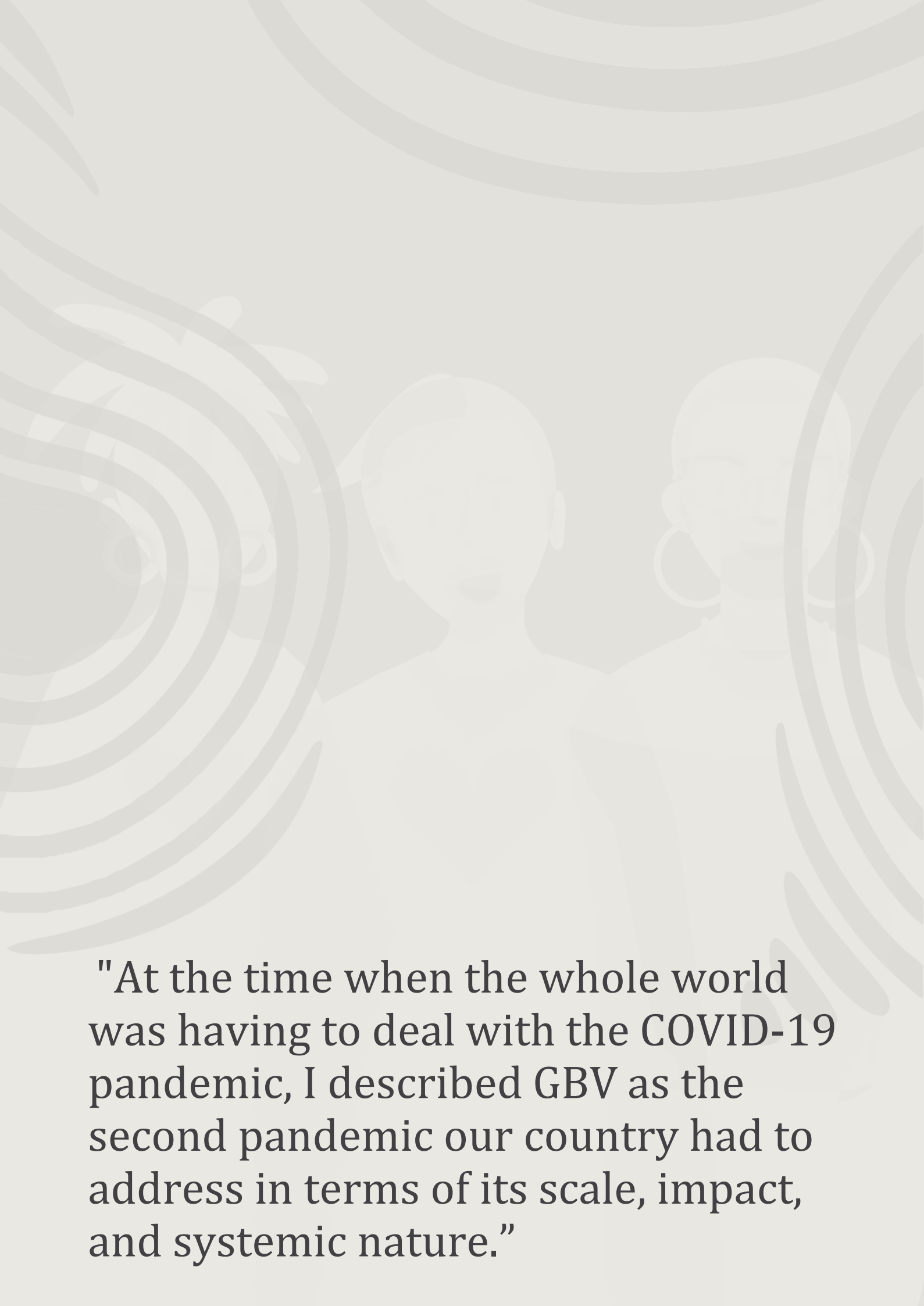




A reflective review on implementation of the
**NATIONAL STRATEGIC PLAN
ON GENDER-BASED VIOLENCE
AND FEMICIDE**

The background features a light gray design with several concentric, overlapping circles of varying shades. In the center, there are faint, stylized silhouettes of three people's heads and shoulders, facing forward. The overall aesthetic is clean and modern.

"At the time when the whole world was having to deal with the COVID-19 pandemic, I described GBV as the second pandemic our country had to address in terms of its scale, impact, and systemic nature."

– President Cyril Ramaphosa

Table of

one
two
three
four
five
six
seven
eight
nine

Acronyms and Abbreviations	5
Executive Summary	6
Introduction	12
Status of Gender-Based Violence and Femicide in SA	13
2.1 Prevalence of GBV	13
2.2 Femicide in SA	16
2.3 Sexual Violence and Other Crime Statistics	17
Objectives of the Review	19
3.1 Methodology	19
3.2 Conceptual Framework	19
3.3 Analytical Framework	21
3.4 Limitations	21
Where Are We With Implementation?	22
4.1 Context of Implementation	22
4.2 Pillar 1: Accountability, Coordination and Leadership	23
4.2.1 Successes	24
4.2.2 Challenges and Gaps	26
4.2.3 Innovations and Insights	27
4.3 Pillar 2: Prevention and Rebuilding Social Cohesion	28
4.3.1 Successes	30
4.3.2 Challenges and Gaps	31
4.3.3 Innovations and Insights	31
4.4 Pillar 3: Protection, Safety and Justice	33
4.4.1 Successes	34
4.4.2 Challenges and Gaps	36
4.4.3 Innovations and Insights	37
4.5 Pillar 4: Response, Care, Support and Healing	37
4.5.1 Successes	38
4.5.2 Challenges and Gaps	39
4.5.3 Innovations and Insights	41
4.6 Pillar 5: Economic Empowerment	42
4.6.1 Successes	43
4.6.2 Challenges and Gaps	44
4.6.3 Innovations and Insights	45
4.7 Pillar 6: Research and Information Management	46
4.7.1 Successes	47
4.7.2 Challenges and Gaps	49
4.7.3 Innovations and Insights	50
Discussion	52
5.1 Navigating Complexity	52
5.2 Accountability	52
5.3 Responsiveness	54
5.4 Prevention	55
5.5 Assumptions, Risks and Gaps Identified	57
Summary of Findings	60
Strategic Priorities Over The Next Five Years	62
Recommendations	63
Conclusion	66
References	67

Appendices

Appendix 1	Register of participants at multi-stakeholder engagement on the implementation of the NSP on GBVF	73
Appendix 2	Scorecard for Pillar 1 – Accountability, coordination and leadership	75
Appendix 3	Scorecard for Pillar 2 – Prevention and rebuilding social cohesion	77
Appendix 4	Scorecard for Pillar 3 – Protection, safety and justice	80
Appendix 5	Scorecard for Pillar 4 – Response, care, support and healing	83
Appendix 6	Scorecard for Pillar 5 – Economic empowerment	85
Appendix 7	Scorecard for Pillar 6 – Research and information management	87
Appendix 8	Navigating complexity on the pathways of change workshop held June 2023	88
Appendix 9	NSP interventions not implemented	92
Appendix 10	HSRC prevalence study recommendations as summarised by DWYPD	93

Acknowledgements

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Pillar Navigation



Pillar 1



Pillar 2



Pillar 3



Pillar 4



Pillar 5



Pillar 6

Acronyms and Abbreviations

AI	Artificial Intelligence
CARA	Criminal Asset Recovery Account
CBO	Community-Based Organisation
CGE	Commission for Gender Equality
CSVR	Centre for the Study of Violence and Reconciliation
CJS	Criminal Justice System
CNPS on GBVF	Comprehensive National Prevention Strategy on Gender-Based Violence and Femicide
COGTA	Department of Cooperative Governance and Traditional Affairs
COSATU	Congress of South African Trade Unions
COVID-19	Coronavirus Disease of 2019
CPO	Court Preparation Officer
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DBE	Department of Basic Education
DCS	Department of Correctional Services
DDM	District Development Model
DNA	Deoxyribonucleic Acid
DOH	Department of Health
DOJ&CD	Department of Justice and Constitutional Development
DPME	Department of Planning, Monitoring and Evaluation
DPWI	Department of Public Works and Infrastructure
DSD	Department of Social Development
DWYPD	Department of Women, Youth and Persons with Disabilities
EM	Evidence Map
ERAP	Emergency Response Action Plan
FCDO	Foreign Commonwealth and Development Office
FCS	Family Violence, Child Protection and Sexual Offences units within the South African Police Service
FHR	Foundation for Human Rights
GBV	Gender-Based Violence
GBVCC	Gender-Based Violence Command Centre
GBVF	Gender-Based Violence and Femicide
GBVH	Gender-Based Violence and Harassment
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GNU	Government of National Unity
GRPBMEA	Gender-Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing
HSRC	Human Sciences Research Council

IMC-GBVF	Inter-Ministerial Committee on Gender-Based Violence and Femicide
ISC	Interim Steering Committee
IPV	Intimate Partner Violence
JCPS	Justice, Crime Prevention and Security
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and all other orientations
M&E	Monitoring and Evaluation
MTDP	Medium-Term Development Plan
MTEF	Medium-Term Expenditure Framework
NATJOINTS	National Joint Operational and Intelligence Structure
NDA	National Development Agency
NGO	Non-Governmental Organisation
NIPSAP	National Integrated Prevention Strategy Against Femicide
NPA	National Prosecuting Authority
NSG	National School of Government
NSMSA	National Shelter Movement of South Africa
NSP on GBVF	National Strategic Plan on Gender-Based Violence and Femicide
PACE	Pan-African Collective for Evidence
PSET	Post-School Education and Training
PSPC	Presidential Summit Planning Committee
RRT	Rapid Response Team
SALGA	South African Local Government Association
SAMRC	South African Medical Research Council
SAPS	South African Police Service
SOCs	Sexual Offences Courts
SOGI	Sexual Orientation and Gender Identity
TCCs	Thuthuzela Care Centres
TOC	Theory of Change
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VAC	Violence Against Children
VAW	Violence Against Women
VEP	Victim Empowerment Programme
VFR	Victim-Friendly Rooms
VIS	Victim Impact Statement
VFS	Victim-Friendly Services
WECONA	Women's Economic Assembly
WEEP	Women's Economic Empowerment Programme
WISE	Women Inspired Solutions for Empowerment
WPS NAP	Women, Peace and Security National Action Plan
WWSOSA	We Will Speak Out South Africa

Executive Summary

Why this review?



The end of April 2025 marked five years since the launch of South Africa's National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF). The nation remains burdened by this persistent social ill that corrodes the very foundation of our democracy. Despite ongoing, consistent efforts from both state and non-state actors, psychosocial, economic, cultural and spatial fractures continue to fuel this pandemic. The NSP, representing a high-level state intervention in response to continued high levels of GBVF in the country, was developed as a multi-sectoral roadmap through collaboration among diverse stakeholders.

Arriving at the midpoint of the 10-year trajectory of the NSP on GBVF, a reflective review provides an evidence-informed account of progress toward the plan's set outcomes. It is also regarded as a form of the Presidency's accountability to the social compact. While limitations during the review process are acknowledged in the report, this review sets out to: (i) outline progress, challenges, risks, and gaps in the implementation between 2020 and 2025; (ii) critically analyse how accountability, prevention, and responsiveness have evolved towards achieving the five-year outcomes; and (iii) propose strategic priorities and recommendations for the next five years.

How this review was conducted



The review adopted a mixed method research design, based on a scientific and consultative strand. It draws from 63 reports submitted to the Office of the President, an evidence synthesis from the Gender-based violence (GBV) Evidence Map, and findings from stakeholder engagements. This process was further supplemented by written submissions from key civil society organisations (CSOs) and non-governmental organisations (NGOs) delivering GBVF services at the local level. The NSP articulated a clear Theory of Change (TOC), making explicit the intended change envisaged over 10 years. The TOC anchored the social compact around three conceptual themes and integrated outcomes: (i) accountability; (ii) prevention; and (iii) response, which were elaborated into six pillars for implementation.

Where are we with implementation?



The delivery mechanism for the NSP on GBVF is through the six pillars, which serve as the basis for a comprehensive assessment of implementation. A scorecard is provided for each pillar, based primarily on reporting by government, and triangulated with reporting by external stakeholders. It must be noted that the launch of the NSP on GBVF in April 2020 coincided with the COVID-19 global pandemic, resulting in the implementation initiated within a complex and challenging context. From the outset, it was affected by the state of emergency declared in response to the COVID-19 global pandemic, as well as the national lockdown restrictions that characterised the first two years of its implementation. A synopsis of each pillar provides the state of implementation after five years.

Pillar 1 – Accountability, coordination and leadership

27 indicators captured in the NSP	7 are achieved	15 in progress	5 not achieved
---	-----------------------------	-----------------------------	-----------------------------



Key successes include the establishment of multi-sectoral structures and mechanisms for accountability, including a system of routine reporting by government; observable resourcing of the NSP by state and development partners, including the establishment of the GBVF Response Fund by the private sector; and long-standing partnerships and strategic relationships built over the past five years. The absence of the National Council on GBVF as the centralised, multi-sectoral authority has undermined delivery, oversight and coordination. The consequences of these challenges have been far-reaching, leading to poor and inconsistent communication and ineffective localisation of the NSP. The ‘End GBVF Collective’, ‘100-Day Challenge methodology’ and the Second Presidential Summit are regarded as innovative platforms to ensure accountability and remain the backbone of the social compact.

Pillar 2 – Prevention and rebuilding social cohesion

42 indicators captured in the NSP	6 are achieved	35 in progress	1 not achieved
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The development and finalisation of the Comprehensive National Prevention Strategy on Gender-Based Violence and Femicide (CNPS on GBVF), Femicide Strategy, and the National GBVF Communication Strategy are reported to serve as the guide to prevention. Wider awareness-raising and capacity-building initiatives, coupled with campaigns, social behaviour change initiatives, and school-based prevention programmes, have laid the foundation for long-term prevention measures. A key intervention is the platforms designed to challenge toxic masculinity, encouraging men and boys to support the fight against GBVF. However, the CNPS on GBVF has not been implemented, leaving prevention efforts at the point of service and local initiatives to their own devices in deciding what to prioritise. Several of the strategies are implemented on a short-term activity level, and government campaigns reportedly have little influence. Despite the lack of support for long-term interventions, several programmes and initiatives by NGOs and CSOs are identified as good practice, creating strong community networks and support structures across the provinces.

Pillar 3 – Protection, safety and justice

54 indicators captured in the NSP	31 are achieved	14 in progress	9 not achieved (four were removed as they were not aligned in the system)
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The work of this pillar has led to unprecedented legislative reform, with the historic backlog of sexual offence cases being eradicated. Victim-friendly rooms (VFRs) have been rolled out at all police stations, with court preparation services offered by the National Prosecuting Authority (NPA) supporting women and child witnesses, ensuring emotional and legal support. At the end of the 2024/25 reporting period, there were 65 Thuthuzela Care Centres (TCCs). These centres are a critical part of South Africa's anti-rape strategy, aiming to reduce secondary victimisation and to build a case ready for successful prosecution as part of the government's commitment to integrated service delivery. However, despite progressive legislative shifts, services remain uneven and some are of poor quality, especially in resource-poor contexts, such as rural areas. The absence of fully equipped GBV desks, specialised services (especially for people with disabilities), and safe access for LGBTQIA+ persons at several points remains a challenge and widens the gap. Rising accounts of secondary victimisation have also been noted. The online application for protection orders is a significant contribution by this pillar to reducing secondary victimisation and facilitating access to justice.

Pillar 4 – Response, care, support and healing

29 indicators captured in the NSP	12 are achieved	13 in progress	4 not achieved
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Response, care, and support services have been strengthened through the provision of a core package, which has also been costed. While the GBV Command Centre (GBVCC) was re-established after a period of closure by the Department of Social Development (DSD), the National Shelter Movement has maintained a 24-hour helpline since December 2020 and co-hosted three shelters with DSD between 2022 and 2024. Strong intersectoral collaboration led the Department of Public Works and Infrastructure (DPWI) to make 46 buildings available for shelters and interim housing for survivors of GBV. The establishment and rollout of Rapid Response Teams (RRTs) at the local level are reported to be mechanisms for providing timely responses to victims. Despite these efforts, the lack of standardisation and norms guiding shelters across the country, coupled with uneven service delivery and limited access to specialised services, remains a challenge for survivors and continues to be a point of contention for affected communities. The GBVCC was evaluated and found to be ineffective and inefficient in meeting the needs of victims.

Pillar 5 – Economic empowerment

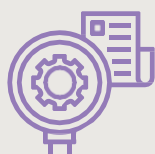
26 indicators captured in the NSP	4 are achieved	20 in progress	2 not achieved
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The work of this pillar has strengthened linkages (direct and indirect) between women's unequal economic position in society and gender-based violence. The implementation of the 40% procurement target for women-owned businesses within the public sector has been reported as a key success, coupled with increased enterprise development, mentorship opportunities, and improved financial access initiatives for GBVF survivors. The Women's Empowerment Programme (WEEP) has reached over 10,000 women entrepreneurs across Limpopo, North West, Eastern Cape, KwaZulu-Natal, Free State, and Mpumalanga. An intersectional approach was evident in programmes supporting rural women, LGBTQIA+ individuals, and women with disabilities. The NSP provided the backdrop for several key economic policy reforms, including amendments to the South African Public Procurement Act of 2024. Despite these positive interventions, there is little evidence of their long-term sustainability. While critical platforms such as the Women's Economic Assembly (WECONA) and WEEP have been leveraged, they have yet to be effectively institutionalised, with scalability and sustainability limitations reported amid austerity measures that have disproportionately impacted women.

Pillar 6 – Research and information management

13 indicators captured in the NSP	5 are achieved	7 in progress	1 not achieved
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Key national research studies, led by the Human Sciences Research Council (HSRC) – the first national prevalence study on GBV; the South African Medical Research Council (SAMRC) – Third and Fourth National Femicide Studies; and the Presidency in partnership with several research institutions, universities, philanthropic organisations, development partners and multilateral agencies, have contributed immensely to a GBVF knowledge base, led by Pillar 6. In addition, a 2022 UNICEF study on violence against children contributes to existing evidence on children affected by gender-based violence. The living, AI-powered Evidence Map on gender-based violence is the first comprehensive repository of evidence on GBVF in South Africa, with 1 390 studies accessible from one platform. Technology-inspired developments in this pillar have also enabled faster, easier access to data and information. However, mapping existing evidence has identified several gaps in the knowledge base regarding interventions on what works, for whom, under what conditions, and at what cost – evidence that does not align with the NSP. Ongoing challenges in data collection, disaggregation, synthesis, and analysis were highlighted, with concerns that these issues continue to hinder effective decision-making, resource-targeting, and impact measurement. Stakeholders have highlighted that findings are not consistently translated into user-friendly formats and that policymakers and frontline workers lack the institutional support to implement them.

Summary of overall findings

This reflective review has generated evidence on progress, achievements and current status, while acknowledging gaps and emerging tensions. Collective action is acknowledged, and multi-stakeholder delivery of the NSP has maintained momentum, though harnessing efforts to steer towards intended change requires adequate support and integration from coordinating agencies.

Achievements

- Partnerships and movement-building
- Intersectional focus
- Bold leadership
- Multi-sectoral response through targeted interventions (100-Day Challenge; TCCs)
- Legislative reforms
- First national prevalence study to understand the drivers of GBV
- Targeted women's economic empowerment interventions

Persistent challenges

- Accountability failures and their related consequences
- Poor localisation of the NSP
- Inconsistent and ineffective communication
- Fragmented service delivery for GBV survivors, families and their social network
- Inequitable and inefficient resource allocation
- Data deficiencies and separate monitoring frameworks
- Low levels of trust between state and society
- Confusion between plans, strategies, and programmes as interventions
- Concurrent functions and poor alignment between existing efforts undermine NSP implementation

Emergent tensions and gaps

- Conceptual gaps for prevention of GBVF
- Societal backlash and rise of anti-gender sentiment (including diversity and inclusion) movements
- Structural barriers obstructing long-term changes
- Inadequate focus on children

Key insights derived from the implementation of the NSP over the past five years

- Institutionalisation requires intentional, multi-layered, and sustained efforts.
- Agile, responsive, multi-sectoral accountability structures are well placed to respond to the urgency of GBVF.
- Strengthened resourcing requires alignment and adjustments within public finance systems alongside mobilising private, philanthropic, and development sources.
- Short-term tangible changes can result from targeted, result-focused, multi-sectoral partnerships that address systemic challenges within specific timeframes.
- An all-of-society, whole-of-government approach is essential to confront GBVF's complexity and crisis in South Africa.
- Ongoing monitoring, reflection, and adaptive management are essential for achieving the 10-year outcomes.

Strategic priority areas guiding the achievement of outcomes over the next five years

At a strategic level, six key priority areas are identified as leverage points to enter into the next and final phase of the NSP.

Accountability

1. Establish the National Council on GBVF, along with decentralised structures, to ensure comprehensive oversight, coordination, and integration of all GBVF interventions.
2. Enhance budget planning and expenditure tracking for both state (aligned with the Medium-Term Development Plan) and non-state actors to ensure adequate resourcing and multi-sectoral accountability.

Prevention

3. Conduct evaluations of key prevention programmes to ensure alignment with transformed social policies and establish linkages between GBVF and intergenerational trauma, social cohesion and economic justice.
4. Design and implement interventions targeting families, vulnerable households, men and boys, women's economic empowerment and trust in the state.

Responsiveness

5. Expand integrated and specialised service delivery; citizen monitoring at district levels; strengthen and grow the Thuthuzela Care Centre models.
6. Strengthen and integrate the social protection and criminal justice systems to ensure survivor-centric outcomes.

Conclusion

The review of the implementation of the NSP over the first five years provides an opportune moment to pause, reflect and distil the various responses to GBVF in South Africa. Critical insights and evidence generated throughout the review process provide the basis for course correction and for integrating a comprehensive, revised GBVF roadmap within existing systems and processes. A deeper understanding of achievements, as well as challenges, gaps, and emerging tensions, can significantly enhance efficiency, effectiveness, quality, and equity while striving for impact. The review also offers important lessons for broader social policy governance and valuable insights into gaps that compromise the achievement of social justice.



1. INTRODUCTION

The end of April 2025 marked five years since the launch of the NSP on GBVF by H.E. President Cyril Matamela Ramaphosa. The NSP on GBVF has reached the critical midpoint of its 10-year trajectory. Set against a backdrop of a powerful wave of activism in 2018 and 2019, the stage was set for a bold and timely response to GBVF, with the highest levels of political accountability towards ending gender-based violence and femicide in South Africa. Led directly by the Head of State, the NSP on GBVF is the nation's central intervention, underscoring that addressing GBVF is not just a sectoral issue, but a whole-of-government and whole-of-society imperative.

The NSP is deeply embedded in the country's broader nation-building project and the urgent task of restoring the social fabric of our society. This plan is distinct, born from a strong partnership between government, civil society, business, labour, and the private sector. It was designed to be inclusive and participatory, especially empowering local actors. At its core, the NSP is grounded in a clear TOC that represents the 'causal logic' explaining how and why a national-level approach is expected to yield the outcomes and results we so urgently desire.

GBVF in South Africa is deeply rooted in a brutal and dehumanising history. This legacy is further entrenched by structural drivers such as poverty and pervasive economic and social inequalities. Anchored in a patriarchal system, shaped by market-driven ideologies, harmful and toxic social norms continue to fuel violence. The NSP on GBVF is a 10-year roadmap that represents a collective commitment to ending GBVF in the country. It embodies a shared vision of a South Africa free from all forms of gender-based violence directed at women, children, and the LGBTQIA+ community. More than just a plan, it is a call for social cohesion and the mobilisation of all sectors to unite behind a national vision to reduce GBVF levels and ultimately end GBVF. The NSP on GBVF clearly articulates both the vision and the impact it seeks to achieve over 10 years in transforming society and reducing violence.¹

The primary purpose of the NSP is to establish a coherent strategic policy and programmatic framework to strengthen a coordinated national

response to the crisis of GBVF by the government of South Africa and across society as a whole. It aims to reduce the levels of gender-based violence primarily affecting women, children, and LGBTQIA+ persons, and is anchored on four long-term outcomes:

- i. Embedding whole-of-society and state accountability to build safe, GBV-free environments;
- ii. Fostering new forms of social connectedness that promote healing from individual and collective historical trauma at every level;
- iii. Ensuring public spaces are safe for women and girls, while improving access to resources that enable meaningful choices; and
- iv. Actively rebuilding the social fabric and fostering social cohesion so that GBVF and violence more broadly are unequivocally unacceptable.

This review offers an evidence-informed assessment of progress in implementing the NSP on GBVF over its first five years, since its launch on 30 April 2020. It acknowledges the four foundational aspirations underpinning the NSP on GBVF: constitutional values; the 24 demands of the #TotalShutdown movement; the 2018 Summit Declaration; and collectivism emanating through the End GBVF Collective and respective platforms. The review process weaves together diverse interventions implemented by both state and non-state actors to address GBVF as a national crisis. Serving as a strategic midpoint reflection, the report offers guidance to leaders at all levels and across all sectors, particularly the seventh administration under the Government of National Unity (GNU). It also draws on the findings of recently published GBVF research (Abrahams et al., 2022; Zungu et al., 2024) to revive and recalibrate ongoing efforts. Most crucially, this review functions as a vital accountability mechanism to the nation, tracking the status of NSP implementation and the commitments made since 2020.

The main review question is to understand to what extent the NSP on GBVF, as a state intervention and social compact, achieved its five-year outcomes (midpoint mark) and whether it has proved to be an effective intervention in addressing GBVF in South Africa.

¹Refer to pages 19-20 of the NSP-GBVF

2. STATUS OF GENDER-BASED VIOLENCE AND FEMICIDE IN SOUTH AFRICA

Gender-based violence, in all its forms, along with the tragic murders of women and girls, remains alarmingly high in South Africa. This persists despite intervention at the highest political levels and the introduction of the NSP on GBVF as a dedicated roadmap. Historically, crime statistics have consistently shown domestic and intimate partner violence rates to be among the highest globally. According to the United Nations Office on Drugs and Crime, South Africa's femicide rate ranks among the highest worldwide (UNODC, 2021). Over the years, diagnostic studies have provided important context; some have suggested that intimate partner femicide, sexual offences, and rape must be understood as distinct phenomena, separate from the broader culture of violence in our society (OECD, 2023; Reddy et al., 2012; WHO, 2021). In contrast, others have argued that GBVF must be situated firmly within the country's broader context of high levels of crime and violence (Carney et al., 2020; Chatterji et al., 2025; Dragology & Boehnke, 2024). A notable reflection from the faith-based sector traces these issues back to their historical roots, underscoring their ongoing role in influencing shifts towards societal transformation (Faith Action, 2025).

2.1 Prevalence of GBV

The first national prevalence study on GBV provides comprehensive data on four key forms of violence, namely physical, sexual, emotional, and economic violence experienced in the past 12 months and over a lifetime. It also explores the underlying factors driving this pervasive social ill, highlighting deeply entrenched patterns of violence within intimate partnerships (Zungu et al., 2024). It confirms that GBV is pervasive across the life course and linked to harmful gender norms. GBV was found to be occurring predominantly within families and familiar environments, and alarmingly, often in spaces that should be deemed safe. The evidence highlighted the intersectoral and intersectional nature of GBV, which is reflected in the persistently high rates of IPV (see Figure 1). The study's insights are crucial for this review, providing a clear picture of the current state of GBV in South Africa. It underscores the urgent need for targeted interventions that are sensitive to specific geographical and cultural contexts, offering valuable guidance for refining, strengthening, and sustaining effective prevention strategies.

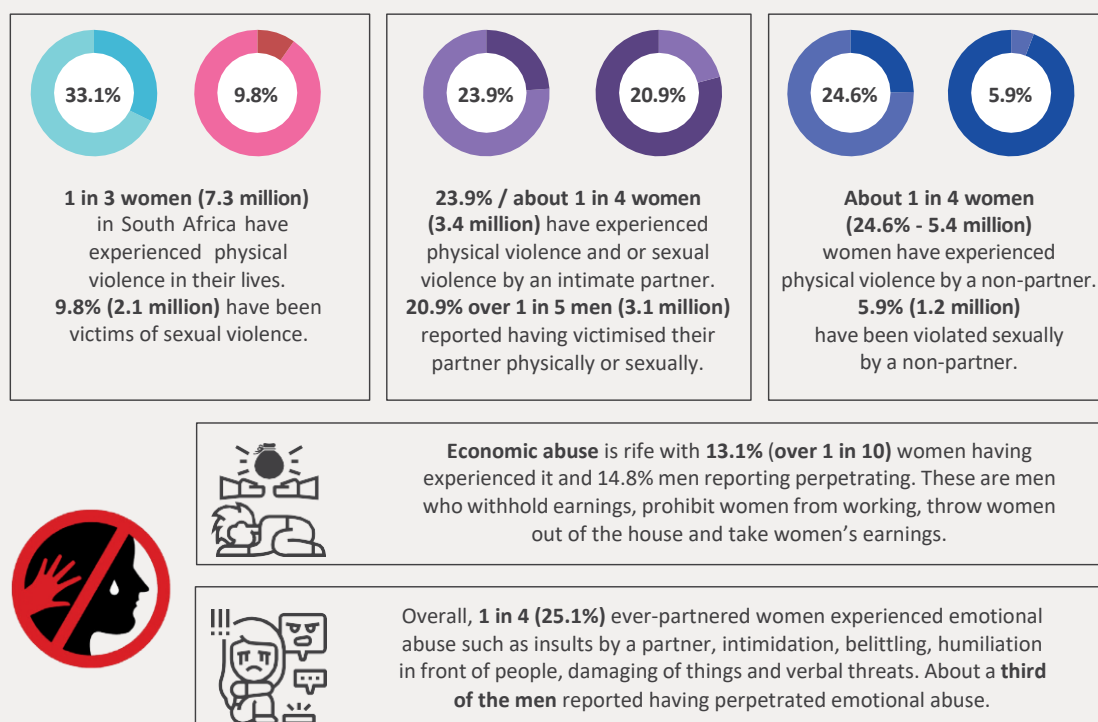


Figure 1: Prevalence of gender-based violence in South Africa (HSRC, 2024)

Lifetime prevalence of violence and associated factors

The first prevalence study found that nationally, 35.5% of women have experienced physical and/or sexual violence during their lifetime. This translates to an estimated 7 847 438 women who have experienced lifetime physical and/or sexual violence in South Africa (Zungu et al., 2024). Lifetime physical and/or sexual violence was higher among women aged 35-49 years (38.0%) than those aged 50 and above (30.5%). It was also higher among employed women than among unemployed women, demonstrating that GBV is prevalent among economically active women too. With regards to male perpetration of GBV, about 20.5% (approximately 3 192 790) of ever-partnered men aged 18 years and older reported perpetrating physical and/or sexual intimate partner violence (IPV) in their lifetime, and 4% (approximately 627 939) within the past 12 months.

