



SUMMIT RESOLUTIONS

- A. *We, the one thousand five hundred delegates attending the Presidential Summit on Gender-Based Violence and Femicide (GBVF) 2***, who are the survivors of gender-based violence, the government of South Africa and the South African society represented by people from all walks of life, without any distinction in terms of race, colour, age, sex, gender identity, sexual orientation, disability, marital status, HIV status, language, ethnic or social origin, geographical location, political or other opinions, religion, conscience, belief, culture, birth, and nationality;
- B. *Acknowledging that*** gender-based violence and femicide in South Africa continues to be a national pandemic as declared by the President of the Republic of South Africa;
- C. *Remembering all the women and children who have been raped or murdered by men***, and the millions of women in all their diversities, and children, who are victims of gender-based violence;
- D. *Noting that*** the Presidential Summit on GBVF 2 builds on the foundation that activists laid in demanding state action and accountability when they took to the streets as #TheTotalShutdown Movement on 1 August 2018;
- E. *Building onto*** the ethos of embracing a whole-of-society approach to end GBVF, civil society, government, and other stakeholders worked collaboratively to shape the Summit discussions.
- F. *Now, we remain deeply concerned that:***
- The extent of GBVF continues to render it a national crisis that destroys the very fabric of our society and undermines our constitutional democracy.
 - The rate of femicide in South Africa continues to be amongst the highest globally, with three women reportedly killed each day by their intimate partners.
 - Sexual offences continue to increase, with a reported 14% increase from 50,108 in April to March of 2017/18 to 52,694 in the same period in 2021/22.
 - The pandemic of GBVF has continued to deeply impact the lives and well-being of survivors, families, communities, and the broader society in South Africa.
 - Widespread discrimination, political, economic, and social structural dynamics, and intersectional power inequalities continue to drive GBVF in the country.
 - Women and gender non-conforming persons are diverse groups subject to intersecting vulnerabilities that exacerbate inequalities, discrimination, and oppression.
 - The COVID-19 pandemic has dramatically increased economic and social hardships among communities, leading to a reversal of gains across the socioeconomic spectrum.

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G. *We are encouraged* that, during the period 1 May 2020 to 30 September 2022, progress has been made in the implementation of the National Strategic Plan on Gender-Based Violence and Femicide (NSP on GBVF) through:

- Demonstrated bold leadership, high-level political commitment, and strengthened state institutional accountability to drive a multi-sectoral, society-wide, multi-faceted response to GBVF.
- The positioning of the response to GBVF on the national agenda and making it a priority issue.
- The creation of an enabling environment for collaborative efforts and interventions in response to GBVF.
- The establishment of key institutional structures to enable implementation and accountability, such as the Inter-Ministerial Committee (IMC) on GBVF, the private sector-led GBVF Response Fund, Solidarity Fund, and the multi-sectoral End GBVF Collective.
- The creation of the Comprehensive National GBVF Prevention Strategy (CNPS) and the innovative creation of the National Integrated Femicide Prevention Strategy (NIFPS).
- The amendment of three pieces of legislation relating to GBV namely, the Criminal Law (Sexual Offences and Related Matter) Amendment Bill (B16-2020), the Criminal and Related Matters Amendment Bill, and the Domestic Violence Amendment Bill.
- The amendment of the Recognition of Customary Marriages Amendment Act (Act No. 1 of 2021) and the Cybercrimes Act (Act No. 19 of 2020) which enhance the protection of the rights of women against gendered violence, as well as the adoption of the intersectional shelter services policies for universities and Technical and Vocational Education and Training (TVET) colleges.
- The announcement of government's plan to allocate 40% of public procurement opportunities towards women-owned businesses.
- Ongoing research studies on GBVF to better understand the prevalence and nature of GBVF.

H. *We further recognise* that despite progress made, significant challenges and gaps persist, including:

- Failure to establish the legislative and institutional framework within the allocated time frame as set out in the NSP on GBVF for leading and coordinating the response.
- Failure to adequately promote and institutionalise the NSP on GBVF.
- Arbitrary deviations from the commitments made in the NSP on GBVF when implemented.
- Lack of coordination that results in a fragmented response, duplication of efforts, wastage of resources, and impact evaluation.
- The continued disconnect to see GBVF as discrimination.
- The trust deficit that continues to exist amongst the key actors as a result of the ongoing failure of the State to meet its constitutional obligations.
- Rampant impunity, lack of accountability, and consequence management.
- Lack of gender-responsive budgeting, thus leading to an inadequate national response to GBVF.
- An inadequate whole-of-society response to decisively deal with patriarchal, misogynistic, and heteronormative culture systems and practices in families, communities, and social institutions.

