



**Western Cape
Government**

Western Cape Government Gender-Based Violence Implementation Plan

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Definitions

Child: A person under the age of 18 years.¹

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

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

Domestic Violence: According to the Domestic Violence Act 116/98, domestic violence includes physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainants' residence without consent or any other controlling or abusive behaviour where such conduct harms, or may cause imminent harm to, the safety, health or well-being of the complainant taking place in domestic relationships.

Economic abuse: According to the Domestic Violence Act 116/98, economic abuse includes the unreasonable deprivation of economic or financial resources, which a complainant is entitled to under law or requires out of necessity and the unreasonable disposal of household effects or other property in which the complainant has an interest.

Femicide: Also known as female homicide, is generally understood to involve the intentional murder of women because they are women, but broader definitions include any killing of women or girls. In South Africa, it is defined as the killing of a female person, or perceived as a female person on the basis of gender identity,

¹ Children's Act 38 of 2005

whether committed within the domestic relationship, interpersonal relationship or by any other person, or whether perpetrated or tolerated by the State or its agents. Intimate femicide is defined as the murder of women by intimate partners, i.e. “a current or former husband or boyfriend, same-sex partner, or a rejected would-be lover”².

Gender: The socially constructed identities assigned to the biological characteristics of people in society. The concept of gender includes the values, attitudes, feelings, and behaviours as well as the interactions and relationships associated with being a woman (femininity) and being a man (masculinity) in a given culture and setting and these are also influenced by social, historical and cross-cultural factors³.

Gender-Based Violence (GBV): The general term used to capture violence that occurs as a result of the normative role expectations associated with the gender associated with the sex assigned to a person at birth, as well as the unequal power relations between the genders, within the context of a specific society.⁴ GBV includes physical, sexual, verbal, emotional, and psychological abuse or threats of such acts or abuse, coercion, and economic or educational deprivation, whether occurring in public or private life, in peacetime and during armed or other forms of conflict, and may cause physical, sexual, psychological, emotional or economic harm.

Gender Mainstreaming: ⁵Defined by the United Nations as the process of assessing the implications for women and men of any planned action, including legislation, policies, and programmes, in any area and at different levels. It is a strategy for making women's and men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

² Abrahams, N., Matthews, S., Martin L. J., Lombard, C. & Jewkes R. 2013. Intimate Partner Femicide in South Africa in 1999 and 2009.

³ Connell R. 1987 *Gender and Power: Society, the Person, and Sexual Politics*. Sydney, Stanford University Press.

⁴ Bloom, S. (2008) *Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators* (Chapel Hill, NC: MEASURE Evaluation)

⁵ <https://www.unwomen.org/en/how-we-work/un-system-coordination/gender-mainstreaming>

Intersectionality: Refers to overlapping social identities and the related systems of oppression and domination that use these to marginalise and exclude. Although all women face discrimination some women face multiple forms of oppression because of their race, ethnicity, religion, socio-economic background, abilities, and sexual orientation, which in turn shapes their experiences of violence.⁶ Intersectionality looks at the relationships between these different forms of oppression and allows for analysis of social problems more fully, shapes more effective interventions, and promotes more inclusive responses.

Violence

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. This definition encompasses interpersonal, self-directed, and collective violence.

Interpersonal violence involves the intentional use of physical force or power against other persons by an individual or small group of individuals. Interpersonal violence may be physical, sexual, or psychological (also called emotional violence), and it may involve deprivation and neglect. Acts of interpersonal violence can be further divided into family or partner violence and community violence.

⁶ <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS1-Why-does-a-feminist-perspective-matter.pdf>

1. Introduction

Gender-based violence (GBV) is prevalent in all societies, and South Africa is no exception. The annual crime statistics released by the South African Police Service (SAPS), and various community-based research projects by academia confirm that South Africa has alarmingly high incidents of GBV.

GBV is a gross human rights violation, with significant personal and economic impact, the extent of which disproportionately affects women, children, and Lesbian Gay Bisexual Transgender Queer Intersex Asexual+ (LGBTQIA+) persons.

GBV is deeply entrenched in everyday life in South African communities, and therefore President Cyril Ramaphosa said GBV is the second pandemic after Covid-19, faced by South Africans.

South Africa grapples with a complex violent past, and serious socio-economic challenges that impact the life experiences of its citizens. The Global Peace Index is the world's leading measure of global peacefulness, compiled by the Institute for Economics and Peace, which provides a comprehensive data-driven analysis on trends of peace. In the 14th edition of the Global Peace Index, South Africa was ranked at 123 out of 163 independent states and territories, according to their level of peacefulness. In 2020, the Global Peace Index report stated that South Africa had the 4th highest overall improvement in peacefulness with a rise of 3.4% compared to the previous year. Yet, despite this improvement, the report acknowledges that South Africa continues to face challenges to peace, especially in the Safety and Security domain, where homicide and violent crime rates are still extremely high.

Similarly, interpersonal violence and crime remains a serious and complex challenge in the Western Cape. The extent and nature of violence against vulnerable persons, such as women and children, remains a major concern due to its continuous increase. Due to the concerning rates of violence against women and children in the past years, coupled with the increasing calls from civil society and the public for urgent action to address gender-based violence, the first Presidential Summit on Gender-Based Violence and Femicide was convened in November 2018. This summit was

influential in identifying key interventions to address not only GBV and femicide, but broader challenges women and children are exposed to. The Summit closed with the signing of a Declaration in which government, business, labour, and civil society agreed to partner to conceptualise, drive and implement concrete measures to eradicate GBV and femicide. Parties to the Declaration called for a multi-sectoral structure to be constituted to coordinate the implementation of a National Strategic Plan on Gender-Based Violence and Femicide, which was launched at the end of April 2020.

To align and support the sustained implementation of the National Strategic Plan on Gender-Based Violence and Femicide (hereafter referred to as the NSP), the Western Cape Government (WCG) agreed to develop a high-level, GBV implementation plan for the Province. This implementation plan will present the WCG departments' key interventions for the 2021/22 financial year as well as ongoing interventions, that aim to mitigate GBV and strengthen the WCG's existing GBV responses within its socio-economic, cultural and political landscape. These key interventions have been aligned to the six pillars⁷ of the NSP, which will be presented at a later stage in this document.