The study also reported on knowledge of GBV laws, attitudes to the law, gendered norms, and power relations. It was found that most men were aware that there were laws that addressed violence against women; however, a high proportion also agreed that the laws make “it too easy for a woman to bring a violence charge against a man” (Zungu et al., 2024). The study revealed very disturbing norms and beliefs that are at the core of driving GBV in general, and sexual violence, in particular. The data showed that about 7.9% (approximately 1 131 293) of women in South Africa have been victims of sexual violence by their intimate partners, and 7.5% (approximately 917 395) of men admit to committing such acts in their lifetime. Shockingly, 22.5% of men who have ever been in a relationship believe that a wife cannot refuse sex, revealing how deeply entrenched male sexual entitlement is. Furthermore, nearly half of these men (44.4%)

expect their partner to say yes whenever they want sex. Even more concerning, 11.9% think it is not rape if a woman does not physically resist (Petersen et al., 2024; Zungu et al., 2024). These attitudes normalise violence, strip women of their autonomy, and perpetuate sexual violence within relationships. This research highlights an urgent need to challenge these harmful gender norms and confront male entitlement if South Africa is to see an absolute reduction in sexual violence.

Main source of income

Although questions about the source of income differ for men and women, the HSRC prevalence study reveals distinct differences in the main sources of income at the household level. Among men, 45.9% reported being the primary income provider for their household, while 13.8% indicated that income was shared equally with their partners. Nearly a quarter (24.2%) relied on their parents as the primary source of income. In contrast, for women, the government grant system was the predominant source of income (28.1%), followed closely by earnings from their own work (25.2%). This highlights a significant economic dependency among women, either on the state or on male partners.

Care-seeking behaviour among victims/survivors of IPV

The choice of disclosure offers critical insight into levels of trust in authorities and the likelihood of underreporting when programmatic data alone is used to gauge incidence. Findings from the prevalence study indicate that family members (64.2%) and friends or neighbours (31.1%) are the preferred places to disclose GBV. Reporting to formal services or authorities stood at just 17.1%. Notably, almost a quarter of respondents (23.1%) chose to disclose to ‘no one’, a worrying indicator of silence and possible unmet needs (see Figure 2).

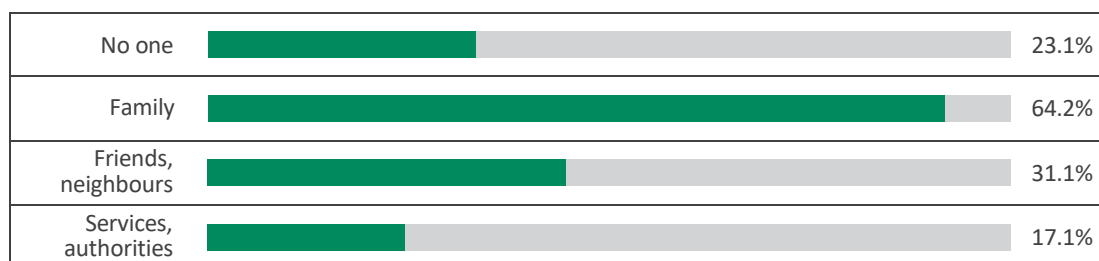


Figure 2: Choice of disclosure- percentage of ever-partnered women (18+ years) who experienced physical and/or sexual violence (HSRC, 2022)

Utilisation of support services among victims/survivors of IPV

Among the small proportion who sought support from service providers (see Figure 3), the police were the most sought-after service (30.7%), followed by health care services (21.6%), and courts (10.8%). Other resources, such as religious leaders, social services, legal advice, women's organisations, and shelters, were among the least accessed. This is concerning, given that many interventions focus on these services, underscoring the urgent need for further investigation.

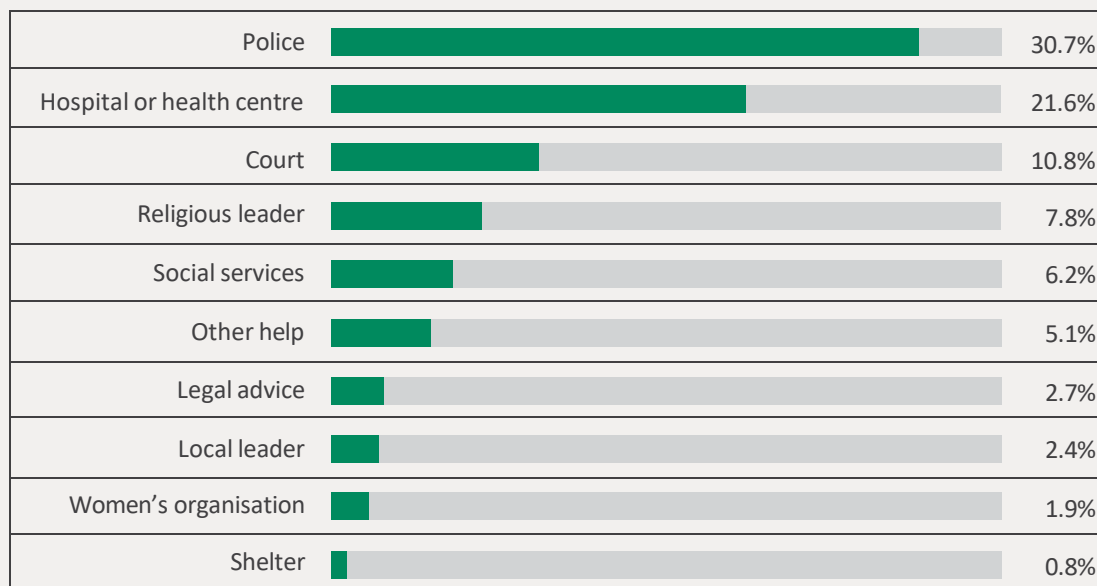


Figure 3: Utilisation of support services – percentage of ever-partnered women (18yrs+) experienced physical and/or sexual violence (HSRC, 2022)



2.2 Femicide in South Africa

Findings from the third national femicide study by the SAMRC, which compared women murdered in 2017 with those murdered in 1999 and 2009, show that intimate partner femicide remains the leading cause of murder of women in South Africa (Abrahams et al, 2022). Across the provinces, the Eastern Cape had the highest rates, followed by KwaZulu-Natal (see Figure 4). The two provinces with the lowest femicide rates were Limpopo and Mpumalanga. Firearm-related femicide is an area of concern, as the increase in firearm usage for non-intimate partner violence has been associated with an unlicensed and poorly regulated firearm industry. The study also points out that documented history and quality forensics, conviction rates, and missing data² are core areas of the criminal justice system (CJS) that need strengthening.

	Femicide		Intimate Partner Femicide		Non-Intimate Partner Femicide	
	2017	2020/21	2017	2020/21	2017	2020/21
Western Cape	12.3 (12.0-12.5)	10.8 (10.8-10.8)	4.9 (4.5-5.3)	4.1 (2.1-6.3)	4.9 (4.5-5.3)	5.6 (1.7-9.3)
Eastern Cape	22.3 (20.0-24.6)	21.5 (17.8-25.1)	8.0 (6.1-9.9)*	10.8 (4.8-18.6)*	9.9 (8.6-11.3)	8.9 (2.1-16)
Northern Cape	11.1 (5.3-16.8)	7.6 (1.9-16.2)	6.3 (2.8-9.7)	3.1 (0-12.5)	2.9 (1.5-4.4)	3.2 (0.5-14.2)
Free State	12.9 (11-14.9)	8.4 (4.4-12.6)	5.8 (4.9-6.7)	3.6 (1.5-6)	4.9 (3.8-6.1)	3.3 (0.3-7.2)
KwaZulu-Natal	14.0 (11.8-16.2)	12.1 (9.1-15.1)	5.9 (4.6-7.3)	5.5 (3.2-7.7)	5.4 (4.2-6.6)	5.4 (3.2-7.6)
North West	7.7 (7.1-8.3)	7.4 (5.2-9.6)	3.7 (3-4.4)	5.0 (1.4-8.7)	2.6 (2.1-3.1)	2.1 (0.8-9.6)
Gauteng*	8.1 (5.3-11)*	9.2 (6.4-12)*	3.8 (2.4-5.3)*	5.5 (2.3-8.7)*	2.8 (2.1-3.4)	3.0 (0.3-7)
Mpumalanga	5.7 (4.1-7.3)	6.7 (4.1-9.4)	3.1 (1.9-4.4)	3.9 (2.4-5.4)	1.9 (1.3-2.4)	1.8 (0.3-3.6)
Limpopo	4.9 (4.0-5.9)	5.4 (2.5-8.4)	2.3 (1.4-3.3)	3.7 (0.8-7)	2.4 (1.5-3.3)	1.3 (0-4.3)
South Africa	11.1 (9.8-12.4)	10.6 (9.7-11.5)	4.9 (4.1-5.8)	5.5 (4.7-6.2)*	4.2 (3.4-4.9)	4.1 (3.4-4.8)

*Significant change in rates

Very little change Decrease but non-significant Increase but non-significant Statistically significant increase

Figure 4: Femicide rates across provinces for 2017 and 2020/21 (SAMRC)



²According to the SAMRC, missing data includes docket not located, perpetrators not identified during the investigation and the history of the murder

2.3 Sexual Violence and Other Crime Statistics

Sexual violence in South Africa is an ongoing scourge, with reported rape cases remaining persistently high. Figure 5 demonstrates high incidents of rape, sexual assault, attempted sexual offences, and contact sexual offences between 2014 and 2024, despite a number of measures being introduced.

These include the introduction of Thuthuzela Care Centres (TCCs) in 1999 by the NPA and the Department of Justice and Constitutional Development (DOJ&CD) and a new model for sexual offences courts in 2013. However, the reported “decline” (which is not significant) in all categories of sexual violence coincided with the launch of the NSP on GBVF and the COVID-19 lockdown. Some studies suggest that the decline in reported cases is likely due to restrictions on movement and alcohol sales imposed during the COVID-19 lockdown (Zungu et al., 2024). This is supported by the observed statistics, which suggest that cases have risen to levels similar to those observed pre-COVID (see Figure 5).

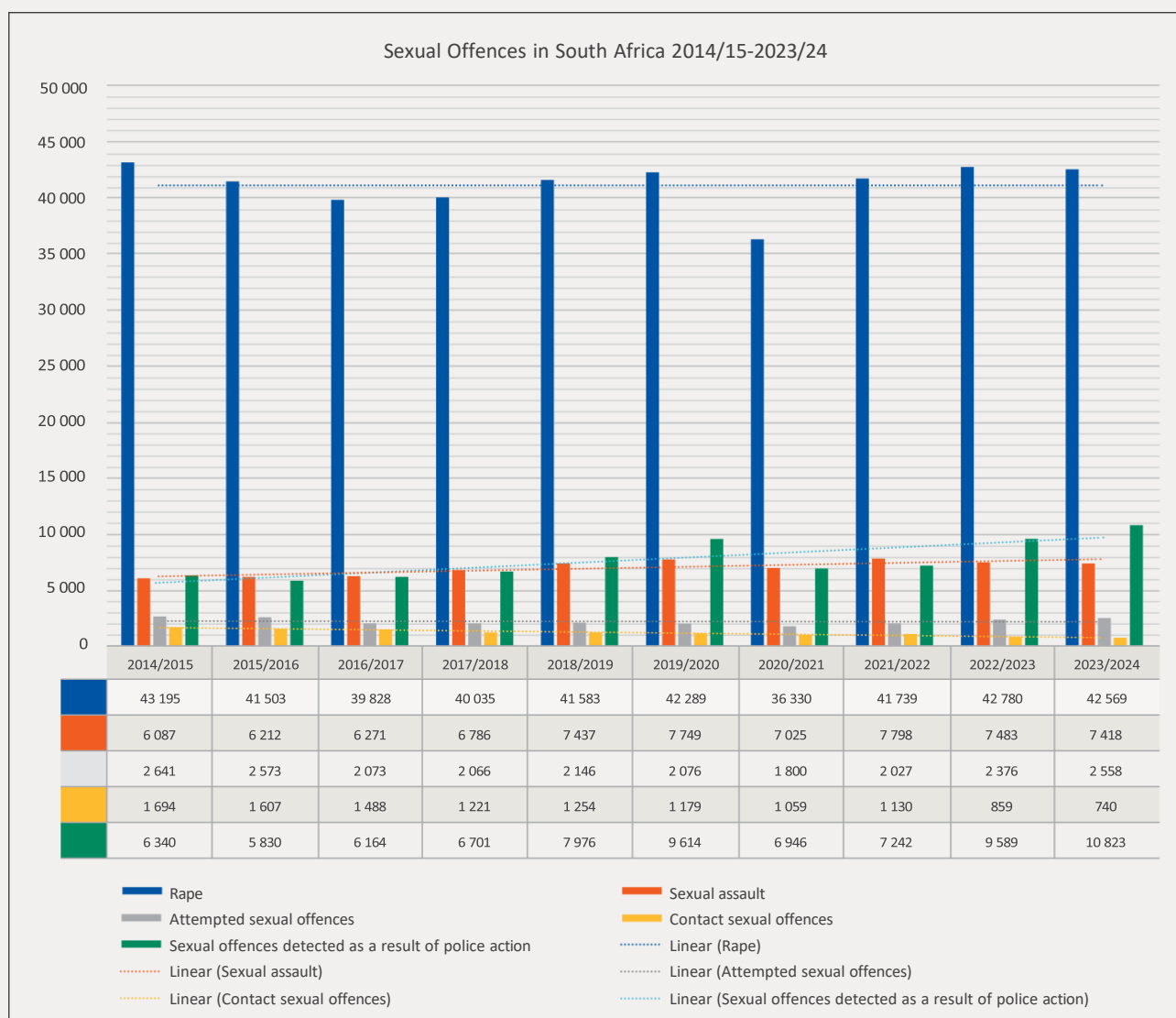


Figure 5: Sexual offences in South Africa 2014/15-2023/24 (SAPS, 2025)

Provincial-level disaggregation is important for understanding spatial differences. While there were recorded decreases in rape statistics in provinces like the Eastern Cape, Gauteng, Limpopo, North West, and Western Cape, the overall incidence of rape still increased nationally, a concern worth noting. Notably, Gauteng and KwaZulu-Natal contributed the highest proportions, accounting for 19.1% and 19.9% of all reported rape cases across the country (see Figure 6). It is also important to note that while police statistics are helpful for understanding trends in cases that are reported, they still represent an undercount, as not all survivors of rape report the assaults to the police. For this reason, a deeper and more nuanced understanding of the levels and drivers of sexual violence in South Africa is required from the country’s first national-level prevalence study on GBV.

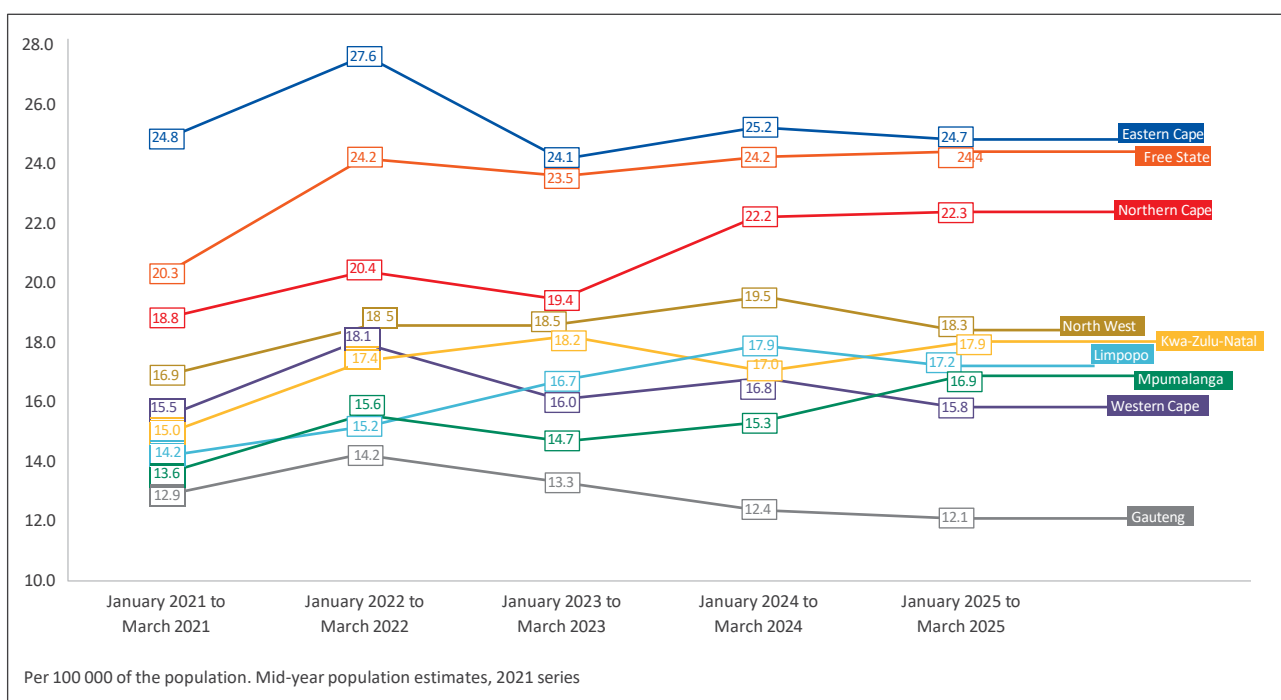


Figure 6: Rape per ratio: provincial distribution - January to March 2021; 2022; 2023; 2024; 2025. (SAPS Recorded Crime Statistics: Contact Crimes. Fourth Quarter 2024/2025)



3. OBJECTIVES OF THE REVIEW

The purpose of the review is to:

1. Describe progress, challenges, risks, and gaps in the implementation of the NSP on GBVF between 2020 and 2025.
2. Critically analyse how change occurred for strengthening accountability, prevention, and responsiveness to achieve the five-year outcomes.
3. Provide strategic priorities and recommendations for the next five years.

3.1 Methodology

This report adopted a mixed method approach, which includes a review of existing scientific evidence, quarterly and annual government reports, and information from implementation partners. A multi-stakeholder consultative meeting was convened on 30 April 2025, attended by various stakeholders, partners, and agencies (refer to Appendix 1). Participants provided critical insights into the NSP implementation. This process was further supplemented by written submissions from key CSOs and NGOs delivering GBVF services at the local level. The data sources consulted included:

- **Government administrative data:** Includes departmental strategic plans and monthly or quarterly monitoring reports submitted by line-function departments between 2020 and 2025 to the Department of Women, Youth and Persons with Disabilities (DWYPD). Other state institution sources include Chapter 9 institutions and the Parliamentary Monitoring Group.
- **Academic literature and empirical evidence:** Includes national surveys, official statistics, and international reports (NGOs, multilateral organisations, and development partners).

An evidence map – the first comprehensive national repository on GBVF³ – provided a reliable knowledge base of curated evidence to inform the review process.

- **Local evidence and documented interventions:** Includes documents from various CSOs and NGOs that work in the frontline of service delivery, local structures providing support services and resources at different localities.
- **Engagement with critical stakeholders:** The multi-stakeholder consultative working session yielded valuable insights that were incorporated into the thematic content analysis, as participants provided deep insights into the key questions posed for this review.

3.2 Conceptual Framework

The NSP on GBVF described a TOC which anchored the social compact around three conceptual themes and integrated outcomes: (i) accountability; (ii) prevention; and (iii) response. These themes form the backbone of the NSP, providing an organising framework for assessing implementation. These conceptual themes and related pillars are visualised in Figure 7, representing the TOC as articulated in the NSP on GBVF. The TOC serves as the conceptual framework for this review.



³The Living Evidence Map on GBVF includes 1,390 monitoring, evaluation and research reports. It can be accessed here: <https://africaevidencenetwork.org/wp-content/uploads/2025/08/Living-EM-on-GBVF.html>

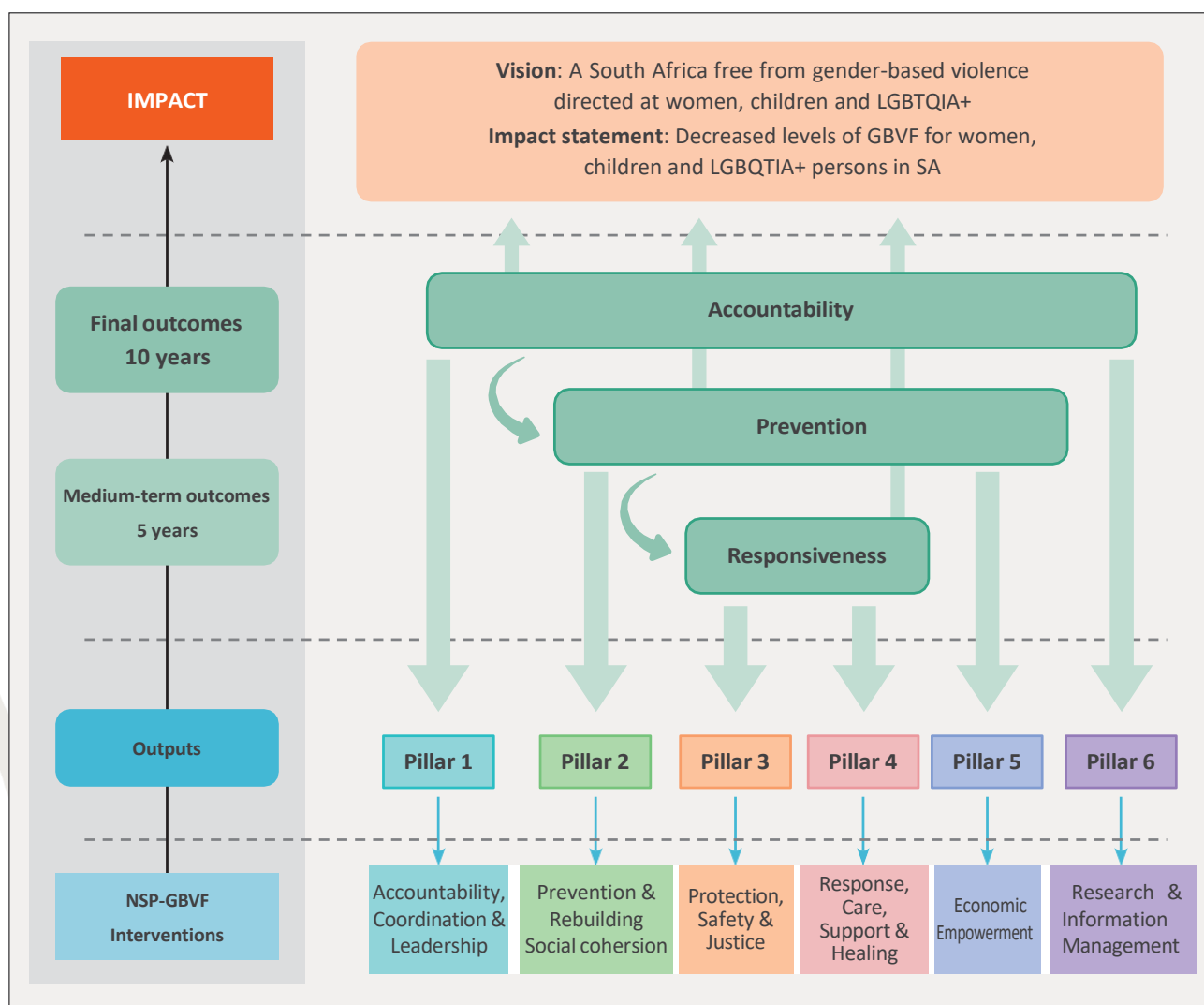


Figure 7: NSP on GBVF Theory of Change

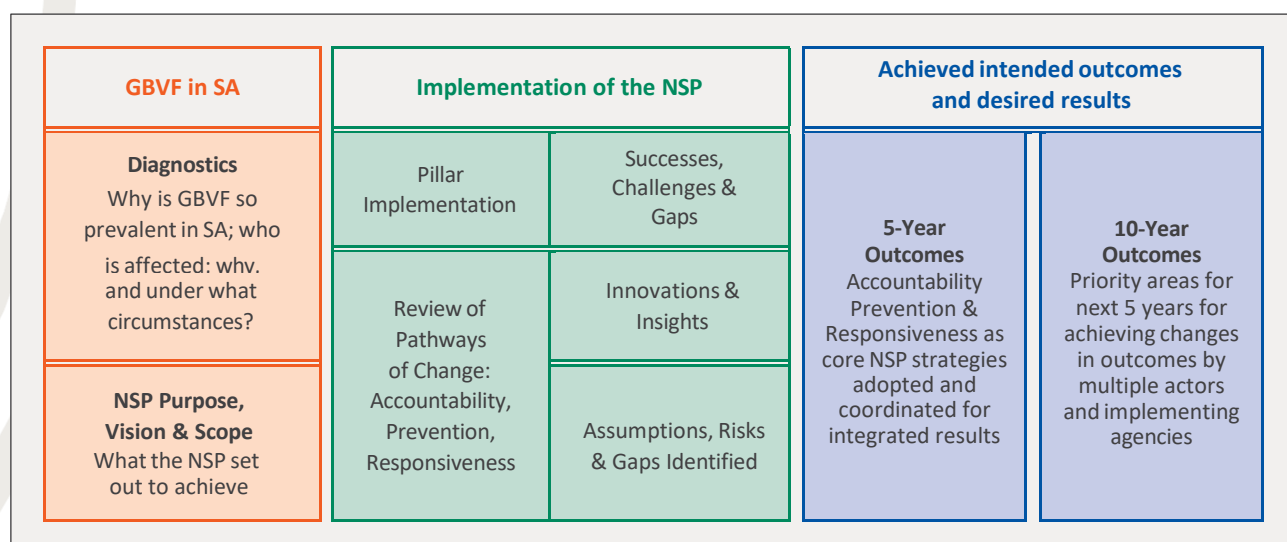


Figure 8: Analytical framework guiding the five-year review

3.3 Analytical Framework

An analytical framework was developed to organise the review findings (see Figure 8). It aligns with the Department of Planning, Monitoring and Evaluation (DPME) National Evaluation Policy Framework (2019-2024). It situates the NSP outcomes within the Medium-Term Development Plan (MTDP) guiding the seventh administration.

3.4 Limitations

Several limitations should be considered when interpreting the findings of this review. The use of secondary data in this type of review relies heavily on the accessibility and quality of primary data and related reports. Additionally, it was not possible to establish a baseline (the situation before the NSP was launched) for GBV due to

the lack of national-level prevalence data at the time. While routine administrative data from the public sector is collected continuously, this data requires verification and quality checks. Reports from other stakeholders, such as the private sector, development partners, and international NGOs, were not centrally coordinated, which complicated their integration into this review. Engagement with non-state actors was limited. The integration of different sources reflects the whole-of-society approach embraced by the NSP and highlights the interconnected role of different actors in its implementation. However, the review process also revealed a predominantly siloed approach in the delivery of the NSP and a lack of uniform systems and mechanisms for reporting.



4. WHERE ARE WE WITH IMPLEMENTATION?

The six pillars were designed to embed the social compact into the NSP's implementation. These pillars, alongside their associated five- and 10-year outcomes, serve as key metrics for assessment.

Overarching strategies underpinning the six pillars:

- i. Strengthening state and societal accountability at all levels, driven by bold leadership and high-level political commitment;
- ii. Driving prevention, addressing harmful social and gender norms, facilitating healing and rebuilding the social fabric, while addressing economic drivers of GBVF;
- iii. Locating a response to gender-based violence as integral to responding to violence, poverty, and inequality, and
- iv. Widening the lens, deepening the understanding, and rooting the response in communities. At the same time, an all-of-society approach to addressing GBVF has been emphasised as a central tenet of the 10-year change agenda.

4.1 Context of Implementation

The implementation of the NSP on GBVF took place in a complex and challenging context. From the outset, it was affected by the state of emergency declared in response to the COVID-19 pandemic, as well as the national lockdown restrictions that characterised the first two years of its implementation. This period intensified existing socio-economic hardships, complicating efforts to rebuild livelihoods in the post-COVID-19 context. Post-COVID-19, South African society continues to confront gender-based violence daily, with distressingly frequent reports of femicide cases. Despite the committed efforts of both state and non-state actors to combat GBV, deep-rooted social, economic, and psychological fractures continue to fuel this devastating pandemic. This ongoing crisis erodes social cohesion and undermines the broader nation-building project.

A critical development during the review period is the political shift following the 2024 elections. The establishment of a GNU and the start of the seventh administration ushered in a new political landscape, with implications for the NSP's continuity, resourcing, and strategic oversight.

Tracking the NSP on GBVF pillar implementation

Tracking the NSP on GBVF pillar implementation Regular reports by government departments at national and provincial levels were used to assess progress. These reports were submitted to the

DWYPD between 2020 and 2025. They were used to track the state of NSP implementation, disaggregated per pillar over the review period. These reports were consolidated for each pillar to facilitate ease of reference. Outcomes were rated into three categories: (i) achieved; (ii) in progress; or (iii) not achieved or facing challenges. The reported scorecards per pillar are represented in the relevant appendices, based on the agreed framework for NSP reporting by government.