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- I. *We reaffirm*** our commitment to a united, comprehensive, and effective response to GBVF in South Africa, through a whole-of-society approach, with accelerated and amplified efforts to implement the NSP on GBVF.
- J. *We endorse*** the call by the President to:
- Support, accelerate and amplify the implementation of the NSP on GBVF (2020-2030), despite setbacks and slow progress so far.
 - Ensure the inclusivity of marginalised groups in policy, legislation, and programming.
 - Accelerate and amplify the social and economic power of women and LGBTQIA+ persons, and ensure that children are heard and included in dialogues and planning.
 - Ensure that healing the woundedness and intergenerational trauma caused by South Africa's violent past is prioritised for affected individuals, families, and communities across South Africa.
- K. *And commend*** the pledge by the President to continue to prioritise GBVF as a first pandemic, as well as his commitment to promoting positive masculinity through, among other things, holding men's dialogues throughout the country. We further commend the President's pledge to effectively hold government, civil society, and all sectors of society accountable to implement the NSP on GBVF, forge partnerships, ensure adequate reporting, and allocate the necessary resources to accelerate and amplify the implementation of the NSP on GBVF.
- L. *We, therefore, resolve*** to work collaboratively towards uprooting patriarchal, cultural, misogynist, and heteronormative systems and practices that serve as a bedrock for the high levels of GBVF in our country.
- M. *We resolve to deepen state accountability*** through the following actions:
- (i) fast track the establishment of a legislated national coordinating body; (ii) strengthen the monitoring, evaluation and accountability mechanisms on the NSP on GBVF across the three tiers of government and establish accountability forums to be chaired by political leads; (iii) develop a funding plan with ring-fenced budgets for the implementation of the NSP on GBVF; (iv) integrate the NSP on GBVF at national, provincial, and local levels and ensure that it forms part of government's annual performance plans and performance agreements for accounting officers, and consequently establish a consequence management mechanism for non-performance by state actors; (v) strengthen interdepartmental coordination and collaboration; (vi) ensure that politicians and public representatives do not hold office if they are found guilty of GBVF-related crimes and should step aside or be suspended from their duties whilst being investigated for the alleged GBVF-related crimes; (vii) strengthen health system accountability through co-opting the Minister of Health to serve on the IMC on GBVF and Health Members of Executive Committee (MECs) to serve on provincial implementation committees; (viii) ensure the protection of women during pregnancy and childbirth by taking decisive action against perpetrators of GBVF and forced sterilisation, ensuring redress for victims of sexual and obstetric violence including forced sterilisation, and ensuring that Chapter Nine institutions and the Health Professionals and Nursing Councils intervene to guarantee investigations into allegations of GBV and coerced/forced sterilisation.

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N. And further, strengthen provincial and local state accountability through the following actions:

(i) ensure that Premiers champion the NSP on GBVF in the provinces, together with Mayors and ward Councillors to cover all levels of government; (ii) institutionalise GBVF as a standing item in planning, budgeting and reporting processes at district and local levels; (iii) develop clear guidelines of the roles and responsibilities of each stakeholder at provincial and local level, and further ensure adequate capacity to effectively implement these responsibilities; (iv) MECs or Premiers take responsibility to institutionalise integrated planning, establish multi-sectoral implementing structures and accountability systems at provincial and district level, and establish accountability forums chaired by an MEC/Premier to facilitate accountability, monitoring and reporting on GBVF work; (v) establish multi-sectoral district tasks teams mandated with addressing GBV; (vi) integrate the NSP on GBVF priorities in all municipal plans and budgets; (vii) appoint GBVF coordinators at district level to ensure the effective coordination of structures; (viii) the State to provide support to municipalities to establish Rapid Response Teams (RRTs); (ix) establish provincial councils on GBVF; and (x) establish consequence management mechanisms at local level.