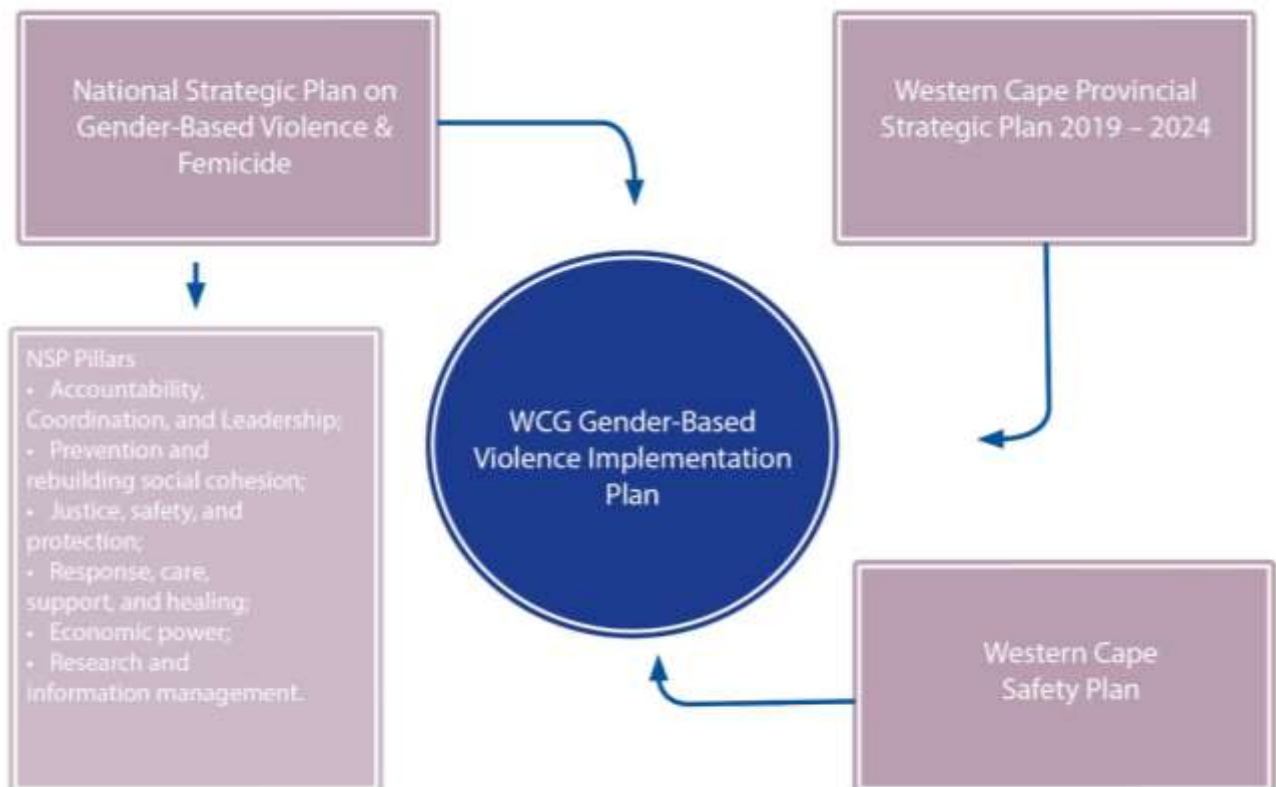
Finally, it is important to mention that the WCG GBV Implementation Plan has the following limitations: firstly, the plan was developed post the budget decision-making period within the various departments. The plan therefore presents interventions that have already been decided upon and not necessarily interventions that are supported with documented, evidence-based information. In response to this, the interventions presented within this plan will be evaluated within the 2021/2022 financial year and will contribute to the growing knowledge of the WCG Departments' GBV interventions and their effectiveness. Secondly, specific interventions, such as the Thuthuzela Care Centres, requires and renders multi-departmental support and participation. However, the plan presents such interventions as separate entities as it is unable to capture the complexity of these multi-departmental interventions. Thirdly, the WCG acknowledges the crucial role that stakeholders, including the SAPS, Department of Justice and Constitutional

⁷ See page 11

Development, and civil society, play as partners. However, for this stage of the implementation plan, only the WCG departments will be represented.

2. Overview of plans linked to the WCG GBV Implementation Plan

To better understand and contextualise the WCG GBV Implementation Plan, it is important to refer to this document in conjunction with the National Strategic Plan on Gender-Based Violence and Femicide, the Western Cape's Provincial Strategic Plan 2019 – 2024 (PSP), as well as the Western Cape Safety Plan. This section therefore provides a short summary of these aforementioned documents.



2.1. National Strategic Plan (NSP) on Gender-Based Violence and Femicide⁸

The National Strategic Plan (NSP) on Gender-Based Violence and Femicide (GBVF) aims to provide a cohesive strategic framework to steer the national response to the GBV crisis in South Africa. The NSP is a government and civil society multi-sectoral, strategic framework to contribute to a South Africa free from GBV and femicide. It recognises all violence against women (across age, location, disability, sexual orientation, sexual and gender identity, nationality, and other diversities), as well as violence against children. The NSP is proposed on the equality of all gender groupings and declares that accessing services is a human right.

2.1.1. Purpose of the NSP

The core purpose of the NSP is to allow for the South African government and country to provide a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated, national response to the GBV and femicide crisis.

2.1.2. Scope

The NSP focuses on comprehensively and strategically responding to GBV and femicide. It has a specific focus on violence against all women (across age, physical location, disability, sexual orientation, sexual and gender identity, gender expression, nationality and other diversities) and violence against children and how these overlap with each other.

2.1.3. Vision

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

2.1.4. Specific Target Groups

All women across the life cycle:

- Girl children and young women;
- Older women;
- Workers – all workers, including but not limited to, domestic workers, sex workers, and farm workers;
- Disabled women;
- Lesbian women who face violence arising from their sexual orientation;

⁸ National Strategic Plan on Gender-Based Violence and Femicide. 2020. Pages 16 – 19; 38 – 41.

- Transgender women who face violence arising from their gender identity;
- Transgender men who face violence arising from their gender identity;
- Gay men, who are more feminine identifying face violence arising from their sexual orientation;
- Migrant women who experience general violence, xenophobic violence, violence from partners and non-partners;
- Rural women;
- Women and girls, across ages, nationalities, sexual orientation and gender identities who have become victims of sex trafficking;
- Children who experience violence within families and institutions; and
- Girls, who are particularly vulnerable to specific forms of violence, such as early forced marriages, sexual violence, cyber violence, and other specific forms of violence.

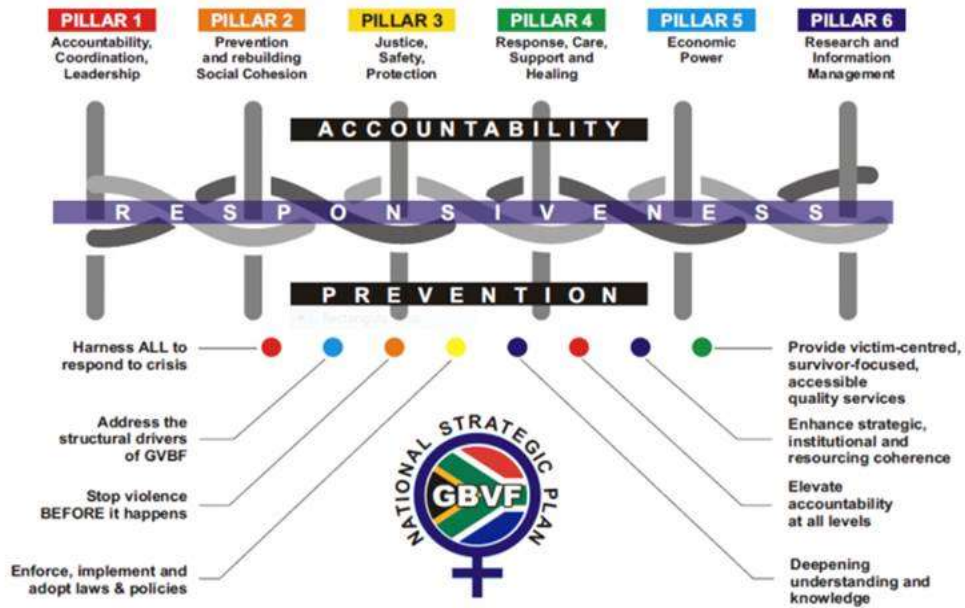
Targeted groups identified to work on changing norms include men and boys, religious and traditional leaders, parents, community leaders, public sector employees, employers, and the media.