Several government departments were required to align their annual and strategic plans with the NSP on GBVF, a process reflected in the government's MTDP for 2025-2030.⁴ Future public-sector resourcing for the NSP on GBVF under the seventh administration must closely align with the MTDP. This will address the ongoing misalignment, siloed approaches, and the use of separate monitoring frameworks among government structures, civil society organisations, and the private sector, which complicate coordinated implementation and oversight.

In the sections that follow, findings from the scorecards are summarised for each pillar. Since the pillars represent the implementation of the NSP, each section further analyses the findings across three areas: successes, challenges and gaps, and innovations and insights. These should be read alongside the detailed scorecard provided in the relevant appendices.

⁴During the period under review (2020-2025), the 'Medium-Term Strategic Framework' (MTSF 2019-2024) was used. Following the formation of the GNU, the MTSF was changed to the MTDP, which can be accessed and downloaded here: <https://www.gov.za/documents/other/medium-term-development-plan-2024-2029-26-mar-2025>

4.2 Pillar 1 – Accountability, Coordination and Leadership



Pillar 1 set out to ensure accountability at the highest political levels and across all spheres of society through firm individual and collective leadership and building and bolstering an architecture that is responsive to GBVF, coordinated, agile, and adequately resourced. It identifies mechanisms and processes across state and non-state sectors to amplify accountability, responsiveness, and effective GBVF prevention. It aims to develop architecture at the national, provincial, and local levels that will facilitate a cohesive, coordinated, grounded, and multi-sectoral response to GBVF. Table 1 provides a synopsis of delivery over the five years; the detailed scorecard is in Appendix 2.

Table 1: Pillar 1 Delivery Over the Five-Year Period

Ten-Year Outcomes

All people living in South Africa, including government, the private sector, workplaces, education and training institutions, and religious and cultural institutions, are held accountable for building a safe and GBVF-free environment.

Five-Year Outcomes

- 1.1 Bold leadership and strengthened 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.
- 1.2 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.

Achieved

- The National Council on Gender-Based Violence and Femicide Act was signed into law on 24 May 2024
- Inter-Ministerial Committee on GBVF established
- Improved accountability across the government system for NSP implementation
- Functional GBVF Response Fund 1 established; grants to the value of R200 million were awarded between 2021 and 2024
- Parliamentary Oversight Framework in place
- 45 Rapid Response Teams (RRTs) and 4 203 Ward Committees established
- NSP on GBVF is incorporated into the District Development Model Implementation Framework and Integrated Development Plans
- National and provincial leadership Indabas have taken place

Partially Achieved

- Vetting of public servants is ongoing, but the reporting system has not been established
- Faith Sector Collaboration Framework in place
- While public sector workplace policies are reflected in reports, private sector reports are not taken into account
- Five out of nine provinces have provincial, multi-sectoral, autonomous structures in place

Not Achieved

- The National Council on Gender-Based Violence and Femicide has not established
- NSP on GBVF costing has not been completed
- No social media accountability framework in place
- GBVF Regulatory Framework for religious and cultural institutions is not in place
- No code of ethics for media reporting

Of the 27 indicators captured in the Monitoring and Evaluation Framework: • 7 indicators have been achieved • 15 have been captured as in progress • 5 have not been achieved	Reported Government Budget 2020-2025 R58 317 990
	Reported Government Expenditure 2020-2025 R45 016 300

4.2.1 Successes

The period under review saw several notable successes and highlights, reflecting significant progress in implementing key initiatives and strengthening multi-sectoral collaboration against GBVF. These include:

- **A system of regular reporting to the Office of the President** on NSP delivery has been established and is managed by the DWYPD. Reporting frequency evolved from weekly to monthly, and now to quarterly. The reports provide an overview of the NSP implementation. Although reporting from provincial, local, and non-state sectors remains limited, this level of accountability has helped maintain GBVF's status as a national and political priority. Visible leadership and ongoing communication from political champions, including the President and various Ministers, have significantly increased accountability and awareness of GBVF.
- **There has been an increase in the allocation of resources for GBVF response.** Financial resource allocation and tracking are integral to these reports. According to national department reports, a total budget of R57,2 billion was allocated to GBVF for the period 2020-2025, of which R36,2 billion was spent as of February 2025 (DWYPD, 2024) across the six pillars. National Treasury also ringfenced R5 million per annum over the Medium-Term Expenditure Framework (2019-2024) as an interim measure while the establishment of the National Council on GBVF is finalised. These funds were allocated annually to DWYPD to support the Interim Secretariat, which coordinated the implementation of the NSP on GBVF until 31 March 2024. Additional resourcing includes the appointments of staff in the Offices of the Premiers to drive the institutionalisation of the Gender-Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing (GRPBMEA) Framework, which will facilitate budgeting for NSP implementation.
- In addition, the **Criminal Asset Recovery Account allocated funds** for the continuation of support to CSOs. This support was channelled through the Victim Empowerment Programme (VEP) located in the DSD, as part of the delivery of services to victims of GBV. A total of R85,7 million was disbursed to 312 CSOs across the nine provinces. The DWYPD also received R30 025 000,00 for GBVF prevention from the Criminal Asset Recovery Account (CARA) for three years, starting in September 2023. The work undertaken by the NSP Localisation Forum, convened quarterly by the Department of Cooperative Governance and Traditional Affairs (COGTA), has led to budget allocations in 2024/25 and 2025/26 to support implementation in selected provinces.
- On 4 February 2021, the **GBVF Response Fund 1 was established as an interim funding mechanism to support implementation of the NSP on GBVF.** To date, R240-million has been raised through direct and in-kind donations. The fund's mandate has been extended for another two years in light of the delays in establishing the National Council on GBVF. To date, there have been two rounds of calls for proposals (RFP1) in 2021 and RFPs in 2023 and 2024. This extended the implementation of projects by community-based organisations (CBOs) from 2022 until the end of 2023. The GBVF fund reports that "200 CBOs have been funded, and R200-million has been awarded to CBOs". This includes funds set aside to strengthen CBOs' capacity. The fund also emphasises GBVF hotspot coverage, allocating funds to 15 identified hotspots in addition to the 30 hotspots declared by the South African Police Service (SAPS). The CBOs that received funding were primarily working in Pillars 2, 3, and 4 of the NSP on GBVF. The estimated reach of this funding over 2021/22 was approximately 550 000, primarily from KwaZulu-Natal (30.27%), followed by the Western Cape (29.3%) and the Free State (15.18%) (GBVF Response Fund 1 Presentation, Update to Presidency, July 2024).
- Preliminary data received from several funders⁵ of GBVF interventions suggest that in the past five years, the funding was dispersed across all six pillars of the NSP. Interestingly, the analysis indicates that most of the funds were channelled towards prevention, followed by accountability and Protection, Safety and Justice. Based on the reported information, the research and information

⁵The Presidency invited funders of GBVF interventions to complete a budget analysis and expenditure tool over the review period. Those that responded with comprehensive information are the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Foreign Commonwealth and Development Office (FCDO), United Nations Office on Drugs and Crime (UNODC), Foundation for Human Rights (FHR), Danish Embassy, Norwegian Embassy, France Diplomatie (French Embassy), USAID, and the Ford Foundation. The Gates Foundation – a core funder – did not respond at the time of the data collection.

pillar was the least funded. The United Nations Office on Drugs and Crime (UNODC) funded Pillars 2, 3, and 4, and the Danish Embassy funded Pillars 1, 2, and 4. USAID and the Ford Foundation invested across all six pillars. The Ford Foundation's support for the NSP on GBVF and its implementation has included: (i) supporting the development of the NSP specifically through the consultations across all nine provinces; (ii) pledging funds to the GBVF Response Fund 1, as one of the first philanthropic organisations to do so; (iii) supporting individual civil society partners working in GBV across all pillars; (iv) supporting strategic platforms and interventions to facilitate multi-sectoral collaboration and implementation of the NSP, including the 100-day challenges; (v) supporting the SAMRC and HSRC surveys; and (vi) strategic support to bolster technical capacity in the Presidency for its work on GBV.

- **Accountability has been strengthened** and the following **state accountability mechanisms are in place** as an integral part of institutionalisation (The Presidency, 2022a): (i) national departments reporting monthly to the Presidency, based on a consolidated monitoring and evaluation (M&E) framework; (ii) integration into Annual Performance Plans; (iii) inclusion of GBVF as a standard item, at government Director General clusters; (iv) inclusion in Minister's Performance Agreements; (v) reports to the Parliamentary Portfolio Committee and the Multi-Party Women's Caucus at regular intervals; and (vi) the establishment of a GBVF Secretariat.
- The first multi-sectoral accountability structure was the Interim Steering Committee (ISC) on GBVF (2019-2020), followed by the Presidential Summit Planning Committee (June 2022-March 2023), which produced tangible results and strengthened accountability. However, the disbandment of the ISC on GBVF created a vacuum that weakened the Multi-Sectoral Accountability Framework. Efforts to strengthen accountability through the Second Presidential Summit were less effective because the tenure of the Presidential Summit Planning Committee (PSPC) was limited to the event itself, leaving a gap for multi-sectoral accountability for follow-through on the resolutions emanating from the Summit.
- **Progress on the localisation of the NSP is promising.** COGTA has led the process of incorporating the NSP on GBVF into the District Development Model (DDM) Implementation Framework and Integrated Development Plans. Community participation is supported and monitored through the National Public Participation Coordinating Forum and the Inter-Governmental Relations structure. All nine provinces share progress and discuss emerging challenges through the NSP Localisation Forum, convened by COGTA nationally. The placement of a team of technical data monitors and data capturers in eight provinces has bolstered the capacity to monitor the effectiveness of interventions by local response teams (The Presidency, 2025).
- In partnership with COGTA, the South African Local Government Association (SALGA), Provincial Offices of the Premiers, and the DWYPD, **multi-stakeholder GBV Rapid Response Teams have been established and capacitated at district, local municipality, and ward levels.** These teams ensure that there are immediate and comprehensive services for survivors of GBV. Examples of civil society interventions to build local traction include: (i) Masimanyane Women's Rights International through the Ikhwelo Women's Network undertook training with 145 community-based structures on the NSP, which has resulted in improved responsiveness (The Presidency, 2025); (ii) Masiphephe Network established local forums in specific communities and cooperated with community radio to reach a wider audience (Masiphephe Network Submission, 2025); and (iii) Phephisa Survivors' Network encourages and supports church and faith organisations to establish different ministries line support (Faith Action, 2025).

“As a department, we have taken significant efforts to address GBVF and promote women's empowerment. We have established a dedicated unit for gender to play a crucial role in localising the National Strategic Plan, but also to ensure that we create meaningful collaborations with provinces and municipalities to move this further beyond the department.” – Ms Thembi Nkadimeng, Minister of Justice and Constitutional Development

- The multi-stakeholder consultations and submissions received from the sector demonstrate that the **partnerships and strategic relationships built over the past five years are attributed mainly to the NSP** and that the NSP has played a catalytic role due to its potential value and power for change, mobilising deep commitment from various agencies to its cause. The faith-based sector refers to this achievement as “movement-building” through the creation of “spaces to influence narratives around gender justice and GBV” and ensuring “inclusivity through dialogic approaches” (Faith Action, 2025). The inclusion of civil society, researchers, and provincial stakeholders is reported to have laid a strong foundation for collective action (Indlezana Yezwe, 2025).
- Encouragingly, there is progress toward fostering **internal accountability within specific** sectors. Faith communities and the private sector are practical examples of society-wide responsibility in action. The Joint Interfaith Statement of Commitment on GBVF, signed by over 700 leaders both online and at an interfaith summit in November 2023, serves as clear evidence of this (Faith Action, 2025). The levels of awareness generated in the last five years have resulted in a **strengthened focus on GBV for both business and labour**. The establishment of a Private Sector Coalition as a national strategic initiative to drive collective corporate action against gender-based violence and harassment in 2024, as an integral part of Pillar 1 of the NSP on GBVF, is evidence of this traction. Additionally, the Congress of South African Trade Unions (COSATU) has launched a Male Gender Champions programme, training participants to understand and eliminate gender-based violence and harassment in the workplace. This training has been delivered through national and provincial workshops, with supporting materials made widely available.
- In April 2025, a National Joint Operational and Intelligence Structure (NATJOINTS) Priority Committee was established in response to an increase in the number of reported femicide cases. A 90-day action plan (structured into seven workstreams) was launched following the Justice, Crime Prevention, and Security (JCPS) cluster's Ministerial meeting (DWYPD, 2025). While this resembled the initial heightened responsiveness by the state when the NSP was launched, the pace of delivery at a sustained level during the review period did not match the urgency of the crisis. It highlights the value of a dual approach that combines time-bound, short-term measurable actions addressing immediate needs with medium- to long-term systemic interventions.

4.2.2 Challenges and Gaps

Although the National Council for GBVF Act was passed in 2024, civil society has highlighted several challenges with the current legislation, particularly around representation, funding, and the Council's structure. They have argued that **the legislation does not fully align with the specifications set out in the NSP on GBVF**. As a result, civil society continues to advocate for amendments, specifically the board representation, the establishment of a dedicated fund, and the decentralisation of functions.

The **absence of the Council as a centralised, multi-sectoral body** with the strategic authority to drive action across sectors has undermined delivery, oversight, and accountability (Rapporteur, 2025), especially for indicators linked to sectors beyond the state. Some of these critical gaps include the GBVF Regulatory Framework for religious and cultural institutions and the code of ethics for media reporting. Both these sectors are critical in shaping social norms, the narrative around GBVF, and influencing public perceptions. In the absence of enforceable codes, there is no formal accountability for these key sectors. Furthermore, the Inter-Ministerial Committee on GBVF (IMC-GBVF) has not effectively exercised its leadership role, thereby compromising political accountability.

Private sector involvement and accountability emerged as a concern across multiple platforms, where it is reported that the broader potential of private sector contributions to GBV programmes remains underutilised and has yet to be fully harnessed. Reports indicate that the GBVF fund currently “lacks clarity on how the fund fits within the broader framework of the End GBVF Collective” (End GBVF Collective, 2025). Questions have been raised, particularly regarding its specific functions, governance, and allocation of funding mechanisms.

“The private sector’s role has yet to be fully leveraged – there is opportunity to deepen engagement by creating clearer pathways for business involvement in prevention, workplace safety, and resource mobilisation.” – Shared Value Africa

Several **consequences of accountability failures** were reported at the multi-stakeholder consultation. The **erosion of trust** in public services, especially in the police as the first point of contact, is reflected in the number of unreported cases. The lack of participation by several departments in the End GBVF Collective makes it difficult to hold government departments accountable to citizens (rather than the administrations they report to). These failures also erect barriers to collaboration, risking the breakdown of relations built at the start. Ultimately, it leads to the exclusion of communities.

Inadequate, poor, and inconsistent communication on implementation progress exacerbates trust deficits. Whilst the End GBVF website and related social media platforms have continued to facilitate information exchange between those working on GBV, the general public continues to have limited access to information on implementation. There is also no social media accountability framework in place regarding cybercrime and violence. Social media platforms play a decisive role in shaping societal attitudes, amplifying harmful gender stereotypes, and in some cases perpetuating harmful behaviours. The **absence of a clear social media accountability framework limits the ability to monitor, regulate, and hold digital platforms accountable** for the content they host, leaving gaps in safeguarding victims, preventing harmful online conduct, and tech-facilitated GBV.

The lack of a costed GBVF plan hinders the full-scale implementation of the NSP. Expenditure tracking by the DWYPD shows that, while the Emergency Response Action Plan (ERAP) was costed at the time, the overall NSP has not been **costed to date**. The lack of a comprehensive costing framework has resulted in **fragmented budget planning processes** across government departments and a limited ability to mobilise sustainable funding. This continues to weaken the alignment of resources with strategic priorities and hinders the realisation of impactful prevention and response interventions at national, provincial, and local levels. Although government expenditure on GBVF interventions is reported monthly to the DWYPD, the reports are not aligned with the NSP on GBVF outcomes. As a result, it is difficult to track budget allocation and expenditure accurately. The DWYPD has yet to complete the costing of GBVF interventions, which is essential for guiding decisions on adequate public-sector resourcing. Available information indicates underspending in the public sector.

Localisation of the NSP on GBVF remains a key challenge. Weak coordination at the local level and a lack of coherence between national and local GBV service delivery have hindered implementation, leading to initiatives that are insufficiently tailored to the distinct needs of diverse communities. A study to assess localisation of the NSP on GBVF shows that localisation efforts in the majority of provinces were found to be inadequate: (0-33%) for the Free State, KwaZulu-Natal, Limpopo, North West provinces, and moderate (34-67%) for Mpumalanga, Eastern Cape, Gauteng and Western Cape (Resha, 2023). Most progress was found in Pillar 3, with significantly fewer services focused on prevention and long-term impacts, such as behaviour change, and on survivor and victim empowerment interventions that contribute to healing and transformed attitudes (Resha, 2023, p. 14). Researchers found that many organisations provided services to communities before the development of the NSP on GBVF and therefore may not have been directly influenced by the NSP on GBVF, nor resourced due to the linkages with the NSP.

4.2.3 Innovations and Insights

Implementation of and accountability for NSP on GBVF delivery were strengthened through the following innovations:

- The **End GBVF Collective was created in 2020 as an informal and voluntary platform**, open to all stakeholders involved in the response to GBVF in South Africa. It was designed to facilitate collaborative multi-sectoral implementation in the absence of the National Council on GBVF. Nevertheless, five years on, this interim structure remains responsible for the multi-sectoral implementation and ensuring that the NSP priorities are met. Progress reports reveal uneven delivery across the six pillars. Challenges such as the structure's informal and temporary nature, poor attendance, lack of commitment from certain government departments, inadequate resourcing for supporting the participation of civil society and other non-government actors, and poor coordination have all contributed to these inconsistencies.

“Many community-level stakeholders remain unaware of the NSP. While the NSP is established as a high-level policy framework, it should be utilised as a strategic tool to enhance systemic efficiencies.” – Multi-stakeholder engagement, 30 April 2025

- The **100-Day Challenge** has been rolled out as an innovative, multi-sectoral, results-driven model to accelerate the implementation of the NSP⁶ through the *End GBVF Collective*. It has harnessed multi-stakeholder teams to address systemic challenges impacting survivors and communities. From 2021 to 2024, the programme has been incrementally implemented across all nine provinces in state institutions, educational institutions, and municipalities. It has produced results across the NSP pillars and offers useful evidence of what systemic changes can produce.
- The **convening of the Second Presidential Summit on 1-2 November 2022**, preceded by nine provincial summits hosted by the Offices of the Premier, provided a unique opportunity for robust engagement with national and provincial leadership to facilitate accountability, acceleration and amplification of the implementation of the NSP on GBVF. Civil society's co-leadership in the design and hosting of these summits provided strong impetus for effective delivery and participation. Despite all these efforts, there has been no feedback or accountability regarding the delivery of these resolutions and proposed initiatives, thereby compromising the levels of trust established (Rapporteur report, 30 April 2025).

The Department of Cooperative Governance (DCOG) adopted the 100-Day Challenge methodology to facilitate change and the implementation of the NSP at municipal level.

This initiative has mobilised 953 organisations across multi-disciplinary teams in Mpumalanga, Gauteng, North West, Northern Cape, Eastern Cape and Limpopo Province.

4.3 Pillar 2 – Prevention and Rebuilding Social Cohesion



Pillar 2 focuses on eliminating the 'normalisation' of violence against women, children and LGBTQIA+ persons through the development and implementation of long-term, comprehensive, adaptable, context-specific, and holistic prevention interventions. The focus is multifaceted, seeking to transform harmful social and structural norms that perpetuate GBVF, while intentionally reshaping values and norms to build positive social cohesion and restore human dignity. Table 2 provides a synopsis of delivery over the five years; the detailed scorecard is in Appendix 3.

Table 2: Pillar 2 Delivery Over the Five-Year Period

Ten-Year Outcomes

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

Five-Year Outcomes

- 2.1 Strengthened delivery capacity to roll out effective prevention programmes.
- 2.2 Change behaviour and social norms within key groups as a result of the rollout of effective prevention interventions.
- 2.3 Shifts away from toxic masculinities towards embracing alternative approaches to expressing masculinities and other sexual and gender identities within specific communities.
- 2.4 Optimally harnessed Violence Against Children (VAC) programmes that have an impact on GBVF eradication.
- 2.5 Increased cross-fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBV prevention and violence prevention interventions.

Achieved

GBVF Strategic Frameworks developed and approved for implementation:

- Comprehensive National Prevention Strategy on GBVF (CNPS on GBVF)
- National Integrated Prevention Strategy Against Femicide (NIPSAF)
- Women, Peace and Security National Action Plan (WPS NAP) 2020-2025

⁶This can be accessed at: <https://endinggbvf.org/100-day-challenges/>.

Achieved *continued*

Communication and messaging frameworks:

- National Communication Strategy
- 365-day communication action plan

Sustained multimedia campaigns:

- 11 public buildings used for educational and awareness purposes
- Multi-sectoral multimedia campaigns implemented (community dialogues, activations, media engagements, social media posts, webinars, public education, radio talk shows)

Development of manuals and training materials:

- National School of Government is rolling out a five-day online course covering gender mainstreaming, GBVF, GRPBMEA for the public sector, and two new courses have been finalised: anti-discrimination, and inclusive teaching and learning
- Open-source Comprehensive Sexuality Education (CSE) learners' toolkits and teachers' guides
- Master training on Gender-Responsive Pedagogy in Early Childhood Education

Institutions of basic and higher learning prevention:

- Policy Framework to address GBV in the PSET system approved
- National Policy on the Prevention and Management of Learner Pregnancy

Evidence for prevention generated:

- GBV prevalence survey (HSRC)
- Femicide study (MRC)

Facilitating cross-fertilisation and environmental risk reduction:

- About 90 000 illegal liquor outlets closed, or illegal trade terminated
- Policy on the Prevention of and Treatment for Substance Use
- Implementation framework developed for the NSP on GBVF & HIV&AIDS NSP
- Integrated social crime prevention strategy
- Customary Initiation Act No. 2 of 2021 assented and promulgated
- Interfaith GBV Prevention and Mitigation Strategy (2024–2030)

Partially Achieved

- Range of interventions with key sectors rolled out- faith community, health, taxi drivers, men, schools, media, and tertiary institutions
- Range of community dialogues, activations, and social media posts
- Building on existing interventions through community development workers and community health workers
- Gender-responsive community engagement platforms
- Changing behaviour and social norms that drive GBVF with key groups using a variety of approaches
- Challenging and transforming toxic masculinities driving GBVF perpetration
- Harnessing approaches to prevention that facilitate integration and deepen impact
- Restoring human dignity, building caring and safe communities that are responsive to individual and collective trauma

Not Achieved

- Circles of Healing/Ubuntu
- Community-building interventions using non-violent art forms
- Strategic conversations on societal moral and social collapse led by the Social Cluster with the Moral Regeneration Movement
- Rapid Response Mechanism for racist, xenophobic, and hate crime incidents
- Safety plans developed for all modes of public transport
- 20% annual increase in implementation of safety plans for each transport mode
- Research conducted on learners' attitudes, views and perceptions on GBVF

Of the 42 indicators captured in the Monitoring and Evaluation Framework: • 6 indicators have been achieved • 35 indicators have been captured as in progress • 1 indicator has not been achieved	Reported Government Budget 2020-2025 R102 075 789
	Reported Government Expenditure 2020-2025 R78 272 117

4.3.1 Successes

The period under review saw several notable successes and highlights, reflecting significant progress in implementing key initiatives and strengthening multi-sectoral collaboration against GBVF. These include:

- The **development and approval of key GBVF strategic frameworks, namely the CNPS on GBVF, NIPSAF, and WPS NAP, mark a key milestone** in GBVF prevention. The CNPS on GBVF seeks to systemise evidence-informed GBVF prevention across the country. The NIPSAF targets the most extreme manifestation of GBV, and the WPS NAP integrates GBVF prevention into women's safety, empowerment and participation in peace and security. Together, they establish a coordinated, multi-sectoral foundation for turning the GBVF tide.
- The development of a **National GBVF Communication Strategy** and a **365-Day Communication Action Plan** has, to some extent, enabled continuous, targeted and coordinated messaging on GBVF prevention. These frameworks have strengthened national campaigns, media engagement, and community outreach, thus ensuring consistent messaging and raising public awareness across multiple platforms.
- **Public sector capacity-building initiatives** such as the NSG 5-day online course on gender mainstreaming and GBVF, courses on anti-discrimination and inclusive teaching, as well as the basic education CSE toolkits, have enhanced institutional knowledge and skills. Complementing these efforts, the policy frameworks addressing GBV in the Post-School Education and Training System (PSET) and the prevention and management of learner pregnancy have formalised GBVF prevention within educational contexts. These initiatives equip public sector officials and educators with the expertise needed to implement GBVF prevention strategies effectively across government and educational institutions.
- Over the five-year implementation period, **three major national studies** (the first GBV Prevalence Study and the Third and Fourth Femicide Studies) have significantly enhanced an understanding of the extent and nature of GBVF in South Africa, including the impact on specific groups. This **evidence provides a crucial foundation** for designing targeted prevention interventions and strengthening accountability for programme delivery. A key achievement has been elevating GBVF data to a national priority, fostering strong commitment from multiple stakeholders and the research community to build a robust evidence base. This data-driven approach is critical in enabling a transition from awareness-focused prevention to strategic social and behaviour change interventions.
- Examples of **cross-sectoral progress** include: (i) the closure of about 90 000 illegal liquor outlets and (ii) the development of frameworks such as the Policy on the Prevention of and Treatment for Substance Abuse, the Integrated Social Crime Prevention Strategy, and the Interfaith GBV Prevention and Mitigation Strategy (2024-2030). Interlinkages have been established with the HIV & AIDS framework, the faith sector strategy, and the Customary Initiation Act No. 2 of 2021, all of which have elevated GBVF to a cross-cutting national priority. These interlinkages have highlighted the need to cross-pollinate efforts across health, cultural, social, and faith-based sectors to achieve sustained prevention and impact. These interventions have contributed to grounding the transformation of social norms, reinforcing safer communities and creating an enabling environment for sustained GBVF prevention efforts.
- Several **campaigns and social behaviour change initiatives** were rolled out during this review period to curb GBVF. Key departments, including Social Development, Basic Education, Women, Youth and Persons with Disabilities, Higher Education and Training (including Higher Health, the DHET's implementing arm that focuses on student health and wellbeing), the Government Communication and Information System, and the Department of Health, all implemented wide-ranging interventions.
- **School-based prevention programmes** implementation included the Girls and Boys Education Movement Programme and the Keeping Girls in Schools Sexual and Reproductive Health Rights programme, which has been reintroduced. Within **institutions of higher learning**, awareness and health promotion were advanced through 21 campus and community radio stations under the Future Beats initiative, as well as the systematic use of the "Assist GBVF" risk assessment tool. Collectively, these interventions reflect a holistic approach that engages men, youth, educators, communities, and higher education spaces to drive long-term social norm change and reinforce GBVF prevention across society.
- **Interventions designed to challenge toxic masculinities** have been observed across respective sectors: (i) academic institutions such as the University of Johannesburg; (ii) the private sector, specifically by

ABSA Bank; (iii) interventions by the DSD, DOJ&CD, and SAPS, (iv) the faith sector; (v) labour sector; and (vi) a range of civil society organisations, including Sonke Gender Justice and “What About the Boys” initiative. In 2024, the President developed a Men’s Pledge to encourage societal-wide commitment by men to play their role in ending GBVF. His Excellency’s participation in several dialogues with men and boys further highlighted the importance of shifting toxic masculinities in South Africa.

4.3.2 Challenges and Gaps

The development and approval of the CNPS on GBVF in 2023 under Pillar 2, achieved through a partnership between the government (DWYPD) and CSOs, is a key deliverable of the NSP on GBVF. However, during this review period, the **CNPS on GBVF has neither been implemented nor any components initiated**, which raises several significant risks. While the different frameworks developed provide a strong foundation, challenges remain in operationalising and institutionalising them. Furthermore, **a focus on prevention has been uneven across provinces**, with limited localisation and resource alignment, leading to gaps in translating frameworks into tangible local-level impact.

A comparison of violence-prevention plans, strategies, and interventions shows significant overlap but **little consensus on which strategies and interventions should be prioritised**. Furthermore, these tend to be implemented in **short-term activity-based approaches**, whereas successful prevention requires a long-term, sustained model. An assessment of the NSP on GBVF from a child rights perspective by the University of Pretoria’s Centre for Child Law in 2022 argues that violence within families has been overlooked (and completely ignored in certain sectors), despite it being a causal link to violence against children. A more comprehensive results-based framework for violence prevention was published during this review period (Interaction, 2021). While it was aimed at helping humanitarian organisations measure and evaluate the outcomes of their GBVF prevention efforts across different contexts, it is relevant to the South African context.

Despite the implementation of an Integrated Social Crime Prevention Strategy by the DSD, in collaboration with provincial partners, **challenges remain in effectively coordinating and integrating social crime prevention awareness campaigns across communities and schools** in all nine provinces. The national department highlights ongoing difficulties in managing the concurrent functions required for this and several other coordination functions at the sub-national level.

While communication frameworks strengthened national campaigns, **coordination across departments, provinces, and civil society remains fragmented**. Messaging often lacks adaptation to local languages, contexts, and vulnerable groups, resulting in inconsistent reach and limited resonance at the community level. The approach to **campaigns remains awareness-focused rather than transformative**, with limited focus on shifting entrenched norms, attitudes, and practices.

Similarly, **innovative social norm change efforts are undermined by pervasive misogynistic popular culture** and global setbacks to women’s rights. Programmatic prevention efforts remain limited in scope and depth, particularly with respect to targeted interventions for men, boys, youth, parents, traditional and religious leaders, LGBTQIA+ communities, and children. Many initiatives **have been fragmented or short-term, without sustained follow-through** to shift harmful gender norms and power dynamics.