O. And we also resolve to support government efforts to strengthen overall societal, institutional, and individual accountability through the following actions:

Labour Accountability

- Trade unions should play a key role in advocating for the integration of the International Labour Organisation (ILO) C190 within workplace policies and drive prevention programmes in the world of work.
- Both public and private sector employers must be required to ensure that all collective bargaining processes accommodate gender demands with each round of negotiations.

Employer Accountability

- Safe working spaces must be created for reporting and healing, and policies must be developed that address all forms of GBV, including sexual harassment, provide psychosocial support for GBV victims/survivors and establish referral pathways with service providers.
- The Commission for Conciliation Mediation and Arbitration (CCMA) and labour courts must be targeted for training on the protection of the rights of victims/survivors of GBV.
- Victims/survivors of domestic violence should be afforded 10 days of paid leave in addition to time off for addressing health issues. Employers must be intentional in providing affordable and safe public transport for women.
- Safe public and private spaces must be expanded for victims/survivors and their families, including shelters, workplaces, and temporary accommodation.

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Media Accountability

- The public broadcaster must play a key role in driving critical prevention messaging and strategic campaigns to end the GBVF pandemic.
- The public broadcaster must provide ongoing training to key communicators such as political principals, journalists, and community media, and should develop strong common messaging. Government Communication and Information Systems (GCIS) should reintroduce the Communicators Forum.
- The Department of Women, Youth and Persons with Disabilities must lobby the newly established Marketing, Advertising, and Communications Council (MAC) to deal with the objectification of women in the media and advertising industry.

Research Institution Accountability

- A Researchers' Forum must be instituted as integral to the national coordinating body.
- A national baseline for all Pillars must be established with performance targets and progress towards the target indicators, so that progress can be measured through a dashboard, and a mathematical model must be developed to assist with under-reporting and policy formulation.
- Institutions of higher learning and the Council of Higher Education should be accountable for their contributions to the National GBVF Research Agenda and implementation of Pillar 6.

Faith Sector Accountability

- Religious institutions must be made safe spaces, and mutual accountability mechanisms should be developed to hold leaders and followers accountable for historical and active cases of abuse timeously.
- The existing Faith Action to End GBV Collective must be strengthened as an interfaith forum for active solidarity, collaboration, and critical thinking.
- Forums must be established as spaces to strategise and advocate for the protection of victims/survivors of GBV against perpetrators, strengthen healing for restorative justice, and support partners in their local activations.

Commission for Gender Equality (CGE) Accountability

- A united CGE position must be developed on the decriminalisation of sex work and the protection of sex workers in South Africa, in line with the Constitution, as critical aspects in the fight against GBVF.

Private Sector Accountability

- The private sector must play a proactive role in advocating for businesses to address GBVF in their workforce and collaborate with other stakeholders in mobilising resources for GBVF programme implementation.

Leadership Accountability

- GBVF Champions should be appointed across all government departments and schools to lead programmes to address GBVF.
- District Councils must be established and leveraged, and their leadership must hold all stakeholders accountable.

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P. *We appreciate the specific vulnerabilities of particularly marginalised groups such as children, LGBTQIA+ persons, persons with disabilities (PWD), sex workers, older women, and migrant women. This necessitates tailored responses.*

We, therefore, resolve to:

