop a deepened understanding of economic and financial abuse in South Africa and strategies to address it are rolled out	a) Research projects on economic abuse. b) Strategies developed.	Economic Cluster Departments NCGBVF

6.1.5 Good community level practices are identified on an ongoing basis for further adaptation and possible replication and roll out.	On-going sharing of useful community interventions that could be further explored and possibly adapted and replicated.	NCGBVF
6.1.6 National and provincial teams in place to identify key provincial priority areas.	Provincial Advisory Teams in place.	NCGBVF
Five-year Outcome/*Change we want to see over next decade*	6.2. Strengthened use of existing research findings to shape GBV policy and programming interventions.	
Short term Outcome	**Outputs**	**Lead Department**
6.2.1. National repository for GBV research is established, as integral to wider violence research repository.	GBV Research Repository in place.	NCGBVF
6.2.2. Operational research gaps are identified and responded to within two-year cycles.	Specific operational research projects responding to gaps rolled out.	Technical Team with DOJ&CD, SAPS, DSD, DOH, DBE, DHET
Five-year Outcome/*Change we want to see over next decade*	6.3. Information relating to GBVF is readily available across different government management information systems, to address systemic challenges and facilitate effective solutions and responses	
Short term Outcome	**Outputs**	**Lead Department**
6.3.1. GBV Management Information Systems across government are integrated and strengthened to maximise service delivery and programming efficiencies.	a) GBVF Database cataloguing related information across different government management information systems in place. b) Database information used to address systemic challenges. c) Integrated information solution for GBVF victims is developed to capture their details and support services offered to them from the entry point into the criminal justice system to the exit.	IJS DOJ&CD
6.3.2 Data from NSP M&E system is shared in regular updates to track progress on respective pillars of the NSP.	a) Quarterly updates produced on NSP roll out. b) Policy Briefs.	NCGBVF DWYPD GCIS
6.3.3 Tracking and reporting tools relating to GBV service delivery are introduced to assess the quality of services in an ongoing way.	Tracking and reporting tools developed and rolled out.	NCGBVF DWYPD

INTERIM STEERING COMMITTEE ON GBVF

NAME	PROVINCE	ORGANISATION
CIVIL SOCIETY ORGANISATIONS		
1. SIBONGILE MTHEMBU	GAUTENG	SECRETARIAT
2. BRENDA MADUMISE	GAUTENG	#Thetotalshutdown
3. ONICA MAKWAKWA	WESTERN CAPE	THE WISE COLLECTIVE
4. ZUBEIDA DENGOR	GAUTENG	NATIONAL SHELTERS MOVEMENT OF SA
5. SHAHEDA OMAR	MPUMALANGA	THE TEDDY BEAR CENTER
6. COOKIE EDWARDS	KWAZULU NATAL	KZN NETWORK
7. LESLEY ANN FORSTER	EASTERN CAPE	MASIMANYANE WOMEN SUPPORT CENTRE
8. REBECCA MORT	WESTERN CAPE	WOMEN ON FARMS
9. RAKGADI MOHLAHLANE	GAUTENG	SHADOW NSP
10. NKHUMISENI TSHIVHASE	LIMPOPO	TVEP
11. SARAH LEKAE	FREE STATE	GOLDFIELDS
12. MMAJA MOTJALE	NORTH WEST	LIFELINE
13. NONHLAHLA SIBANDA	GAUTENG	CALL FOR ACTION
14. KUBI RAMA	GAUTENG	GENDERLINKS
GOVERNMENT		
1. OLIVE SHISANA	NATIONAL	PRESIDENCY
2. PRAISE KAMBULA	NATIONAL	DEPARTMENT OF JUSTICE
3. ESTHER MALULEKE	NATIONAL	DEPT OF WOMEN,YOUTH AND PEOPLE WITH DISABILITY
4. CRAIG MITCHELL	NATIONAL	SOUTH AFRICAN POLICE SERVICES
5. PHILLIP NYANDZANI	NATIONAL	SOUTH AFRICAN POLICE SERVICES
6. PIERRE SMITH	NATIONAL	NATIONAL PROSECUTING AUTHORITY
7. MMABATHO RAMAGOSHI	NATIONAL	DEPT OF WOMEN,YOUTH AND PD
8. SIZA MAGONGOE	NATIONAL	DEPT OF SOCIAL DEVELOPMENT
9. NETSHIDZIVHANI PAKISO	NATIONAL	DEPT OF HEALTH
10. JOSEPHILDA HLOPE	NATIONAL	DEPT OF PLANNING, MONITORING AND EVALUATION
11. PHUMEZA BANGANI	NATIONAL	GOV COMMUNICATION AND INFORMATION SYSTEM
12. SHOKI TSHABALALA	NATIONAL	DEPT OF WOMEN,YOUTH AND PD
13. CAIPHUS MAHUMANI	NATIONAL	DEPT OF HOME AFFAIRS
14. MALEKA PEBETSE	NATIONAL	TREASURY
15. SPINO FANTE	NATIONAL	DEPT OF HIGHER EDUCATION AND TRAINING
16. NALEDI STEMELA	NATIONAL	DEPT OF PUPLIC WORKS AND INFRASTRUCTURE
17. PHELISWA SEBATI	NATIONAL	GOV COMMUNICATION AND INFORMATION SYSTEM
18. DULULU HLATSHANENI	NATIONAL	DEPT OF BASIC EDUCATION