The prevalence studies provided critical diagnostic evidence, yet **challenges lie in adequate uptake and integration into policy planning and institutionalisation processes**. Capacity constraints in translation of evidence, monitoring, and evaluation across government weaken the full utilisation of evidence for GBVF prevention programming and resource allocation.

4.3.3 Innovations and Insights

Implementation of and accountability for NSP on GBVF delivery were strengthened through the following innovations:

- **The National Femicide Prevention Strategy** was developed, elevating femicide as a key issue requiring a specific prevention strategy.
- The **open-source CSE toolkits** represent an innovative approach to GBVF prevention by providing

accessible, evidence-based educational resources that promote gender equality, healthy relationships and social norm change across schools and communities.

- Critical **training initiatives such as restoration and healing skills development for government and NPO social workers** have been implemented through the National Institute of Community Development and Management (NICDAM). Competencies in identifying and combating human trafficking and providing trauma debriefing are part of the strategy. However, there is a clear need for a deeper examination and strengthening of these prevention strategies to improve their impact and effectiveness.
- **The Sinovuyo Parenting Programme** is a homegrown GBVF prevention programme that promotes positive parenting, strengthening of families, and gender-transformative practices. Its impact is limited by challenges in scaling up nationally and ensuring continuity, highlighting the need for sustainable funding, institutional support and strengthened delivery mechanisms.
- **The Faith Leaders Gender Transformation Programme (FLGTP)**, a flagship programme developed by We Will Speak Out (WWSOSA) in partnership with UNISA, aims to embed gender and GBV competence within faith institutions. It equips faith leaders with theoretical, theological, personal and practical tools to challenge patriarchal norms and lead their faith institutions with compassion (Faith Action, 2024).

The following insights are highlighted for Pillar 2:

- **Strategic frameworks** (CNPS, NIPSAF, WPS NAP, policy frameworks in education) have established a strong foundation for GBVF prevention across multiple systems, but their impact is constrained by challenges in translating policy into context-specific implementation, highlighting the need for strengthened institutional capacity and prioritisation.
- Although national GBV prevalence and femicide studies have strengthened the evidence base for GBVF prevention, there is **still limited systematic use of this evidence to inform programme design and implementation**. The absence of a comprehensive overview of all prevention interventions, coupled with capacity constraints in community development, mental health, and social work services, further limits the ability to design targeted, context-specific, and effective evidence-informed prevention programmes, highlighting the need for stronger mechanisms to translate research into actionable programmes.
- Multi-sectoral campaign initiatives have increased awareness and engagement on GBVF, but their **impact is limited**. Reports on **social behaviour change** interventions and social cohesion interventions targeting key groups (men, boys, youth, parents, traditional and faith leaders, LGBTQIA+ communities, and children) have been inadequate. Given the inadequate long-term follow-up, the need for comprehensive, sustained, and evidence-informed prevention strategies is paramount.

Faith Leaders Gender Transformation Programme (reported results):

- 50 change agents have graduated.
- Many alumni have become active advocates for gender justice, addressing misuse of sacred texts and practices that contribute to GBVF.
- This has led to policy changes within institutions, awareness campaigns, and contextually-rooted sermons and workshops.

4.4 Pillar 3: Protection, Safety and Justice



Pillar 3 sets out to address the systemic challenges in the management of GBVF cases (particularly domestic violence, sexual offences, child homicide, human trafficking, and other related matters impacting on GBV) and facilitate access to protection, safety and justice in response to the needs of victims of GBV. To achieve this, the three key areas of focus are legislative reform, strengthening the capacity of the CJS, and addressing barriers that prevent survivors from accessing social justice services that are efficient, sensitive, quick, accessible, responsive, and gender-inclusive. Table 3 provides a synopsis of delivery over the five years; the detailed scorecard is in Appendix 4.

Table 3: Pillar 3 Delivery Over the Five-Year Period

Ten-Year Outcomes

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

Five-Year Outcomes

- 3.1 Improve access to survivor-led support services through a victim-centric criminal justice system that is sensitive to and meets their needs.
- 3.2 Strengthen capacity within the CJS to address impunity and facilitate justice for GBV survivors.
- 3.3 Amend legislation related to GBV areas, build on legislative reforms initiated under the Emergency Response Action Plan.

Achieved

- Criminal and Related Amendment Matters Act, 2021 (Act No. 12 of 2021) amended
- Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2021 (Act No 13 of 2021) amended
- Domestic Violence Amendment Act, 2021 (Act No. 14 of 2021) amended
- Regulations to give effect to the amended legislation have been finalised
- Customary Act amended
- Traditional Courts Bill amended
- Cyber Crime Bill amended
- Additional Thuthuzela Care Centres have been established and are functional, bringing the national spread to 65
- All police stations (1 162) render Victim-Friendly Services (VFS) that meet all quality dimensions
- 185 FCS units are functional and GBV desks at all 1162 police stations
- Over 90 000 illegal liquor outlets were either closed or the illegal trade terminated from May 2021 to December 2024
- Reports on trauma debriefing from SAPS, Department of Justice and Constitutional Development (DPJ&CD) and psychosocial support from the Department of Health (DOH)
- Deoxyribonucleic Acid (DNA) Backlog on sexual offence cases finalised
- Opening of a new forensic laboratory in Gqeberha, Eastern Cape
- R654 372 622 was spent on procurement of 2 385 489 DNA collection kits between 202/21-2024/25
- Development of Phases 3-6 of Femicide Watch completed

Partially Achieved

- Amendments to Legal Aid Regulations to support survivors of domestic violence are underway
- 83 courts upgraded into Sexual Offences Courts (SOCs)
- 88 courts upgraded to the Minimum Standards for the National Strategy on Reasonable Accommodations for Court Users with Disabilities
- Processes related to strengthening Family Violence, Child Protection and Sexual Offences (FCS) units are still underway

Table 3: Pillar 3 Delivery Over the Five-Year Period continued

Partially Achieved *continued*

- The DNA laboratory in KwaZulu-Natal is still a work in process
- Consultations with stakeholders on the Regulatory Framework for legislation on the decriminalisation of sex work
- Regulations for the Prevention and Combating of Hate Crimes and Hate Speech Bill
- Older Persons Act amendments underway
- Draft Amendment of the Service Charter for Victims of Crime developed
- Online Applications for Protection Orders in the piloting phase
- Appointment of an Integrated Electronic Repository (IER) Officer is underway

Not Achieved

- Compensation and restitution for victims of crime, and an enforcement mechanism
- Annual audits of policy and service delivery
- The Film and Productions Act has not been amended

Of the 54 indicators captured in the Monitoring and Evaluation Framework: • 31 indicators have been achieved • 14 indicators have been captured as in progress • 9 indicators have not been achieved • 4 indicators were not aligned with current systems and were removed	Reported Government Budget 2020-2025 R4 999 268 520
	Reported Government Expenditure 2020-2025 R3 560 783 636

4.4.1 Successes

The period under review saw several notable successes and highlights, reflecting significant progress in implementing key initiatives and strengthening multi-sectoral collaboration against GBVF. These include:

- **Unprecedented legislative reform** over the first five years, as outlined in Table 3, has broadened the scope of protection, introduced structured penalties for perpetrators, and improved legal definitions of abuse and consent (WISE, 2025).
- Forensic services have been strengthened, resulting in **the historic backlog of sexual offences cases being eradicated**, as shown in Figure 9. An additional achievement was the opening of a new **forensic laboratory in Gqeberha, Eastern Cape**. The NPA, SAPS and DOJ&CD continue to collaborate to ensure that backlog does not recur.

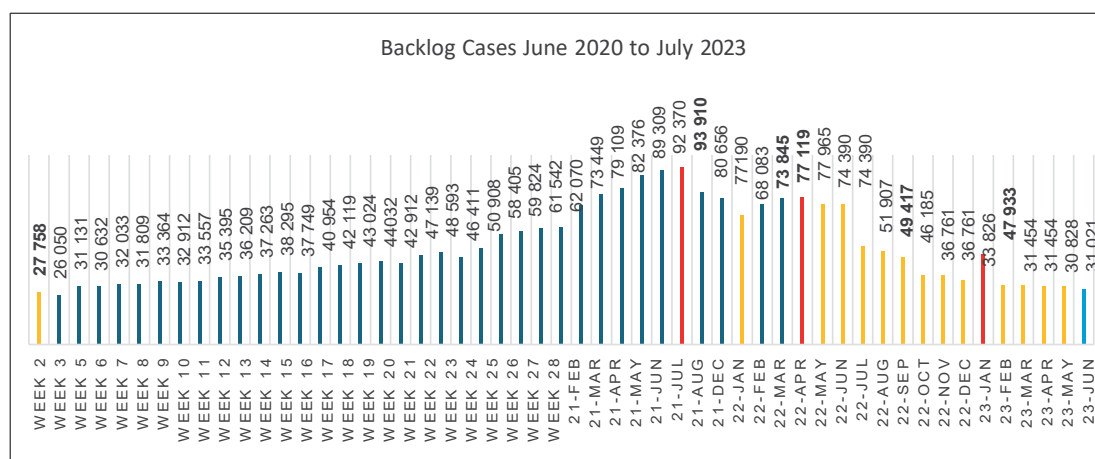


Figure 9: Overview of backlog cases from June 2020 to July 2023

“The improved forensic capabilities should be able to expedite investigations and help our police build stronger cases with solid evidence to enable successful convictions of perpetrators who continue to kill, abuse and rape the women in our country.”

– President Ramaphosa, 31 August 2023

- **Victim-friendly rooms** for all victims of crime, with particular attention to survivors of GBV, have been **rolled out at all police stations**. The victim empowerment facility is typically housed either in a room at the police station or in a park home attached to the police station. It is managed by a designated police officer serving as the victim empowerment coordinator, while services are delivered by community volunteers or first responders employed by NGOs.
- The **expanded number of Thuthuzela Care Centres** offers bolstered response services to more survivors of GBV. The increase from 55 TCCs before the NSP implementation to the current national total of 65 further demonstrates the benefits of public-private partnerships in accelerating NSP implementation and service delivery.
- The target (75%) for the **conviction rate of contact crimes against women (18 years and above) has been achieved (80.95%)**, and the conviction rate target (75%) **of crimes against children (below 18 years) has been achieved (81.96%)**.
- **Court preparation services** offered by the NPA have supported adult and child witnesses in criminal cases involving violence, including sexual offence matters. Through the Ke Bona Lesedi Court Preparation Programme, **victims and witnesses receive comprehensive preparation and emotional support for testifying**. Survivors are also empowered to engage with the CJS and submit Victim Impact Statements (VIS). According to reports from the National Prosecuting Authority, court preparation sessions have increased from 97 213 in 2021/22 to over 150 000 in 2024/25, with strong uptake in Regional Courts where most sexual offences are heard. Support for witnesses appearing for GBVF matters has expanded, with nearly 25 000 assisted in 2024/25. Outreach programmes more than doubled over the review period. Table 4 provides an overview of progress from 2021 to 2025, and shows a sharp rise in child witnesses, pointing to both the continued vulnerability of children and improved support services. To facilitate an inclusive and responsive justice environment, all Court Preparation Officers (CPOs) are required to attend a disability sensitisation training course conducted by the National Council for Persons with Disability (NCPD).



Conviction rates at TCCs over the past three years are at **77%**, exceeding the national target of **70%**.

2022/2023: **77.1%** • 2023/2024: **77.9%**

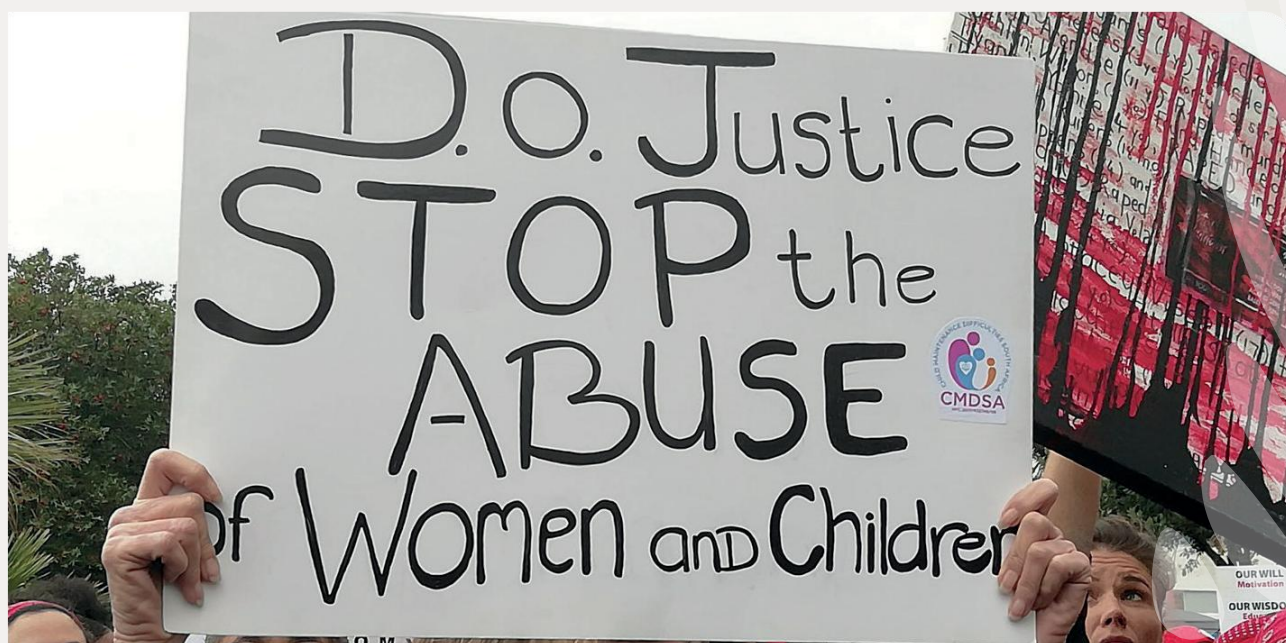


Table 4: Overview of Clients Reached Through Services Provided by the NPA 2021-2025

Number	2021/22	2022/23	2023/24	2024/25
Court preparation sessions	97 213	128 771	146 650	150 627
Victim Impact Statements completed	7 814	9 400	11 112	11 193
Victim Impact Statements used by public prosecutors	2 212	2 333	2 982	3 405
District Courts sessions conducted	18 584	35 492	40 302	40 958
Regional Courts sessions conducted	77 347	91 162	102 374	104 072
High Court sessions conducted	1 282	2 126	3 974	5 372
Witnesses under the age of 18 years	18 004	21 225	22 173	62 328
Adult witnesses	79 173	107 526	124 477	105 048
Witnesses in Sexual Offences matters	46 805	57 496	63 280	62 328
Total other related matters	50 371	71 275	83 360	88 299
GBVF witnesses assisted	No stats	No stats	14 741	24 866
Number of witnesses with disabilities assisted	No stats	No stats	741	905
Outreach programmes conducted	490	741	880	1 053

4.4.2 Challenges and Gaps

While several successes were observed during the period under review, there were also notable challenges and gaps identified for Pillar 3:

- **Implementation challenges and gaps** – despite progressive legislative shifts and positive interventions to provide access to justice for survivors, access remains uneven, particularly for those in rural and underserved areas (Wise4Afrika, 2025). More broadly, survivors continue to grapple with systemic limitations leading to a public distrust in the system.
- Stakeholders have highlighted **the absence of fully equipped GBV desks, gender-sensitive services, and accessible support for persons with disabilities and LGBTQIA+ persons** as critical gaps that continue to harm survivors (KZN Submission, 2025). They have pointed out that this has severely compromised public trust in the police services, and those survivors are often trapped in a broken system where government failures deny urgent care, justice, and protection. Deaf survivors face specific constraints such as communication barriers and a lack of trained service providers, which result in exclusion and specific forms of secondary victimisation.
- **Budget cuts have compromised the appointment of additional intermediary support.** Challenges faced include difficulties meeting competency requirements, language proficiency, fiscal constraints, and a lack of training. To address these challenges, the Justice College has developed a course on intermediary services to address the training needs.
- Survivors often face **secondary victimisation due to systemic issues** and inadequate training of service providers, resulting in insensitive handling of GBV cases (Wise4Afrika Submission, 2025). There is a need for strengthened coordination between law enforcement, health care providers, and social services to address **fragmented service delivery**.

High profile cases often expose systemic hierarchies and a lack of uniform application of justice, undermining public trust and weakening the credibility of the national GBVF response. These cases must be handled with integrity and transparency, as they set critical precedents for how society perceives justice for survivors.

4.4.3 Innovations and Insights

Implementation of and accountability for NSP on GBVF delivery was strengthened through the following innovations:

- Through the **100-Day Challenges**, courts across the country have reported reductions in their domestic violence case backlogs, increases in the finalisation of maintenance cases, and reductions in divorce case backlogs.⁷
- The **online applications for protection orders** reduce potential secondary victimisation and facilitate access to justice. Access is uneven, though, given compounding factors relating to wider inequality.
- **Public-private partnerships** through the GBVF Response Fund and Spar provided support for the establishment of additional TCCs.
- The preparation and submission of a **Victim Impact Statement** has amplified the voices of GBV victims in the courtroom. It provides a structured opportunity for victims to articulate the emotional, psychological, and physical effects of the crime, ensuring that their lived experience is acknowledged in judicial proceedings. It fosters a sense of agency among victims and informs sentencing decisions. CPOs continue to receive training on the effective facilitation of VIS.



The following insights emerged for Pillar 3:

- **Systemic change is slow**, and specific NSP on GBVF achievements were possible due to prior wider CJS interventions.
- **Strong coordination of the work being done under Pillar 3** has contributed towards strengthened multi-sectoral accountability and delivery across the respective outcomes (The Presidency, 2025).
- **Training and support interventions** with those in the CJS require ongoing investment, review, and prioritisation.

4.5 Pillar 4: Response, Care, Support and Healing



Pillar 4 set out to ensure that every survivor of gender-based violence 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, wellbeing, and lives. The overall focus is two-fold: (i) strengthening and overhauling services and systems by improving relationships between stakeholders and (ii) building and bolstering resilience by harnessing the capacity of institutions, households, and communities to play important roles in responding to and supporting survivors. Table 5 provides a synopsis of delivery over the five-year period; the detailed scorecard is in Appendix 5.

Table 5: Pillar 4 Delivery Over the Five-Year Period

Ten-Year Outcomes

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

Five-Year Outcomes

- 4.1 Strengthen existing response, care, and support services by the state and civil society in ways that are victim-centred, survivor-focused, and trauma-informed to facilitate recovery and healing.
- 4.2 Secondary victimisation is eliminated through addressing specific individual and systemic factors driving it.
- 4.3 Strengthened community and institutional responses to provide integrated care and support to GBV survivors and their families that consider linkages between substance abuse and HIV and AIDS.

⁷See <https://endinggbvf.org/100-day-challenges/>

Table 5: Pillar 4 Delivery Over the Five-Year Period continued

Achieved

- The Victim Empowerment Support Services Bill was gazetted for public comment
- The Older Persons' Amendment Bill (B11-2022) was approved for submission to the National Assembly for final approval
- Policies in place: White Paper on Social Welfare, intersectoral Shelter Policy, Minimum Core Package of Services, and a draft policy on psychosocial services developed
- Four Khuseleka One-Stop Centres established, providing 24/7 holistic services viz. psychosocial support, health care, police services, legal assistance, court preparation, and shelter placement for victims
- Victim Empowerment Programme (VEP) Information Management System in place
- Generic Funding Model in place for support of CSOs
- R89.7 million provided by the National Development Agency (NDA) supports 312 CSOs
- Higher Health has implemented a 24-hour national crisis line for all students needing support for GBV and mental health issues

Partially Achieved

- 44 out of 52 districts are reported to have shelters, with a total of 136 shelters nationally
- 206 White Door shelters are operational across the country
- Local programmes have been implemented targeting communities, men, youth, parents, and children
- All departments have an Employee Health and Wellness Programme in place, which includes GBV and mental health support
- Provincial Rapid Response Teams established in the Western Cape, KwaZulu-Natal and Gauteng

Not Achieved

- Too few social workers are placed in schools
- Municipal plans on response, care, and support for survivors are not in place – requires reallocation to DSD

Of the 29 indicators captured in the Monitoring and Evaluation Framework:	Reported Government Budget for 2020-2025 R1 503 394 333
	Reported Government Expenditure for 2020-2025 R1 274 762 837

4.5.1 Successes

The period under review saw several notable successes and highlights, reflecting significant progress in implementing key initiatives and strengthening multi-sectoral collaboration against GBVF. These include:

- **Existing response, care, and support services have been strengthened through the provision of a core package of services.** This package has been costed. The core minimum package includes telephone line services implemented, community-based counselling services provided by civil society organisations, sheltering services (short and long-term), white and green door shelters, TCCs, designated health facilities, victim-friendly rooms, and court support in domestic violence and sexual offence matters.
- **The GBV Command Centre was re-established.** This centre is a critical component of psychosocial support and care and an integral part of the social protection system. Its effective functioning is a key element of NSP implementation. After its re-establishment in December 2024, it is now handling an average of 800 calls per day, and provincial **capacity has been developed to respond to referrals effectively** (The Presidency, 2025). In addition, Higher Health has implemented a **24-hour national crisis line** for all students needing support for GBV and mental health issues. The DSD has rolled out **psychosocial services at national institutions of higher learning**. It is reported that the service has reached approximately 10 000 students, despite the concurrent functioning parameters (The Presidency, 2025).

- In December 2020, the National Shelter Movement of South Africa (NSMSA) **established a 24-hour helpline** for women and children affected by GBV to facilitate shelter placement, policing matters, and protection orders (National Shelter Movement of SA, 2024). Over its first year, the NSMSA recorded 6 922 calls resulting in 3 220 shelter placements and other forms of support. After an inaugural indaba hosted by the NSMSA in 2021, the **co-hosting of three shelter indabas from 2022 to 2024 by the National DSD and the NSMSA** has strengthened a key strategic partnership and facilitated accountability for the delivery of services to victims.
- The **Department of Public Works and Infrastructure (DPWI)** has provided **46 buildings for shelters and interim housing arrangements** for victims of GBV since 2020. DSD is repurposing many of the properties to become Khuseleka One-Stop Centres (a model for shelters that provide multi-disciplinary services). The geographical spread of available buildings is uneven. Currently, Mpumalanga has ten buildings, North West has nine, Free State has two, and the Northern Cape has one. All the properties across all provinces are at different phases of completion and finalisation.
- The collaborative work within Pillar 4 has **continued to build strong relationships between state and non-state stakeholders**, fostering a sense of collective effort and joint projects (The Presidency, 2025). To strengthen coordination among stakeholders, DSD has established an Integrated Management Information System that links **Social Development, Health, Education, and the CJS**. Training on this system was conducted in all nine provinces (The Presidency, 2024c). The DPWI has **repurposed unoccupied state properties in Kimberley and Phalaborwa into shelters** and has identified several others in Mpumalanga, Free State, Limpopo, and Gauteng.
- **The establishment and rollout of RRTs** at a local level provides a key mechanism through which to meet the response, care, and support needs of survivors. Stakeholder feedback indicates that the piloting of the RRT model in KwaZulu-Natal had a positive impact on **two hot spots** (KZN CSO submission, 2025). The **existence of Employee Wellness Programmes** in the public sector facilitates workplace-based response and support. However, there is inadequate information on the degree to which this is taking place more widely.

4.5.2 Challenges and Gaps

While several successes were observed during the period under review, there were also notable challenges and gaps identified:

- **The lack of standardisation of shelters** across the country and within provinces, coupled with unequal service delivery between government and non-government shelters, results in unequal access to services for survivors (NSMSA, 2021). Furthermore, **inadequate systems of communication and alignment** between respective departments⁸ at provincial and national levels lead to poor integration and coordination, resulting in fragmented service delivery and contributing to experiences of secondary victimisation. A lack of mental health and substance abuse services for survivors of GBV negatively impacts survivors' healing journeys (NSMSA, 2021).
- **Funding and resourcing-related challenges** are a significant factor that compromises the quality of sheltering services, impacting day-to-day operational decisions, staff burnout, and despondency. Whilst DSD covers 41% of funding, **shelters must raise the balance, often with limited institutional capacity**. Delayed disbursements, institutional realignments in Gauteng, and inadequate salary scales all exacerbate these challenges. The lack of **concurrency between the national and provincial levels compromises a unified voice on issues and limits DSD's direct service provision** at the national level (The Presidency, 2025). Furthermore, there is an inadequate response by municipalities in dealing with alcohol-related challenges.

Accessibility to support has been strengthened by the daily 24-hour accessibility and partnership with Uber, which has facilitated the helpline's capacity to assist.

– National Shelter Movement, 2021

⁸Departments of Health, Human Settlements, SA Police Services, Home Affairs, Correctional Services and Justice

- The state-related funding constraints also **compromise the appointment of social and care workers and the quality of services provided**, who are critical for strengthening family support systems (The Presidency, 2025). As of 30 June 2024, 69 459 social service professionals were placed. They include 9 652 Child and Youth Care Auxiliary workers, 475 Child and Youth Care Professionals, 14 897 Social Auxiliary Workers and 44 525 Social Workers).⁹ Since 1 January 2024, the average case load for both auxiliary and social workers was 1:100 per month across all provinces. This is 40% higher than the ideal case load proposed by the Norms and Standards for Social Welfare Services. A total of 6 075 social practitioners were reported to be placed in the educational sector in 2023. The placements were across district offices, national offices, ordinary schools, special schools, and provincial Head Offices. Efforts are underway to advocate for the placement of additional social workers in schools.¹⁰
- **Specialised services are not equally accessible to all**, especially those whose needs are complex and require specialised attention and investment. The specialised services to be made available include:
 - ✓ Sign language interpreters;
 - ✓ Language interpreters where a language is not in wide use in a particular area;
 - ✓ Psychological services that can provide assessments for people with intellectual disabilities, as well as any other psychological difficulties;
 - ✓ Provision of regular clinical/therapeutic services to adults, as well as to children who have been exposed to violence, with special outreach for women and children in shelters; and
 - ✓ Safe and reliable transport should also be provided to facilitate travel between different service points.
- **The GBV Command Centre (GBVCC) systems and processes were found not to be effective or efficient** in achieving its goals. These were findings from an **evaluation conducted in August 2020** (DSD, 2020): (i) at a systems level, there was no real-time monitoring of the victim's/client's history, e.g. to be able to track repeat callers and generate an alert for imminent danger to the caller; (ii) at the process level, the evaluation concluded that the GBVCC was a "segregated service" with a "convoluted referral process", specifically when callers require action or follow-up on a query; (iii) users complained about long waiting times and no follow-up on their queries, and (iv) cases referred to social workers between provinces are seldom resolved due to different protocols between provinces. The staff at the Command Centre complained of staff shortages and of the separation between handling caller 'content' and the technical performance of the GBVCC. During the latter part of the 2023/2024 financial year, the GBVCC was closed for a period and reopened in December 2024.
- **The programmatic and service delivery linkages between health, sexual and reproductive health, and GBV have not been effectively leveraged.** The decision at the Second Presidential Summit to include the Minister of Health in the GBV Inter-Ministerial Committee (IMC) and the health Members of the Executive Council (MECs) in provincial structures was a strategic move to strengthen state accountability and close existing gaps in coordination and oversight at the political level. (The Presidency, 2022b). The 31% increase in termination of pregnancies amongst adolescents aged 10-19 in the public health sector points to usage of the service, on the one hand, and simultaneously to the high levels of rape cases and teenage pregnancies in South Africa (UNFPA, 2024).
- Data from South African health facilities reveals a deeply troubling trend where between April 2024 and March 2025, **2 387** children aged 10-14 years gave birth, while **855** terminated their pregnancies. In total **114 808** teenagers aged 15-19 years gave birth, while **18 722** had abortions, as demonstrated by Figure 10. These high numbers underscore the persistent and severe challenge of teenage pregnancy in the country. This issue is inextricably linked to statutory rape, incest, early sexual debut, and the sexual abuse of children and adolescents, further compounding the crisis. The data paints a grim picture – immediate and decisive action is imperative. Strengthening connections among health system responses, education, and broader GBV prevention initiatives offers valuable opportunities to enhance prevention programming and create a more comprehensive, effective approach.

⁹<https://pmg.org.za/committee-question/26887/>

¹⁰Ibid

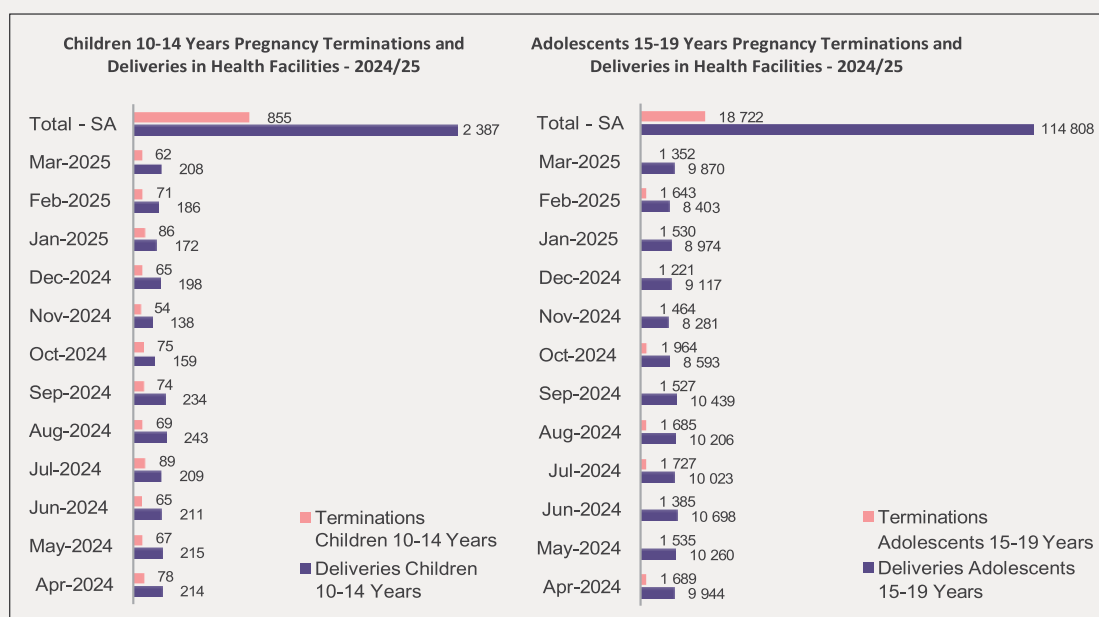


Figure 10: Children and adolescent pregnancy terminations and deliveries in health facilities (DOH)

4.5.3 Innovations and Insights

Implementation of and accountability for NSP on GBVF delivery was strengthened through the following innovations:

- Through **the 100-Day Challenges**, there have been significant improvements in the referral of new GBV cases to response, care, support, and healing.
- **Skills training and job placement opportunities** that support the economic independence of survivors are integrated into the Khuseleka One-Stop Model.