2.1.4. Pillars

To achieve this vision, South Africa will concentrate its efforts on bringing about specific changes around six key pillars over the next ten years, divided into the five-year outcomes as listed below:

The NSP centers around six pillars, namely:

Pillar 1	Accountability, Coordination and Leadership
Pillar 2	Prevention and Rebuilding the Social Cohesion
Pillar 3	Justice, Safety and Protection
Pillar 4	Response, Care, Support and Healing
Pillar 5	Economic Power
Pillar 6	Research and Information Management



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

<p>Pillar One: Accountability, Coordination and Leadership</p>	<p>Five-Year Outcomes</p> <p>1.1 Bold leadership, strengthened accountability across government and society that responds to GBVF strategically with clear messaging and adequate technical and financial resources;</p> <p>1.2. Strengthened multi-sectoral coordination and collaboration across different spheres of government and sections of society based on relationships of trust that give effect to the pillars of the NSP.</p>
<p>Pillar Two: Prevention and Rebuilding Social Cohesion</p>	<p>2.1. Strengthened delivery capacity in South Africa to roll out evidence-based prevention programmes;</p> <p>2.2. Changed behaviour and social norms within key groups as a result of the rollout of evidence-based prevention interventions;</p> <p>2.3. Shifts away from toxic masculinities towards embracing positive alternative approaches for expressing masculinities and other sexual and gender identities, within specific communities/groups;</p> <p>2.4. Optimally harnessed Violence Against Children (VAC) programmes that have an impact on GBV eradication;</p> <p>2.5. Increased cross fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBVF prevention and violence prevention interventions;</p> <p>2.6. Strengthened programming that addresses the restoration of human dignity, builds caring communities and responds to historic and collective trauma;</p> <p>2.7. Public spaces are made safe and violent free for all, particularly women and children.</p>

<p>Pillar Three: Justice, Safety and Protection</p>	<p>3.1. All GBV survivors are able to access efficient and sensitive criminal justice that is quick, accessible, responsive and gender inclusive; 3.2. Strengthened capacity within the criminal justice system to address all impunity, effectively respond to femicide and facilitate justice for GBV survivors; 3.3. Amended legislation related to GBV areas that build on legislative reforms initiated under the ERAP.</p>
<p>Pillar Four: Response, Care, Support and Healing</p>	<p>4.1. Strengthened existing response, care and support services by the state and civil society in ways that are victim-centred and survivor-focused to facilitate recovery and healing; 4.2. Secondary victimisation is eliminated through addressing specific individual and systemic factors that drive it; 4.3. Victims feel supported by the system to access the necessary psychosocial, material and other support required to assist them with their healing; 4.4. Strengthened community and institutional responses to provide integrated care and support to GBV survivors and their families that takes into account linkages between substance abuse and HIV and AIDS.</p>
<p>Pillar Five: Economic Power</p>	<p>5.1. Accelerated initiatives that address women's unequal economic and social position, through access to government and private sector procurement, employment, housing, access to land, financial resources and other income generating initiatives, and addressing pay disparities. 5.2. Safe workplaces that are free of violence against women and LGBTQIA+ persons, including but not limited to sexual harassment; 5.3. Demonstrated commitment through policy interventions, by the South African state, private sector and other key stakeholders to eliminate the impact of economic drivers of GBV; 5.4. Strengthened child maintenance and related support systems to address the economic vulnerability of women.</p>
<p>Pillar Six: Research and Information Management</p>	<p>6.1. Improved understanding of the extent and nature of GBVF, broadly and in relation to specific groups and forms in South Africa; 6.2. Adoption of GBV policies and programming interventions that are informed by existing evidence-based research; 6.3. GBVF related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses.</p>

2.1.5. Strategies:

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

- Strengthening state and societal accountability, at all levels, driven by bold leadership and high level political commitment;

- Driving prevention, addressing harmful social and gender norms, facilitating healing and rebuilding social cohesion;
- Locating a response to GBVF as integral to responding to violence, poverty and inequality; and
- Widening the lens, deepening the understanding, and rooting the response in communities.

2.2. Western Cape Provincial Strategic Plan and Safety Plan

The Provincial Strategic Plan (PSP) 2019 - 2024 provides a comprehensive policy narrative and framework for the realisation of the WCG's vision for the next five years, which is "A values-based competent state that delivers opportunity, responsibility and a safer Western Cape". The PSP 2019 - 2024 outlines five priorities:

- Safe and Cohesive Communities;
- Empowering People;
- Enabling Economy and Jobs;
- Public transport, Mobility and Spatial Transformation; and
- Innovation and Culture.

Following the COVID 19 Pandemic in 2020 the Provincial Government has adjusted these priorities around a COVID 19 Recovery Plan which continues to emphasise Safety as a priority area, together with Jobs and Wellbeing and Dignity.

Risk factors such as inter- personal violence, limited access to economic opportunities resulting in poverty and unemployment, alcohol abuse and patriarchal gender norms contribute to GBV, and the PSP envisions a whole of government approach to address these drivers of GBV.

Due to the high levels of violent crime within the Province, the Western Cape Provincial Cabinet, under the leadership of Premier Alan Winde, has decided to prioritise the improvement of safety during this term of office. In so doing, the Western Cape Safety Plan was developed in 2019 with the aim to boost law enforcement capacity in the least safe neighbourhoods, but also address the root causes of crime, specifically violent crime.

In addition, the Western Cape Safety Plan hopes to achieve its vision through increasing law enforcement presence where and when crime happens, and through strengthening society's resilience to crime at different levels; namely, in families, school environments, amongst youth at risk, harm caused by substance and alcohol abuse, through increased safety in public spaces and by strengthening social cohesiveness and connectedness. This plan aims to increase and improve crime-fighting capacity through the utilisation of technology and data, also, to address the root causes of crime and violence. As a result, the plan identifies specific safety priorities that are assigned to the different Provincial Ministers and their departments. Each department will lead one or several "Safety Priorities" with the common goal to reduce crime and violence. Each priority originates from the Provincial Strategic Plan 2019 - 2024. A brief summary of the roles of different departments in the safety plan follows below:

PROVINCIAL DEPARTMENT	ROLES IN THE SAFETY PLAN
Social Development	Responsible for identifying, profiling and supporting youth at risk of violent or criminal behaviour. Responsible to deliver evidence-based parenting programmes with a focus on reducing violence, gender-based violence and substance abuse, which have been shown to work in other areas around the world.
Community Safety	Responsible to oversee the training and deployment of 1000 law enforcement officers to the places and times where and when violent crime happens. Expand the Chrysalis Academy programme, enhance police oversight and work to change legislation to ensure that cheap alcohol pricing is altered.
Cultural Affairs and Sport	Responsible for the coordination of the Youth-In-Service programme, which will be scaled up to increase opportunities for unemployed youth aged 18-24 in accessing the important first work opportunity. Additional after school programmes will be targeted to reach at-risk youth who currently do not always attend these programmes, to reduce anti-social behaviours and school dropouts.
Economic Development and Tourism	Responsible for upscaling the uptake of Chrysalis Programme youth into job opportunities after their one-year job placement. A focus will also be placed on improving tourist safety.
Health	Focus on rolling out first 1000 days support to 10 000 mothers and caregivers, with a focus on at risk mothers. The first 1000 days of a child's life, from conception to the age of two, are key in the development and thriving of a

Draft Western Cape Government Gender-Based Violence Implementation Plan

PROVINCIAL DEPARTMENT	ROLES IN THE SAFETY PLAN
	child's life, including to ensure strong bonds between children and caregivers, setting the path for healthy families. Focus on improving EMS response time.
Agriculture	Responsible for the roll-out of the rural safety plan.
Education	Will work to increase school safety through an upgrade of physical infrastructure and the implementation of programmes aimed at reducing violence on school grounds. A major such programme is the Western Cape Department of Education's Transform to Perform strategy which instils values in every learner across the Province.
Transport and Public Works	Focus on road safety and reducing the high number of road deaths, as well as the optimisation of the provincial Highway Patrol - all through data-driven, technology enabled methods.
Human Settlements	Increase safe spaces through environmental design. These include the inclusion of simple elements like stoeps, lighting and communal spaces in all new developments falling under his mandate.
Local Government, Environmental Affairs and Development Planning	Responsible for the review of policies and processes to improve safety through urban and rural planning, design and spatial planning. Such planning plays an important role in preventing (or facilitating) crime and in building (or fracturing) social cohesion.
Premier	Overall monitoring, co-ordination and convening of Safety MANCO.