- Convene a consultation meeting with advocates in the children's sector to discuss whether the most effective way to fully integrate children into the NSP on GBVF is as a 7th Pillar specifically focusing on children and children with disabilities to address barriers, challenges, and gaps in the collective response and strengthen accountability, as proposed at the Summit.
- Create pathways for the uptake of resolutions from the Children's Summit into the NSP on GBVF and CNPS and strengthen the system's response to trauma experienced by children as a result of GBVF.
- Develop specific data collection tools for vulnerable persons which would include information on resourcing and enhance the capacity of service providers to provide health care and education, and for the the Criminal Justice System (CJS) to be tailored to their needs.
- Implement disability mainstreaming and inclusion in the CJS and across government planning, accelerate the removal of barriers to access to economic opportunities and participation, and ensure the availability of data in terms of disability - this should include localised specific research on socioeconomic issues impacting PWD.
- Establish a national database on PWD for better recruitment efforts, and employers should have assistive technologies in place and not use disability as a means to discriminate.
- Accelerate addressing accessibility barriers for PWD in terms of communication, universal design and access to victim-friendly, survivor-focused services, and the PWD victim-friendly service should include the appointment of PWD in line with self-representation.
- Establish concrete time frames for the development and finalisation of the Sex Work Decriminalisation Bill into law; audit and consolidate evidence-based research addressing the various forms of violence faced by sex workers, and integrate sex workers' rights into mainstream services for all workers.
- Recognise pregnant persons as particularly vulnerable persons at risk of GBVF, and demand action from the State to protect and enable the rights of pregnant persons, including victims/survivors of obstetric violence.
- Mobilise respective government departments and entities to urgently recognise and respond to the specific needs of older women through evidence-informed responses, including providing alternative housing for those who are being evicted from their homes, in ways that are responsive and draw from global best practices. All personnel who work with older persons must be fully vetted to avoid corruption and abuse of older persons.
- Intentionally create spaces to amplify the voices, deepen the understanding of migrant women's experiences of GBVF and accelerate efforts by government departments to take a non-punitive approach to undocumented migrant women by providing services to GBV victims/survivors.
- Provide training and capacity building for LGBTQIA+ organisations and service providers as sensitised service providers of affirmative healthcare, education, and employment.
- Embark on a mapping exercise of all LGBTQIA+ organisations and formations and track the extent to which they are resourced, and further support resource mobilisation efforts.
- Implement public education campaigns targeting all vulnerable persons on the contents of the NSP on GBVF.
- Ensure the representation of vulnerable persons in the National Council on GBVF (NCGBFV) and that their needs and interests are mainstreamed across the Pillars of the NSP on GBVF.
- Initiate locally-based research and ensure disaggregated data relating to GBVF incidences targeted at vulnerable persons are made widely available.

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Q. Amplify the role of key sectors in further leveraging change through the following actions:

- *Faith-based sector:* Establish shared ethical values founded on standards for mutual accountability within the faith-based sector and build capacity within the sector to (i) support victims /survivors of GBV against the perpetrators; (ii) dismantle patriarchy from religious practices whilst integrating more women into senior leadership roles; and (iii) strengthen spiritual healing and restorative justice whilst eradicating all forms of spiritual abuse.
- *Men:* Amplify efforts and interventions to enhance positive male parenting and coaching, mental health and financial wellness, and programmes that promote gender norms transformation.
- *Service Providers:* Ensure universal access to standardised GBVF minimum services for all victims/survivors and their families, and provide adequate funding for shelters, including fast-tracking the special needs housing policy. A model must be developed for mental health for shelters, their staff, managers, and victims/survivors.
- *Leadership across all sectors:* Strengthen intergovernmental and multi-sectoral collaboration, develop an implementation framework for provincial and district plans, and upscale what has proven to work in addressing GBVF, such as the RRTs.

R. We acknowledge the importance of taking intentional time-bound actions to accelerate and address specific challenges; we, therefore, commit to fast-track the process as follows:

Pillar 1: Accountability, Coordination, and Leadership

Within six months

- I. Fast track the legislation of the NCGBVF, placing emphasis on (a) the composition of the Council; (b) ensuring that government departments are resourced to respond to GBVF and the funding is ring-fenced; (c) creation of the GBVF Fund as prescribed in the NSP on GBVF; (d) multi-sector implementers such as government, business, volunteering and activist organisations that are listed as implementers of the NSP on GBVF; (e) outlining the roles and responsibilities of the champions which are the Presidency, the IMC and the Council; (f) integrating Chapter 3 of the NSP on GBVF into the legislation; (g) an intergovernmental framework; (h) the multi-sectoral nature of the response; (i) establishing transitional arrangements for the NSP on GBVF beyond the current timeframes; and (j) provision for tracking who is implementing.
- II. Establish a fund and place emphasis on expenditure monitoring and budget tracking.
- III. Fast-track the development of an accountability framework and consequence management mechanisms for the implementation of the NSP on GBVF.

Within two years

- I. Fast-track a gender-responsive framework and resourcing of the response through National Treasury and other departments.