The following insights are highlighted for Pillar 4:

- Effective implementation of this pillar depends on strong and sustained collaboration between government and civil society. Building on the foundation established over the years requires ongoing commitment and vigilance from all stakeholders.
- Overall, reporting indicates a strong emphasis on containment and crisis intervention, with little focus on recovery and healing. This imbalance may be influenced by the indicators currently used and the overwhelming scale of the challenges faced in the country.
- Strengthening the linkages between the health system, including mental health and sexual and reproductive health interventions, and GBV response is essential. The GBV Prevalence Study highlights mental health challenges as a critical area requiring focused intervention within these integrated services to provide comprehensive care and support for survivors.



4.6 Pillar 5: Economic Empowerment



Pillar 5 aims to transform the structural makeup of the South African economy by systematically increasing women's access, control, and ownership of productive resources, and by strengthening their participation in the workforce to address the economic drivers of gender-based violence across local, provincial, and national spheres. This pillar acknowledges the direct connection between GBVF and economic dependence and aims to enhance women's economic autonomy. Table 6 provides a synopsis of delivery over the five-year period; the detailed scorecard is in Appendix 6.

Table 6: Pillar 5 Delivery Over the Five-Year Period

Ten-Year Outcomes

Women, girls and LGBTQIA+ people 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 Outcomes

- 5.1 Accelerate initiatives to 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 Workplaces that are free of violence against women and LGBTQIA+ persons.
- 5.3 Demonstrated commitment, through policy interventions by the state, the private sector, and other key stakeholders, to eliminate the economic drivers of GBV.
- 5.4 Strengthened child maintenance and related support systems to address the economic vulnerability of women.

Achieved

- Programmes for equitable job creation have been implemented: the Community Works Programme has benefited women in excess of 50%
- Representation and investment into women-owned businesses has increased: The National Empowerment Fund invested 37% of its overall funds in women-owned businesses in 2023/24
- Policy interventions to protect specific groups of vulnerable workers were implemented: the amendments to the Public Procurement Act, 2024 included (i) women as a designated group; (ii) micro and small businesses and (iii) provisions for tenders to include sub-contractors. The National Treasury adopted the Financial Inclusion Policy Framework
- Demonstration of Gender-Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing framework through a number of programmes: the 8th Progress Report on its implementation indicates high levels of compliance with mainstreaming from both national departments and provinces
- Through public-private partnerships, women have been linked to opportunities in the automotive industry
- ILO Convention 190 ratified, and Code of Good Practice on the Prevention and Elimination of Harassment in the Workplace in place. As an example of how this has been taken forward, a Mine, Health and Safety Council was established to make workplaces safe and violence-free for women
- WECONA, a vehicle for women's economic empowerment, was launched and is functional. In July 2022, the first-ever gender-lens investment summit was held with development finance institutions

Partially Achieved

- Department of Human Settlement (DHS) delivered 3.6 million houses: 1.8 million (56%) were to female-headed households
- The Financial Inclusion Strategy is under review in parliament
- A process is in place to improve the collection of income differential data to be reported annually by employers
- A process is in place to list child maintenance defaulters with credit bureaus

Table 6: Pillar 5 Delivery Over the Five-Year Period continued

Not Achieved	
• The Land and Agrarian Fund has not been established • The land administration system and regulatory framework have not been amended	
Of the 26 indicators captured in the Monitoring and Evaluation Framework: • 4 indicators have been achieved • 20 indicators have been captured as in progress • 2 indicators have not been achieved	Reported Government Budget 2020-2025 R49 414 648 683
	Reported Government Expenditure 2020-2025 R30 282 451 152

4.6.1 Successes

The period under review saw several notable successes and highlights, reflecting significant progress in implementing key initiatives and strengthening multi-sectoral collaboration against GBVF. These include:

- **The strengthening of the direct and indirect linkages between women's unequal economic position in society and gender-based violence.** By framing Pillar 5 directly as economic empowerment, it has shifted the focus and facilitated a move beyond micro-level interventions to macro-level policy and practice.¹¹ Several government departments within the economic cluster, specifically the Department of Small Business Development (DSBD), Department of Forestry, Fisheries and the Environment (DFFE), Department of Agriculture, Land Reform and Rural Development (DALRRD), Department of Trade, Industry and Competition (dtic), Department of Mineral Resources and Energy (DMRE), Department of Human Settlements (DHS), Department of Transport, and Department of Water and Sanitation, that traditionally may not have been involved in addressing gender-based violence have now actively positioned their interventions to form an integral part of the national response to GBV.
- **Implementation of the 40% procurement target for women-owned businesses within the public sector.** This is coupled with increased enterprise development, mentorship opportunities, and improved financial access initiatives for GBVF survivors across the property, construction, and SMME sectors (Pillar 5 Submission, 2025). Disbursements dipped between 2021/22 (R989,9 million) and 2023/24 (R811 million) but rebounded strongly in 2024/25 to R1,298 billion above the target of R865,7 million (DWYPD, 2025). This growth indicates that targeted interventions (e.g., gender-responsive financing, supplier development, and SMME-support schemes) successfully expanded access for women-owned businesses (refer to Table 7).



Progress on Pillar 5 outcomes

The Eastern Cape government has committed between 25% and 33% of its procurement budget to women-owned enterprises.

The Premier of North West announced that the province will procure food supplies from women producers to supply prisons, schools, and hospitals.

SALGA has endorsed a 40% preferential procurement policy at a municipal level.

The Department of Human Settlements spent R12 billion (40% target achieved) on women-owned enterprises and launched an incubation and investment programme.

¹¹NSP on GBVF, See Pillar 5 Outcomes

Table 7: Department of Small Business Development Support for Women-Owned, Youth-Owned Businesses and Businesses Owned by Persons with Disabilities

DSBD Financial Support	Previous Financial Years			2024/25 Financial Year			
	2021/22 '000	2022/23 '000	2023/24 '000	Target '000	Total Disbursements	Variance '000	Reasons for Variance
Facilities disbursed to women-owned businesses	989 925	928 261	811 092	865 767	1 298 011	432 244	More women-owned businesses accessed facilities, with increased demand
Facilities disbursed to youth-owned businesses	494 235	551 415	327 050	649 325	507 836	-141 489	Limited budget for facilities for youth-owned businesses
Facilities disbursed to businesses owned by entrepreneurs with disabilities	37 872	36 678	26 836	64 010	16 162	-47 848	Low pipeline from businesses owned by persons with disabilities resulted in lower approvals and disbursements
TOTAL	1 522 032	1 516 354	1 164 978	1 579 102	1 822 009	242 907	Increase largely driven by stronger uptake among women-owned businesses

- Through SMME-support, women's ownership of businesses increased from 42.3% to 53.9% in 2024, and for people with disabilities, ownership increased from 3.8% to 9.1%, whereas youth ownership declined from 44.2% to 42.1%. WEEP **has reached over 10 000 women entrepreneurs** across Limpopo, North West, Eastern Cape, KwaZulu-Natal, Free State, and Mpumalanga. An intersectional approach was evident in programmes supporting rural women, LGBTQIA+ individuals, and women with disabilities.
- The NSP formed the **backdrop to several key economic policy reforms**, viz. the amendments to the SA Public Procurement Act, 2024, which included (i) women as a designated group; (ii) micro and small businesses, and (iii) provisions for tenders to include sub-contractors. These provisions potentially facilitate greater access to economic opportunities for women. Similarly, the NSP provided further impetus for the adoption of the Financial Inclusion Policy Framework by National Treasury.
- The labour sector **participated in the development of the International Labour Organization Convention No. 190 and Recommendation 204**, which was ratified by government on 29 November 2021. This, alongside efforts to align the negotiation of a Code of Good Practice on Prevention and Elimination of Harassment in the Workplace at the National Economic Development and Labour Council (NEDLAC), provided important policy impetus to address sexual harassment. In addition, COSATU and NEDLAC have initiated an LGBTQIA+ workers advocacy movement across southern Africa, dealing with inclusion, violence, and harassment in the workplace.

4.6.2 Challenges and Gaps

While several successes were observed during the period under review, there were also notable challenges and gaps identified:

- Despite the positive women's economic empowerment interventions implemented over this period, there is **little evidence of their long-term sustainability**. While critical platforms such as WECONA and WEEP have been leveraged, these are **yet to be effectively institutionalised**. Stakeholders have

4.6.2 Challenges and Gaps *continued*

highlighted the scalability and sustainability limitations of these interventions in a **context of austerity measures**, which have disproportionately impacted women (WISE, 2025).

- **Public sector procurement remains low.** Despite government commitments to 40% preferential procurement, far less than 10% has been directed to women. Stakeholders have argued that preferential procurement frameworks intended to benefit women-owned enterprises have not been uniformly applied across government departments, and state entities remain inconsistent. Furthermore, the **direct linkages between women's economic empowerment interventions and GBV are not clear**, and there is little evidence of integrated programming that links livelihood support with psychosocial care, legal support, or protection mechanisms (WISE, 2025).

The following gaps have been identified by Pillar 5:

(i) **weak coordination at a provincial level** as a result of the lack of Pillar 5 provincial structures; (ii) **funding shortfalls**, with no dedicated budget for economic empowerment within GBV programming; (iii) **poor private sector accountability**, with inadequate reporting on procurement and limited impact more widely across different industries and (iv) **data deficiencies** which result in weak and inconsistent reporting of gender-disaggregated economic data.

- **Women entrepreneurs continue to face barriers** such as limited access to resources, uneven implementation, and insufficient funding. Securing sustainable financing, strengthening partnerships, and enhancing support mechanisms remain critical to the programme's success.
- **Interventions to make transport and public spaces safer for women have largely been limited to awareness-raising.** Emphasising safety in local spaces like parks and recreational facilities could serve as a foundation for multi-sectoral local interventions led by municipalities and community structures.

4.6.3 Innovations and Insights

Implementation of and accountability for NSP on GBVF delivery were strengthened through the following innovations:

- The **WECONA**, championed by the President, is an innovative, transformative model that facilitates market access, procurement opportunities, and enterprise development for women-owned businesses. The initiative aims to ensure that 40% of public procurement contracts are awarded to women-owned businesses and to encourage private-sector companies to purchase goods and services from women entrepreneurs. It aims to accelerate initiatives addressing women's unequal economic position. It offers a strong social compact between women entrepreneurs, the public sector and the private sector. The platform also mobilises supply chain opportunities for women-owned enterprises, resulting in supplier contracts and enterprise development. Highlights include the development of the **Presidential Index for Gender-Inclusive Supply Chains**, which measures the annual procurement spend of participating industries on women-owned enterprises. Significant impacts include the adoption of this tool by the South African Medical Technology Industry Association (SAMED) and its endorsement by Business Unity SA (BUSA) as a tool for the B20 process, in which G20 countries will be encouraged to measure their procurement spend.
- **Strategic global platforms** such as BRICS, G20, and other multilateral forums continue to be effectively leveraged to amplify economic empowerment in GBVF prevention. Under South Africa's G20 presidency, this is being taken forward.

The following insights are highlighted for Pillar 5:

- Women's economic empowerment interventions are severely compromised by violent systemic barriers of social and economic inequality.
- Targeted, collaborative interventions across the public and private sectors have significant potential to respond to the systemic economic exclusion of women.
- Balancing immediate, short-term responses with a relentless focus on disrupting systemic barriers to lasting change remains essential, as captured by the NSP's 10-year outcomes.

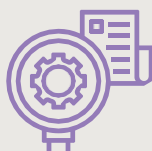
WECONA WINS

- Checkers and Spar created supplier opportunities for women-owned cleaning and sanitary products
- UCanGrow contracted 150 tonnes of dried chillies from women farmers and is now establishing 200 agri-hubs to
- create market access for small-scale farmers

The Automotive Industry Transformation Fund (AITF) ring-fenced a portion of its localisation strategy and funding stream to build fuel infrastructure for new energy vehicles to support women in the energy sector. It exceeded its 30% commitment

- to women-owned enterprises, disbursing 55% in 2024
- IDC increased funding to women-led businesses from R11 billion to R18 billion in 2024, and the National Empowerment Fund (NEF) increased its allocation to R300million

4.7 Pillar 6: Research and Information Management



Pillar 6 set out to ensure that strategic, multi-disciplinary, research and integrated information systems are developed, coordinated, and decentralised to strengthen South Africa's response to GBVF. This pillar addresses the need to collect reliable, timely data while ensuring it informs decision-making and improves responses to GBVF. The pillar gives effect to Articles 10, 11, and 15 in the Presidential Summit Declaration and Demands (2) and (6) of the Twenty-Four Demands made by the #TotalShutdown movement in South Africa and presented to the government in 2018 to address the crisis of gender-based violence and femicide. Table 8 provides a synopsis of delivery over the five-year period; the detailed scorecard is in Appendix 7.

Table 8: Pillar 6 Delivery Over the Five-Year Period

Ten-Year Outcomes

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

Five-Year Outcomes

- 6.1 Information relating to GBVF is readily available across different government management information systems to address systemic challenges and facilitate effective solutions and responses.
- 6.2 Strengthened use of existing research findings to shape GBVF policy and programming interventions.
- 6.3 Improved understanding of the extent and nature of GBVF broadly and in relation to specific groups in South Africa.

Achieved

- First National GBV Prevalence Study undertaken (HSRC)
- Third and Fourth National Femicide Studies (SAMRC) completed
- Evidence Map with research repository developed
- Several critical GBV research studies have been completed by Pillar 6 partners, contributing to an Improved understanding of the nature and impact of GBV

Partially Achieved

- A multi-disciplinary Research Technical Team established through Pillar 6
- Work on the Integrated Knowledge Hub is ongoing
- No specific survey was conducted with the LGBTQIA+ community. The Integrated HSRC 1st national GBV Prevalence survey will provide some limited insights
- Work on a comprehensive and fully functional GBV dashboard is ongoing

Table 8: Pillar 6 Delivery Over the Five-Year Period continued

Not Achieved	
Integrated Management Information Systems across government and the justice system	
Of the 13 indicators captured in the Monitoring and Evaluation Framework: 5 indicators have been achieved 7 indicators have been captured as in progress 1 indicator not achieved	Reported Government Budget 2020-2025 R57 234 171 125
	Reported Government Expenditure 2020-2025 R36 195 205 578

- Over the last five years, the pillar has focused on deepening and widening the information base for the national response to gender-based violence and femicide. Completed research includes key national studies led by the HSRC, SAMRC and the Presidency. These studies are critical for informing GBV interventions, policy and practice. The strategic information provided by the GBV Survey and the Femicide study will contribute towards the development of a GBV surveillance system. The evidence mapping led by DPME is critical for synthesising available evidence and making it available for interventions and policymakers.
- Several other research projects related to GBVF in South Africa have been undertaken and reported by the private sector (GBVF Response Fund, KPMG SA, Shared Value Africa Initiative); philanthropic organisations (Gates Foundation, Ford Foundation, Foundation for Human Rights); UN agencies (UNODC, UNFPA, UN Women, UNICEF); development partners (GIZ, UK-FCDO, USAID), international embassies (French, Danish, EU Delegation, Norwegian) and academic institutions (University of Johannesburg, Mid Sweden University). This is in addition to the many other NGOs and CSOs currently participating in research projects. Collectively, these organisations and their respective implementing arms contribute to the knowledge base on the national response to GBVF. Government departments such as the Department of Science, Technology, and Innovation (DSTI), DPME and research councils such as the HSRC and SAMRC have provided financial and in-kind support for some of the critical research reported during this period.

4.7.1 Successes

- The period under review saw several notable successes and highlights, reflecting significant progress in implementing key initiatives and strengthening multi-sectoral collaboration against GBVF. These include:
- The country's first national prevalence study on GBV** was released on 18 November 2024 by the Minister of DWYPD. Conducted by the HSRC in collaboration with a consortium of partners, including SAMRC and the University of Cape Town (UCT), the report offers comprehensive insights into the prevalence and nature of gender-based violence in South Africa, as well as previously unavailable national-level insights into the drivers of GBV. Before this study, the country did not have a baseline for GBV; GBV incidents were primarily tracked through police data and records of designated health facilities.
 - The completion of the **Third and Fourth National Femicide studies** by SAMRC. The results show that intimate partner femicide remains the leading cause of murder of women in South Africa. It provides evidence to guide the geographical focus of prevention efforts and to identify gaps within the CJS that require strengthening. The results of these key studies are critical for tracking the national response to GBV as outlined in the NSP on GBVF. This national-level data will provide comprehensive evidence to inform policies and interventions on GBV, ensuring that future work on GBV is evidence-based and addresses areas identified in both studies. Lastly, as envisaged in the NSP on GBVF, this information

“The findings of the study should serve as a source of shame but also a call to immediate action. The findings and recommendations will contribute to government’s ongoing focus on prevention, enhanced protection for victims and ensuring that perpetrators are held accountable.” – Ms Sindisiwe Chikunga, Minister of Women, Youth and People With Disabilities - November 2024

Key Takeaways from SAMRC's Third and Fourth National Femicide Studies

- The role of guns and alcohol in femicide was a particular concern
- SA lacks a fully integrated system linking data from mortuaries, police investigations, and the justice process, which is needed to improve femicide prevention
- The development of a dedicated femicide unit was proposed to strengthen institutional capacities

4.7.1 Successes *continued*

has been made available across different government management information systems to inform effective solutions and responses to the country's GBV crisis.

- **A violence against children (VAC)** desktop review was completed in 2022. This research was commissioned by UNICEF as part of its contribution to the pillar. The study was conducted by the HSRC in 2021 (Makoe et al., 2022). The report highlighted that VAC is a global human rights problem that violates children's right to freedom from violence, and it negatively impacts the development, health, wellbeing, and survival of children and, in the long run, undermines developmental goals of society. South Africa has high levels of violence, including VAC, and requires urgent actions that include monitoring progress in the implementation of laws and the generation of evidence on the state of VAC.
- **The living AI-powered Evidence Map on Gender-based violence** represents the first comprehensive evidence repository on GBV in South Africa. The partnership between DPME and the Pan-African Collective for Evidence (PACE) generated 1 390 reports providing monitoring, evaluation and research evidence on GBV. However, several gaps exist in the knowledge base regarding the implementation of interventions on what works, for whom, under what conditions, and at what cost, for which there is no evidence aligned with the NSP. In 2024, **DPME conducted an independent evaluation of the 16 Days of Activism Campaign**. It found that, despite the campaign's global and local significance, its impact is limited when delivered as isolated events. Since its inception in 1998, the campaign has consistently raised awareness and maintained strong participation from government entities and CSOs. However, the evaluation highlighted challenges, including inconsistent coordination following the disbanding of the National Coordinating Committee, a lack of dedicated resources, and limited formal outcome measurement, which have affected the campaign's overall effectiveness. Recommendations include establishing a clear strategy and TOC, re-establishing coordination structures, and enhancing media partnerships to ensure sustained impact and relevance in combating gender-based violence. The evaluation emphasised the urgent need to better support survivors and strengthen targeted prevention strategies.
- The University of Johannesburg **led a study on the economic and human capital impact of GBV**, with a particular focus on the private sector (Davis et al., 2022). The research outlines **the substantial financial costs associated with GBV, including health care, lost productivity, and legal expenses, and estimates that the country incurred losses exceeding R36 billion in 2019 alone**. Despite growing awareness, the study notes the lack of consistent, comprehensive data on the prevalence and economic impact of GBV, especially within private businesses. It calls for greater accountability, systemic reforms, and increased investment in prevention and support measures, highlighting that tackling GBV is both a social responsibility and an economic priority.
- During the period under review, **UNFPA commissioned a study focused on harmful cultural practices and rites of passage** (Mohlalane et al. 2024). The report published by the HSRC examined the cultural traditions and rites of passage experienced by adolescent girls and young women in three districts: uThukela in KwaZulu-Natal and Alfred Nzo and Nelson Mandela Bay in the Eastern Cape. The findings indicated that although these cultural rites are important for teaching community values, specific practices, such as ukuthwala (early and forced marriage), virginity testing, and female genital mutilation, **pose significant human rights challenges for young women**. These practices reinforce patriarchal norms, restrict young women's autonomy, and jeopardise their physical, emotional, and psychological health. The report **emphasises the need for community engagement to reconsider**

4.7.1 Successes *continued*

customary laws and implement policies that advance gender equality and safeguard the sexual and reproductive rights of adolescent girls and young women, in alignment with the United Nations' goal of eradicating harmful practices by 2030. It further highlighted the complex balance between preserving cultural heritage and protecting human rights, advocating for approaches that empower young women rather than constrain them through outdated traditions.

- Over the reporting period, the **National Labour and Economic Development Institute (NALEDI) conducted research as part of an ILO** project focused on domestic workers' experiences of violence and harassment in countries that have ratified Conventions 190 and 189. The study revealed that domestic workers, who are predominantly women, face high levels of verbal abuse, mistreatment, and sexual harassment, often within the isolated context of working in employers' homes. Many domestic workers suffer abuse from both female employers and male family members, yet they frequently remain silent out of fear of victimisation and job loss. The research stressed the need for targeted interventions, stronger legal protections, and workplace policies to address these vulnerabilities and protect domestic workers' rights and dignity in line with international labour standards. The research identified gaps in policy, enforcement, and implementation.
- A number of **technology-related projects were initiated in an attempt to harness tech-based solutions for the implementation of the NSP on GBVF**:
 - **Technology Mapping**: The first attempt to consolidate information on GBVF-related tech solutions revealed a landscape dominated by commercial models and data monetisation.
 - **Ethical Framework**: A framework to guide responsible tech adoption was initiated. The Information Regulator provided support but could not act as a custodian. The work was handed over to the DPME after the Second Presidential GBVF Summit but remains incomplete.
 - **Data Flow Mapping**: This exercise revealed the absence of interdepartmental data-sharing frameworks and infrastructure, which hinders coordination and accountability.
 - **Dashboard Ecosystem Vision**: The NSP's five-year objectives were reframed into an ecosystem of dashboards covering incidents, services, institutionalisation, and research.

4.7.2 Challenges and Gaps

While several successes were observed during the period under review, notable challenges and gaps were also identified, including a lack of robust, disaggregated data and research essential for evidence-informed policymaking, programming, and monitoring GBVF interventions. Underfunding of centralised functions significantly limited the capacity of the pillar to effectively coordinate and integrate research on gender-based violence and femicide across all pillars. This is also hindering the development of a comprehensive and cohesive information system to address critical knowledge gaps and support evidence-based interventions.

- There is currently no national research agenda in place to systematically address the gaps and knowledge needs related to GBVF in South Africa. Its absence hampers coordinated efforts to direct research, align priorities, and effectively inform evidence-based policy and programming to combat GBVF across all the pillars.
- At a recent multi-stakeholder consultation, ongoing challenges in data collection, disaggregation, and analysis were highlighted, with concerns that these issues "continue hindering effective decision-making, resource-targeting, and impact-measurement" (Mgobozi, 2025). Stakeholders have highlighted that findings are **not consistently translated** into user-friendly formats and that policymakers and frontline workers lack the institutional support to implement them.

4.7.3 Innovations and Insights

Implementation of and accountability for NSP on GBVF delivery were strengthened through the following innovations:

- The **END GBVF National Dashboard** was launched in March 2025. This database, developed by World of Impact, profiles districts and available services in each municipality (refer to Figure 11).
- It also consolidates existing information that will support municipalities, civil society organisations, communities, and GBV survivors to monitor services and advocate for necessary services, as required (End GBVF Collective, 2025).

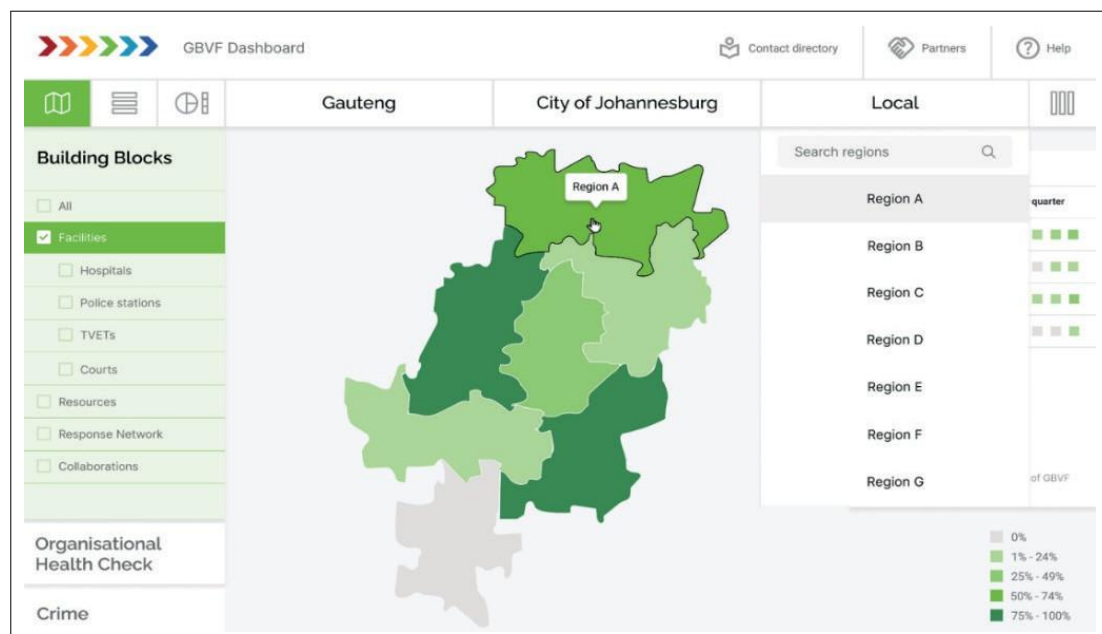


Figure 11: END GBVF National Dashboard

- Between 2021 and 2022, the Tech Working Stream of the End GBVF Collective undertook foundational work to explore the role of technology in strengthening the implementation of the NSP on GBVF. Pilot innovations included:
 - The Child Abuse Reporting App (100-Day Challenge) was developed but stalled due to a lack of data-sharing agreements with service providers.
 - The Raise My Hand Platform was designed to enable civil society reporting into the national GBVF report but failed to secure sustainable funding or government adoption.
- The living **Evidence Map (EM) on GBVF** is the most extensive, digitised, curated knowledge base for GBVF in South Africa. In 2025, the EM launched its AI-powered chatbot (CHAT EIDM) to answer questions from policymakers and practitioners alike, providing rapid responses to research questions. It is regularly updated by PACE, making it a 'living' EM to capture the dynamic context of GBVF in South Africa.



“It is a tool for action, a tool for justice and a tool that puts survivors first. We will not end GBVF with words alone. We need evidence, accountability and courage to act.”

– Ms Maropene Ramokgopa, Minister of Planning, Monitoring and Evaluation

The following insights are highlighted for Pillar 6:

- Strategic, multi-disciplinary research combined with integrated management information systems – both nationally coordinated and decentralised – remain crucial to bolstering the country’s response to GBVF.
- Key areas of focus in the next five years include strengthening and aligning centralised information systems across government and non-government partners at local and provincial levels. This remains critical to strengthening both response and prevention efforts.
- Establishing a clear, nationally coordinated research agenda is critical to guide comprehensive data collection, analysis, and dissemination that support strategic interventions and resource allocation across sectors.



5. DISCUSSION

This section captures the complexity involved in implementing the NSP on GBVF. It attempts to facilitate catalytic dialogue and debate among various sectors and stakeholders. The three key constructs (and medium-term outcomes of the NSP) of accountability, prevention, and responsiveness provide a foundation for critically assessing the intended changes. The discussion also helps identify priorities for the next five years, guiding efforts to accelerate progress toward achieving the NSP's 10-year outcomes.

5.1 Navigating Complexity

Over the past five years, it has become evident that implementing the NSP on GBVF is not only complex terrain to navigate but also involves grappling with the dark side of a society in perpetual distress. The consultation throughout the review process demonstrated that there are too many variables at play and that the 'whole-of-society' experience of navigating this complexity will never be adequately captured in a review of this nature.

In addition, the rise of anti-gender movements, hate crimes, and the routine denial of justice was reported in the submissions by civil society. There is a call for greater attention to the contradictions arising between traditional customs and values and the country's laws. These contradictions play out around issues of child marriage, sexual orientation, gender identity, hate speech, and divisions between different social groups. These collectively act as invisible barriers to achieving broader social cohesion and obstruct efforts to end GBVF. Encouraging men in South Africa – especially those in leadership – to actively take up the challenge of contributing to shifting the mass consciousness of men overall is key to changing the country's GBV landscape.

In 2023, conveners of the pillars and key partners were invited to explore pathways for implementing the NSP and identify intervention and evidence gaps related to what the various pillars set out to do. Appendix 8 provides an overview of the workshop's outcomes, organised into three overarching elements: accountability, prevention, and responsiveness.

