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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for South Africa

Proposed indicative UNFPA assistance:	\$11.5 million: \$6.5 million from regular resources and \$5 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Sixth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

I. Programme rationale

1. In the 30 years since apartheid, South Africa has significantly expanded basic services, established robust democratic institutions and built a comprehensive social protection system reaching approximately 28 million marginalized individuals and populations living in vulnerable settings. As an upper-middle-income country, it maintains a high Human Development Index (HDI) of 0.713.

2. Despite this progress, sustainable development is hindered by pervasive poverty (50 per cent based on the national upper poverty line), youth unemployment (over 60 per cent for individuals aged 15-24 years in 2025), and extreme inequality (Gini coefficient of 0.63). These domestic challenges are exacerbated by global issues, such as climate change, economic instability and shifting geopolitical dynamics.

3. South Africa's demographic dividend window remains open, with 61 per cent of its 63 million people under age 35 and a gradually declining total fertility rate of 2.3. However, projections indicate that the older population will increase from 9 per cent to 16 per cent by 2050 and the potential for maximum benefits from this dividend is diminishing. This necessitates urgent and strategic investments in human capital development, with adolescent sexual and reproductive health and rights (SRHR) and the prevention of gender-based violence and femicide (GBVF) positioned as central levers.

4. One-third of women are affected by GBVF, disproportionately impacting black African women and those in cohabiting relationships. Over half of South African women experience intimate partner violence by the age of 28. The country records one of the highest rates of intimate partner femicide globally (5.5 per 100,000 women), nearly five times the global average. During the 2022/2023 financial year, approximately 150,000 girls aged 10-19 years became pregnant, including many cases constituting statutory rape, despite previous progress. Hotspot analysis of teenage pregnancies by UNFPA reveals regional disparities and highlights high-burden districts and communities requiring focused attention. Data derived from public health facility records on deliveries by age show that the adolescent birth rate is approximately 43 births per 1,000 girls aged 15-19 years, consistent with trends cited in national and UNFPA reporting.

5. These challenges are rooted in deeply entrenched social and gender norms that undermine gender equality, bodily autonomy and reproductive rights, particularly for adolescent girls and young women. Only 29 per cent of married women make autonomous decisions regarding their sexual and reproductive health. Women head 43 per cent of households, and an estimated 8 million children live in grandparent-headed households, with one-third having neither parent present. Traditional practices such as bride abduction persist in some rural communities, reflecting enduring patriarchal norms and gender power imbalances. Economic and geographic inequalities further limit girls' and young women's ability to make informed choices about their education, livelihoods, and sexual and reproductive health, particularly in rural and low-income areas. These intersecting structural barriers, often expressed through early and unintended pregnancies and gender-based violence, illustrate that adolescent pregnancy in South Africa is not only a public health and development challenge but also a manifestation of systemic gender and socioeconomic inequities.

6. These challenges are further compounded by and intersect with the burden of HIV (8 million people living with HIV), mental health issues (identified as a primary concern by youth), period poverty (7 million women and girls lacking consistent access to menstrual products), infertility (estimated at 15-20 per cent and associated with a heightened risk of intimate partner violence), substance abuse and illicit drug use among youth (South Africa is a major drug corridor in Southern Africa with early onset of use), and significant migration (both net migration and strong internal and temporary movements).

7. South Africa is also vulnerable to the impacts of climate change, which disproportionately affect women, girls and persons living with disabilities. Persons with disabilities are recognized as part of the marginalized populations under the country programme. The country office will integrate explicit disability-inclusive interventions across all priority areas, empowering persons with disabilities as rights-holders and active participants in shaping SRHR and GBV services. In

partnership with organizations of persons with disabilities, the country office will co-design programmes, strengthen advocacy and advance accountability for inclusive service delivery, with detailed interventions elaborated in the action plans.

8. As witnessed in recent disasters that negatively impacted communities in the Eastern Cape and KwaZulu-Natal, exposing the need to strengthen early warning systems and the use of population data.