NAME	PROVINCE	ORGANISATION
EXPERT ADVISORY PANEL AND PARTNERS		
1. TAMARA BRAAM	NATIONAL	DRAFTER
2. TSAKANE KHAMBANE	NATIONAL	PRESIDENCY
3. TYRONE SEALE	NATIONAL	PRESIDENCY
4. JOAN MOEKETSI	NATIONAL	GIZ
5. NARDOS BEKELE-THOMAS	NATIONAL	UNITED NATIONS SA - RESIDENT COORDINATOR
6. ANNE GITHUKU-SHONGWE	NATIONAL	UNWOMEN
5. LOVENESS NYAKUJARAH	NATIONAL	UNWOMEN
7. BEATRICE MUTALI	NATIONAL	UNFPA
8. PRECIOUS MAGOGODI	NATIONAL	UNFPA
9. TABITA NTULI	NATIONAL	UNAIDS
10. SINAH MOERANE	NATIONAL	UNICEF
11. CARMEN ABDOOL	NATIONAL	CORNERSTONE
12. ZHULDYZ AKISHEVA	NATIONAL	UNODC
13. LINDA NAIDOO	NATIONAL	UNODC
15. ABIGAIL NOKO	NATIONAL	OHCHR
CHAPTER 9 INSTITUTIONS		
1. KEKETSO MAEMA		COMMISSION FOR GENDER EQUALITY
		CLR
RESEARCH INSTITUTIONS		
1. NOMPUMELELO ZUNGU		HSRC
2. MZIKAZI NDUNA		WITS
3. DR NWABISA SHAI		MEDICAL RESEARCH COUNCIL
4. SAMANTHA KHAN-GILLMOUR		DOCTORS WITHOUT BORDERS

PRESIDENTIAL SUMMIT AGAINST GENDER-BASED VIOLENCE & FEMICIDE

2 NOVEMBER 2018

Declaration

THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA

100 Nelson Mandela Centenary 2018 Be the Legacy

2030 NDP

ALBERTINA SISULU Centenary 2018

PREAMBLE

WE, the one thousand two hundred delegates of the South African Presidential Summit against Gender-based Violence and Femicide (GBV), held on 1 and 2 November 2018 in Pretoria, representing –

(a) survivors of gender-based violence;
(b) the government of South Africa; and
(c) South African society at large,

and coming from all walks of life, without any distinction in terms of race, colour, age, sex, gender identity, sexual orientation, disability, marital status, HIV status, language, ethnic or social origin, geographical location, political or other opinion, religion, conscience, belief, culture, birth, and nationality;

ACKNOWLEDGING that the epidemic of gender-based violence and femicide in South Africa is a national crisis;

AND RECOGNISING those who have survived gender-based violence as well as those who sadly paid the final sacrifice as a result of gender-based violence and have become a statistic of femicide;

AND ACKNOWLEDGING that the Presidential Summit against Gender-based Violence and Femicide is primarily an outcome of the mobilization efforts by women living in South Africa who, on 1 August 2018, marched in all nine provinces to express the indignation against the increasing levels of gender-based violence and femicide in the country, and the ineffective justice system over the past years;

AND FURTHER RECOGNISING that on the same day, under the umbrella of #TheTotalShutdown Movement, some women also marched to the Union Buildings in Pretoria where they handed a Memorandum of Demands to the President of the Republic of South Africa requiring inter alia that a national gender summit be hosted in the country;

AND THAT THEREFORE this Presidential Summit against Gender-based Violence and Femicide is the President's response to this demand, and is henceforth considered as a historical turning point since it has provided an opportunity for government, civil society and social movements to work together constructively with a common goal of eradicating gender-based violence and femicide in South Africa.