5.2 Accountability

Effectively addressing accountability at the state and societal levels is key to moving towards a GBV-free society. Since accountability is a cross-cutting theme and a central component of the NSP TOC,

it was highlighted as fundamental in the NSP implementation overall (The Presidency, 2025). Three-hundred-and-sixty-degree accountability, as captured in the discussions leading to and emanating from the Second Presidential Summit in 2022 is embedded in the articulation of the 10-year outcome focused on accountability: "All living in South Africa, including government, the private sector, workplaces, schools, religious and cultural institutions are held accountable for building a safe and GBVF-free environment" (The Republic of SA, 2019). The establishment of a normative framework with related accountability architecture and resourcing in place, alongside technical and systemic capacity, reinforced by committed leadership that communicates clearly and consistently to the country, is the foundation of this pathway. Moving decisively towards this outcome requires addressing a number of gaps that have emerged in the last five years.

Absence of architecture and accountability instruments

Both state and non-state stakeholders acknowledge that the absence of the necessary architecture and accountability instruments to facilitate a 'whole-of-society' approach is a central challenge that requires prioritisation. In the absence of a National Council on GBVF, the Multi-Sectoral Accountability Framework – a key intervention emanating from the Second Presidential Summit – provides the structure to articulate roles, responsibilities, functions, processes, and mechanisms for holding all in South Africa accountable (The Presidency, 2022c). Furthermore, the National Council on GBVF remains central in providing oversight of the implementation of the NSP on GBVF and addressing the accountability gaps for non-state sectors (see Pillar 1).

Stakeholders have highlighted the importance of mandating the inclusion of effective community-based organisations in local and provincial implementation plans and structures, and of establishing standing community accountability forums to regularly review government actions, resource allocations, and service delivery against NSP commitments (KZN CSOs, 2025). Furthermore, stakeholders have argued that localisation efforts are undermined by failing to build on valuable community-driven models and by the inadequate capacity of government officials leading some of these processes (Faith

Action, 2025). The role of RRTs as coordinated, multi-stakeholder case management platforms, not solely state-led, must be reinforced.

Formal binding protocols should be developed to facilitate strong partnerships between civil society and government. This must be coupled with a clear outline of roles, responsibilities, timelines, and escalation procedures (KZN CSOs, 2025). This protocol should also address the broader context of corruption and broken promises that have contributed to low levels of trust in the state and 'buy-in' for the NSP on GBVF implementation (Faith Action, 2025).

Ensuring coherence within sub-national levels across different sectors for internal accountability is critical over the next five years. This will provide a firm foundation for a wider society-wide accountability framework towards the realisation of a whole-of-society approach. The satellite-sector approach adopted by the faith sector lends itself to sector-specific autonomous adaptation of the NSP on GBVF, thereby optimally leveraging the capacities, insights, and contributions in alignment with those it serves (Rapporteur report, April 2025). Accordingly, the faith sector proposed mechanisms to mandate private-sector accountability, including compliance with GBV and harassment prevention policies and grievance mechanisms, transparent reporting of incidents, and a commitment to addressing structural inequalities (Shared Value Africa Initiative, 2025).

Institutionalisation as an iterative process

The iterative process of institutionalising the NSP on GBVF has been a key focus between 2020 and 2025, building the necessary implementation muscle to roll out the plan. The DWYPD and the Presidency played a key role in building wider ownership of the NSP on GBVF across government, including the relevance of its five-year outcomes for respective departmental mandates. Insights from the last five years point to the need for deepened levels of institutionalisation through strengthened alignment between existing systems, services, and budgets and the respective outputs and interventions outlined in the NSP on GBVF.

Gains made towards institutionalisation, particularly at provincial and local levels, require further consolidation and expansion. Strategic alignment with departmental mandates and existing GBV programmes across government requires specific attention. This will galvanise efforts and impact behind one national roadmap. Building a consciousness among public servants

committed to addressing GBV and disrupting the institutional and societal norms that perpetuate it is integral to this process.

Reporting and accountability systems

An integrated society-wide and state-wide roadmap to end GBV is critical. This requires that all GBV state interventions be integrated into a single reporting system, including budget planning and expenditure tracking. As noted in the prior sections, current reporting is uneven and not aligned to the NSP on GBVF. An assessment of the government reporting system has shown that most government departments have not aligned their Strategic Plans and Annual Plans with the NSP on GBVF. Those that do report on it appear to be 'retrofitting' existing programmes to align with the NSP's goals. Reporting patterns over the review period complied incrementally, particularly from 2023/24. Alignment observed in specific core departments may be partially attributed to the accountability exercise undertaken pre- and post the Second Presidential Summit to track GBV expenditure across government.

Currently, the public and private sectors have each developed their own M&E framework to track NSP implementation progress. One revised national M&E framework should ideally be utilised across sectors, with sectoral and geographical permutations. The framework should be aligned and embedded in existing state accountability processes, structures, and tools, coupled with consequence-management mechanisms. Reporting can also be strengthened by adopting clearly defined interventions that will drive the change agenda as articulated in the NSP on GBVF across state and non-state sectors over the next five years.

Communication and information sharing

Effective communication channels are essential to foster an ongoing national dialogue about GBVF. Creating inclusive spaces for sharing information across GBVF stakeholders promotes transparency and accountability, supporting a whole-of-society response. Quarterly internal reports should be made widely accessible to the broader GBV sector and the media to provide regular updates from both state and non-state actors. Enhanced communication on progress and challenges builds collective responsibility while shifting the narrative towards accountability and hope. Simultaneously, institutions must ensure perpetrators are not concealed, with clear consequences for such actions. Additionally, civil society's data and reports should be integrated into public reports

on the GBVF response, complemented by mechanisms like complaint call centres and digital feedback tools to monitor and improve survivor services (The Presidency, 2025).

Resourcing

Public sector funding for implementing the NSP on GBVF must adapt and align with existing public finance systems. There is a need for effective budgeting and tracking by providing an accurate assessment of state and non-state expenditure on GBVF. The experience of the GBVF Response Fund 1 and the establishment of the National Council offer a strong basis for creating an independent fund, a key target for the next five years. While significant public and private donor funding has supported GBVF efforts, research is needed to understand funding flows, emphasis, and the impact fully. Improved coordination and information sharing among donors can enhance strategic coherence, equity, and overall effectiveness.

5.3 Responsiveness

The foundational elements of strengthened responsiveness, as stated in the NSP are (i) centring the needs and experiences of survivors in the delivery of services; (ii) addressing systemic challenges at the levels of infrastructure, human resourcing and more broadly to be sensitive and responsive to these needs; (iii) legislative reform (iv) strengthening existing response, care and support services and (v) widening the base from which psychosocial support services can be provided. The qualitative framing of services in the NSP encompassed concepts of victim-centred, survivor-focused and trauma-informed, as core elements to facilitate recovery and healing. Several achievements have been noted in policy and legislative reforms to support survivors of GBV (Pillar 3). These reforms are, however, not felt on the ground and are impeded when the human rights of GBV survivors, including children and their families, are undermined. Strengthening responsiveness requires attention to specific areas for catalysing change, as discussed below.

Centering survivors in the response to GBV

Stakeholders and submissions received have argued that the overall response has remained reactive/crisis-led rather than survivor-led, and that an experience of holistic, comprehensive, and sensitive care services remains elusive for most survivors (WISE, 2025; The Presidency, 2025). Based on current interventions, there is a need to scale up trauma-informed training,

address geographic inequities, and operationalise integrated case management protocols across government departments. Centering survivors in the response to GBV needs to be intentional, as it is fundamental to the success of the strengthened responsiveness, envisaged by the NSP on GBVF (Faith Action, 2025).

This implies being responsive to the range of survivors' needs and addressing the intersectional nature of violence, including psychosocial support and care, medical needs, transport requirements, legal needs (maintenance, divorce, custody, disclosure), childcare needs, upskilling and finding employment to meet financial needs, and housing needs. This was supported by the submission received by the National Shelter Movement in its 2024 report. This foregrounds the importance of strengthened coordination and integration between respective state and non-state service providers, with emphasis on respecting and upholding the dignity of survivors.

Comprehensive package of services for survivors

The evaluation of the comprehensive package of GBVF services highlighted critical gaps early in the review period and remains valid in 2025: services are neither universally available nor easily accessible, largely due to underfunding (DSD, 2020). Care and support services are also insufficient to meet demand, and where offered, they often do not provide a comprehensive package. Some services, such as VFRs, court preparation, and post-exposure prophylaxis, are explicitly provided, while others, such as sheltering and counselling, must be inferred from policy. Key recommendations include revising the VEP, strengthening the health sector response, promoting equitable access, supporting NGO service development, and planning for progressive realisation. Although the seven categories of care and support services are defined, delivery remains fragmented and uncoordinated, underscoring the need for integrated service provision.

The TCCs, as an integrated service delivery model, have successfully reduced secondary victimisation by employing a victim-centred, court-directed, multi-disciplinary approach, supported by empowering policies and effective interdepartmental coordination (Dlamini, 2023). To bolster responses, expanding the number and accessibility of TCCs and integrating services at the primary health care level is critical. Moreover, the TCC model should broaden its scope beyond sexual violence to include related forms of GBV, such as domestic violence.

Strengthening state capacity to provide specialised services

Strengthening the state's capacity to provide victim-centred and survivor-focused services requires ongoing, practical training on the NSP on GBVF for government officials and service providers, covering legal obligations and inclusive practices such as sign language and disability access (KZN CSOs, 2025). Transparency about the content, scope, and scale of training for police officers, health care providers, and social workers is critical. A thorough review is needed to identify gaps and ensure accountability in building frontline response capacity. Current deficiencies include inadequate police training on GBV legislation, leading to poor victim support and mishandling of cases involving children, such as improper evidence management, which jeopardises investigations (The Presidency, 2025; Public Protector SA, 2024).

Although the Pillar 3 report stated that all police stations have VFRs, the reality for survivors is significantly different. The Office of the Public Protector's report indicates that 144 police stations, mainly in rural areas, lack VFRs (Public Protector SA, 2024). This discrepancy partly arises from differing interpretations of what constitutes a VFR, with some being little more than a desk at the police station. Moving beyond mere compliance, SAPS must fully implement victim-centred, survivor-focused, and trauma-informed practices. The Ministerial Six-Point plan is instructive on how police officers should manage GBV cases and could be used as the basis for citizen-based monitoring of services.

A positive example of collaboration in the GBV response is the partnership between the DSD and the NSMSA to co-host annual indabas, which fosters cooperation between state and non-state actors. Stakeholders urge greater recognition of local actors such as community-based paralegals, who act as trusted first responders (KZN CSOs, 2025). Research also points to victims' preference to disclose abuse within their close circles rather than to the police or health care service providers (Zungu et al, 2024), suggesting this should shape efforts to improve responsiveness across the sector. National standards must be consistently enforced despite varied local realities, and technology can play a key role in improving service integration and data-sharing across government systems. Real-time, citizen-driven monitoring systems can track service delivery, highlight failures, and increase accountability among duty bearers (Mgobozi, 2025).

Foregrounding healing in primary responsiveness

Healing was central to the consultative process for developing the NSP on GBVF, with communities recognising that addressing GBV requires intentional redress of the social, economic, and psychological factors that impact individuals and communities. However, the concept of 'Circles of Healing' has not received sufficient emphasis in the first five years. Defining this approach as a key intervention could expand psychosocial support through an innovative, uniquely South African model. Emphasising healing also enhances the quality of psychosocial services and social justice. Expanded institution-based services, such as those in workplaces, can help to close the gap between response, care, and prevention. Justice for survivors and their families remains a priority within the criminal justice and social protection systems. Additionally, exploring restorative justice approaches that heal relationships within families and communities, as delivered by non-state actors in certain localities, complements formal justice mechanisms and fosters wider healing and reconciliation.

5.4 Prevention

The foundational elements of prevention in the NSP on GBVF include: (i) changing social norms at individual, family, institutional, and societal levels through consistent, transformative messaging and evidence-based interventions; (ii) implementing policies, legislation, and programmes that tackle the root economic and social drivers of GBVF and inequality; (iii) addressing systemic barriers within the CJS; and (iv) actively responding to social disintegration caused by historical and current factors. Recognising the scale of GBVF, building dedicated prevention capacity while leveraging existing public-sector outreach programmes is essential for expanding reach and impact. Based on the review's findings, specific attention should be given to strengthening prevention in the following areas over the next five years.

Transforming awareness-raising and communication interventions

Progress in the implementation of GBV prevention has been slow and insufficient, with limited data on community interventions that foster social connectedness, healing, and address intergenerational trauma. Over the past five years, efforts have focused mainly on mass awareness-raising and communication campaigns, which, on their own, have limited potential to shift social norms sustainably. However, when awareness-raising is part of broader social and behavioural change interventions, its impact on GBV prevention

improves significantly. Consistent and resonant messaging across state and non-state sectors is essential to shaping mass consciousness (The Presidency, 2025). Stakeholders have highlighted the value of sustained partnerships with the Government Communication and Information System (GCIS) to enhance collaboration and strengthen efforts (Faith Action, 2025).

Misalignment between awareness activities and prevention strategies further weakens effectiveness. Social media has been utilised for awareness, social mobilisation, care, support, and behaviour change, exemplified by the HeCareZA Project, which engages men in transformative dialogue to promote healing and positive societal roles. Given the influence of misogynist voices on younger audiences and the vast reach of these platforms, expanding innovative strategies to harness social media's potential is crucial. Stakeholders also recognise the promise of AI for education, monitoring, and content moderation in GBV prevention efforts.

Building consensus on priority prevention interventions

It has been suggested that “violence prevention” lacks a universally accepted definition (Amisi et al., 2023), and South Africa is no different. In the quest for a comprehensive definition, the CNPS on GBVF offers a broad framework for GBVF prevention, drawing on sources such as the NSP on GBVF, the Violence Prevention Forum, and the Integrated Crime and Violence Prevention Strategy. While useful as a reference, it is criticised for being overly broad, vague, and missing key prevention concepts, and for lacking clearly measurable interventions, which limits its effectiveness for implementation and accountability.

Strengthening technical and human resources for effective prevention programmes is crucial.

Addressing identified skill gaps – including supervision, mentoring, and psychosocial support for implementers facing trauma – is critical (Amisi et al., 2023). Building consensus across state and non-state sectors on strategic GBV prevention interventions is a priority, guided by the prevalence study findings, which highlights key focus areas: mental health, childhood trauma prevention and care, changing harmful gender norms tailored to groups, family-centred approaches, women's economic empowerment, community norm change, and broader societal efforts to improve service access, address structural drivers, and ensure perpetrator accountability. In South Africa, prevention must be based on clear, spatially differentiated diagnostics and problem analysis, with conceptual clarity to link GBV to economic justice, feminist theory, developmental outcomes, colonial history, and intergenerational trauma, and to translate theory into community praxis to disrupt historical cycles. This is particularly critical given the high rates of sexual violence against children and associated teen pregnancies and abortions.

Aligning NSP outcomes with strengthened social policy

Two of the NSP on GBVF's 10-year outcomes focus on rebuilding the social fabric by fostering new social connections and healing individual and collective trauma, which is critical given South Africa's mental health challenges and the role of trauma in GBV (GBVF, 2020). The resolutions in the wake of the Second Presidential Summit on GBVF highlight the urgent need to address alcohol abuse,¹² a key driver of GBVF. While SAPS and DSD have made progress at the community level, comprehensive local strategies involving communities and municipalities are needed to enhance the response. Integrating and strengthening government and non-government

“GBVF prevention is the whole of society working together to address the range of drivers that perpetuate or sustain gender-based violence, femicide, and the normalisation of GBV. It comprises strategies and measures (including but not limited to policies, interventions, and evidence use) that seek to reduce both the risk of GBVF occurring and reoccurring, and the harmful effects on individuals, families, and communities. GBVF prevention is a concerted, collective and systematic effort to remove sources of harm and inequality, nurture healing, build caring communities and restore social cohesion.”

– Comprehensive National Prevention Strategy on GBVF

¹²See Six Month Summit Resolutions <https://gbvf.org.za/blog/presidential-summit-update-2022/>

efforts, including rehabilitation services, is essential. A multi-layered, community-based intervention that restores dignity, addresses trauma, and builds stability amongst families and communities can advance the 10-year goals and reinforce overall prevention efforts. Furthermore, integrating GBV prevention with interventions on community safety, HIV/AIDS, sexual and reproductive health and rights, SOGI, disability, and early childhood development, remains highly promising. Public service points like schools, clinics, and municipal offices offer key venues for educational communication campaigns and opportunities for rebuilding the social fabric, thereby strengthening social policy development.

Putting children at the centre of the national GBV response

Local and global evidence shows that violence against children is integrally interwoven with violence against women (African Union, 2025; Amisi et al, 2023; Delany & October, 2023). Children's exposure to GBV has immediate and intergenerational impacts, where girls may become victims as adults and boys may become perpetrators or suffer bullying. A comprehensive scoping review highlights the significant social and economic costs of violence against children (Delany & October, 2023). It fills gaps in understanding effective interventions in low- and middle-income countries, using an ecological model to connect child violence and GBV. The most supported intervention categories are education and life skills, economic strengthening, and parent/caregiver support (ibid); however, it has been suggested that some interventions require evaluation of effectiveness for the South African context. In view of this evidence and the intersectional nature of VAC and VAW, the children's sector has argued that even though reference is made to violence against children in the NSP on GBVF, its implications are insufficiently addressed across pillars (The Presidency, 2022c), prompting calls since the 2022 Summit for a dedicated pillar to fill these gaps. Prioritising child protection and support over the next five years aligns with the National Strategy to Accelerate Action for Children, particularly Priority Areas 1, 7, 8, and 10, reinforcing the need for urgent focus on this national imperative.¹³

Economic power as central to effective GBV prevention

Gendered economic inequality as a driver of GBV has strengthened conceptual links between state-led women's economic empowerment initiatives and GBV prevention efforts. Some stakeholders argue that reclaiming women's economic power should be explicitly framed as a prevention strategy (Pillar 5 Submission, 2025). Work over the past five years shows that there is a need to better integrate women's economic empowerment into broader poverty and inequality frameworks, balancing social security, asset ownership, and the securing of women's livelihoods to reduce dependency and the consequent risk of GBV. Women's economic power enhances agency and lowers GBV levels (d'Agostino and Scarlato, 2019).

This review highlights key policy and programme interventions to expand women's economic opportunities, with urgent efforts needed to accelerate uptake across public and private sectors. Additionally, social and economic policies to support women leaving abusive relationships with their children require focused attention. Linking GBV prevention to broader development challenges, such as poverty and inequality, not only makes strategic sense but also underpins the long-term sustainability of current efforts.

5.5 Assumptions, Risks and Gaps Identified

Assumptions

From the outset of the NSP on GBVF and throughout its first five years of implementation, it became clear that the NSP was based on several key assumptions. Many of these assumptions remain relevant and should be incorporated into a revised M&E framework to effectively guide implementation over the next five years. Table 9 provides a summary of the key assumptions in the NSP on GBVF and their continued relevance for the remaining period. In addition, the government's MTDP 2025-2030 aligns with the NSP's 10-year outcomes, and embedding NSP implementation within the MTDP's three priorities is critical to closing persistent gaps and implementation challenges.

¹³Refer to the National Strategy to Accelerate Action for Children <https://www.gcis.gov.za/newsroom/media-releases/government-convene-consider-national-strategy-accelerate-action-children>

Table 9: Overview of Assumptions

Assumptions

- Current levels of political commitment will remain at the same levels, legislated structural arrangements will be in place, and stakeholders will be able to work collaboratively. Adequate resourcing will be in place
- An appreciation of the need to address social and economic structural drivers exists at state and societal levels
- Expanded pathways and responses to GBVF will emerge across different sectors, bolstering state and societal capacity
- Commitment to providing support for all frontline service providers exists, as integral to improving services
- State institutions will address all barriers to playing an optimal role to ensure accountability and delivery
- Political commitment and capacity will exist to respond effectively to wider social, political, and economic impacts
- All people living in South Africa will see the value of addressing GBVF and rebuilding the social fabric

Implications for the next five years

- Accountability, trust-building, establishing the right architecture, and securing adequate resources remain critical, underpinned by ongoing political commitment and prioritisation of GBVF
- Prevention efforts must continue to address economic structural drivers, resistance to change, societal backlash, and foster openness to social and behavioural change
- Sustaining and expanding strategic partnerships, including public-private collaborations, is essential for delivering support and prevention services across society
- Greater focus is needed on building capacity to manage vicarious trauma and burnout, alongside strengthening institutional support for service providers
- Responsiveness requires addressing systemic impacts on the state and reinforcing its constitutional role in facilitating service provision
- The broader political, social, and economic context will continue to shape NSP implementation; explicitly considering the influence of digital platforms and AI is necessary. Global funding shifts that have led to programme closures risk reversing progress
- Given the emphasis on rebuilding the social fabric in the 10-year outcomes, assumptions related to this area need more precise identification and integration based on existing research

Risks and threats

Civil society submissions highlight the shrinking funding space, changing funding priorities, the rise of anti-gender movements, hate crimes, and routine denial of justice, rooted in right-wing churches globally and increasingly influencing local faith communities. These movements demand a bold response from progressive faith activists (Faith Action, 2025). The current global funding landscape also challenges programmes addressing gender inequality, SOGI, and other GBV-related issues. Additionally, tensions between traditional customs and national laws, such as those concerning child marriage, hate speech, and social divisions, create invisible barriers to social cohesion and hinder progress toward ending GBVF. Encouraging men, especially those in leadership, to actively engage in shifting mass consciousness is essential to transforming the GBV landscape in the country.

Gaps and emerging areas

The findings, derived from reviewing the reporting

streams and other sources of evidence, point to both implementation and conceptual gaps. These shortcomings hinder a clear understanding of what works, for whom, under which contexts, and at what cost. The NSP on GBVF is an expression of the social compact, committed to ending GBVF in South Africa. However, where measures of inputs, activities, and outputs are less defined, individualised, or dispersed, it rarely translates into desired outcomes.

The review also points to gaps and paucity of data regarding a focus on GBV and place.¹⁴ A submission by the faith-based sector for this review refers to “spiritual abuse”. This abuse, which can take any form (i.e., physical, sexual, emotional, and economic violence), happens within religious and cultural places. It requires further research and documentation of its prevalence, in light of the cases witnessed in South Africa. Furthermore, concerns were raised by the Faith Action Collective that there is ‘normalisation’ of rape and other forms of abuse by healers or sangomas

¹⁴“Place” is referred to by Creswell, 2004 as “meaningful location”.

during traditional initiations such as ukuthwasa (training to become a sangoma).

Gender-based violence has also been reported in cultural settings where rites of passage and harmful cultural practices are practised. This includes early and forced marriages of adolescent girls and young women that are facilitated through a harmful cultural practice called ukuthwala (bride abduction) (Mohlabane et al., 2024). There have also been reports of sexual assaults of male initiates by traditional surgeons or other males during traditional male circumcision camps. Sexual abuse and other human rights violations are also common in some coming-of-age ceremonies for adolescent girls and young women (Mohlabane et al., 2023). To date, a campaign by the Ikhwelo Healers Collective has led to five court cases resulting in convictions and mitigating spiritual violence in the church (Faith Action, 2025).

Femicide research findings demonstrate the role that firearms play in the murder of women in South Africa (Abrahams et al., 2022). Integrating interventions that effectively address firearms at a policy and programming level is key moving forward (Gun Free SA, 2025). Furthermore, key recommendations from the femicide studies to strengthen criminal justice capacity to respond to femicide should be integrated into the planning for the next five years.

‘Obstetric violence’ experienced by pregnant women within health facilities has also come to the fore, highlighting systemic violence against women embedded within health care services (Presidential Summit 2 Report, 2022). In a related vein, the forced sterilisation of HIV-positive women in South Africa is a severe form of gender-based violence, involving violations of bodily autonomy, dignity, and reproductive rights. This practice, rooted in systemic HIV stigma,

has continued for over three decades despite laws prohibiting it, disproportionately affecting poor Black women living with HIV. Moreover, the growing recognition of mental health factors as drivers of GBV has emphasised the critical importance of addressing *emotional violence* in all its forms and manifestations.

Additionally, the rapidly evolving technology landscape has brought *cyber-facilitated violence* into sharper focus, underscoring the need for tailored interventions to address its unique characteristics. As more young women and girls take to social media after becoming a victim of intimate partner violence or violence experienced in the home front/ known private spaces, there is a disturbing increase in cyber-violence, much of which goes unreported. Online advocacy groups like Women for Change¹⁵ and other pressure groups are making a strong presence in the individual and collective lives of survivors, femicide cases, and their families using the power of social media.

Another significant area that has emerged is the distinct vulnerability of older women, particularly those living in isolated and rural settings, who face targeted forms of violence and thus require focused attention (Presidential Summit Planning Committee, 2022). Reporting on gender-based violence as it affects specific communities such as the LGBTQIA+ community, the disability sector, rural women, women workers and other marginalised groups has been limited. The report on the Second Summit provides important guidance on the gaps and priorities for these groups and should be factored into the planning for the next five years. In a similar vein, the characteristics unique to specific provinces and communities need to shape customised approaches.



6. SUMMARY OF FINDINGS

The implementation of the NSP on GBVF faced significant systemic challenges, especially as its launch coincided with the COVID-19 pandemic. Delays in establishing the National Council on GBVF added further to the layers of complexity for coordination and oversight. These delays and disruptions affected both survivors of GBVF and their communities, influencing how the plan was operationalised. However, despite these challenges, the NSP is reported to have raised heightened awareness of GBVF at all levels of society (The Presidency, 2025). Intersecting factors influencing the lived experience among survivors of GBVF, including age, gender, locality, economic status, disability, faith and other socio-economic factors, have actively challenged harmful societal norms and demanded the inclusion of marginalised groups.

A key challenge in implementing the NSP on GBVF across government departments, the private sector, and development partners has been the poor conceptual clarity (or lack thereof) in the design of interventions to achieve outcomes of accountability, responsiveness, and prevention. This has subsequently led to inconsistent measurement, dispersed tracking and siloed reporting on NSP implementation. Observations on the regular reporting by government to the DWYPD and the Presidency, and based on the evidence generated by this review, indicate that several core and supporting government

departments struggled to report on effective delivery, with most focusing on activities and outputs rather than measurable outcomes aligned with NSP indicators. It is unsurprising that delays and unmet targets remain after the first five years of observable efforts across society. At the end of 2022, the six-month and two-year summit resolutions emphasised specific actions to address these problems, accelerate implementation, and improve accountability (The Presidency, 2022 a,b,c). However, by February 2025, multiple-line-function departments had still not submitted evidence of progress on key indicators, resulting in their classification as ‘red flags’ by the DPME (see Appendix 9).

Service delivery, however, remains uneven and inadequate, with state and non-state actors struggling to implement the NSP systematically and coherently. Prevention and response mechanisms are insufficient, and care and victim support services often lack the quality and timeliness expected. While several local best practices have been identified, and commitment to ending GBVF remains strong at all levels, addressing the persistent challenges identified in the review is critical to achieve meaningful impact. There is a need for targeted interventions, powered by focused, collective efforts moving forward. Table 10 provides a summary of the key achievements, persistent challenges, and emergent tensions and gaps from the review findings.

Table 10: Achievements, Persistent Challenges, Emergent Tensions and Gaps

Achievements

- Partnerships and movement-building
- Intersectional focus
- Bold leadership
- Multi-sectoral response through targeted interventions (100-Day Challenge; TCCs)
- Legislative reforms
- First national prevalence study to understand the drivers of GBV
- Targeted women’s economic empowerment interventions

Persistent challenges

- Accountability failures and their related consequences
- Poor localisation of the NSP
- Inconsistent and ineffective communication
- Fragmented service delivery for GBVF survivors, families and their social network
- Inequitable and inefficient resource allocation
- Data deficiencies and separate monitoring frameworks
- Low levels of trust between state and society
- Confusion between plans, strategies, and programmes as interventions
- Concurrent functions and poor alignment between existing efforts undermine NSP implementation

Emergent tensions and gaps

- Conceptual gaps for prevention of GBVF
- Societal backlash and rise of anti-gender (including diversity and inclusion) movements
- Structural barriers obstructing long-term changes
- Inadequate focus on children

Interventions¹⁶ must be defined for each of the three constructs of the NSP, followed by the documentation of a comprehensive programme theory that maps how these interventions are expected to lead to change and contribute to the NSP goals. Thus, reviewing the TOC to focus more on interventions and their appropriate design will be a necessary step to achieving results over the next five years.



¹⁶An intervention refers to an input into the results chain that is a policy, programme, strategy, project, structure or process which tangibly intervenes in social systems. This is the basis upon which the GBVF evidence map was built.

7. STRATEGIC PRIORITIES OVER THE NEXT FIVE YEARS

Priorities are identified at the strategic and technical levels. At a strategic level, the establishment of the National Council for GBVF continues to provide the foundation for driving implementation of the NSP on GBVF and for a strengthened whole-of-society accountability architecture. Alignment of NSP implementation with effective budget planning, expenditure tracking and integrated reporting, ensures resourcing of the NSP (including human, financial, informational and technological) and the missing element of accountability. These form the basis of strategic oversight and implementation mechanics.

Visible, dedicated championing by political and societal leadership to drive consistent messaging and efforts across all tiers of government and society is critical. At the technical level, closing the gap between national plans and local realities requires coordinated efforts at the district level, where the intersectional focus on households and family structures has the most impact. Spatialising and localising the NSP will facilitate better responsiveness for geographical and cultural specificities. Finally, harnessing champions across different sectors while building technical and professional capacity cannot be emphasised more. Based on the review findings, Table 11 presents strategic interventions (as leverage arms) for each NSP outcome over the next five years.