The Safety Priorities will each be implemented under the direction of specific principles for implementation, which include a strong evidence-base, data-driven and adaptive implementation; also, a focus on collaborative partnerships. Furthermore, the coordination of the implementation of the Western Cape Safety Plan will be administered at the highest level. The Cabinet MANCOs for Safety, Jobs and Wellbeing priorities, chaired by Premier Alan Winde, have been established as platforms where provincial lead ministers report on their progress.

3. Situational analysis of the Western Cape

This section depicts the social and economic landscape of the Western Cape. It provides a description on current contextual factors that influence the experiences of people within the province and increases their vulnerability to the exposure to, and experience of violence.

3.1. The Social and economic landscape of the Western Cape

The Western Cape expands over 129,370 km² with a population at over seven million estimated for 2021. The province is estimated to contribute up to 11.8% of South Africa's 2020/21 population, which makes it the third largest province in the country, and one of four provinces with a forecasted positive population growth for the next ten years. Forecasting suggests that, from 2020 to 2025, over 604,462 people will be added to the province. This will therefore raise the estimated provincial population from 7,005,741 (2020) to 7,6 million in 2025 (StatsSA, 2020: online).

In 2020, the province is estimated to comprise over two million households with the largest proportion located within the metropolitan area of Cape Town. An earlier trend indicated that in the Western Cape, the number of child-headed households associated with informal dwellings was more than double (24%) the South African average (11%)⁹ which increases the children's overall vulnerability. Female child-headed (10 -19 years old) households are also predicted to increase, particularly in the local municipalities of Cederberg, Bergrivier, Witzenberg, Langeberg, Overstrand, Cape Agulhas, Oudtshoorn, Knysna and Laingsburg.

On average, more households are headed by males, but the forecast suggests that the proportion of female-headed households is expected to increase towards half the households in the next five years. Then, of the children (0-17 years old) who lost a parent in the Province, it is estimated that the majority (87,732) lost a father, followed by 32,575 who lost a mother and 11,973 who lost both parents. Overall, the highest number of orphans are based in the City of Cape Town (StatsSA, 2016:30).

⁹ StatsSA, 2019: online

3.1.1. Unemployment

In September 2020, Statistics SA Quarterly Labour Force Survey (QLFS) reported that the Western Cape continues to have the lowest expanded unemployment rate in country (27.3%). The Covid-19 lockdown had a major impact on the provincial economy and quarter-on-quarter 321,000 jobs were reportedly lost which deepened the challenges of the people in the province. The latest unemployment figures imply that the Covid-19 lockdown has made it more difficult for job seekers to enter the labour market and for businesses to create employment opportunities.

According to Statistics SA, the country's official unemployment rate during the fourth quarter of 2020 increased by 1.7 percentage points from the previous quarter to a record high of 32.5%. In other words, the number of people who joined the unemployment category in the fourth quarter increased by 701,000 resulting in the total number of 7.2 million unemployed people in the country.

Statistics SA reported that the official unemployment rate of 32.5% is the highest since measuring unemployment trends in 2008 through the Quarterly Labour Force Survey. Compared to a year ago and factoring in the impact of the lockdown, total employment decreased by 1.4 million and the number of unemployed people increased by 7.5%, according to Statistics SA.

3.1.2. Dependency¹⁰

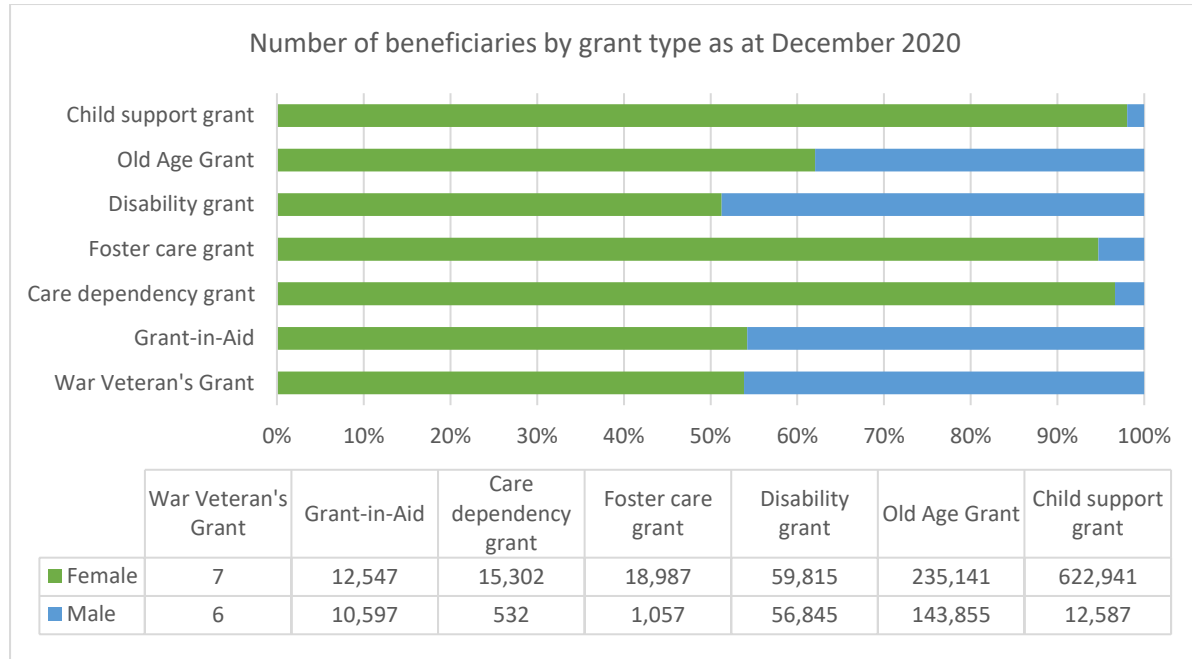
According to the most recent mid-year population estimates for the province, the younger population (0-14 years old) still constitutes the largest part of the total dependent population. It is however important to highlight the rising trend in old aged dependency, thus persons who are aged 65 years and older.

More than 1.6 million grants were paid out per month in the Western Cape as referenced for December 2020 (SASSA, 2020: online). Children were the beneficiaries of 66% of these grants (with over one million child support grants paid out per month).

¹⁰ Dependency refers to the relationship between the economically active to the economically inactive part of the population. It refers to the number of inactive persons whom each economically active person must support (Hinde, 2014:160). This assists in tracking the provincial population's dependency level and provide a directive for policy monitoring and development.

The table below provides an overview of the number of beneficiaries according to grant type at December 2020.

Number of beneficiaries by grant type as at December 2020



In addition, the table that follows indicates the number of beneficiaries by age and gender at December 2020. Women are shown to be the main beneficiaries of the social grants.

Number of beneficiaries by age and gender at December 2020

Age cohorts	Female	Male
16-17	4	0
17-18	146	0
18-19	1,503	97
19-20	4,568	520
20-25	65,941	4,036
25-30	115,227	5,467
30-35	128,873	6,970
35-40	122,304	8,647
40-45	91,312	9,048
45-50	71,180	11,294
50-55	51,092	12,989
55-60	40,400	15,597
60-65	87,890	50,666
65-70	70,697	41,972

Age cohorts	Female	Male
70-75	50,108	29,304
75-80	30,377	16,042
80-85	19,294	8,646
85-90	9,182	3,126
90-95	3,622	871
95-100	848	158
>100	171	28
Total	964,740	225,479

3.1.3. Gender Balance

In the Western Cape, there are more females than males between the ages of 15 and 19 years old. From 20 years onwards males are the clear majority up to age 44. From this age onwards, females are the majority with visible peaks at ages 50 and 75. For the advanced age groups, there is a higher female ratio than the national average (StatsSA, 2020: online).

Reflecting on the differences between districts and the local municipalities, in the Overberg district more males are present on average, while females become the majority over the age of 54. A possible contributing factor for this could be the high rates of inter-provincial and seasonal worker migration. On the other hand, the Central Karoo has a female dominant population.