9. South Africa is on track to achieve two of the three transformative results of UNFPA (the “three zeros”) and contribute to the realization of the Sustainable Development Goal (SDG) target 3.1 (reducing the global maternal mortality ratio) and SDG target 3.7 (ensuring universal access to sexual and reproductive health services, including family planning). The maternal mortality ratio has declined significantly – from 249 deaths per 100,000 live births in 2010 to 86 per 100,000 live births in 2023, according to the Southern African Development Community (SADC) SRHR Scorecard – marking a strong recovery from the COVID-19-related spike. Sustaining progress will require continued improvements in the quality of care and urgent attention to health-system inequalities, especially given that 60 per cent of the national health budget serves only 20 per cent of the population. The passage of the National Health Insurance (NHI) Act in May 2024 represents a structural shift towards a unified, publicly funded health system designed to ensure equitable, accessible and affordable healthcare for all South Africans.

10. South Africa has demonstrated a strong commitment to family planning, embedding it as a crucial component of public health and development. Guided by a human rights framework, the country strives to offer a comprehensive array of services and has achieved a moderate contraceptive prevalence rate of 58 per cent. Nevertheless, challenges persist, notably a high unmet need for family planning (27.9 per cent) among unmarried young women. Furthermore, between 2018 and 2022, the South African government reduced male condom distribution by 45 per cent (from 728 million to 403 million), with a corresponding decline in female condom supply. Early findings from the Human Science Research Council’s 2022 survey indicate a decrease in condom use at last sex among 15-24-year-olds, potentially attributable to supply chain issues and diminished perceptions of HIV risk. These factors underscore the critical importance of a renewed commitment to Family Planning 2030 to accelerate progress in family planning outcomes.

11. While progressive policy, legal frameworks, robust national programmes and significant domestic financing for universal access to SRHR and the prevention of and response to GBV establish a strong foundation for transformative change and the realization of the demographic dividend, their implementation can be enhanced. This can be achieved through strengthened programme coordination, improved allocative efficiency and results-based management, advancing digitalization and innovation, evidence-based policy and programme making, and by addressing persistent spatial disparities and inequalities.

12. South Africa plays a strategic leadership role in advancing SRHR and the International Conference on Population and Development (ICPD) agenda across regional and global platforms critical to the achievement of sustainable development goals. Its transformative constitution, progressive legal and policy environment, robust data and research capacities, and active civil society provide a solid foundation for promoting human rights, gender equality and inclusive development. The country’s influence in multilateral forums, such as BRICS and the G20, enables it to advocate effectively for universal health coverage, the rights of women, adolescents and youth, as well as marginalized populations.

13. South Africa is a key driver of continental commitments and frameworks, including the Addis Ababa Declaration on Population and Development, the Maputo Protocol, the SADC SRHR Strategy, and the East and Southern Africa Ministerial Commitment for SRHR. The nation has been instrumental in advancing rights-based and accountability-focused approaches within these frameworks, consistently shaping SRHR discourse in African Union and SADC forums. Notably, South Africa spearheaded the first Southern-led global health diplomacy initiative, the Global Leaders Network for Women, Children and Adolescent Health, amplifying the voices of the “Global South” in global health governance.

14. The previous country programme, for 2020-2025, made significant progress in advancing adolescent sexual and reproductive health and rights. Key achievements included the expansion of youth-friendly SRHR services to 90 facilities across three provinces and reaching over 800,000 young people with social behavioural change communication. The programme also strengthened GBVF responses by integrating prevention efforts into district operations and engaging men and boys. Furthermore, comprehensive sexuality education was scaled up in schools and communities. Beyond health, UNFPA provided crucial technical and financial support to strengthen data collection and utilization, including the 2022 census, which is essential for evidence-based policymaking and development. The programme also initiated efforts to strengthen innovation and partnerships, including scoping work for establishing social impact bonds for adolescent health and collaboration with the GBVF Fund to launch a private sector coalition against GBVF.