WE ARE-

DEEPLY CONCERNED that-

(1) The extent of gender-based violence and femicide in South Africa has reached crisis proportions;

(2) The rate of femicide in South Africa is reported to be amongst the highest globally;

(3) Gender-based violence, without excluding other related crimes like hate crimes and femicide, is an affront to our shared humanity as South Africans, a violation of the Constitution of the Republic of South Africa and an obstruction to sustainable human development;

(4) The realisation of a prosperous and vibrant democracy is deeply compromised by violence directed at women and gender non-conforming persons who constitute more than half the country's population;

(5) Gender-based violence impacts profoundly on the lives and well-being of survivors, families, communities and the broader society, and it potentially reproduces itself across generations;

(6) Women and gender non-conforming persons are not homogenous groups and are subject to intersectional vulnerabilities exacerbating the inequalities, discrimination and oppression.

AND WHILE RECOGNISING that:

(1) The Constitution of the Republic of South Africa sets the overarching framework for effectively protecting human rights of all persons, including women and gender non-conforming persons;

(2) A range of laws, policies, programmes and interventions are in place across all sectors to address gender-based violence and femicide, and the needs of all who are affected.

(3) Notwithstanding all interventions, prevention remains the key element in turning the tide against gender-based violence and femicide, which in South Africa has not received the necessary investment in order to make a positive and meaningful impact;

(4) The implementation of the existing legal framework and its accompanying actions is not fully effective since survivors continue to experience high levels of secondary victimization and inadequate responses from the criminal justice system;

(5) The psycho-social and related needs of survivors are not adequately addressed, with civil society organizations often bearing the brunt of providing care and response services in order to close service gaps in the justice system;

(6) The existing inequitable and inconsistent resourcing approach to Thuthuzela Care Centres, sexual offences courts, shelters, Khuseleka One Stop Centres and other related facilities across South Africa, render these facilities inadequate in order to meet the needs of all sectors, particularly persons with disabilities and Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA $^{+}$) persons;

(7) Harmful gender-based stereotypes in media reporting of women's objectification, men's entitlement and normative gender roles contribute to fuelling the levels of gender-based violence and femicide;

NATIONAL SUMMIT

FEMINIST

(8) There is poor accountability across all sectors providing services to survivors of gender-based violence, particularly in the allocation and use of resources in order to address the breadth and depth of the crisis.

THEREFORE, WE-

REAFFIRM our commitment to a united, comprehensive and effective prevention and response to gender-based violence and femicide in South Africa;

AND SUPPORT the call by the President of the Republic of South Africa:

(1) To all South Africans to prevent and respond to gender -based violence and femicide,

(2) For the establishment of a multi-sectoral coordinating body in order to lead and give oversight in all country interventions against gender-based violence and femicide;

(3) For the allocation of necessary and adequate resources in order to eradicate gender-based violence and femicide, and also to resource the development and the implementation of a national strategy against gender-based violence and femicide;

AND COMMEND the pledge made by the President of the Republic of South Africa for committing to –

(a) making financial resources available necessary to address gender-based violence and femicide;
(b) listening to the women of South Africa; and
(c) responding with the urgency required.

THEREFORE, WE

RESOLVE to work collaboratively in the total eradication of gender-based violence and femicide;

DECLARATION

WE DECLARE THAT-

ARTICLE 1

Political, government, business and community leadership take responsibility and support the cause of eradicating gender-based violence and femicide.

ARTICLE 2

Political, government, business and community leadership, and families be held accountable for actions and omissions that are contrary to the achievement of a South Africa that is free from gender-based violence and femicide, as determined in a national Code of Conduct or similar measure which will be developed by the multi-sectoral coordinating body, without excluding the existing related measures.