3.2. Crime Statistics in the Western Cape

This section provides a synopsis of the most recent, published crime statistics from the SAPS for the 2019/2020 financial year. It is however important to mention that the SAPS figures only reflect on reported cases and should be considered with caution as these figures are unable to provide the actual extent of the crimes but can be used to track reported crimes over time.

According to SAPS statistics for 2019/2020, the Western Cape rate is substantially higher than the national murder rate of 36.4 per 100,000 of the population (South African Police Services, 2020). 68.4% of the 2019/20 murders occurred within the City of Cape Town (South African Police Services, 2020). The "hotspots" where most of these murders occur are in areas that are ridden with high levels of socio-economic inequality and unemployment. The high murder rates can be linked to a range of

contributing factors that include an increase in weapons (firearms), drugs, alcohol, and interpersonal violence. In addition, these areas are also defined by high population density or overcrowding, poverty, and a rapid increase in informal housing.

According to the 2019/2020 SAPS crime statistics, the Western Cape reported 322 273 serious crimes, reflecting a decrease of 5% from the previous year. Serious crimes include contact, contact related, property and other serious crimes. A total of 113 508 contact and property crimes were reported. This indicates a 0.4% decrease in reporting.

The Province did not witness a significant change in the number of murders reported in 2019/2020 (3 975) compared to the 2018/2019 (3 974) year. While the Province has the third highest number of reported attempted murder cases (3 555), there has been a 7.9% decrease compared to 2018/19.

Despite the 3% decrease in reported cases of assault with the intent to inflict grievous bodily harm, the Province still ranks third nationally, with 23 753 reported cases. In 2 267 of these cases, the motives are documented as arguments/misunderstandings that are not domestic-related, while 1 534 cases are recorded as domestic-related. In addition, the Province has the second highest number of reported cases for common assault, 38 992, for the 2019/2020 financial year.

3.2.1. Sexual Offences¹¹

The SAPS crime statistics (2019/2020) indicates that there has been a 3.7% increase of reported sexual offences cases within the Province, compared to the 2018/2019 financial year. The Western Cape documented the reporting of 7 303 cases of sexual offences in the last year, compared to 7 043 in 2018/2019. Similarly, the Province experienced an increase of reported rape cases from 4 649 (2018/2019) to 4 877 (2019/2020). The SAPS data indicated that the places where the rapes occurred, in order of highest

¹¹ Sexual offences are sexual activities that a person has not consented to, and it can refer to a broad range of sexual behaviours that make a victim feel uncomfortable, frightened, or threatened. Sexual offences include the following crimes: rape, sexual assault, attempted sexual offence, contact sexual offence.

to lowest prevalence, were: public places¹² with 267 reported cases; private residences with 207 cases; and mode of transport with 101 cases. These places are then followed by educational facilities¹³ (49) and agricultural land/ farm, plot/ small holding (48). It must be emphasised that these are reported cases only. It is known many victims choose not to report cases for various reasons i.e. fear or mistrust in the policing system.

Reported cases of sexual assault also increased from the 2018/2019 to 2019/2020 financial years. The Province witnessed an increase of 8.7% in reported sexual assault cases, representing an increase of 153, resulting in a total of 1 910 cases in 2019/20. The SAPS crime statistics also highlighted the finding that based on the number of sexual assault reports in the country, eight of the top 10 police stations are located in the Western Cape: Mitchells Plain (83), Delft (54), Manenberg (50), Mfuleni (50), Cape Town Central (46), Kleinvllei (45), Bishop Lavis (44) and Gugulethu (43).

3.2.2. Crimes against women and children¹⁴

SAPS crime statistics also reports on crimes specifically perpetrated against women and children¹⁵. Nationally, during 2019/2020, the following crimes against women were reported: common assault (83 202), assault with the intent to cause grievous bodily harm (50 859) and sexual offences (31 100). The categories of sexual offences reported during the same year, nationally, included: rape (25 801), sexual assault (3 481) and attempted rape (1 382). Provincially, reported contact crimes against women decreased from 36 726 in 2018/2019 to 34 909 in 2019/2020.

Nationally, 42 348 contact crimes against children were reported in the 2019/20 financial year. The bulk of these were sexual offences, with 22 070 cases reported. This was followed by common assault against children with 10 692 cases, and 7 506 reports of assault with intent to cause grievous bodily harm. The following categories of sexual offences against children were reported: rape (17 118); sexual assault (3 727); contact

¹² Public cases include the street/ open field/ recreational centre, park, beach, parking area and abandoned building.

¹³ Includes schools, universities, colleges and day care facilities.

¹⁴ The figures provided should be regarded as preliminary as the verification through physical docket were not finalized due to Covid-19.

¹⁵ The SAPS crime statistics does state that the figures of crimes against women and children are inclusive of unfounded counts.

sexual offences (639); and attempted rape (586). In the Western Cape, 8 849 contact crimes against children were reported during 2019/20, a decrease of 517 compared to the previous year.

In early 2019, the Department of Social Development's Directorate: Research and Information Management analysed data obtained from SAPS on child murder. The data indicated that male children were approximately eight times more likely to become a victim of child murder, compared to their female counterparts. Most of the victims were aged 13 to 17 years old. Of the total 985 victims, 803 were male and 182, females. Categorised by age, 692 out of 803 male victims were 13 to 17 years old. A similar pattern was also witnessed with the young female murder victims. Approximately 50% were aged 13 to 17 years old. The data also suggested that girls between 0-5 years are more vulnerable (57 out of 182) than boys (71 out of 803) of the same age; even though the total number of boys are higher in this age group.

3.3. Gender Based Violence and selected health data

The Department of Health (DOH) collects data on sexual assault cases that are presented at public health facilities. The data revealed that 28 685 sexual assault cases were reported by males and females at public health facilities in the Western Cape between April 2015 and March 2019. Of the total, 6 584 cases were reported in 2015/2016, 6 910 in 2016/2017, 7 718 in 2017/2018 and lastly, 7 473 cases in 2018/2019. The Province witnessed an increase of 13.5% over the four-year period, indicating an upward trend in sexual offences reported to health facilities across the province. The data analysis suggests that the proportion of sexual assault victims who are 13 years and older is higher than victims under the age of 13. However, it is important to mention that the reported cases are increasing for victims under the age of 13 across all the municipalities in the province.

Male sexual assault cases captured at public health facilities 2015/16-2019/2020

	Male 13 years and <u>older</u>					Male <u>under</u> 13 years				
<u>MALE</u>	15/16	16/17	17/18	18/19	19/20	15/16	16/17	17/18	18/19	19/20
DC1	11	10	7	11	5	14	14	9	15	10
DC2	43	38	35	34	35	54	55	60	67	59
DC3	10	15	14	15	17	9	11	9	22	7
DC4	19	36	24	32	34	42	70	57	35	55
DC5	5	2	2	7	4	6	8	6	14	0
CoCT	145	168	186	201	206	343	355	470	308	336
Total	233	269	268	300	301	468	513	611	461	467

DoH, 2020: file with PPU own summaries

Female sexual assault cases captured at public health facilities 2015/16-2019/2020

	Female 13 years and <u>older</u>					Female <u>under</u> 13 years				
<u>FEMALE</u>	15/16	16/17	17/18	18/19	19/20	15/16	16/17	17/18	18/19	19/20
DC1	152	142	112	123	128	15	30	27	22	35
DC2	578	595	619	628	606	182	177	226	229	173
DC3	126	143	135	143	135	38	50	58	67	44
DC4	434	453	436	484	470	147	197	173	185	167
DC5	60	47	42	51	43	9	11	12	19	16
CoCT	2,583	2,801	3,148	3,174	3,322	1,559	1,482	1,851	1,587	1,713
Total	3,933	4,181	4,492	4,603	4,704	1,950	1,947	2,347	2,109	2,148

DoH, 2020: File with DSD Population Unit own summaries

DC1 - West Coast District

DC2 - Cape Winelands District

DC3 - Overberg District

DC4 - Garden Route (DC4)

DC5 - Central Karoo District

CoCT - City of Cape Town

Total sexual assault cases captured at public health facilities 2015/16-2019/2020

	Total Sexual Assault Cases captured at public health facilities				
	2015/16	2016/17	2017/18	2018/19	2019/2020
West Coast District	192	196	155	171	178
Cape Winelands District	857	865	940	958	873
Overberg District	183	219	216	247	203
Garden Route	642	756	690	736	726
Central Karoo District	80	68	62	91	63
City of Cape Town	4,630	4,806	5,655	5,270	5,577
Western Cape	6,584	6,910	7,718	7,473	7,620

DoH, 2020: file with PPU own IR calculations using MYPE2020 population totals

Based on the situational analysis, it is clear that women and children are not safe in our society. Guided by the NSP on GBVF, the Western Cape PSP 2019 - 2024, and the Western Cape Safety Plan, the need is clear for an implementation plan to address gender-based violence in the Province.