15. An independent evaluation of UNFPA South Africa's previous country programme, aligned with the results of the UNSDCF evaluation, recommended enhancing its impact by strengthening United Nations-wide collaboration for national capacity building, particularly in policy and human rights. It also advised improving strategic partnerships, including with the private sector, fostering high-level engagement for development financing, building national and subnational planning and implementation capacities, and engaging the National Treasury and Parliament to improve the effectiveness and efficiency of national programmes. The evaluation underscored the urgency of addressing deeply entrenched structural inequalities in South Africa that perpetuate exclusion across gender, geography, and socioeconomic status. It called for strengthening equity, human rights and 'leaving no one behind' (LNOB) approaches through targeted support for proof-of-concept initiatives that can be scaled by the Government, while developing and testing context-specific models tailored to the needs of marginalized groups and populations living in vulnerable settings. To sustain impact, the evaluation further recommended expanding South-South and triangular cooperation (SSTC) and fostering robust intersectoral collaboration, recognizing that only integrated, cross-cutting solutions can dismantle the systemic barriers holding back inclusive development.

16. Many of these recommendations were reinforced in the strategic foresight exercise conducted in collaboration with key stakeholders to inform the development of the new country programme, including the need to: (a) enhance UNFPA's thought leadership in SRHR and GBVF through comprehensive data analysis and policy advocacy; (b) leverage public and private partnerships; (c) promote meaningful citizen engagement, especially of adolescents and youth; and (d) catalyse accountability and efficiency in service delivery for health equity and GBVF. The analysis also recommended amplifying knowledge generation and exchange and leveraging South Africa's influence in multilateral systems to advance the ICPD Plan of Action and SRHR.

II. Programme priorities and partnerships

17. Anchored in South Africa's youthful population, the programme seeks to accelerate and reinforce national efforts for human capital development and the realization of a demographic dividend. This will be accomplished by supporting the country's initiatives to address structural inequalities and interconnected development challenges that continue to marginalize disadvantaged populations, particularly adolescents and youth. These challenges are most visible in the persistently high rates of teenage pregnancy and GBVF.

18. The programme will also leverage South Africa's progressive policies, technical expertise in SRHR, GBVF and population data, and its influential role in promoting the ICPD within multilateral forums. This will facilitate international cooperation and global advocacy to accelerate progress toward implementing the ICPD Programme of Action and the Sustainable Development Goals, with a focus on LNOB.

19. The programme aligns with the UNFPA Strategic Plan, 2026-2029, offering a value proposition for a tier II upper middle-income country. This shifts the focus from service delivery to catalysing systemic change through thought leadership, policy influence, strategic partnerships, SSTC and knowledge generation. It reinforces the commitment of UNFPA to prioritizing those furthest left behind and safeguarding rights, choices and bodily autonomy, while also leveraging

South Africa's influence to advance Southern African processes and support neighbouring countries facing similar challenges, thereby strengthening ICPD implementation across the subregion.

20. The programme will function as an engagement centre and “engine room” for SRHR, GBVF and population data, leveraging UN 2.0 principles. This involves enhancing data analytics, fostering strategic foresight, co-creating localized and innovative solutions (especially digital), stimulating innovative development financing, emphasizing behavioural science and social norms, promoting citizen engagement for policy advocacy and accountability, and enabling the humanitarian-development-peace continuum and resilience building.

21. Strategic partnerships with national departments, including the Department of Social Development, Department of Health, Department of Women, Youth and Persons with Disabilities, the National Disaster Management Centre, and the Department of Basic Education, as well as civil society organizations, philanthropists and business-led public and private social transformative funds and programmes, such as the GBVF Fund, will drive transformative change towards achieving the “three zeros”.

22. Evidence generation and strategic advocacy will be enabled through partnerships with United Nations organizations; the Office of the Presidency, responsible for GBVF; the Department of International Relations and Cooperation; the South Africa Statistics Office; the Department of Planning, Monitoring and Evaluation; the National Treasury; the National Planning Commission; parliamentary portfolio committees; the multi-party women's caucus; the National Youth Development Agency; ‘Chapter 9’ institutions (e.g., Commission on Gender Equality, South African Human Rights Commission); independent institutions (e.g., South African Medical Research Council, Human Sciences Research Council, Council for Scientific and Industrial Research); prominent universities; and an active ecosystem of networks, coalitions, think tanks and social media influencers.