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Pillar 2: Prevention and Rebuilding Social Cohesion

Within six months

- I. Address alcohol and wider substance abuse as drivers of GBVF through fast-tracking existing and new evidence-based alcohol policy and legislation that would better regulate alcohol trade, distribution, marketing, pricing, monitoring, and meaningful community participation to create a safer social environment for women and children.
- II. Prioritise key strategies, interventions, and target groups to accelerate the implementation of the CNPS and NIFPS through (a) the scale-up of costed evidence-led prevention programmes and mobilisation of additional resources for prevention from multiple sources; and (b) mapping policies to identify what is working, including rolling out a large-scale comprehensive two-year multi-sectoral-led national communication campaign to showcase a universally shared understanding of GBVF prevention.

Within two years

- I. Disseminate information and knowledge tailored for intended audiences acknowledging age, disabilities, language, and ease of understanding.
- II. Engage with traditional leaders and healers as they have great influence in communities, especially rural communities.
- III. Initiate a campaign to draw in the private sector and leverage their responsibility and their resources.
- IV. Map location, services, objectives, and coverage of prevention interventions and organisations for a consolidated view of how to share resources and identify hotspots.
- V. Strengthen and resource GBVF prevention through a local community responses.
- VI. Coordinate the establishment of a one-stop centre that will provide GBV evidence-based, professional medical and therapeutic care to meet all the physical, emotional, and psychological needs of GBV victims/survivors/perpetrators with or without substance use disorders across the age spectrum.
- VII. Develop a fully integrated, costed, and monitored system across all sectors addressing alcohol, other drug use, and GBVF on the continuum from prevention to treatment, aftercare, and maintenance, free from conflict of interest.

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Pillar 3: Justice, Safety, and Protection

Within six months

- I. Fast-track the finalisation of the Criminal Law (Sexual Offences and Related Matters) Amendment Bill for the decriminalisation of sex work.
- II. Design and implement a GBVF Support Service blueprint at nine police stations to ensure an improved response to GBVF-related cases and the functioning of local police stations, as well as the enhancement of digitised case filing and management to include additional data metrics.
- III. In line with the Domestic Violence Amendment Act, fast-track the development of Amended National Instructions by the South African Police Services (SAPS), Amended Policy Directives by the National Prosecuting Agency (NPA), and National Directives by the Department of Social Development, Department of Health, Department of Basic Education, Department of Higher Education and GCIS.
- IV. Thuthuzela Care Centre (TCC) service model must be expanded to include other survivors of GBV and costed; the NPA must lead the revision and the intersectoral coordination of the implementation of this revised model and ensure an improved resource sharing by the relevant stakeholders.
- V. Develop a category of common law and statutory offences that constitute GBVF-related offences to facilitate the establishment of a national repository for GBVF cases.
- VI. Strengthen DNA evidence collection by fast-tracking the enactment of the Criminal Law (Forensic Procedures) Amendment Bill (no. 25 of 2021).
- VII. Address backlogs of cases in a sustained way through addressing coordination and collaboration challenges between the CJS role-players, establish case management forums, and ensure all stakeholders are represented.
- VIII. Ensure the full-functioning of all forensic laboratories and the efficient and timely processing of DNA samples in GBVF-related cases, and a monthly dashboard with national backlogs in DNA samples must be published.
- IX. Fast-track the finalisation of Hate Crimes and Hate Speech legislation.
- X. Test, review, and strengthen the SAPS complaints mechanism.

Within two years

- I. Conduct an audit within the CJS to ascertain existing resources, their allocation, and effectiveness to strengthen accountability on relevant key indicators of the NSP on GBVF.
- II. Establish an oversight structure for the NPA and their work to eliminate corruption, and irregularity and to provide oversight over GBV-related femicide cases to gather more insightful and in-depth data about its characteristic traits and occurrences.
- III. Accelerate the establishment of statutory sexual offences courts and the improvement of their functionality by adequately resourcing them with particular regard to the appointment and training of additional court preparation officers and ad-hoc intermediaries on each court's database; provide social context training in sexual orientation to court staff; and digitise case management.
- IV. Establish and standardise the SAPS Family Violence, Child Protection, and Sexual Offences (FCS) Units, improve the resourcing and functioning thereof and provide survivor safety plans at each FCS Unit and local police stations.
- V. Put resourcing and local safety plans in place.
- VI. Appoint ad-hoc intermediaries based on an ad-hoc database.