This WCG GBV Implementation Plan draws out elements on how the different departments within the WCG will address GBV. The implementation plan acknowledges that to sustainably mitigate and address GBV, a holistic approach is needed.

In other words, GBV cannot be responded to in isolation from other contributing factors and violence that presents situations and opportunities for interpersonal violence. For example, extensive research links a relationship between experiences of violence during childhood to that of either becoming a victim or perpetrator (or both) of violence in adulthood.

Simultaneously, the WCG GBV Implementation Plan concedes that interventions cannot be over-simplified and homogenised but rather, tailored interventions are needed to address the diverse experiences, circumstances and support needed by those victimised. For example, the experiences of, and psycho-social support needed by LGBTQIA+ persons will differ from that of other vulnerable persons.

As a result, the WCG GBV Implementation Plan for the 2021/2022 financial year will primarily focus on the following persons:

1. **All women across the lifecycle.** This refers to cisgender women but also trans women and feminine-identifying and non-binary persons.
2. **Children**, including the boy child.
3. **LGBTQIA+ persons**

4. Purpose and Scope of the WCG GBV Implementation Plan

4.1. Purpose of the Western Cape Government GBV Implementation Plan

The main purpose of the WCG GBV Implementation Plan is to strive towards the vision of having a South Africa free from GBV directed at women, children and LGBTQIA+ persons through employing a multi-sectoral, coherent strategic framework to ensure a coordinated response to GBV and femicide, by the Western Cape Government. Simultaneously, the implementation plan addresses both the approach and activities supporting the sustained implementation of the NSP, via the six pillars and its priorities.

The WCG GBV Implementation Plan concentrates on the “what” and “how” of the key GBV interventions prioritised by the different WCG departments for the 2021/2022 financial year. It is important to emphasise that this implementation plan is a “living document” that will have to be reviewed and updated annually by all WCG departments.

The core objectives of the plan are to assist the WCG with its planning, implementing, coordinating, and monitoring essential actions and services for the prevention, and mitigation of GBV across the Province. In addition, the plan intends to strengthen existing GBV interventions and simultaneously, create opportunities for future evidence-based GBV interventions within but also, across WCG departments. For this purpose, the WCG established a GBV Transversal Group consisting of GBV champions for each Department.

4.2. Scope of the WCG GBV Implementation Plan

This section of the document outlines the proposed scope for the WCG GBV Implementation Plan in terms of what it includes and excludes. The content of the plan was steered by the information received from the various WCG departments and the strict and short time frame in which the plan had to be compiled.

4.2.1. What will the WCG GBV Implementation Plan Include?

The WCG GBV Implementation Plan will only include key interventions that have been identified and agreed upon to be prioritised by the Heads of Departments (HOD's) of

the 13 departments within the Western Cape Government. The GBV interventions that are prioritised in this plan are those that are currently being rolled out for the 2021/2022 financial year. All the interventions are aligned to the six pillars of the NSP.

In addition, departments are required to review and evaluate the key interventions. The review of the intervention can include a process and/or impact evaluation of the various interventions. At the end of the financial year, all departments will be expected to report on the effectiveness of their interventions and any amendments of the interventions that led to the strengthening of the service provided. The time frames will be structured as follows:

Time Frame	Duties
April – September 2021	<ul style="list-style-type: none"> ▪ Implement GBV intervention/s
October 2021 – onwards	<ul style="list-style-type: none"> ▪ Review/ evaluate GBV intervention/s
January – March 2022	<ul style="list-style-type: none"> ▪ Amend GBV Intervention/s ▪ Submit report on review/ evaluation of the intervention and amendments to the intervention
April 2022	<ul style="list-style-type: none"> ▪ Implement revised GBV intervention

All departments will follow this process over the three consecutive years which commences from the 2021/2022 financial year. Departments will therefore have to identify key GBV interventions that will be implemented, reviewed/ evaluated, amended, and implemented (with amendments), annually.

4.2.2. What will the WCG GBV Implementation Plan exclude?

At this stage, the WCG GBV Implementation Plan will exclude input from National departments and civil society.

The plan will not include all the WCG GBV interventions. Rather, all 13 departments have identified key interventions that will be prioritised annually. The decisions on the identified key interventions will be made at HOD level in the relevant departments.

4.2.3. Whose input will be included in the WCG GBV Implementation Plan?

All 13 Western Cape Government departments were consulted and requested to provide their input. . These departments include:

- Department of Agriculture
- Department of Community Safety
- Department of Cultural Affairs and Sport
- Department of Economic Development and Tourism
- Department of Environmental Affairs and Development Planning
- Department of Health
- Department of Human Settlements
- Department of Local Government
- Department of Social Development
- Department of Transport and Public Works
- Department of the Premier
- Provincial Treasury
- Western Cape Education Department

National institutions, such as SAPS, the Department of Justice and Constitutional Development (DoJ & CJ) and the National Prosecuting Authority, are recognized as crucial stakeholders.

5. Process that led to the development of the WCG GBV Implementation Plan

The WCG GBV Implementation Plan is a result of a transversal effort across the WCG departments to mitigate and strengthen their responses to address GBV. The development of the WCG GBV Implementation Plan was spearheaded by the provincial Department of Social Development, under the leadership of its Western Cape Minister for Social Development, Sharna Fernandez. The Ministry of Social Development undertook the role of the secretariat throughout this process. The following section presents the various steps and timeframes that led to the development of the WCG GBV Implementation Plan.

- During the first extended Cabinet on Gender-Based Violence, held on 25 August 2020, it was agreed that a Provincial GBV strategy would be developed to assist the Western Cape Government to mitigate GBV and align its efforts with the newly introduced NSP on GBVF. The meeting included of the following stakeholders: Provincial Cabinet, Western Cape Government Departments, District Municipalities, City of Cape Town; SAPS; National Prosecuting Authority; Department of Justice and Constitutional Development; Department of Correctional Services and the Commission for Gender Equality. During this meeting, the Head of Social Development requested that all HODs nominate officials (a main member and secondi) to participate in what became known as the WCG GBV Transversal Group.
- After extensive consideration, it was decided that a WCG GBV Implementation Plan would replace a provincial strategy. The rationale for this decision was because a NSP had already been developed and that the WCG had to align their efforts to this existing strategic document.
- All WCG departments responded to the call for nomination and the names of the appointed persons were forwarded to the secretariat to enlist.
- The GBV Transversal Group was created and all 13 WCG departments were represented by the appointed officials. The members of the group fulfilled the

role of GBV champions for their respective departments and attended the monthly meetings as requested.