23. Developed within the framework of the United Nations Sustainable Development Cooperation Framework (UNSDCF), the programme was co-created through national and subnational consultations involving government entities, civil society organizations, including networks of youth-led and women-led organizations, and other key stakeholders. A human rights-based and gender-transformative approach guided the process, ensuring the inclusion of representatives from populations at risk of being furthest left behind during the design of the programme.

24. The country programme is aligned with the National Development Plan 2030, the Medium-Term Development Plan (MTDP) 2024-2029 priorities of: (a) driving inclusive growth and job creation; (b) reducing poverty and tackling the high cost of living; and (c) building a capable, ethical and developmental State, as well as the four outcomes of the UNFPA Strategic Plan, 2026-2029.

25. UNFPA South Africa is uniquely positioned to support the implementation of the UNSDCF by amplifying its mandate on sexual and reproductive health and rights (SRHR), gender-based violence (GBV) prevention and response, and population data. These priorities directly advance the UNSDCF outcomes on human capital development, governance and safe societies, inclusive growth and resilience building. It especially contributes to UNSDCF outcome 2 (expanded human capabilities and equitable opportunities achieved through improved access to quality education, health and decent livelihoods) and outcome 4 (a safe, enabling society, which fosters participation, ethics and rights-based values), as well as SDGs 1, 3, 4, 5, 10, and 17, and the African Union's Agenda 2063.

26. The programme will be coordinated and implemented nationally, offering substantial support to national departments. Concurrently, support will be provided to high-burden provinces, districts, and communities grappling with GBVF and teenage pregnancy. This subnational effort will build upon existing partnerships in the Eastern Cape, KwaZulu-Natal and Limpopo provinces. Leveraging lessons learned, the programme will strategically enhance national and subnational coordination and intersectoral collaboration in these and other priority provinces, ensuring seamless planning, delivery and accountability.

27. The three outputs of the country programme are designed to function as an integrated, non-linear system, ensuring that evidence, policy influence and financing components are mutually reinforcing. The programme operates through a “knowledge-to-policy-to-finance” cycle that drives systemic and sustainable change across SRHR, GBVF and population development priorities.

A. Output 1. By 2030, strengthened capacity to formulate and implement future-fit policies, legal frameworks and programmes that close gaps in the intersection of sexual and reproductive health and reproductive rights and the prevention of and response to gender-based violence for all population groups.

28. This output contributes to UNSDCF outcome 4, which envisions a safe and enabling society that fosters participation, ethics and rights-based values. Evaluations have highlighted the need for UNFPA to strengthen systemic change, policy advocacy and the use of data to bridge the “policy-to-practice” gap in SRHR and GBVF. Persistent gaps remain in building resilient health systems, advancing adolescent SRHR and strengthening accountability frameworks. To address these gaps, this output seeks to empower partners to safeguard progress in SRHR and GBVF legislation, policies and programmes; improve service delivery and accountability by leveraging accessible, real-time and detailed data and evidence; and co-create, document and share sustainable, scalable solutions to tackle the intersecting challenges of GBVF and teenage pregnancy.

29. The programme will (a) enable the National Coordination Forum for Population Development as a dynamic centre for innovation, policy development, knowledge generation and SSTC, aligned with South Africa’s National Population Policy; (b) provide policy and technical support to partners in the areas of national health insurance, social grants, digital self-care, and the maternal, newborn and stillbirth transition framework; (c) strengthen the planning, monitoring, evaluation and learning efforts for accountable and effective implementation of intersected national policies, strategies and programmes, such as population, youth, education and HIV, especially the National Strategic Plan for GBVF (2020-2030) and the National Strategic Plan for Teenage Pregnancy (under development); (d) cultivate extensive partnerships with global and regional networks anchored in South Africa to strengthen regional and global advocacy, such as the Global Leaders Network for Women, Children and Adolescents Health, the Sexual Violence Research Initiative, the GBVF shelter movement, and SRHR Africa Trust; (e) strengthen social and population statistics systems to inform humanitarian and development efforts, such as data systems that amplifies the voices of the voiceless, producing data analytics and knowledge products, particularly through the application of geographic information system (GIS) technology and artificial intelligence (AI), in population dynamics and mega trends (urbanization, climate change, ageing), SRHR, GBVF, LNOB and disaster preparedness, and by supporting the establishment of a GBVF data facility, including a GBVF dashboard, GBVF index, and GBVF information management system for both local and global application.