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Within two years

- VII. Ensure that the Department of Justice and Constitutional Development finalises the establishment of the Femicide Watch with disaggregated data on characteristic traits and occurrences of GBVF cases.
- VIII. Legislate the essential services which are currently part of the TCC model to be delivered to survivors of GBV to create stronger accountability mechanisms and develop mechanisms of delivering these services in context-specific ways to make sure that all survivors have access.
- IX. Pilot initiatives that will allow witnesses to testify remotely including the use of alternative mechanisms such as audio-visual testimonies and post-mortem identification through fingerprinting and where possible speed up identification.

Pillar 4: Response, Care, Support, and Healing

Within six months

- I. Agree on a minimum basket of services and minimum standards for victims/survivors of GBV.
- II. Fast-track transfer and conversion of the buildings from the Department of Public Works for use as shelters and standardise the funding model.
- III. Harness the power of the media in the fight against GBVF through the formulation of gender policies in media houses, ongoing training for key communicators (including political principals), and ensuring media accountability.
- IV. Coordinate the establishment of one-stop centres that will provide gender-responsive, evidence-based, professional medical and therapeutic care to meet all the physical, emotional, and psychological needs of GBV victims/survivors/perpetrators with or without substance use disorders across the age spectrum.
- V. Increase funding for non-profit organisations (NPOs) and community-based organisations (CBOs).
- VI. A Crime Administration System (CAS) must be made available at the TCCs to enable capturing of cases at different service level points.

Within two years

- I. Avail resources for vulnerable persons' (e.g.: PWD, LGBTQIA+ persons, and older women) needs such as sign language and gesture language communication within the CJS.
- II. Expand shelter services and standardise the funding model for shelters.
- III. Standardise TCC services across the country and develop a roles and responsibilities framework, norms, and standards for service providers operating within the facilities.
- IV. Strengthen referral systems for survivors of GBV.
- V. Conduct capacity audits of TCCs and fast-track the establishment of additional well-resourced TCCs.
- VI. Training and sensitisation of police and other CJS staff.
- VII. Establish a monitoring and accountability oversight mechanism for TCCs.
- VIII. Engage the South African Nursing Council, Department of Health, Council of Social Service Professions, and the Department of Social Development to fast-track the accreditation of forensic nurses and social workers to create incentives for these professions to specialise.

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Pillar 5: Economic Power

Within six months

- I. Fast-track the development of the basket of services required for employees in relation to GBVF.
- II. Domesticate the ILO C190 and ensure the scope protects the informal sector and vulnerable workers.
- III. Redesign and fast-track implementation of the online maintenance system, issuing maintenance orders, tracking defaulters and consequences while emphasising investigating alternative methods of enforcing maintenance orders and fast-tracking the identification of the cause of backlogs and challenges within the system.

Within two years

- I. Implement the 40% preferential public procurement plan for women-owned businesses, ensure annual reporting on this, and link women-led cooperatives to public procurement opportunities.
- II. Localise productive capacity and coordination of the economy from the bottom up.
- III. Fast-track the building of SMMEs in practical ways that take language barriers, education, and skill levels into account.
- IV. Build local economies around women's cooperatives with the necessary support of local institutions.
- V. Given the historical legacies, build economies around restorative principles whilst supporting women in their choices for skilling and empowerment.
- VI. Integrate economic empowerment programmes with psychosocial services.
- VII. Ensure the effective enforcement of maintenance orders.
- VIII. Provide adequate funding for NPOs that support survivors.
- IX. Extend childcare facilities and maternity leave benefits for all categories of workers.

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Pillar 6: Research and Information Systems

Within six months

- I. Fast-track the framework to establish and confirm interventions to be peer-reviewed to confirm validity.
- II. Fast-track the identification of priority research topics to inform the evidence-based intervention and formalise a repository of GBVF-related research.
- III. Establish research technical working groups and fast-track the development of guidelines, a code of conduct, and ethical considerations for research.
- IV. Establish a think-tank that leads on tech interventions and develops a set of protocols or principles that underpin the protection, collection, storage, and disposal of personal information concerning all the Pillars of the NSP on GBVF.
- V. Align the NSP on GBVF with the HIV Strategic Plan by updating and publishing a new national implementation plan that addresses these dual epidemics. Further alignment must take place between the NSP on GBVF and the National Intervention Strategy to address gender and sexual orientation-based violence against LGBTQIA+ persons.
- VI. Guided by the Information Regulator, a responsible government department should develop a framework that works within the ambit of the Protection Of Personal Information Act and guides the ethics of how data is handled and shared.
- VII. Victim-centric data management strategies should be prioritised and the State Information Technology Agency (SITA) or Department of Communications and Digital Technologies should be mandated to enable data-sharing in the best interests of the victim.
- VIII. A responsible government entity must be identified to drive the process as this is a key success factor, particularly when it comes to the management of interdepartmental data sharing.