- The secretariat requested that departments provide input on all ongoing GBV interventions and those that would be rolled out for the 2021/2022 financial year. This request led to the development of a standardised template that allowed for departments to populate the requested information. In addition, departments were requested to align all their efforts with the six pillars of the NSP. Simultaneously, departments were invited to share new or potential opportunities for interventions for inclusion in the template.
- The various departments submitted their completed templates to the Ministry of Social Development, which collated the information.
- A meeting was held with the GBV Transversal Group, where officials were requested to volunteer for a smaller GBV Task Team. This task team was created to assist with reviewing the information that was received from the different departments. The task team also had to indicate which departments had adequately populated the templates and where further engagements were needed to either clarify or elaborate on the information received. The task team was split into sub-committees and assigned to review specific departmental interventions.
- An assessment form was developed to guide the task team to assist the officials to review the information. This allowed the task team to have a standardised approach to the reviewing of information.
- Task team members reviewed the information and arranged further engagements with relevant departments where needed. The GBV Transversal members were utilised as the initial contact person for these engagements.
- Once clarity was gained from the different departments, a technical team of DSD officials was established to further review the information from the various

departments. These officials had further engagements with the various departments to assist in confirming which interventions they planned to prioritise and include in the final implementation plan. Weekly meetings were arranged to provide feedback on the departmental engagements.

- In May 2021, the different departments confirmed and agreed on the key interventions that should be included in the WCG GBV Implementation Plan, and the plan was subsequently developed.

6. WCG GBV Implementation Plan

Pillar 1: Accountability, Coordination and Leadership

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

Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
Strengthened Leadership and accountability	Lead Minister for GBV reduction appointed by Western Cape cabinet	Convenes a monthly WCG GBV Transversal workgroup and currently reports back on GBV as focus (with indicators) via the Wellbeing and Dignity COVID Recovery Plan priority area MANCO sessions	Ongoing	DSD
	Establishment of an inter-ministerial committee to oversee the implementation of the GBV plan, chaired by the lead minister and reporting into the Wellbeing and Dignity workgroup.	Committee meets on a quarterly basis to receive a progress report on the implementation of this plan and to lead any interventions required where challenges or areas of underperformance are encountered.	Ongoing	DSD
	Mobilisation of leaders and advocates for GBV reduction within government	Training teachers as part of the "Abuse No More" training on their responsibility on reporting sexual offences against children	Ongoing	WCED
		To capacitate & raise awareness amongst Municipal Gender Focal Persons on the GBV NSP to inform them of their plans on GBV	Ongoing	DLG

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
	Mobilisation of leaders and advocates for GBV reduction in the private sector and civil society	Social Leadership Webinar - address by the Head of Global Faith-Based Partnerships in addition to a discussion with other female leaders within the African region around the notion of social leadership	2021/22	DHS
Co-ordination and collaboration within and across government	WCG GBV Transversal workgroup (within Wellbeing and Dignity Priority transversal structure)	Monthly engagements regarding: <ul style="list-style-type: none"> • Review & discuss GBV programmes & interventions within the WCG • Advocate for gender and GBV related issues within the respective departments • A transversal platform to exchange knowledge, advise & support on GBV and related issues 	Ongoing	DSD as lead, all depts participating
		Gender and Employment Equity Consultative Forums - Active functioning of forums which includes capacity building on related matters and reporting on a quarterly basis. Maximising the Gender Forum's capacity to respond to GBV in the WCGH i.e. LGBTQIA+ sensitisation, GBV, Human Trafficking and Policy consultations etc.	Ongoing	DOH

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
Co-ordination and collaboration between government and civil society	Provincial and local VEP Forums to advocate and support a multi-sectoral response to GBV -	Multi-sectoral coordination across different sections of society based on relationships of mutual benefit and trust to give effect to the pillars of the NSP		DSD and stakeholders

Pillar 2: Prevention and Restoration of Social Fabric

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

Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
Expanded and improved upstream prevention programs – reducing social and cultural risk factors for GBV	Improving public safety and reducing contact crime in hotspot areas	Integrated Law Enforcement Violent Prevention initiatives to support GBV reduction in the 16 Area-Based_Teams areas	Ongoing	DOCS
		Safe Schools Officers at district level - after school programmes and holiday programmes	Ongoing	WCED
	Reducing drug and alcohol related harms, which increases risk of GBV	Implementation of Western Cape Drug Master Plan for the Prevention and Treatment for Substance Abuse Act	Ongoing	DSD
		Review Alcohol legislation and policy to reduce availability and consumption	Ongoing	DOCS
		Substance Abuse and Awareness and Prevention Project	Ongoing	DOA
	Combating sexual harassment and GBV in the Workplace – within government	Sexual harassment policies in place in all departments, and monitoring of implementation thereof	Ongoing	All departments
		Appointment of sexual harassment contact officers in all departments	Ongoing	All departments

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
		Training and displayed campaign material to create awareness of sexual harassment in the workplace	Ongoing	All departments
		Capacity building: Diversity, GBV LGBTQIA+ sensitisation, training and awareness raising for all levels of employees to foster empowerment & transformation	Ongoing	All departments
		Vetting of all new appointees	Ongoing	DOTP (Corporate Services Centre) DOH, WCED
	Combatting human trafficking and exploitation	Implementation of Trafficking in Persons Act and related services	Ongoing	DSD and stakeholders
	Sexual and reproductive health support to girls and women	Prevention programmes focusing on life skills to prevent teenage pregnancy	Ongoing	DOH, WCED
		Department of Health contraceptive and fertility planning services	Ongoing	DOH
		Sanitary Dignity Programme	2021/22	DSD
Prevention – boosting protective factors	Promotion of women's rights, access, equity and empowerment	Provincial gender mainstreaming policy	2021/22	DOTP
		Review and update gender mainstreaming policy guide	Ongoing	DEADP
		Assessment of gender mainstreaming in the Western Cape Land Use Planning Act (LUPA) - Peruse WC LUPA for any improvements necessary/desirable for inclusion and introduction to Western	2022/23	DEADP

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
	<p>Awareness and empowerment on GBV targeting specific sectors</p>	<p>Cape Cabinet and Parliament for consideration</p> <p>School and after-school based programmes:</p> <ul style="list-style-type: none"> - Adolescent Girls and Young Women's Programme (AGYW) at identified 25 schools. - Care and Support Assistants (CSA) in 160 schools, psychosocial support, life skills programmes, career expos for the girl child - Abuse No More training - Online and face to face training for teachers to early identify child abuse neglect and sexual offences against children. To manage disclosures and procedures to follow - Comprehensive Sexuality Education through Scripted Lesson Plans (GBV) in Life Skills & life orientation prevention of bullying & GBV - Provide after school programmes, holiday programmes GBV awareness is integrated (including for boys) - Online training with learners, teachers and parents to create GBV awareness 	<p>Ongoing</p>	<p>WCED and DCAS</p>

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
		<ul style="list-style-type: none"> - Training on the Domestic Violence Act, Children's Act and The Criminal Law - Training teachers to create awareness on the impact of domestic violence on learning <p>Virtual information sessions to create awareness and to empower learners about GBV and how to address it - Age appropriate Information sessions on what GBV entails and making available contact numbers for support on GBV cases</p>		
		<p>Programmes focusing on municipalities:</p> <ul style="list-style-type: none"> - Sessions with focused topics on boy, parenting, and men - Gender Mainstreaming Capacity Building Workshops - Campaigns with Municipalities and communities - Gender Based Rights in Human Rights in communities - Webinars to raise awareness amongst departmental officials 	Ongoing	DLG
		<p>Health Sector:</p> <ul style="list-style-type: none"> - Conduct and implement awareness programmes targeted at community health workers 	Ongoing	DOH