Table 11: Priority Areas and Strategic Interventions Over the Next Five Years

Priority area	Strategic interventions over the next 5 years
Accountability	1. Establish the National Council on GBVF, along with decentralised structures, to ensure comprehensive oversight, coordination, and integration of all GBVF interventions. 2. Enhance budget planning and expenditure tracking for both state (aligned with the Medium-Term Development Plan) and non-state actors to ensure adequate resourcing and multi-sectoral accountability.
Prevention	3. Conduct evaluations of key prevention programmes to ensure alignment with transformed social policies and establish linkages between GBVF and intergenerational trauma, social cohesion and economic justice. 4. Design and implement interventions targeting families, vulnerable households, men and boys, women's economic empowerment and trust in the state.
Responsiveness	5. Expand integrated and specialised service delivery; citizen monitoring at district levels; strengthen and grow the Thuthuzela Care Centre models. 6. Strengthen and integrate the 'social protection' and 'criminal justice' systems to ensure survivor-centric outcomes.

8. RECOMMENDATIONS

Recommendations from the review process, including those documented in the HSRC's national prevalence study and the SAMRC's femicide prevalence study, provide the framework for an implementation plan going forward. While each of these individual studies generated recommendations specifically impacting the NSP, it is necessary to map them out and ensure their operationalisation. In this regard, the DWYPD developed a multi-level action plan and provides a detailed outline of the HSRC recommendations in Appendix 10. The DWYPD also used the SAMRC's femicide survey findings and visualised them with findings relevant to statistics on crime and teenage pregnancies (refer to Figure 12). These exercises demonstrate the different approaches to the analysis of existing data.

Findings from the Femicide Survey (SAMRC) 2020/21



South Africa tragically holds the highest femicide rate globally, highlighting the most extreme form of GBV.



Femicide rate:

2 409 women murdered (average of 7 women per day) - 10.6 females per 100,000 female population.



Geographical Hotspots:

Eastern Cape (22.3), KwaZulu-Natal (14), Free State (12.9) per 100,000 female population.



Perpetrator Relationship:

60% of murdered women were killed by an intimate partner.



Intersection of Violence:

16.3% of intimate partner femicide victims had also been raped.



Weapons:

Firearms accounted for **37.3%** of all femicides.



Justice System Failures: Less than 1 in 5 intimate partner femicide cases resulted in a conviction. Police investigations with unidentified perpetrators surged from **19% to 44%** over two decades.

Police Crime Statistics (SAPS)



Reported GBV-related crimes show a consistent upward trend, though underreporting remains a challenge.



Overall Increase:

Total reported GBV related crimes increased by **39.3%** from April-December 2020 (45 071) to April-December 2024 (62 804).



Key Crime Categories (April-December 2024):

- **Rape:** 31 303 (majority of incidents)
- **Kidnapping:** Dramatic surge to 13 580 (more than doubled since 2020) - direct method used in human trafficking

Child and Teenage Pregnancies



- Inextricably linked to GBVF, particularly statutory rape and sexual abuse of children.
- **2022:** 133 650 (13.4%) of all registered births in 2022 were to adolescents aged 10-19 years.
- **2024/25:** 2 387 children aged 10-14 years gave birth while 855 had abortions in public health facilities.
- **2024/25:** 114 808 teenagers aged 15-19 years gave birth while 18 722 had abortions in public health facilities.
- **Causes:** Directly linked to statutory rape, incest, early sexual debut, and child sexual abuse.
- **Consequences:** Major reason for school dropout and failure to reach full potential, perpetuating cycles of poverty and vulnerability.

Figure 12: Mapping statistics impacting GBVF (DWYPD, 2025)

This reflective review has generated evidence on progress, achievements and current status, while acknowledging gaps and emerging tensions. At a strategic level, six key priorities were identified as leverage points to enter into the next phase of the NSP on GBVF. Collective action is acknowledged, and multi-stakeholder delivery of the NSP has maintained momentum, but harnessing efforts to steer towards intended change requires adequate support and integration by coordinating agencies. Table 12 provides a framework to begin aligning the three pathways of change, the six strategic priorities and several recommendations over the short, medium and long term to guide implementation of the NSP on GBVF over the next five years.

Table 12: Short-, Medium- and Long-Term Recommendations From Review Findings, Aligned to Strategic Priorities

Priority area	Strategic interventions over the next five years	Short-term recommendations	Medium-term recommendations	Recommendations over the next five years towards 2030
Accountability	1. Establish the National Council on GBVF, along with decentralised structures, to ensure comprehensive oversight, coordination, and integration of all GBVF interventions.	- Establish a multi-sectoral interim structure to plan for and facilitate the establishment of the Council. - Explore the revitalisation of the IMC on GBVF. - Localisation strategy for the establishment of decentralised structures and processes for NSP coordination and integration.	- Establish the National Council on GBVF. - Build capacity and ensure resourcing of the Council over current and subsequent terms. - Transparent and open communication channels developed on GBVF progress. - Citizen-based monitoring systems developed.	Harness technology to (i) develop and scale a national GBV surveillance and service monitor; (ii) create a modular dashboard ecosystem; (iii) build a national data lake and (iv) leverage AI for education, monitoring, and content moderation.
	2. Enhance budget planning and expenditure tracking for both state (aligned with the Medium-Term Development Plan) and non-state actors to ensure adequate resourcing and multi-sectoral accountability.	- Undertake GBVF budget planning and expenditure review to assess resourcing and strengthen accountability mechanisms between public and private resources. - Review GBVF M&E framework.	- Build integrated survivor-centred data systems to improve planning, reporting and resource allocation. - Support the development of ward and district-level NSP implementation plans through meaningful stakeholder participatory processes that respond to local needs.	Hold all public officials accountable to a code for quality service delivery for GBVF, acknowledging good practice and ensuring consequences for unacceptable service delivery.

Table 12: Short-, Medium- and Long-Term Recommendations From Review Findings, Aligned to Strategic Priorities continued

Priority area	Strategic interventions over the next five years	Short-term recommendations	Medium-term recommendations	Recommendations over the next five years towards 2030
Prevention	3. Conduct evaluations of key prevention programmes to ensure alignment with transformed social policies and establish linkages between GBVF and intergenerational trauma, social cohesion and economic justice.	• Build consensus on priority intervention areas and align the prevention strategy with the NSP. • Strengthen the links with sexual and reproductive health services and information, with a specific focus on GBV and teenage pregnancy.	• Routine monitoring and evaluation of interventions to ensure relevance, reach and robustness.	Drive prevention and rebuild social connectedness through a whole-of-government, whole-of-society approach.
	4. Design and implement interventions targeting families, vulnerable households, men and boys, women's economic empowerment and trust in the state.	• Design evaluations for key interventions initiated.	• Foreground GBV interventions targeted at children, given their unique needs, and interventions focused on a household level.	
Responsiveness	5. Expand integrated and specialised service delivery; citizen monitoring at district levels; strengthen and grow the Thuthuzela Care Centre models.	• Prioritise equitable access to psychosocial services, including shelters and adapted TCCs, particularly in rural and under-resourced areas.	• Expanded and accessible quality, specialised services to all social groups based on need. • Citizen-based monitoring used to assess service quality and accessibility.	Implementation of key strategic interventions focused on the 10-year outcomes, by design, and that form the foundation of the revised M&E framework.
	6. Strengthen and integrate the 'social protection' and 'criminal justice' systems to ensure survivor-centric outcomes.	• Ensure alignment with existing accountability processes and mechanisms within the state apparatus.	• The integrated social protection and justice systems are coherent and coordinated in GBVF responsiveness.	

9. CONCLUSION

The review of the implementation of the NSP on GBVF over the first five years provides an opportune moment to pause, reflect and distil the various efforts to respond to GBVF in South Africa. Critical insights and evidence generated throughout the review process provide the basis for course correction and for integrating a comprehensive, revised GBVF roadmap within existing systems and processes. A deeper understanding of achievements, as well as challenges, gaps, and emerging tensions, can significantly enhance efficiency, effectiveness, quality and equity, while striving for impact. The review also offers important lessons for broader social policy governance and valuable insights into the gaps that compromise the achievement of social justice.

Driving an agenda towards achieving the 10-year outcomes requires society-wide mobilisation, amplified state accountability, and deepened political commitment. South Africa has a rich history of overcoming seemingly insurmountable challenges, driven by a vision of an inclusive and cohesive society, despite the realities on the ground. It is this level of hopeful pragmatism combined with visionary leadership, individual agency, and institutional accountability that can help to move the country into the next phase in the fight against GBVF.



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Appendix 1 – Register of participants at multi-stakeholder engagement on the implementation of the NSP on GBVF, held at the Union Buildings on 30 April 2025

No.	Initials and Surname	Organisation
1.	C. Chagutah	Hlanganisa Community Fund
2.	T. Mchuchu-Macmillan	Mosaic Training and Healing Centre
3.	N.L Masina	Project Support Association SA
4.	S.E Lekale	GFAO
5.	S.P Mgobozi	MDI
6.	N. Mgenge	Litha labantu
7.	P.K Segwayi	We Will Speak Out SA
8.	M.Y Yamano	UNICEF
9.	S. Magangoe	DSD
10.	N.M Mchunu	GCIS: Social Cluster
11.	Dululu Hlatshaneni	DBE
12.	Ayanda Zwane	Presidency
13.	Nobesuthu Javu	Thy Rest
14.	Daniela Gennrich	We will Speak Out SA/ Faith Action Collective to End GBV
15.	W.M Muhlhludi	DWS
16.	Gogie Itumeleng	DSD
17.	S. Ndlela	Indlezana Yezwe
18.	N. Poswa	Lusikisiki GBVF Combat
19.	M. Jokeni	NPA
20.	M. Mangera	NICDAM
21.	R. September	Presidency
22.	Kayan Lueng	Lawyers for Human Rights
23.	Harsha Dayal	DPME/PO
24.	Jayshree Pather	Rapporteur

Appendix 1 continued

No.	Initials and Surname	Organisation
25.	B. Madumise	Wise4Africa
26.	S. Jongizulu	UNFPA
27.	Yu Yu	UNFPA
28.	Lieketseng Motopi	CGE
29.	Themba Chamane	Presidency
30.	Sixolile Ngcobo	EISH Impact Africa
31.	M. Neku	DWYPD
32.	Sinah Smoruane	UNICEF
33.	Shaheda Omar	Teddy Bear Foundation
34.	Lesley Ann Foster	Masimanyane Women's Rights International
35.	Caiphus Mahumani	DHA
36.	Nicky Leroux	FORD Foundation
37.	Juliet Mokoale	GBVF Response Fund 1
38.	Kerryn Rehse	Mosaic Training Services+ Healing Centre
39.	Lindokuhle Malambe	CSVR
40.	Mandisa Dyantyi	OXFAM SA
41.	Nonhle Skosana	Call To Action
42.	Onika Nonhlanhla Makwakwa	Wise4Africa
43.	Naomi Webster	DOJCD
44.	S. Fante	DHE
45.	B. Ndondo	Hlanganisa Community Fund
46.	M. Buthelezi	NSP Pillars 5
47.	M. Singh-Naiker	Faith Action to End GBV
48.	T.Braam	Consultant
49.	S. Mthembu	The Presidency

Appendix 2 – Scorecard for Pillar 1

Key for tracking

■ Achievements
 ■ In progress
 ■ Challenges

Pillar 1 - ACCOUNTABILITY, COORDINATION AND LEADERSHIP				
10-Year Outcome (2020-2030)	All people living in South Africa, including government, the private sector, workplaces, education and training institutions, and religious and cultural institutions, are held accountable for building a safe and GBVF-free environment			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
1.1. Bold leadership and strengthened 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) supported by the necessary legislative mandate to drive a multi-sectoral response to GBVF	1. National Council on GBVF (NCGBVF) established	DWYPD, DOJCD	
		2. NCGBVF legislation enacted		
		3. Operational arrangements, including budgets in place	DWYPD	
	Put mechanisms and processes in place to hold state and societal leadership accountable for taking a firm stand against GBVF	4. All public servants are vetted annually	DPSA	
		5. Swift action when found guilty of GBV annually	DPSA, NPA, DOJ&CD	
		6. Generic constitutionally aligned GBVF regulatory framework for religious and cultural institutions	DSAC	
		7. Code of Ethics for media reporting	NCGBVF	
		8. Peer and citizen-based GBVF accountability framework for civil society organisations	NCGBVF	
		9. Costed NSP on GBVF partnership model	DWYPD	
	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	10. 100% municipalities have Municipal NSP on GBVF	COGTA	
		11. 100% municipalities have costed Municipal NSP on GBVF partnership models	COGTA	
	The Commission for Gender Equality, South African Human Rights Commission, Cultural Linguistic and Rights Commission and Public Service Commission institutions play a complementary role to the GBV Council in the monitoring of the NSP	12. Roles and complementarities in relation to monitoring identified and rolled out	NCGBVF, CGE, SAHRC	
	Establish a parliamentary oversight committee for the NSP	13. A special multi-sectoral parliamentary committee established to oversee the implementation of the NCGBVF	PARLIAMENT	
	Hold private and public sectors accountable for the development and roll-out of sexual harassment policies and workplace strategies	14. 100% workplaces that have Sexual harassment policies in place annually	DEL, DPSA	
		15. Report on Policy and Procedure on the Management of Sexual Harassment in the Public Service (PPMSHPS)	DEL, DPSA	
	Integration of NSP priorities in all relevant departmental and municipal plans and frameworks	16. 100% annually- NSP indicators in relevant Departmental/ Sector Annual Performance Plans (APPs) and Strategic Plans	DWYPD; DPME; NT	
		17. % of national government and sector budgets dedicated to GBVF annually	DWYPD; DPME; NT	

Appendix 2 – Scorecard for Pillar 1 *continued*

Pillar 1 - ACCOUNTABILITY, COORDINATION AND LEADERSHIP				
10-Year Outcome (2020-2030)	All people living in South Africa, including government, the private sector, workplaces, education and training institutions, and religious and cultural institutions, are held accountable for building a safe and GBVF-free environment			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
1.1. Bold leadership and strengthened 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 <i>continued</i>	Integration of NSP priorities in all relevant departmental and municipal plans and frameworks <i>continued</i>	18. % of Provincial Government Departments' budgets dedicated to GBVF annually	DWYPD; DPME; NT	
	Adoption of zero tolerance to policies on cyber violence and sensitive reporting of GBVF	19. Social media accountability framework	NCGBFV	
	Strengthen leadership within and across government and non-government sectors to strengthen the national response to GBVF	20. Bi-annual leadership indaba at national and local levels across sectors held annually	NCGBFV	
		21. 100% Presidential Working Groups have NSP implementation as a standing agenda item annually	PARLIAMENT	
		22. Employment Equity Policy instruments developed and implemented	DEL	
1.2. 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	23. Nine NSP provincial multi-sectoral, autonomous structures established	DWYPD; OTP	
		24. District-level service delivery model developed to respond to GBVF	COGTA	
		25. All wards have Rapid Response Structures established	COGTA	
	Establish feedback mechanisms to support the multi-sectoral approach to dealing with GBVF	26. Bi-annual reports from the established mechanisms for civil society engagements and peer monitoring (citizen-based monitoring) annually	COGTA, MUNICIPALITIES	
	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	27. 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	CIVIL SOCIETY	

Appendix 3 – Scorecard for Pillar 2

Key for tracking

■ Achievements
 ■ In progress
 ■ Challenges

Pillar 2 - PREVENTION AND REBUILDING SOCIAL COHESION				
10-Year Outcome (2020-2030)	South Africa has made considerable progress in rebuilding/reweaving the social fabric in ways where GBVF, and violence more broadly, are deemed unacceptable			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
2.1. Strengthened delivery capacity in South Africa to roll out effective prevention programmes	Development of a comprehensive National Prevention Strategy	1. Comprehensive National Prevention Strategy developed	DWYPD	■
	Communication and advocacy campaigns	2. Prevention communication toolkit developed	Brand SA, GCIS	■
		3. Number of sustained anti-GBVF media campaigns for 365 days implemented annually	Brand SA, GCIS	■
		4. Number of multimedia campaigns implemented annually	Brand SA, GCIS	■
		5. Gender responsive community engagement social media platform (Govchat) implemented in all provinces	COGTA	■
	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	6. Number of accessible manuals and training support materials developed	NCGBVF	■
		7. 11 public buildings utilised for education and awareness through outdoor advertising and signage in partnership with the private sector	DPWI	■
		8. Number of community development workers (CDWs) trained in anti-GBV doing prevention work	DSD, NSG	■
		9. Number of anti-GBVF programmes implemented by trained CDWs (District level coordinators)	DSD, NSG	■
		10. 200 ward committee members trained on gender, equity and diversity in development projects	NCGBVF, COGTA	■
		11. Number of community health care workers (CHCWs) trained in GBVF doing prevention work	DOH, NSG	■
		12. Number of anti-GBVF programmes implemented by trained CHCWs	DOH, NSG	■
		13. Number of community-level activists trained in anti-GBVF	NCGBVF, COGTA	■
		14. Number of service organisations trained in anti-GBVF	NCGBVF, COGTA	■
		15. Number of prevention programmes implemented by trained service organisations	NCGBVF, COGTA	■
		16. Number of district-level coordinators trained	NCGBVF, COGTA	■
		17. Number of community-based GBVF programmes/interventions implemented by community-level activists	NCGBVF, COGTA	■
2.2. Change behaviour and social norm change within key groups as a result of the rollout of effective prevention interventions	Adapt and roll out school-based GBV prevention programmes	18. 100% of sexist learner material replaced	DBE	■
		19. 95% of in-service teachers trained on anti-sexism	DBE	■

Appendix 3 – Scorecard for Pillar 2 *continued*

Pillar 2 - PREVENTION AND REBUILDING SOCIAL COHESION				
10-Year Outcome (2020-2030)	South Africa has made considerable progress in rebuilding/reweaving the social fabric in ways where GBVF, and violence more broadly, are deemed unacceptable			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
2.2. Change behaviour and social norm change within key groups as a result of the rollout of effective prevention interventions <i>continued</i>	Adapt and roll out school-based GBV prevention programmes <i>continued</i>	20. % of schools with programmes specifically designed and rolled out to address GBVF	DBE	
		21. Number of strategic behavioural change interventions with learners identified and rolled out	DBE	
		22. Research on learners' attitudes, views and perceptions on GBVF conducted	DBE	
	Implement programmes to prevent GBV and eliminate the scourge of GBV in the Post-School Education and Training (PSET) System	23. Policy Framework to address GBV in the PSET system approved	DHET	
		24. 100% of PSET institutions have accountability frameworks developed to curb and address GBV in PSET institutions	DHET	
		25. 100% institutions with GBV policies that provide proper support and assistance to victims of GBV with an effective and comprehensive specialised referral system	DHET	
		26. Annual report on implementation by institutions of the anti-GBVF policy framework	DHET	
	Implement evidence-based behaviour-change interventions with targeted communities	27. Number of evidence-based behaviour change interventions implemented	NCGBVF	
		28. Number of behaviour change interventions to shift attitudes and behaviours of traditional leaders (religious leaders)	NCGBVF	
		29. Number of behaviour change interventions to shift attitudes and behaviours of religious leaders	NCGBVF	
		30. Number of behaviour change interventions to shift attitudes and behaviours within the public sector, adapted and rolled out	NCGBVF	
		31. Number of community outreach interventions to raise awareness and generate acceptance of different expressions and forms of sexual orientation and gender identity (SOGI) rolled out	DWYPD	
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	Commission studies to better understand how to intervene in the development of toxic masculinities in South Africa	32. Number of studies to better understand how to intervene in the development of toxic masculinities in South Africa	NCGBVF, Research Institutions, DBE	
		33. Number of strategic interventions with young men (PSET, unemployed, working) implemented	NCGBVF, Research Institutions, DBE	
	Design and adapt interventions that provide skills that shape new forms of positive masculinities	34. Number of strategic interventions to shift behaviour in men implemented (e.g. Brothers for Life)	NCGBVF, Research Institutions	
		35. Number of strategic interventions targeting men in their role as fathers implemented	NCGBVF, Research Institutions	

Appendix 3 – Scorecard for Pillar 2 *continued*

Pillar 2 - PREVENTION AND REBUILDING SOCIAL COHESION				
10-Year Outcome (2020-2030)	South Africa has made considerable progress in rebuilding/reweaving the social fabric in ways where GBVF, and violence more broadly, are deemed unacceptable			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
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 <i>continued</i>	Design and adapt interventions that provide skills that shape new forms of positive masculinities <i>continued</i>	36. Number of strategic interventions focused on building gender equitable approaches to communication and relationships implemented using religious institutions and workplaces as possible platforms	NCGBVF, Research Institutions	
2.4 Optimally harnessed VAC programmes that have an impact on GBVF eradication	Use parenting and ECD programmes to build non-violent and gender transformative approaches to parenting	37. Number of parenting and ECD programmes to build non-violent and gender transformative approaches to parenting implemented	DBE, DSD	
		38. 90% integration of GBV prevention into SOGI programming	NCGBVF, DOJ&CD	
	Integrate GBV prevention into SOGI programming and vice versa	39. Crime prevention strategy with GBVF prevention integration developed	NCGBVF, SAPS, DSD	
	Integrate GBVF prevention into substance abuse interventions	40. Percentage integration of GBVF prevention into substance abuse interventions	DOH, DSD	
	Integrate GBVF prevention into SRHR and HIV prevention interventions	41. 100% integration of GBVF prevention into SRHR and HIV prevention interventions	DOH, SANAC	
2.5 Increased cross-fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBV prevention and violence prevention interventions	Facilitate community interventions that promote social connectedness and healing	42. Number of lay mental health workers trained annually	NCGBVF, DOH, DSD, DSAC	

Appendix 4 – Scorecard for Pillar 3

Key for tracking

■ Achievements
 ■ In progress
 ■ Challenges

Pillar 3 - PROTECTION, SAFETY AND JUSTICE				
10-Year Outcome (2020-2030)	The criminal justice system provides protection, safety and justice for survivors of GBVF and effectively holds perpetrators accountable for their actions			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
3.1 Improve access to survivor-led support services through a victim-centric criminal justice system that is sensitive to and meets their needs	Humanising service delivery and addressing the unequal and inequitable spread of victim services	1. Interventions in place to respond to specific barriers that all victims may face in accessing services, and specifically people with disability and LGBTQIA+ persons annually	DOJ&CD	
		2. 10 statistical reports on the domestic violence annually applications finalised within 90 days from the date of service	DOJ&CD	
		3. Information on cases is readily available for victims to access and track progress annually	DOJ&CD	
	GBV service delivery training and support provided within the CJS dealing with GBVF matters, to strengthen victim-centric/survivor-focused services and prevent secondary victimisation	4. Number of officials trained within the CJS dealing with GBVF matters annually	DOJ&CD, SAPS, NPA, DOH	
		5. Debriefing support mechanisms in place	DOJ&CD, SAPS, NPA, DCS, SAJEI, DOH	
	Finalised investigation in respect of reparations for victims of crime and developed enforcement mechanisms for compensation restitution espoused by the Victims Charter	6. Compensation and restitution for victims of crime, and an enforcement mechanism in place	SALRC	
	Provide funding to survivors of GBVF to meet specific needs, such as legal aid costs	7. Emergency fund for survivors of GBVF to meet specific needs, such as legal aid costs, established	NCGBVF; NPA	
		8. Audit of DCS policy and service delivery annually	DCS	
		9. Training offenders in anti-GBVF annually	DCS	
		10. Number of officials trained in GBVF matters annually	DCS	
3.2 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	11. Number of courts upgraded into SOCs annually	DOJ&CD	
		12. Number of designated health facilities annually	DOH	
		13. Number of TCC units established annually	NPA	
		14. Number of FCS units upgraded annually	SAPS	
		15. Approved resource plan for the capacitation of FCS units	SAPS	
		16. DNA analysis capacity established in the Eastern Cape and KwaZulu-Natal	SAPS	
		17. Conduct feasibility studies into the establishment of DNA analysis capacity in the Eastern Cape	SAPS	

Appendix 4 – Scorecard for Pillar 3 *continued*

Pillar 3 - PROTECTION, SAFETY AND JUSTICE				
10-Year Outcome (2020-2030)	The criminal justice system provides protection, safety and justice for survivors of GBVF and effectively holds perpetrators accountable for their actions			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
3.2 Strengthen capacity within the CJS to address impunity and facilitate justice for GBV survivors <i>continued</i>	Resourcing of infrastructure and human capacity to facilitate effective service delivery (detective, forensic, investigation and prosecution) at FCS units, TCCs and SOCs <i>continued</i>	18. 100% of functional police stations render a victim-friendly service annually (meaning police stations have victim-friendly rooms)	SAPS	
		19. 6.9% reduction in the number of contact crimes against women (18 years and above) annually	SAPS	
		20. 75% conviction rate for contact crimes against women (18 years and above)	SAPS	
		21. 68.13% detection rate for contact crime against women (18 years and above)	SAPS	
		22. 5% reduction in outstanding case dockets related to crimes against women (18 years and above), older than one year	SAPS	
		23. 6.73% reduction in the number of contact crimes against children (below 18 years)	SAPS	
		24. 75% conviction rate for contact crimes against children (below 18 years)	SAPS	
		25. 61.99% detection rate for contact crimes against children (below 18 years)	SAPS	
		26. 4% reduction in outstanding case dockets related to crimes against children (below 18 years), older than one year	SAPS	
		27. Approved National Instruction 6/2017 and Standard Operating Procedure on service complaints	SAPS	
		28. 100% of service complaints related to gender-based violence prioritised for immediate intervention within seven working days of receipt	SAPS	
		29. 80% of service complaints related to gender-based violence investigations finalised within 14 working days of receipt	SAPS	
		30. 80% of domestic violence-related complaints finalised within four working days of receipt	SAPS	
	Clearing of the backlog of cases related to GBV	31. Reduce the GBVF-related forensic cases backlog to 5 000	SAPS	
		32. 5 000 backlog DNA reports on sexual offence cases issued	NPA	
		33. Cold cases backlog not exceeding 10% of registered case exhibits (entries) annually	SAPS	
		34. Case management system upgraded	SAPS	
		35. 100% of evidence procured collection kits delivered as per delivery schedule	SAPS	
	Development of Phase 5 of the Femicide Watch	36. Development of Phases 3 to 6 of the Femicide Watch	DOJ&CD	
		37. The National Integrated Prevention Strategy against Femicide developed	DOJ&CD	

Appendix 4 – Scorecard for Pillar 3 *continued*

Pillar 3 - PROTECTION, SAFETY AND JUSTICE				
10-Year Outcome (2020-2030)	The criminal justice system provides protection, safety and justice for survivors of GBVF and effectively holds perpetrators accountable for their actions			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
3.2 Strengthen capacity within the CJS to address impunity and facilitate justice for GBV survivors <i>continued</i>	Fast-track the vetting process of officials providing services directly to children and mentally disabled persons	38. Number of persons providing services to children and mentally disabled persons vetted- 65% target	DOJ&CD	
3.3 Amend legislation related to GBV areas, build on 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	39. Criminal Procedure Act amended	DOJ&CD	
	Overhaul of the Criminal Procedure Act, 1977, to make it victim-centric, including the review of bail provisions	40. Domestic Violence Act amended	DOJ&CD	
		41. Draft Regulations developed	DOJ&CD	
	Amendment of the Labour Relations Act to provide a provision on the vetting of all employees dealing with GBVF matters	42. Labour Relations Act amended	DEL	
	Amendment of the Customary Marriages Act – registration of marriages, recognition of cross-national marriages; same sex marriages- coordination with DHA	43. Customary Act amended	DHA; DOJ&CD	
	Finalisation of Traditional Courts Bill	44. Traditional Courts Bill amended	DOJ&CD	
	Finalisation of legislative process to decriminalise sex work – fast tracking and promulgation	45. Legislation on the decriminalisation of sex work promulgated	DOJ&CD	
	Inclusion of cyber violence in the Cyber Crimes Bill to address online sexual violence	46. Cyber Crime Bill amended	DOJ&CD	
	Finalisation of the Prevention and Combating of Hate Crimes and Hate Speech Bill	47. Prevention and Combating of Hate Crimes and Hate Speech Bill promulgated	DOJ&CD	
		48. Report developed	SALRC	
		49. Criminal Law (Sexual Offences and Related Matters) Amendment Act introduced into Parliament	DOJ&CD	
	Finalisation of the Regulations for Sexual Offences Courts	50. Regulations for Sexual Offences Courts finalised	DOJ&CD	
	Amendment of the Older Persons Act	51. Older Persons Act amended	DSD, DOJ&CD	
		52. Introduce into Parliament the Victim Support Services Bill		
		53. Film & Publications Act amended	DCDT	
		54. Charter reviewed	DOJ&CD, NPA	

Appendix 5 – Scorecard for Pillar 4

Key for tracking

■ Achievements
 ■ In progress
 ■ Challenges

Pillar 4 - RESPONSE, CARE, SUPPORT AND HEALING				
10-Year Outcome (2020-2030)	Victim-centred and survivor-focused accessible, equitable and quality services that are readily available across the criminal justice, health, education and social support systems at all respective levels			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
4.1 Strengthen existing response, care and support services by the state and civil society in ways that are victim-centred, survivor-focused and trauma-informed to facilitate recovery and healing	Legal framework for Response Care & Support	1. Gazetting of the Victim Empowerment Services Support Bill for public comments	DSD	
	Victim Empowerment Bill	2. Victim Empowerment Services Support Bill passed		
	White Paper on Social Welfare Services	3. White Paper on Social Welfare Services adopted		
		4. Implementation plan on the White Paper on Social Development developed		
		5. White Paper on Families approved		
	Core package of services	6. Minimum core services package and costing in place for GBVF survivors	DSD	
	Standardisation to sheltering adopted for funding and services	7. Norms and standards for victim empowerment services aligned with the NSP on GBVF		
		8. Draft Intersectoral Policy on sheltering services developed in consultation with six provinces		
		9. Generic funding model for NGOs providing services to victims of crime and GBVF developed	Lead: DSD	
		10. M&E framework for victim-friendly, survivor-focused service delivery		
4.2 Secondary victimisation is eliminated through addressing specific individual and systemic factors driving it	Psychosocial support programme for all frontline workers	11. Agreement in place for DOH to manage TCCs	NPA	
		12. 11 public buildings identified and made available for shelters and interim housing arrangements for survivors	DPWI	
	Integrated service delivery model	13. Amount transferred to NGOs providing direct service to victims of crime and GBVF annually	DSD	
		14. Multi-sectoral locally rooted programmes to GBVF established		
4.3 Strengthen community and institutional responses to provide integrated care and support to GBV survivors and their families that consider linkages between substance abuse and HIV&AIDS	Local-level coordination and cooperative relationships between stakeholders	15. Multi-sectoral locally rooted programmes to GBVF established	DSD-DOH	
		16. Develop protocols for response based on the integrated service delivery model		
		17. % of municipalities that have 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 developed	COGTA	
		18. % of schools with GBV programmes with social workers that are institutionalised across the levels of schooling and higher education to provide caring, safe environments	DBE, DOH	
		19. # of workplaces that have wellness programmes providing psychosocial support for survivors within the workplace	DPSA	