ARTICLE 3

An *Interim Gender-based Violence and Femicide Committee* be established immediately with resources allocated in terms of the Public Finance Management Act, 1999 (Act No. 1 of 1999) with the aim to -

(a) establish a permanent national multi-sectoral coordinating body, and
(b) implement actions listed in this Declaration, as agreed on by the said *Interim Committee.*

ARTICLE 4

The national multi-sectoral coordinating body -

(a) be championed by the President of the Republic of South Africa;
(b) be established within six months of the date on which this Summit Declaration is signed by the signatories below;
(c) be allocated adequate resources for its optimal functioning in accordance with the Public Finance Management Act, 1999 (Act No. 1 of 1999);
(d) be governed by a statutory framework to ensure its effective functioning;
(e) be inclusive in its representation, with at least 51% of its members coming from civil society;
(f) comply with the principles of fairness and justice when exercising voting powers;

(g) is transparent in the appointment of any person to its membership;

(h) develops a National Strategy with Action Plan for gender-based violence and femicide not later than six months after its establishment, which must -

(i) be adequately costed and resourced in terms of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

(ii) set out indicators to be complied with by all stakeholders, including civil society stakeholders; and

(iii) be monitored and evaluated on a regular basis by the national multi-sectoral coordinating body.

ARTICLE 5

The existing laws and policies applicable to gender-based violence and femicide are to be reviewed to ensure that they are more victim-centred and responsive, and that the identified legislative gaps are addressed without delay.

ARTICLE 6

The development of a regulatory framework for the functioning of religious, cultural and spiritual institutions be considered in order to curb gender-based violence and femicide perpetrated under the guise of religion and culture.

ARTICLE 7

The finalisation of outstanding legislative measures and policies that relate to gender-based violence and femicide, as well as the protection of the rights of women and gender non-conforming persons, be fast-tracked, in particular the Prevention and Combating of Hate Crimes and Hate Speech Bill, the Victim-Support Services Bill, and the policy relating to the decriminalisation of sex work.

ARTICLE 8

All laws and policies, programmes and interventions contemplated above, be adequately planned, costed and resourced, in line within the gender-responsive planning, budgeting and monitoring evaluation framework across government.

ARTICLE 9

A comprehensive costing and resourcing, in terms of the Public Finance Management Act, 1999 (Act No. 1 of 1999), for the effective functioning and management of the facilities that render support services to survivors of gender-based violence be conducted, which include the Thuthuzela Care Centres, designated public health establishments, sexual offences courts, family courts, shelters and Khuseleka Centres, so that they are able to address the needs of all survivors of gender-based violence, including persons with disabilities and the LGBTQIA+ persons.

ARTICLE 10

Existing national gender machinery and similar mechanisms are maintained, resourced, strengthened and re-invigorated.

ARTICLE 11

Existing information and research databases are strengthened in order to develop effective and coordinated evidence-based policies and programming that are inclusive of persons with disabilities and the LGBTQIA+ persons.

ARTICLE 12

Support services to survivors of gender-based violence are improved with the view to ensuring-

(a) ongoing capacity-building,
(b) regular provision of compulsory trauma debriefing programmes,
(c) specialization, and
(d) strengthened coordination

informed by legislation, policies, protocols, norms and standards on gender-based violence and femicide.

ARTICLE 13

All services offered to survivors of gender-based violence are free from secondary victimisation.

ARTICLE 14

In view of the link that exists between gender-based violence, substance abuse and HIV infections, the interventions that address these social ills be evaluated, resourced and strengthened in order to meet the competing demands of this crisis.

ARTICLE 15

The integration of systems for the optimal management of data throughout the justice system be finalised without further delay, which must include the collection of disaggregated data relating to survivors and offenders, from the point of entry into the justice system to the exit, with unique identifier functionality.

ARTICLE 16

All communicators and institutions of communication develop, adopt and execute ethical guidelines or frameworks for reporting gender-based violence and femicide incidents in order to promote fairness, respect for dignity and privacy and also introduce compulsory social context training for the media and communication sectors.

ARTICLE 17

The existing education and training system be evaluated with a view to strengthening prevention initiatives in respect of, and responses to, gender-based violence and femicide at all levels of the said system.