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
		<ul style="list-style-type: none"> - Inform and educate employees on the basket of services available within WCG (multi stakeholder) - Provision of information on protection orders 		
		<p>Social development and NGO sector:</p> <ul style="list-style-type: none"> - Community Members accessing GBV Educational Workshops - Interventions with men to challenge and transform behaviors driving perpetrators of GBV - GBV Communication and Awareness-raising campaigns - Individuals and Families attending Educational Programmes - Provision of information on shelters. 	Ongoing	DSD
		<p>Human settlements sector:</p> <ul style="list-style-type: none"> - Women's Month Webinar Series: on Procuring a protection order, rights of survivors, support services available to survivors, how to assist someone that reports GBV to you, GBV during the pandemic 	2021/22	DHS

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
		- Virtual Self-Defense Empowerment Seminar		
	Strengthened programming that addresses the restoration of human dignity, build caring communities conducive to women's safety	Celebration of Youth Month		All departments, coordinated by DOTP
		Celebration of Women's Month		
		Celebration of 16 days of Activism of No violence Against Women and Children		
		Capacitating women and girls to participate in sport and recreational events and Anti-GBV interventions by federations	Ongoing	DCAS
		Women's Indaba		DCAS
		Develop "Understanding Gender-Based Violence" book collections in Libraries	Ongoing	DCAS

Pillar 3: Protection, Safety and Justice

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

Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
More victim-centered criminal justice service that is sensitive to and meets the needs of victims of GBV	Include specific focus on GBV responsiveness in oversight of police stations	Monitoring of Domestic Violence and the role played by SAPS in the registration of domestic violence incidents, registration of criminal cases and the investigation of those criminal cases through oversight and the Court Watching Briefs. Reporting of the systemic failures which lead to GBV cases being struck of the court roles.	2021/22	DOCS
		Monitoring of functioning of selected Victim friendly rooms	Ongoing	DOCS
	Monitoring of protection of victims at courts	Court Watching Briefs	Ongoing	DOCS
	Improving access and support to victims and preventing secondary victimization	Provide comfort, social relief and referral to other social support services, info on coping strategies & Court preparation and support through Thuthuzela Care Centres	Ongoing	DOH, DSD

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
		Sensitisation sessions targeted at addressing GBV and provision of tools and information (LGBTQIA+, Human Trafficking, GBV among others) educating on the role of key role players in supporting and assisting survivors of GBV	Ongoing	DSD
		Legal services including reporting the incidents to the SAPS, obtain protection orders where needed	Ongoing	DOCS
Improve outcome of prosecutions of perpetrators	Include specific focus on GBV responsiveness in oversight of prosecutions	Court watching briefs focusing on the outcome of GBV prosecutions	Ongoing	DOCS
	Preparing and supporting victims with court cases	Provision of paralegal support services to victims of GBV including LGBTQIA+ persons	Ongoing	DSD

Pillar 4: Response, Care Support and Healing

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

Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
Drive and promote awareness of victim support services	Publication of Resources for Survivors of GBV	Communications campaigns on services available to victims of GBV	Ongoing	DSD
		Provision of information guides and motivational literature/books for survivors of GBV disseminated to various government and business and civil society settings	Ongoing	DSD
	Awareness Campaign around Counselling Support for employees of the WCG	Highlight the various services that are available to staff via Metropolitan Health & GEMS	Ongoing	DOTP
Adequate spread of effective first contact/intake, care and containment points across a range of sectors and settings to maximise accessibility to victims of GBV	School-based support programs for learners who are victims of GBV	Collaboration and networking with relevant role players to provide psychosocial support to learners in need: Tollfree number to encourage victims of GBV to reach out for support. Support to frontline workers including employees who are victims in need of GBV psychosocial and related support	Ongoing	WCED
		Individual, group or online support to learners and or teachers: Provide and Ensuring Support to learners in need of psychosocial and related support by school psychologist and social workers from the 8 District offices.	Ongoing	

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
	Health facility services for victims of GBV	Treatment of survivors of Sexual Offenses (Assaults and Rape Survivors Programme): Provide health care services and support to survivors of sexual offenses including assault and rape	Ongoing	DOH
		Prioritisation of EMS response to GBV incidents - GBV incidents are treated as a priority one when these are flagged within the Communications Centre. Educate the practitioner around the specify assessment and treatment protocols when responding to GBV (or suspected GBV) incidents	Ongoing	
	Establishment of referral pathways for victims of GBV		Ongoing	DSD
Adequate spread of non-residential psycho-social support services for victims of GBV	Strengthen existing response, care and support services that are victim and survivor focused to facilitate recovery and healing	Provision of psychosocial, response, care, follow-up and support services to victims and their significant others including LGBTQIA+ persons	Ongoing	DSD
		Provision of interventions and rehabilitative programmes to alleged perpetrators of GBV	Ongoing	DSD
		Funding model for NGOs providing services to victims of crime and GBV		DSD

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Focus Area/Desired Outcome	Key Interventions/Mechanisms	Activities	Time Frame	Lead WCG Department
		Capacity building programmes inclusive of supervision and mentoring services for effective service delivery to victims of GBV	Ongoing	DSD
		Development of Regional Implementation Plans		DSD
		Individuals and families attending counselling programmes run by specialised NGOs	2021/22	DSD
	Psychosocial support for survivors within the workplace: Providing psychosocial support to WCG Staff through Employee Health and Wellness Programmes	Programme made available in all departments	2021/22	DOTP
Adequate spread of residential support services (shelters) for victims of GBV (which meet all required norms and standards)	Provision of effective shelter services to victims of crime and violence	Expansion of bed spaces in existing shelters	2021/22	DSD
		Establishment of new shelters in sites where there is an established need.	2021/22	DSD
		Specialised training of shelter personnel on the management of LGBTQTI+ GBV victims	2021/22	DSD

Pillar 5: Economic Empowerment

Outcomes: 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.

Focus Area/Desired Outcome	Key Interventions	Key Activity	Time Frame	Lead WCG Department
Expand opportunities for economic empowerment	Assessment of Western Cape Biodiversity Economy Strategy (PBES) to identify opportunities to stimulate women empowerment within the growing green economy	Include GBV and women economic empowerment in the gender gap analysis of the PBES	2022/23	DEADP
	Women & Youth empowerment through a range of initiatives that support economic development	Strengthen and support existing interventions, like provision of bursaries, learnerships, internships (including post graduate opportunities). Mentoring, coaching, skills development initiatives for all employees with a focus on empowering women for upward mobility	Annually	All departments
	Initiatives to address economic and social position of women	Provision of skills development courses to selected beneficiaries	2021/22	DSD
Reduce barriers to women's participation in the economy	Implementation of employment equity regulations	Monitor progress on the implementation of Departmental Employment Equity Plans	Quarterly	All departments

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Focus Area/Desired Outcome	Key Interventions	Key Activity	Time Frame	Lead WCG Department
	Implementation of Broad-based Black Economic Empowerment regulations	Monitor progress on the implementation of the Broad-based Black Economic Empowerment (BBB-EE) regulations.	Ongoing	PT

Pillar 6: Research and Information Systems

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

Focus Area/Desired Outcome	Key Interventions	Key Activity	Time Frame	Lead WCG Department
Development of a knowledge base on GBV to guide interventions and allocation of resources	Database to determine trends and plan intervention programmes	Identification of GBV hotspots by geographic area	Ongoing	DOCS
		The development / expansion of HECTIS in ECs as a new opportunity and further the development and piloting of a CFM HECTIS Module		DOH
	EHWP report analysis	Analyze EHWP reports to inform targeted interventions	Quarterly/Annually	DOH
	Strengthen information and research base to address systemic challenges to facilitate effective strategic solutions and evidence-based responses to GBV	Research support to develop the GBV strategy	2021-22	DOTP
Development of monitoring systems to track progress on key deliverables in GBV implementation plan, assess fidelity to norms and standards, and develop evidence base for efficacy	Development of monitoring and evaluation systems	Continuous monitoring and evaluation of WCG Departmental GBV Implementation Plans to develop evidence-based programmes & interventions	Ongoing	All departments

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