B. Output 2. By 2030, national and subnational institutions demonstrate enhanced capacity to mobilize, align and sustain domestic and blended financing for SRHR, adolescent health, teenage pregnancy prevention and GBVF, through the use of evidence-based investment cases, strategic public-private partnerships and integrated financing frameworks that prioritize efficiency, equity and impact.

30. This contributes to UNSDCF outcome 2 on expanded human capabilities and equitable opportunities achieved through improved access to skills, high-quality education, health and decent livelihoods. Evaluations highlight a critical lack of evaluative evidence on effective domestic resource mobilization and innovative financing for SRHR and GBVF, underscoring the need for stronger engagement with the National Treasury, Parliament and the private sector to enhance efficiency. To address this, the programme will harness the technical and analytical capacities of South Africa’s leading public and independent institutions – the Office of the Presidency (GBVF Secretariat); Department of International Relations and Cooperation; Statistics South Africa; Department of Planning, Monitoring and Evaluation; National Planning

Commission; National Treasury; and parliamentary structures – whose collective strength lies in fiscal governance, evidence generation and policy coordination. Complementary partnerships with ‘Chapter 9’ institutions, such as the Commission for Gender Equality and Human Rights Commission, and independent research entities, including the Human Sciences Research Council, South African Medical Research Council, Council for Scientific and Industrial Research, and universities, will enable robust data analysis, policy advocacy and social accountability. Together with United Nations agencies, civil society networks and youth and women’s coalitions, this constellation of actors provides a powerful platform for evidence-based policy dialogue and sustainable financing reforms. Through these efforts, the programme seeks to transform South Africa’s financing architecture into a model of sustainable SRHR and GBVF financing for the Southern African context – anchored in evidence generation, policy coherence and strategic advocacy.

31. The programme will: (a) pilot a social impact bond to reduce teenage pregnancy and increase contraceptive access for adolescents; (b) establish a framework for tracking public expenditure on SRHR and GBVF services at all levels of government – including GBVF budget tagging – to advocate for targeted investments and strengthened programme accountability; (c) facilitate the formation of a multisectoral national financing working group on SRHR under the NHI technical working group to cost and advocate for the inclusion of an essential SRHR benefit package within the NHI Fund; and (d) build and support private-sector coalitions for SRHR and GBVF through the implementation of innovative maturity models and blended-financing partnerships with the private sector in the Southern African region – anchored in South Africa – to co-create solutions, stimulate domestic resource mobilization and catalyse subregional financing for SRHR and GBVF initiatives.

C. Output 3. By 2030, strengthened capacity of individuals, communities and institutions to address gender discrimination and harmful social and gender norms to advance gender equality, bodily autonomy and reproductive rights.

32. This output contributes to UNSDCF outcome 4 (a safe, enabling society which fosters participation, ethics, and rights-based values). Despite strong policy frameworks, analysis shows that GBV and harmful practices remain high, with limited evidence on whether community-level pilot interventions work and how they can be scaled up. By partnering with a diverse range of local stakeholders, UNFPA will leverage its normative role, convening power, global networks and innovative capabilities to advance the prevention of teenage pregnancy, HIV and GBVF, including technology-facilitated GBV, and to foster a gender-transformative and inclusive society. Focus will be placed on partnerships for community programmes, especially in supporting implementation science, proof-of-concept and knowledge generation for national scale-up.

33. The programme will: (a) support national and subnational coordination, collaboration, advocacy and knowledge management through mechanisms such as the SRHR Network, the GBVF Collective and the GBVF Council, and interdepartmental technical working groups for HIV prevention and teenage pregnancy; (b) implement geographically specific, community-based integrated pilot interventions to prevent GBVF and teenage pregnancy and address intersected development challenges, such as mental health and menstrual health, with special attention to structural drivers, such social protection and job creation, leveraging partnerships; (c) foster partnerships, innovation and capacity development within youth-led and women-led engagement platforms (including engaging men and boys), community-based organizations, parenting and intergenerational programmes, and engage with faith-based organizations and traditional leaders; (d) strengthen comprehensive sexuality education within integrated school health programme; and (e) enhance partnerships with the media, especially social media, for prevention campaigns and knowledge dissemination efforts targeting adolescents and youth.