ARTICLE 18

New social behaviour change programmes are introduced in communities or that such existing programmes are strengthened in order-

(a) to address patriarchal values and norms and structural drivers of gender-based violence and femicide,
(b) to target all people living in South Africa, including all persons strategically placed to influence attitudes, behaviours and practices, and
(c) to be supported by an effective and resourced communication strategy in accordance with the Public Finance Management Act, 1999 (Act No. 1 of 1999).

ARTICLE 19

Economic development for women that takes into account gender non-conforming and other marginalized groups is promoted.

AND HAVING REGARD to the adoption of the Summit Declaration by the delegates on 2 November 2018;

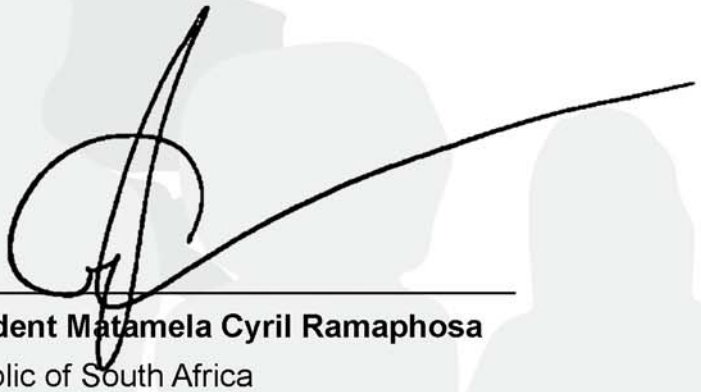
AND HAVING AGREED THAT this Declaration is the embodiment of priority actions setting a roadmap to a South Africa free from gender-based violence and femicide, as envisioned by the National Development Plan, 2030;

AND HAVING ACKNOWLEDGED THAT this Declaration is an affirmation of firm intent;

AND HAVING FURTHER ACKNOWLEDGED THAT the interpretation of this Declaration shall be in accordance with the ordinary grammatical meaning and within the context of the Constitution and the laws of South Africa;

NOW IT IS THEREFORE PROCLAIMED THAT this ***PRESIDENTIAL SUMMIT DECLARATION AGAINST GENDER-BASED VIOLENCE AND FEMICIDE*** is hereby assented to and signed by the following signatories:

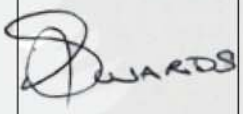
On behalf of the government of South Africa:



His Excellency President Matamela Cyril Ramaphosa
President of the Republic of South Africa

Date: 28 March 2019

On behalf of civil society:

No	Organisation	Representative	Position	Signature
1.	#TheTotalShutDown	Sibongile Antonette Mthembu	Steering Committee member	
2.	Call to Action	Nonhlanhla Sibanda-Moyo	Representative	
3.	Genderlinks	Lindi Zelda Khoza	Representative	
4.	KwaZulu-Natal Network on Violence against Women	Nizaam Edwards	Coordinator	
5.	National Shelter Movement of South Africa	Dr. Zubeda Dangor	Head of the Executive	
6.	Shukumisa Campaign	Shaheda Omar	Steering Committee Member	
7.	Stop Gender-based Violence Campaign	Rakgadi Mohlahlane	Coordinator	
8.	Women Inkwelo Network	Lesley-Ann Foster	Executive Director	
9.	Women on Farms Project	Rebecca Mort	programme Coordinator	

PRESIDENTIAL SUMMIT
AGAINST GENDER-BASED
VIOLENCE & FEMICIDE

2 NOVEMBER 2018

Rise-Up Against Gender-Based Violence

1837 Msimango Street,
ORLANDO 1804
Johannesburg, South Africa

073 595 3773 • 071 711 2712

#TheTotalShutdown

SUMMARY: MEMORANDUM OF DEMANDS

01 August 2018

TO: His Excellency President Cyril Ramaphosa

On 1st of August 2018, women (both cisgender and transgender women) and gender non-conforming people (GNC) will deliver this memorandum to the Government of South Africa.

