



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme for South Africa**

Proposed UNFPA assistance: \$13 million: \$7.6 million from regular resources and \$5.4 million through co-financing modalities and/or other, including regular, resources

Programme period: 4 years (2007-2010)

Cycle of assistance: Third

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.0	3.0	6.0
Population and development	2.0	1.0	3.0
Gender	2.0	1.4	3.4
Programme coordination and assistance	0.6	-	0.6
<b>Total</b>	<b>7.6</b>	<b>5.4</b>	<b>13.0</b>

## I. Situation analysis

1. South Africa has a population of 47 million, one third of whom are below the age of 15. Despite its middle-income country status, South Africa faces severe poverty. Over 75 per cent of the population is considered poor. Because of its political history, inequalities tend to be along racial, gender and age lines. The post-apartheid Government has invested significantly in social areas, including poverty-relief efforts and development programmes for women. This has led to improvements in sociodemographic indicators. For example, from 1996-2001, the net primary enrolment rate remained over 95 per cent for both boys and girls, while the adult literacy rate increased from 86 per cent to 89 per cent.

2. The total fertility rate is less than three children per woman, and the contraceptive prevalence rate is 61.2 per cent. The contraceptive prevalence rate is highest among the Asian segment of the population (80.3 per cent), and lowest among those of African descent (57.9 per cent). The total fertility rate is highest for women of African descent (3.1 children per woman).

3. South African women face a high risk of gender-based violence, including rape, which occurs at a rate of one rape every 83 minutes. They are also at higher risk of poverty – 60 per cent of the poor are women. These problems underscore the prevailing inequalities in gender relations. Yet compared with the pre-1994 era, South Africa has made progress. In 2001, 28 per cent of local government councillors were women, and women held one third of parliamentary seats.

4. The maternal mortality ratio was 123 deaths per 100,000 live births in 2003, up from 84 deaths per 100,000 live births in 1998. This increase occurred despite the fact that between 1992 and 1998, over 80 per cent of deliveries occurred in health facilities. The underlying causes are HIV/AIDS, hypertension, infections not related to pregnancy, obstetric haemorrhage, pregnancy-related sepsis and pre-existing maternal conditions,

underscoring the need for increased attention to obstetric care.

5. South Africa is facing an HIV/AIDS crisis. In 2003, the HIV prevalence rate was 27.9 per cent among women aged 15-49 who had antenatal care, up from 24.8 per cent in 2001. The prevalence rate among the general population is estimated between 20.7 to 24.7 per cent. Life expectancy has dropped to 50 years. The disease has also orphaned 600,000 children, a figure expected to increase to two million by 2014. From 2000-2003, the increase in HIV prevalence was highest among those aged 25 to 29 (28 to 35 per cent), and lowest among those aged 15-19 (15 per cent).

6. Since 1990 the Government has increased its budget for HIV/AIDS. In 2004-2005, 139 health facilities began providing antiretroviral therapy; some patients began receiving treatment for opportunistic infections; and the number of patients receiving therapy quadrupled from 10,072 to nearly 50,000. About one million condoms are distributed monthly, and there are ongoing advocacy campaigns on HIV prevention.

## II. Past cooperation and lessons learned

7. The second country programme for South Africa (2002-2006) strengthened understanding of the role of population in development and helped to integrate population factors into national and provincial development plans. It increased the awareness of policymakers, planners, health practitioners and the public of obstetric fistula and increased access to reproductive health services by sensitizing target populations to sexual and reproductive health issues. It also generated sociocultural data on gender-based violence and the impact of HIV/AIDS on families.

8. The programme supported the leadership role of South Africa in promoting the integration of population and development factors into regional and subregional development policies and programmes, and the institutionalization of population factors in the framework and programmes of the Southern Africa Development

Community. Joint programming with UNDP and the United Nations Children's Fund (UNICEF) strengthened the national capacity for behaviour change communication on HIV prevention among adolescents.