III. Programme and risk management

34. The country programme will support the achievement of the UNSDCF outcomes and outputs. Its management, monitoring, review and evaluation are aligned with the UNSDCF, under the

leadership of the United Nations country team (UNCT) and the Resident Coordinator, and in close coordination with relevant government entities. Government ministries and institutions, civil society organizations and United Nations organizations will jointly implement the agreed actions to achieve the results outlined in the UNSDCF and the country programme document.

35. The UNCT in South Africa completed a configuration exercise to ensure that the United Nations development system was optimally structured to deliver on the UNSDCF 2026-2030. The exercise reaffirmed the collective commitment of the United Nations to operate as one coherent system, aligned with the UN 2.0 and UN80 reform agendas, to enhance efficiency, coherence and alignment with national priorities. The configuration expanded the UNCT to 25 resident and non-resident entities, including new members such as the International Telecommunication Union, UN-Habitat, the United Nations Economic Commission for Africa, United Nations Capital Development Fund, United Nations Office for Disaster Risk Reduction and the World Institute for Development Economics Research, thereby strengthening expertise in digital transformation, resilience building, innovative financing and data-driven policy engagement. This reconfiguration positioned the United Nations in South Africa to deliver more effectively under three shared strategic priorities: (a) equitable economic growth and inclusion; (b) accountable governance and rights; and (c) resilience and sustainability – within a ‘delivering as one’ framework, ensuring that the UNFPA programme remained fully coherent within the UNSDCF architecture.

36. The Department of Social Development will coordinate the planning, implementation, monitoring and evaluation of the country programme, in collaboration with other national and local departments and in partnership with United Nations agencies, civil society, the private sector, academia and research institutions, and traditional and religious leaders, adhering to UNFPA policies and procedures.

37. The country office has developed a partnership and resource mobilization strategy aimed at leveraging development financing and domestic resources and building sustainable partnerships with diverse stakeholders in South Africa. UNFPA will proactively participate in joint programmes and projects related to the results areas of the country programme.

38. The office will align its human resources structure with the strategic direction outlined in the country programme document and empower its staff to strengthen capacity for the effective and efficient implementation of planned interventions, the provision of timely expert support and the effective administrative and financial management of its portfolio. A core team – with expertise in health systems, social policy, gender and social norms, youth empowerment, data analytics, knowledge management, innovation and operations – will deliver the programme, with technical support from the UNFPA regional office (especially the Middle-Income Hub), technical advisors, the Regional Shared Service Centre and UNFPA headquarters, while also leveraging the expertise of the UNCT. Further integration of human resources, within the cluster of countries for programme effectiveness and efficiency, will be implemented in line with the UN80 initiative and the UNFPA business model review.

39. The programme is designed with a strong commitment to risk management, aligned with UNFPA risk management policy and procedures, audit recommendations and management responses, to ensure accountability and efficiency. It applies a structured approach to risk assessment and response that includes identifying political, socioeconomic, environmental and humanitarian risks, integrating clear mitigation measures to enhance programme resilience, adaptability and sustainability. By embedding risk management into all phases of planning and implementation, the programme enhances its ability to navigate uncertainties, maintain programme integrity and effectively deliver results.

40. Key risks, such as fiscal constraints, structural inequalities, high crime, unemployment and poverty, entrenched gender norms, infrastructure vulnerability and insufficient results-based management, will be mitigated through evidence-based advocacy, innovative financing, strengthened partnerships, capacity building of implementing partners and the implementation of rigorous financial management systems, promoting a culture of accountability. The programme will foster community participation and empower local stakeholders in the planning and implementation phases to enhance programme ownership and sustainability. Business continuity and emergency preparedness plans will be integrated throughout the programme.