We, the women of this country are aware that gender based violence against women, non-conforming women and intersectional women has reached levels that are unacceptable and cause untold harm. We are also aware of the complex multi layered factors that have resulted in South Africa being counted amongst the highest ranking countries with unprecedented levels of gender based violence against women (GBVAW). We acknowledge that there have been numerous protests and activities undertaken by many Non-governmental organisations and other interest groups in our society fighting this scourge. It is evident to us that without a Total integrated action by all relevant segments of our society as well as political will, nothing will change to eliminate this scourge. That is why as women , we have been moved to rise, march and protest to demand an end to gender based violence against women today.

This document sets out our list of demands to the state. It's an initial set of twenty four demands that represent each year that the state has failed to ensure our constitutionally entrenched right to be free from all forms of violence since the establishment of our constitutional democracy. We believe that an integrated approach to fight against the GBVAW scourge, where different arms of government work together, has the ability to ensure better protection for women. We understand that different arms of government have different powers and functions, it is not the intention of our memorandum to comprehensively set out which entity must do what. Our aim is to demand that the state must do everything within its powers, to enable us to realise our right to be free from violence, whether it emanates from public or private sources.

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WE DEMAND:

Our right to be free from violence and an end to impunity for GBVAW (gender-based violence against women) - NOW!

1. Widespread and that it cannot be tolerated at any level of society. This includes a commitment never to appoint any individual who has been implicated or minimises the causes and consequences of GBVAW to cabinet or to lead a state institution. Further, a commitment to establish and drive a multi-stakeholder and comprehensive process to address and reduce GBVAW and a commitment to announce the dates of a national gender summit before 30 August 2018.
   DEADLINE: 09 August 2018

2. A review of past national action plans to end GBVAW with a view to understanding why they failed. .The Ministry of Women in the Presidency be seized with the convening of a national process to lead the review. The terms of reference must include the participation of all relevant stakeholders including, relevant government departments and civil society formations. The process must also identify the individual and institutional causes of the failure and make recommendations.
   DEADLINE: 30 September 2018

3. The development of a criteria and screening for appointing individuals who are tasked with leading efforts to end and respond to GBVAW. This includes the development of a criteria that seeks individuals who understand that GBVAW is a form of discrimination, it is overwhelmingly gender specific and it happens to women because they are women. It must also recognise that efforts to end GBVAW must be led by women and communities disproportionately affected by gender discrimination which includes transgender and gender non-conforming persons and who have worked on GBVAW issues; and have an understanding of the role that the state has to play in preventing violence from occurring and responding to violence once it has occured.
   DEADLINE: 30 September 2018

4. A development of a National Action Plan on Gender Based Violence (GBV) whose terms of reference will be determined by the review process envisaged under demand number two. The plan could be in the form of an update of the action plans that were not implemented. Furthermore, gender diversity as it relates to transgender and gender non-conforming persons must be integrated into the National Acton Plan on GBV to broadly combat and prevent GBV and hate crimes.
   DEADLINE: 30 October 2018

5. Resuscitation of the Joint Monitoring Committee on the Quality of Life and Status of Women. A prerequisite for committee membership is a proven track record on working on GBVAW and gender diversity issues. The committee must develop a legislative schedule to assess the implementation of current legislation aimed at combating GBVAW with a view to determining the role played by gaps in the law in the failure to implement the law. To the extent that there are gaps, undertake law reform process.
   30 October 2018

6. The establishment of accountability and oversight mechanisms to ensure that an adopted National Action Plan is implemented. This includes the establishment of an independent Ombud on GBVAW, a special parliamentary oversight committee, and a specific enquiry mandate for the South African Human Rights Committee, Commission for Gender Equality and Commission for the Protection of the Rights of Cultural, Religious and Linguistic Communities.
   25 November 2018

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7. Focusing on the prevention of re-victimisation and re-traumatisation through the establishment of a national and properly resourced hotline that will enable survivors to request and receive information on support services.
   30 November 2018

8. Provision of prevention services and information on GBVAW with a view to raising awareness on the different forms of GBVAW, preventing violence and changing attitudes. This includes, among other things, updating the school curriculum to include content that informs learners about GBVAW and gender diversity.
   25 November 2018

9. Training for legislators to provide them with information on key features of drafting legislation on developing laws aimed at combating GBVAW and promoting gender diversity and equality. The training programmes must include international human rights standards and model laws on legislating on GBVAW and gender diversity.
   30 November 2018