Within two years

- I. Establish a national baseline for all Pillars with performance targets and progress towards the target indicators, so that progress can be measured through a dashboard and develop mathematical modelling as this will assist with under-reporting and policy formulation.
- II. Demystify research for greater accessibility and involvement, package and share research findings in ways that communities can relate to and understand, and organise research/information by community (e.g. sex workers, LGBTQIA+ persons).
- III. Develop standardised tools and templates for the Integrated Management System (IMS), move towards digitisation, and convert research findings into interventions.
- IV. Convene an annual research symposium.
- V. Strengthen partnerships between research actors such as academia, civil society organisations, and the private sector.

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S. *Amplifying the following efforts*

Pillar One: (i) Establish provincial and local accountability structures as provided for in the NSP on GBVF and use the revised Monitoring and Evaluation Framework with clear guidance on responsibilities and timeframes to monitor effectiveness; (ii) institutionalise accountability on GBVF budgets and expenditure, including strengthening technical and financial resourcing for implementation of the NSP on GBVF; (iii) expand the 100-day challenge programme as an innovative approach to accelerate the implementation of the NSP on GBVF and address key service delivery issues; (iv) strengthen IMC transparency and public accountability; (v) establish and strengthen the roll-out of effective RRTs on GBVF; and (vi) popularise the NSP on GBVF, with the Department of Sports, Arts and Culture tasked with translating GBVF communication in all local languages including braille.

Pillar Two: (i) Amplify programmes that build the agency of girls and young women as a prevention mechanism; (ii) increase programmes aimed at engaging men and boys in the prevention of GBVF; (iii) institutionalise anti-bullying programmes in schools; (iv) train and sensitise stakeholders to use a Sexual Orientation, Gender Identity, and Expression, and Sex Characteristics (SOGIESC) lens when collecting data; (v) amplify gender markers and inclusion by Department of Home Affairs; (vi) strengthen intentional efforts to link awareness raising to social behaviour change interventions, and (vii) amplify efforts to rebuild the social fabric, whilst addressing both individual and collective trauma.

Pillar Three: (i) Monitor the SAPS, and other relevant stakeholders, implementation of the Domestic Violence Amendment Act; (ii) ensure Department of Social Development involvement in the TCC service model and the monitoring and evaluation thereof; (iii) individual provincial statistical reports relating to GBVF must be strengthened and accorded the same level of importance as the national statistics; and (iv) amplify the role of the Civilian Secretariat for the SAPS and ensure civil society engagement in addressing issues relating to the SAPS and the executing of their duties.

Pillar Four: (i) Increase access to psychosocial support, online and mobile social workers; (ii) and expand the ambit of psychosocial support service provision through strengthening institutional, employee, and community-based service provision.

Pillar Five: (i) Adopt programmes that employ a feminist lens by prioritising the specific needs of women, such as access to free sanitary pads, one woman-one hectare, and lower interest rates for women; (ii) improve working conditions for women doing precarious work, e.g. farm workers, domestic workers, mine workers, community health care workers, childminders, etc; and (iii) ensure state support for local business and industries as opposed to cheap foreign goods.

Pillar Six: (i) Popularise existing research on GBVF; (ii) strengthen partnerships between research actors such as academia, civil society organisations, and private sectors; and (iii) establish a national research agenda and convene an annual indaba for researchers/academia to share their work.



And having agreed that the above resolutions are an embodiment of collective priority actions that should be incorporated into the NSP on GBVF M&E Framework.

Therefore, we reaffirm our continued commitment to ensuring accountability and accelerating and amplifying efforts to address GBVF in South Africa.

PSPC Co-chair

Dr Olive Shisana, Hon Professor

PSPC Co-chair

Sibongile Ndashe