41. In line with the ' humanitarian–development–peace approach of UNFPA, the country programme will operationalize resilience and continuity across all programme components. Working with the National Disaster Management Centre and United Nations partners, the country office will support joint vulnerability and risk assessments and ensure that SRH and GBV preparedness and response plans are integrated into national and provincial disaster management and health-sector frameworks. Continuity protocols for access to essential SRH and GBV services during emergencies will be institutionalized to safeguard rights and strengthen community and system resilience in crisis and recovery contexts.

42. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

43. The country programme will be managed using results-based management and accountability frameworks, with regular joint programmatic reviews and monitoring and evaluation tracking. Refresher training for staff and partners will be provided, and programme adjustments will be made based on audit and evaluation findings. UNFPA will collaborate with stakeholders and utilize mutually agreed coordination mechanisms for monitoring progress and adjustments to accelerate sustainable development.

44. UNFPA will participate in UNSDCF joint monitoring and evaluation and integrate the country programme results framework using UN-Info. The results and resources plan will detail milestones and annual targets. Implementation will be guided by the monitoring, evaluation and learning strategy, including field visits, spot checks and regular reviews with the Department of Social Development and stakeholders. A midterm review and an independent evaluation will be conducted. UNFPA will contribute to UNSDCF reports and the final evaluation of the UNSDCF, supporting UNCT efforts to monitor the LNOB principle using disaggregated data.

45. UNFPA will also collaborate with the Resident Coordinator's Office and UNCT to strengthen national monitoring, evaluation and learning capacities for reporting on the 2030 Agenda, the ICPD Programme of Action, voluntary national reviews and the Universal Periodic Review.

RESULTS AND RESOURCES FRAMEWORK FOR SOUTH AFRICA (2026-2030)

NATIONAL PRIORITY: 1. Inclusive growth and job creation. 2. Poverty reduction. . 3. A capable, ethical and developmental State.				
UNSDCF OUTCOMES: 1. Equitable and sustainable livelihoods improved for all through inclusive economic growth. 2. Expanded human capabilities and equitable opportunities achieved through improved access to high-quality education, health and decent livelihoods. 3. Accountable and responsive governance institutions ensuring high-quality public services, human rights and safety for all. 4. A safe, enabling society which fosters participation, ethics and rights-based values. 5: Sustainable economic growth and resilient livelihoods enabled through environmental stewardship and ecosystem-based approaches. 6. Sustainable economic growth and resilient livelihoods enabled through environmental stewardship and ecosystem-based approaches.				
RELATED UNFPA STRATEGIC PLAN OUTCOMES: 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2029, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.				
UNFPA Strategic Plan outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
- Maternal mortality ratio (per 100,000 live births) <i>Baseline: 86 (2018); Target: 70 (2030)</i> - Adolescent birth rate (per 1,000): (a) 10-14 years; (b) 15-19 years <i>Baseline: (a) 1.10; (b): 43 (2020); Target: (a) (b) 30% reduction (2030)</i> - Percentage of women of reproductive age with unmet need for family planning <i>Baseline: 12% (2021); Target: 10% (2030)</i> - New HIV infections <i>Baseline: 178,000 (2023); Target: 88,000 (2028)</i> - Proportion of women aged 15-49 years who have experienced intimate partner violence (physical or sexual) in last twelve months <i>Baseline: 10.3% (2021); Target: 100% reduction (2030)</i> - Proportion of youth (aged 15-24 years) not in education, employment, or training <i>Baseline: 34% (2025); Target: below 30% (2030)</i>	Output 1: By 2030, strengthened capacity to formulate and implement future-fit policies, legal frameworks and programmes that close gaps in the intersection of sexual and reproductive health and reproductive rights and the prevention of and response to gender-based violence for all population groups.	- National Coordination Forum for Population Development in South Africa, led by National Department of Social Development and supported by UNFPA, is elevated and fully operational as a knowledge, innovation and partnership hub, facilitating evidence-based policy and programmatic decision-making and South-South and triangular cooperation at national, regional and global levels <i>Baseline: No (2025); Target: Yes (2030)</i> - Number of documented evidence of South Africa's advocacy influence in regional and global forums, measured by the integration of key SRHR and ICPD agenda points into regional and global resolutions, declarations or policy statements through UNFPA partnership and support <i>Baseline: 0 (2026); Target: 5 (2030)</i> - Number of statistical systems, data products and foresight analysis to inform sustainable development strategies, policies and programmes, with a particular focus on sexual and reproductive health, gender equality and population dynamics, with UNFPA support and partnership <i>Baseline: 0 (2026); Target: 5 (2030)</i> - Number of South African led or co-led South-South and triangular cooperation exchanges (e.g., study tours, expert secondments, peer learning workshops) facilitated or supported by the programme in SRHR, GBVF, inclusive social policies, youth engagement, innovation, population data and climate change adaptation strategies <i>Baseline: 0 (2026); Target: 10 (2030)</i>	Department of Social Development; Department of International Relations and Cooperation; Department of Women, Youth and Persons with Disabilities; Department of Basic Education; Department of Health; Statistics South Africa; Department of Planning, Monitoring and Evaluation; Presidency; Commission for Gender Equality; National Prosecuting Authority; Parliament; academic and research institutions; think tanks; civil society; philanthropists, ; private sector partnership programme, including GBVF Fund1; development partners.	\$4 million (\$2.0 million from regular resources and \$2.0 million from other resources)