10. Consistent sentencing and enforcement of existing laws in particular, the minimum sentencing legislation in sexual and domestic violence cases. The judiciary stops using harmful and negative gender stereotypes that reinforces secondary victimisation and legitimises practices like victimblaming and slut-shaming. Furthermore we demand that sentencing guidelines be developed for both magistrates and High Courts including sexual offences courts.
    30 November 2018

11. The prioritisation of the provision of legal aid to victims of GBVAW including those who want to hold the state accountable for its failure to protect them from violence and those who have been subjected to lawsuits for publicly naming perpetrators.
    16 December 2018

12. Sensitisation and adequate training provided and sensitisation of resource providers regarding diverse gender identities and LGBTQIA+ minorities on discrimination broadly and the causes and consequences of GBVAW in particular, for members of the judiciary and the programme, on appointment, and should be offered on a continuous basis. The programme must include emerging progressive human rights standards and jurisprudence on GBVAW and gender diversity, various manifestations and also highlight decisions that have failed to uphold women's rights to be free from violence.
    31 January 2019

13. The provision of psycho-social support to victims and survivors of GBVAW including a publication of a referral list of the places where the service will be provided. If the state is not able to provide the service, competent NGOs and CBOs should be provided financial support to offer the service.
    14 February 2019

14. A commitment to beginning a process to develop a comprehensive law on addressing GBVAW. This includes engaging the South African Law Reform Commission to begin a consultation process. The law must include the provision of services, a clear legal and policy framework for protection and support services for victims and survivors of violence.
    27 February 2019

15. Recognition that intersecting forms of oppression heightens women's vulnerability to GBVAW and that these factors are taken into account during investigation, prosecution and sentencing. These includes race, sexual orientation, gender identity, socio-economic status and nationality.
    01 February 2019

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16. The existing Thuthuzela Care Centres' resources developed and vacant posts filled. The TCC's established as places of safety and care for all gender identities being it cisgender women, transgender women and/or gender non-conforming persons who are survivors of GBV.
    21 March 2019

17. Introduction of an automated national registry for protection orders.
    31 March 2019

18. Provision of shelters and interim housing to enable women to escape abusive relationships. A list of shelters to be developed and confidentially shared with relevant service providers. Shelters are often places for discrimination and GBV especially as it relates to transgender women and GNC people who do not fit the gender binary model due to their legal gender identity. Government should review its current laws and policies to secure gender inclusivity that seeks to protect transgender and GNC people from GBV and hate crimes.
    27 April 2019

19. Registration of GBVAW cases in hospitals and the provision of information on support services available to survivors of GBVAW and ensuring that an effective referral mechanism between various service providers is in place. The support services includes but is not limited to legal, psycho-social and housing.
    01 May 2019

20. Publication of a monthly list of police stations and police officers who have been reported to the Independent Police Investigative Directorate for failing to provide services to survivors of GBVAW.
    16 June 2019

21. Adoption of a policy to make prosecutor led investigations of GBVAW cases compulsory in order to provide guidance and assist in the gathering of evidence in order to ensure that cases are taken to court.
    30 July 2019
22. Publication of a national training schedule on GBVAW and gender diversity for all relevant government departments including home affairs, social development, justice, safety and security and health.
    30 August 2018

23. A sustained media campaign for 365 days by all departments led by Government Communication and Information System providing information including awareness.

24. **NOW!**
    Transgender and GNC people also have different safety and security needs than that of cisgender women based on how laws, policies, practices and systems are conceptualised based on gender binaries for cisgender women and men as well as boys and girls. Eg. Transgender women and GNC people are raped in correctional facilities and detention centres in the criminal justice system by virtue of their legal gender marker. In combating GBV comprehensively, government should ensure that laws, policies, practices and systems are sensitive to gender diversity to protect the bodily and physical as well as the psychological and emotional integrity of transgender and GNC people from GBV. To secure this object, government should focus on reviewing and amending gender recognition laws, pass the Combating and Prevention of Hate Crimes Bill, pass the Draft Social Inclusion Policy for Higher Education Institutions and finalise the Comprehensive Sexuality Education Plan which all recognises transgender and gender nonconforming people and the challenges these demographics face aligned to combating and preventing GBV.
    NOW!

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