Appendix 5 – Scorecard for Pillar 4 *continued*

Pillar 4 - RESPONSE, CARE, SUPPORT AND HEALING				
10-Year Outcome (2020-2030)	Victim-centred and survivor-focused accessible, equitable and quality services that are readily available across the criminal justice, health, education and social support systems at all respective levels			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
4.3 Strengthen community and institutional responses to provide integrated care and support to GBV survivors and their families that consider linkages between substance abuse and HIV&AIDS <i>continued</i>	Local-level rapid response teams in every municipality	20. Psychosocial support programme for frontline workers and civil society rolled out	DSD	
		21. Draft policy on the provision of psychosocial services developed	DSD	
		22. Social service practitioners (SSPs) capacitated on psychosocial support guidelines	DSD	
		23. Response, care and support and service delivery model is developed	NCGBVF	
		24. Psychosocial support services implemented annually	NCGBVF	
		25. Number of beneficiaries receiving psychosocial support services through the Gender-Based Violence Command Centre annually	NCGBVF	
		26. % of wards that have Community Rapid Response Teams established	NCGBVF	
		27. 100% of referred GBVF victims are supported through Human Settlements programmes annually	DHS	
		28. % of municipalities that have MOUs in place with CBOs, faith-based organisations, and activists engaged in shaping local responses	NCGBVF	
		29. Victim-empowerment programme integrated with management information systems linking social development, health, education and the criminal justice system developed. Integrated VEP MIS developed	DSD, DOH	

Appendix 6 – Scorecard for Pillar 5

Key for tracking

■ Achievements
 ■ In progress
 ■ Challenges

Pillar 5 - ECONOMIC EMPOWERMENT				
10-Year Outcome (2020-2030)	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			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
5.1 Accelerate initiatives to 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	Programmes for equitable job creation, representation and ownership by women	1. Number of programmes implemented for equitable job creation annually	DSBD	
		2. Number of workplaces inspected for compliance with the Employment Equity Act	DEL	
		3. 100% workplaces meeting employment equity targets	DEL	
	Public-private partnerships	4. Number of public-private partnerships in place to facilitate economic opportunities for victims leaving abusive relationships	DSD	
	Reforms in land and agrarian funding	5. Land and agrarian fund established by March 2021	DALRRD	
		6. Land administration system and regulatory framework review for land reform, and agricultural produce and exports review for repealing, or amendment or revision or finalisation	DALRRD	
	Shelters and interim housing in place	7. Percentage of GBV survivors able to access RDP housing annually	DSD, DHS	
		8. Interim housing arrangements in place, based on updated policy directives per province	DSD, DHS	
	Survivor-focused cooperatives /groups	9. Number of multi-sectoral interventions in place for survivors to build entrepreneurship, healing and economic resilience annually	DSBD	
		10. Number of new public-private partnerships established to facilitate economic opportunities for women leaving shelters	DSBD	
	Policy mechanisms to address gender inequalities in the economy	11. GBV workplace programme developed and rolled out	DEL, DPSA, BUSA, UNIONS	
	Systems and accountability measures	12. Sexual harassment policies in the workplace monitored	DEL, DPSA, BUSA, UNIONS	
5.2 Workplaces that are free of violence against women and LGBTQIA+ persons	Workplace interventions for GBV support	13. Number of policy interventions in place to address barriers women face to participation in strategic sections of the economy	DWS	
	Sexual harassment policies in workplaces	14. Number of interventions to reshape the structure of work in ways that value productive and reproductive labour implemented	DWYPD	
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	Awareness campaigns	15. Number of economic plans that align with the Gender-Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing (GRPBM&EA) framework	DWYPD	
	Monitoring of GRPBM&EA	16. Number of COVID-disaster and recovery interventions that are gender-responsive	DWYPD	

Appendix 6 – Scorecard for Pillar 5 *continued*

Pillar 5 - ECONOMIC EMPOWERMENT				
10-Year Outcome (2020-2030)	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			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
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 <i>continued</i>	Oversight on the implementation of the Employment Equity (EE) Act Public employment opportunities (PEP)	17. % of improvement in the reduction of the wage gap annually	DEL	
		18. Number of women employed in PEP (over 50%)	DEL, DTIC, DSBD	
		19. % representation of women in senior (SMS) and mid-level management (MMS) positions in the EE Report	DEL, DTIC, DSBD	
		20. % representation of youth disaggregated by gender and disability in the EE Report	DEL, DTIC, DSBD	
	Ownership of businesses for women, youth and SMMEs	21. 40% set aside for women, 30% for youth and 7% for persons living with disabilities for SMMEs procurement	DSBD	
	Leadership support	22. Disability Index	STATSSA	
		23. Gender Inequality Index	CGE	
	Targeted intervention programmes for vulnerable sectors (farm workers, mine workers & domestic workers)	24. 50% of women in parliament annually	CGE	
5.4 Strengthened child maintenance and related support systems to address the economic vulnerability of women	Legislation to decriminalise sex work (linked to Pillar 3)	25. Policy interventions to protect specific groups of workers who are particularly vulnerable to specific forms of GBV developed	DEL	
		26. Mechanism in place to prevent defaulting on child maintenance	DOJ&CD	

Appendix 7 – Scorecard for Pillar 6

Key for tracking

■ Achievements
 ■ In progress
 ■ Challenges

Pillar 6 - RESEARCH AND INFORMATION MANAGEMENT				
10-Year Outcome (2020-2030)	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.			
5-Year Outcomes	Interventions	Indicators	Lead	Tracking
6.1 Information relating to GBVF is readily available across different government management information systems, to address systemic challenges and facilitate effective solutions and responses	Integrated Data Management, Information and Collection system	1. Multi-disciplinary Research Technical Team established, linked to the GBVF Council	DOJ&CD	In progress
		2. Integrated GBVF Management Information System across government and the justice system	DOJ&CD, DSD	Challenges
	GBVF clearinghouse	3. National repository for GBVF research is established, as integral to the work of the National Centre of Violence and Crime Prevention	DWYPD	In progress
		4. An evidence map with a research repository developed and updated regularly	DPME	Achievements
		5. Number of commissioned evaluations across the six-pillar conducted	DPME	Achievements
		6. Databases and Information systems relating to GBVF generated by all service providers and implementers of various interventions	DWYPD	In progress
		7. Disaggregated comprehensive dash board relating to survivors and offenders inter-linked with unique identifier functionality developed	DWYPD	In progress
6.2. Strengthened use of existing research findings to shape GBV policy and programming interventions	National research agenda	8. Number of 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	NCGBVF	In progress
		9. 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	NCGBVF	In progress
		10. Number of documentaries produced on local good practice at a community level that offers promise for adaptation and meaningful impact for assessment and roll out	NCGBVF	In progress
6.3. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups in SA	Partnerships between research institutions, government, academia, NGOs, activists and communities	11. National prevalence study on GBV conceptualised, designed and conducted	NCGBVF	Achievements
		12. National prevalence study to understand the extent of violence against LGBTQIA persons	NCGBVF	Achievements
		13. National survey on femicide that updates the 2009 data and addresses specific information gaps	SAMRC	Achievements

Appendix 8

Navigating complexity on the pathways of intended change*

Strategic considerations for accountability (2023)

Strategic pathways of change	Inputs from workshop participants	Information and evidence gaps identified
Interventions: What do we do?	Forming structures (multi-sectoral)	Forming a multi-sectoral structure
	Sensitisation of the media on what they need to report on and how sensitive they should be about what to include. Still need to do this	Sensitisation of media reporting concerning GBVF/ sourcing out information reported in the media about GBV
Dependency: Who with/ what is needed?	Under-sensitisation of media, etc. (intervention). Media houses/communities/ development partners/GCIS/ civil society	Partners to gather media information from media houses, communities, development partners, GCIS and civil society
Intermediate outcome (including short-term)	Evidence-informed budgeting and planning	Evidence-informed budgeting and planning
Final outcomes	Prevention and ending GBVF	

Strategic considerations for prevention (2023)

Strategic pathways of change	Inputs from workshop participants	Information and evidence gaps identified
Interventions: What do we do?	Behaviour change programme focusing on socialising boys and men	Intervention programmes targeting the boy child and men, such as the SONKE programme
	SONKE change trial intervention	
	Community-based interventions targeting educators	Advocacy programmes targeting communities
	Support for mental health issues through support and counselling	Information related to mental health in support of GBV
Dependency: Who with/ what is needed?	Pillar 2 aims to prevent GBV by targeting boys and men as a strategy	Searched information should cover interventions done for boys and men
Intermediate outcome (including short-term)	Capacity strengthened to roll out effective prevention programmes	Gender equality information
	Addressing power imbalances towards gender equality, economic power, respect for all and understanding of the roles of males and females	Prevention programmes against child violence Economic justice and GBV
Final outcomes	GBVF and a society free of violence	

Strategic considerations for responsiveness (2023)

Strategic pathways of change	Inputs from workshop participants Pillar 3	Information and evidence gaps identified
Interventions: What do we do?	TCCs are in place.	
	The backlog of GBVF cases has been cleared or reduced	Gather data on Thuthuzela Care Centres (TCCs) and know the number of available shelters
	Fast-tracking DNA lab regarding the availability of GBV Data	Statistics behind the backlog of DNA lab for cases of GBV
	Fast-tracking DNA lab regarding the availability of GBV Data	

*Outputs of workshop as reported verbatim by each pillar

Appendix 8 continued

Strategic considerations for responsiveness (2023) continued

Strategic pathways of change	Inputs from workshop participants Pillar 3	Information and evidence gaps identified
Dependency: Who with/ what is needed?	Amend policies to support GBV amended legislation	Information on policies, regulations or legislation about GBV
	SAPS must provide investigations	Investigations covered by the South African Police Service (SAPS) regarding GBV
	What are we asking for? -A database for all pillars -Right now, we are not sharing what we have	Sharing of information and communication amongst pillars.
	Government- for financial resources. -need dedicated funds for GBV-related matters	Information on allocated funds for GBV
Intermediate outcome (including short-term)	Point: Sextortion- not legislated, not reported in the workplace- where can we address this? If we use HR policies to deal with that, punishment is very minimal, and we need stronger punishment for GBV perpetrators	What is sextortion? How does it relate to GBV, and which policies are in place to address it?
	Finalisation of Victims Support Services Bill (to amend the current victims charter)"- because it is currently inadequate	Victims Support Services Bill document
	HR and misconduct policies and procedures to be followed in relation to transgression, corruption, sexual harassment and GBV	HR and misconduct policies and procedures focusing on GBV can be included
	Request SALRC to investigate the implementation of more severe penalties for officials found guilty in either criminal or disciplinary processes (re: extortion) for GBV victims" (under Legislation)	Law documents that shed light on the sentencing of GBV offenders
	Allocation of GBV-voted funds for all relevant departments	Data on funded departments to assist with GBV
	Finalisation of the Traditional Courts Bill and to encompass the GBV aspect	Traditional Courts Bill document
	Amendment of the Customary Marriages Act	Customary Marriages Act document: "Legislation development and implementation of the TTC model"
	Finalisation of Hate Crime Bill	Hate Crime Bill document
	Finalisation of the Victims Support Service Bill to amend the current Charter	Support Service Bill document
	Amendment of the Correctional Services Act on parole of the GBV offender	Correctional Services Act on parole document
Final outcomes	Measure "compassion, respect, support, safety"	

Appendix 8 continued

Strategic considerations for responsiveness (2023)

Strategic pathways of change	Inputs from workshop participants	Information and evidence gaps identified
Interventions: What we do?	Small independent shelters have not registered with the shelter movement	Understand the scope of registered and unregistered shelters that offer services for GBV victims
	Faith-based places of safety • Churches which run their own counselling/ help centres, like working independently • Don't know the standard of care at these settings, as these services are separate from the government	
	Help for perpetrators: services are usually victim-centric, but if we don't help perpetrators, the cycle continues	Search for programmes or interventions which offer help to perpetrators
	Extend duration of support for vulnerable parents and children: the current programme provides support for a limited period only and does not take into account the length of time it takes to recover from the trauma	Information timeline about how trauma programmes are structured for GBV survivors
	Important to note the difference between secondary victimisation and vicarious trauma... the NSP uses these terms interchangeably	Sources covering 1) secondary victimisation, and 2) vicarious trauma
	Rollout of GBV desks: Not happening at the rate that it is supposed to be happening, or to the required standards (e.g. no female officer, no support person)-Surveying the services provided as a victim to gather data- takes very long for ethics clearance	Collect data from GBV desks
	Family education. • Family may force victims to drop charges, going as far as paying damages • Links to culture: Families brush off issues- noted that this is a really good point and has never come up before as an issue	GBV educational materials for families
	Phone Helplines → SADAG/Telcom. -Someone shared that South Africa has the highest penetration of smartphones, even in poor communities and how they found this surprising	Data from cell phones, since we have high smartphone use in South Africa
	Equality between men and women when it comes to phone usage. -More utilisation of data-free phone services: • GBV awareness integrated into existing HIV programmes • Community awareness on substance abuse + GBV prevention	• GBV information that cuts across other social ills like HIV and substance abuse • Interconnected information that talks about GBV and HIV and /or substance abuse • Existing programmes combined with GBV and HIV and/or substance abuse

Appendix 8 continued

Strategic considerations for responsiveness (2023) continued

Strategic pathways of change	Inputs from workshop participants Pillar 3	Information and evidence gaps identified
Intermediate outcome (including short-term)	Survivors tend to drop out of programmes; most attend only one session and then never come back	Attendance figures for survivor programmes
	Waiting time to access mental health interventions: tendency to provide too little, too late	Effectiveness of GBV survivor programmes
Final outcomes	Trust in the police and the system Unsure how to measure this	"Trust in the police and system, unsure how to measure..."
	Destigmatised GBV and mental health- not sure how to measure. - Less victim blaming and shaming - More engagement on topics - More open communication	"Destigmatised GBV and mental health - not sure how to measure..."
	More integration of GBV and mental health	Data on mental health and GBV
	Write GBV prevention interventions into the Occupational Health and Safety Act (OHSA)	Information on Occupational Health and Safety Act (OHSA) document

Appendix 9

Strategic NSP interventions not implemented/not reported as of March 2025

NSP Interventions Not Yet Implemented	Lead Department
1. Development and implementation of safety plans for all modes of public transport	Department of Transport
2. Construction of a generic, constitutionally-aligned GBVF regulatory framework for religious and cultural institutions	Department of Sport, Arts and Culture
3. Revising the Code of Ethics for the media	Government Communication and Information Service
4. Developing a peer and citizen-based GBVF accountability framework for CSOs	Department of Cooperative Governance and Traditional Affairs (COGTA) and Department of Planning, Monitoring and Evaluation
5. Replacing sexist materials in learner-teacher support material in schools	Department of Basic Education
6. Costed National Strategic Plan/Costed Municipal Plans against GBVF and Mechanisms (learning networks, round tables with faith-based organisations, etc) for civil society engagements and peer monitoring (citizen-based monitoring), designed and established	Department of Women, Youth and Persons with Disabilities and Municipalities, as assisted by COGTA at national and provincial levels
7. Annual Accountability Social Audit Report produced	National Council on GBVF
8. Social media accountability framework defining cyber violence and adopting a zero-tolerance approach toward cyber violence, developed	Department of Communication and Digital Technology
9. Number of behaviour change interventions aimed at traditional leaders implemented	COGTA
10. Number of social workers hired at local government level	Department of Social Development at municipality level
11. Improve the ratio of social workers to population at municipal level	
12. Studies to better understand how to intervene in the development of toxic masculinities in South Africa	Department of Women, Youth and Persons with Disability
13. Amending the Film and Publications Act	Department of Communications and Digital Technologies
14. Implementing interventions that reshape the structure of work in ways that value productive and reproductive labour	Department of Women, Youth and Persons with Disabilities
15. Implementation plan developed for the White Paper on social welfare, intersectoral shelter policy and minimum core package of services	Department of Social Development
16. Developed policy interventions to protect specific groups of workers who are particularly vulnerable to specific forms of GBV	Department of Employment and Labour
17. Generic funding model for NGOs providing services to victims and survivors of GBVF	Department of Social Development

Appendix 10

HSRC prevalence study recommendations as summarised by DWYPD

Human Sciences Research Council Gender-Based Violence Prevalence Survey Recommendations				
Thematic Area	HSRC Recommendations	Implementation Timeframe	Intervention Level	Responsible
Prevention and Rebuilding Social Cohesion	Develop standardised, targeted content/information packs to sensitise communities, workplaces, media (mainstream and social media), men and boys, traditional leadership, parents, schools, and places of higher learning, about the impact of GBVF on individuals, families, communities and countries	Immediate	Societal	DWYPD, GCIS, Department of Communications and Digital Technologies (DCDT), NSG, COGTA, DSD, DBE, DHET
	Implement coordinated and integrated services to address alcohol abuse, HIV prevention, and economic empowerment as part of GBV prevention	Immediate	Societal	DOH, DSD, local governments, NGOs
	Implement early detection and empathetic responses to childhood experiences of violence and bullying as a means of preventing perpetration of GBV later in life	Immediate	Individual	DBE, DSD, NGOs (e.g., Child Welfare South Africa, Sonke Gender Justice)
	Implement robust child rights-focused programmes in schools to ensure that children who are victims of sexual and physical abuse understand that their experiences are unacceptable	Immediate	Individual	DBE, DSD, NGOs (e.g., Sonke Gender Justice, Gender Links)
	Educate children about their rights, providing clear information on where to seek support, and assuring children that the assistance they receive will be both accessible, confidential and dependable	Immediate	Individual	DBE, DSD, Department of Sport, Art and Culture (DSAC), NGOs (e.g., Sonke Gender Justice, Child Welfare South Africa)
	Create and integrate age-specific, evidence-based anti-violence programmes and training for children, youth, persons with disabilities, adults and couples to address high rates of GBV with a special focus on child abuse, bullying, physical and sexual violence, emotional and economic abuse, and psychological abuse	Immediate	Interpersonal	DBE, DSD, DHET, DSAC, DWYPD, COGTA, SALGA, NGOs (such as Sonke Gender Justice and Gender Links), CBOs, all government departments, and the private sector
	Emphasis on environmental design as a deterrent for GBVF, such as cutting long grass, ensuring adequate street lighting, attending to and or demolishing abandoned buildings, community patrols, and maintenance of social amenities			
	Increase investment in evidence-based family support programmes to address violence and tolerance for violence within the home environment (especially between couples)	Immediate	Interpersonal	DSD, DSAC, NGOs (e.g., Child Welfare South Africa, Lifeline South Africa), family support services
	Expand evidence-based family-strengthening interventions that address the promotion of mental health, healing from childhood trauma and intergenerational trauma, child welfare, family safety, incorporating positive parenting programmes and other evidence-based strategies	Immediate	Interpersonal	DSD, DSAC, NGOs (e.g., Lifeline South Africa, GBV Command Centre), family support services

Appendix 10 continued

Human Sciences Research Council Gender-Based Violence Prevalence Survey Recommendations				
Thematic Area	HSRC Recommendations	Implementation Timeframe	Intervention Level	Responsible
Prevention and Rebuilding Social Cohesion <i>continued</i>	Ensure adequate provision of safe houses and/or shelters for women and children	Immediate	Individual	DSD
	Develop social policies to address the disempowerment of women and Black communities, using an intersectionality-informed approach (DSD in collaboration with DWYPD)	Medium to Long-term	Societal	DSD, DSAC, DWYPD, NGOs, CSOs, academic institutions, policymakers
	Develop evidence-based interventions aimed at shifting perceptions and promoting gender equality by developing comprehensive learning programmes for young and older people (especially couples) on gender equality, the importance of mutual consent, and building healthy relationships that are pleasurable to both parties	Medium to Long-term	Interpersonal	DHET, DSD, DSAC, DWYPD, DBE, NGOs (e.g., Sonke Gender Justice, Gender Links), academic institutions, research councils, all government departments
	Use community activism to change harmful gendered power relations and stereotypes through evidence-informed, community-based interventions that educate youth, men, and women about healthy, consensual relationships	Immediate	Community	DHET, DSD, DSAC, DWYPD, DBE, GCIS, DCDT, NGOs (e.g., Gender Links, Sonke Gender Justice), CBOs, GBV activists and civil society, COGTA
	Work with communities to advocate for policies that highlight the seriousness of psychological, economic, and emotional abuse, ensuring it is integrated into existing domestic violence frameworks	Immediate	Community	DWYPD, DSAC, COGTA, NGOs (e.g., Sonke Gender Justice, Gender Links), local government
	Design and implement carefully individualised, evidence-based, culturally relevant, sustainable community-based interventions, tailored for diverse women and men over the life course. These interventions should be focused on changing harmful gender norms and attitudes (un-learning and re-learning) at community level	Medium to Long-term	Community	COGTA, SALGA, DSAC, DSD, DWYPD, GCIS, DCDT, NGOs (e.g., Gender Links, Sonke Gender Justice), CBOs
	The Department of Social Development (DSD) should commission organisations such as the Healing of the Memories Institute, the Trauma Centre for Survivors of Violence and Torture, and intergenerational trauma experts to develop community-based interventions that draw from the concept of the Ubuntu Circles of Healing articulated in the NSP on GBVF. The proposed intervention should be evidence-based, provide safety nets to foster healing, and address historical trauma in a community-centred way			
	Interventions should be designed from an intersectionality-informed approach and culturally appropriate perspective to address historical violence and the disempowerment of women and Black communities in general	Medium to Long-term	Community	DSD, DSAC, COGTA, NGOs (e.g., Sonke Gender Justice, Gender Links), CBOs
	Invest in evidence-informed programmes that promote gender-equitable relationships by transforming traditional gender roles at community level	Medium to Long-term	Community	DSD, DSAC, COGTA, NGOs (e.g., Sonke Gender Justice, Gender Links), CBOs

Appendix 10 continued

Human Sciences Research Council Gender-Based Violence Prevalence Survey Recommendations				
Thematic Area	HSRC Recommendations	Implementation Timeframe	Intervention Level	Responsible
Prevention and Rebuilding Social Cohesion <i>continued</i>	Adopt a long-term, culturally relevant approach to GBV eradication, focusing on family and community environments	Medium to Long-term	Societal	DWYPD, COGTA, DSAC, the Presidency, DSD, DOH, local government, NGOs
Workstream 2: Enforcement, Care & Support	Undertake a review of the available mental health services to strengthen services, particularly for GBV survivors, perpetrators, and children who are exposed to GBV	Immediate	Individual	DOH, mental health organisations such as the South African Depression and Anxiety Group (SADAG), NGOs (e.g., Sonke Gender Justice, Child Welfare South Africa)
	Implement services for child survivors that are equally accessible to boys and girls, child-friendly, and easily accessible to children and their caregivers	Immediate	Individual	DSD, Child Protection Services, NGOs (e.g., Child Welfare South Africa)
	Integrate sexual reproductive health and rights (SRH&R) services with GBV services to strengthen early detection of GBV cases and implement risk-reduction interventions aimed at curbing associated risky sexual behaviours, STIs, and substance use	Immediate	Individual	DOH, DSD, NGOs (e.g., Sonke Gender Justice)
	Increase access to quality GBV services for those who are not able to access one-stop care centres like Thuthuzela Care Centres, through enhanced referrals in collaboration with DOJ&CD, DSD and the NPA	Immediate	Societal	DOH, DSD, NPA, DOJ&CD, local governments, NGOs (e.g., Gender Links, Sonke Gender Justice)
	Increase access to quality GBV services, especially for those in remote or marginalised areas, and provide gender-affirming care for individuals with disabilities	Immediate	Societal	DOH, DWYPD, DSD, LGBTQIA+ advocacy groups, local government
	Strengthen access to GBV services by enhancing coordination of information (shared data) and referrals among police, justice, social, and health services to provide comprehensive support to GBV victims/survivors, child witnesses, survivors with disabilities, and families, couples and link perpetrators to appropriate interventions to address GBV perpetration in collaboration with SAPS, DOJ&CD and DSD and NPA and all relevant departments	Immediate	Societal	DOH, SAPS, DOJ&CD, DSD, NPA, DOH, DSD, NGOs (e.g., Sonke Gender Justice)
	Ensure adequate provision of safe houses and/or shelters for women and children	Immediate	Interpersonal	DSD, DHS, DPWI, NGOs (e.g., Child Welfare South Africa, Lifeline South Africa)

Appendix 10 continued

Human Sciences Research Council Gender-Based Violence Prevalence Survey Recommendations				
Thematic Area	HSRC Recommendations	Implementation Timeframe	Intervention Level	Responsible
Workstream 3: Legal & Regulatory Framework	Enforcement of domestic violence laws to protect survivors and expedite legal processes for granting of protection orders and ensuring that the law and GBV services are accessible to all women, especially women with disabilities.	Immediate	Individual	DOJ&CD, SAPS, NGOs (e.g., Women's Legal Centre, South African Women in Dialogue [SAWID])
	The departments must strengthen services, particularly for GBV survivors, perpetrators, and children who are exposed to GBV.			
	Disturbingly, while there were high levels of knowledge about GBV laws, some men justified violence in certain circumstances and perceived laws as overly lenient toward women. This highlights a clear disconnect between legal knowledge and attitudes toward GBV, and should be addressed as part of the GBV response			
	Engaging national and civil society stakeholders to conduct impact assessments of GBV laws to identify implementation gaps	Immediate	Societal	DOJ&CD, SAPS, NPA, DCS, DSD, DBE, DOH
	Strengthen mechanisms for holding GBV perpetrators accountable, ensuring not only punitive measures but also rehabilitation, attitude change, and healing	Medium to Long-term	Societal	DOJ&CD, Correctional Services, SAPS, NGOs (e.g. Gender Justice, organisations working on rehabilitation of perpetrators)
	Increasing collaboration with both formal and traditional legal systems to overcome barriers to the effective implementation and enforcement of GBV laws	Immediate	Societal	DOJ&CD, DCS, SAPS, COGTA
	There is an urgent need to curb GBV and reduce the incidence of physical and sexual violence in South Africa through effective policing. Use recently released prevalence data to inform action, prioritisation of groups made vulnerable due to behavioural, social and structural drivers to sexual violence and GBV in general	Medium to Long-term	Societal	SAPS
	Strategic deployment of crime intelligence in GBVF hotspot areas for proactive intervention, identify high-risk individuals and situations, disrupt potential acts of violence before they occur, and gather crucial intelligence to support targeted prevention efforts and effective law enforcement responses	Immediate	Societal	SAPS
	Diversify evidence sources beyond DNA in GBVF cases and ensure a proper chain of custody and expert analysis of all forensic evidence	Medium to Long-term	Societal	SAPS
Statistics & Systems	Implement a proactive communication strategy that acknowledges the potential public reactions, including fear and social disruption, and risk of weaponising of GBVF crime statistics, while emphasising solutions and collective action	Immediate	Societal	SAPS, IJS, DOJ&CD, NPA

Appendix 10 continued

Human Sciences Research Council Gender-Based Violence Prevalence Survey Recommendations				
Thematic Area	HSRC Recommendations	Implementation Timeframe	Intervention Level	Responsible
Funding & Costing	Secure ring-fenced and substantially increased funding for the National Council on GBVF: The National Treasury must immediately allocate and ring-fence significant and sustained financial resources to the National Council on GBVF, recognising its pivotal role in coordinating the national response	Immediate	Societal	National Treasury, DWYPD, Parliament
	Expedite operational arrangements for the National Council on CGBVF. This includes staffing, infrastructure, logistical support, and the establishment of clear operational guidelines and reporting mechanisms to ensure its immediate and effective functioning	Immediate	Societal	DWYPD, National Treasury
	Implement gender-transformative and economic empowerment interventions to improve the economic status and stability of women and their families	Medium to Long-term	Interpersonal	DSBD, National Treasury, Private Sector, NGOs (e.g. SAWID) all government departments
	Enhance the overall livelihoods of both men and women, and focus on enhancing the economic security of women with disabilities (address poverty and resulting food insecurity)	Medium to Long-term	Interpersonal	DSBD, TREASURY, DSD, Department of Economic Development, National Treasury, Private Sector, NGOs, all departments and government institutions, private sector
Communication, Partnership & Community Mobilisation	Develop a comprehensive, age-appropriate government communication strategy to challenge and change harmful beliefs, controlling behaviour, and gendered power dynamics affecting both men and women by addressing socialisation processes and promoting un-learning and re-learning	Immediate	Interpersonal	GCIS, DCDT, DWYPD, CSOs, DBE, DHET, Research Councils, Academic Institutions, all government departments
	Focusing on the different leadership layers in communities, particularly traditional communities, could utilise GBV messaging to rebuild the social fabric and strengthen communities and families to raise young people who can actively reshape communities, families, and society at large	Medium to Long-term	Community	COGTA, SALGA
Monitoring & Evaluation	Conduct comprehensive and action-oriented site visits to GBVF intervention sites	Immediate	Societal	Parliament, DWYPD, DPME, the Presidency, NPA, SAPS, DOJ&CD, DSD, SALGA, COGTA

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www.gbvf.org.za



For further GBVF Resources:



https://dwypd.gov.za/ova_doc/gbvf/