		Number of pilots supported by UNFPA to inform the implementation of national strategies, programmes, plans and budgets for SRHR and GBVF <i>Baseline: 0 (2026); Target: 5 (2030)</i>		
	Output 2: By 2030, national and subnational institutions demonstrate enhanced capacity to mobilize, align and sustain domestic and blended financing for SRHR, adolescent health, teenage pregnancy prevention and GBVF, through the use of evidence-based investment cases, strategic public-private partnerships and integrated financing frameworks that prioritize efficiency, equity and impact.	- Number of partnership agreements established, implemented and documented with South Africa-based private sector entities, which support co-created SRHR and GBVF solutions and the provision of innovative financing for both South Africa and neighbouring countries within the SADC region <i>Baseline: 0 (2026); Target: Domestic 3, other countries 3 (2030)</i> - Proportion of marginalized groups and populations living in vulnerable settings, including adolescents and youth, in UNFPA-supported communities accessing high-quality and integrated SRHR and GBVF services through innovative development financing mechanisms, such as social investment bonds <i>Baseline: 0% (2026); Target: 80% (2030)</i> - Number of budget and expenditure analysis conducted and used for policy advocacy in SRHR and GBVF supported by the programme <i>Baseline: 0 (2026); Target: 5 (2030)</i>	Treasury; Department of Health; Department of Social Development; South Africa Medical Research Council; Tiko (NGO); the private sector; Parliament; Chapter 9 institutions; SADC.	\$6 million (\$2 million from regular resources and \$4 million from other resources)
Proportion of youth not in education, employment, or training <i>Baseline: 34% 15-24 (2025); Target: below 30% (2030)</i>	Output 3: By 2030, strengthened capacity of individuals, communities and institutions to address gender discrimination and harmful social and gender norms to advance gender equality, bodily autonomy and reproductive rights.	- Number of innovative partnerships fostering social norm change for GBVF and teenage pregnancy prevention co-created and implemented with UNFPA support <i>Baseline: 0 (2026); Target: 5 (2030)</i> - Number of national and subnational coordination mechanisms and structures for SRHR, GBVF and population data supported by UNFPA, which are fully operational to facilitate improved monitoring, evaluation and learning of the implementation of national strategies, programmes, plans and budgets <i>Baseline: 0 (2026); Target: 5 (2030)</i> - Number of proof-of-concept interventions to address the intersecting dynamics of teenage pregnancy and GBVF, including climate impact and disaster preparedness formally adopted or scaled up by the Government or other national partners <i>Baseline: 0 (2026); Target: 3 (2030)</i>	Department of Women Youth and Persons with Disabilities; Department of Basic Education; Department of Social Development; Department of Health ; local governments; CSOs; academic institutions; religious leaders; traditional leaders; media; social media influencers.	\$3.0 million (\$2.0 million from regular resources and \$1 million from other resources)
Programme coordination and assistance				\$0.5 million from regular resources