9. Lessons learned include the following: (a) a strengthened presence in the provinces is essential to enhance programme delivery; (b) it is more expedient and effective, and the programmes more sustainable, if support is provided to programmes and activities that already exist in government development plans, rather than formulating separate project documents; (c) it is imperative to highlight gender inequalities in addressing population and development concerns; (d) the provincial growth and development plans, together with the integrated development plans for the districts, offer ample opportunity to integrate population factors into national development; and (e) the coordination of population and development programmes is more effective if they are integrated into socio-economic development planning frameworks at national and subnational levels.

### III. Proposed programme

10. The proposed programme has three components: (a) reproductive health; (b) population and development; and (c) gender. It reflects the national priorities as articulated in Vision 2014, the national development plan. The programme components are aligned with the Millennium Development Goals and the government-prepared country analysis, which was adopted as the basis for development cooperation with all partners. To enhance alignment with Vision 2014, the United Nations Development Assistance Framework (UNDAF) will cover the period 2007 to 2010, with a subsequent phase covering the period 2011 to 2014.

11. The goal of the proposed programme is to: (a) improve the quality of life of South Africans by helping to reverse the spread of HIV; (b) reduce gender inequities; and (c) enhance the centrality of population issues in development policies and programmes. The programme will focus on the

provinces of Eastern Cape, Kwa-Zulu Natal and Limpopo, as well as the Free State province, based on their poor socio-economic indicators and large population. Strengthening the capacity of the three UNFPA sub-offices will result in improved programme delivery. In recognition of the leadership role that South Africa has in the region and to support its goals on regional integration, the programme will help to implement regional population and development agendas.

#### *Reproductive health component*

12. The outcomes for this component are: (a) strengthened capacity of the Government to implement the comprehensive HIV/AIDS plan; and (b) improved and expanded capacity of the national health system to deliver high-quality services.

13. Output 1: Strengthened capacity of the Government, non-governmental organizations (NGOs) and civil society to prevent HIV infection, especially among youth. This output will be achieved by: (a) helping the Government, NGOs and civil society to conduct behaviour change communication and other sensitization activities by using media and advocacy strategies; and (b) enlisting the support of religious, traditional, community, business and youth groups.

14. Output 2: The Government is supported in achieving universal access to HIV/AIDS prevention, treatment, care and support services. The programme will collaborate with UNDP, UNICEF, the International Labour Organization (ILO), the United Nations Office on Drugs and Crime (UNODC) and other partners to help the Government and NGOs implement a joint programme on HIV/AIDS. UNFPA input will focus on HIV prevention.

15. Output 3: Strengthened capacity of health-care workers to deliver reproductive health services, including high-quality family planning and services to prevent and manage gender-based violence and avoid unwanted and teenage pregnancies. The strategies include: (a) strengthening the capacity of the Government and

NGOs in sexual and reproductive health service delivery, including HIV prevention; (b) supporting the national adolescent-friendly clinic initiative to enhance delivery of adolescent-friendly sexual and reproductive health services; and (c) supporting the management of sexually transmitted infections.

16. Output 4: Accelerated and increased use of female condoms. The strategies are: (a) supporting behaviour change communication on gender empowerment, male involvement, reproductive rights and protection against STIs and HIV; (b) orienting health service providers on female condom use; (c) supporting promotional sessions on female condom use; (d) encouraging female condom usage among high-risk and vulnerable groups; and (e) ensuring accessibility and monitoring usage.

17. Output 5: A strengthened national monitoring and evaluation framework, especially with regard to the compilation and analysis of HIV/AIDS data and reporting on reproductive health commodities. The strategies include: (a) analysing the existing monitoring and evaluation framework for the national sexual and reproductive health programme in order to link it with the national strategic plan on HIV/AIDS; (b) addressing identified weaknesses and building capacity for timely reporting on sexual and reproductive health; and (c) reviewing and supporting the management information system for reproductive health commodities.

#### *Population and development component*

18. The outcomes for this component are: (a) strengthened national macroeconomic capacity for policy formulation, implementation and coordination; and (b) strengthened government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy.

19. Output 1: Strengthened government capacity to integrate population, gender, environment and HIV/AIDS issues into development. This includes support for: (a) integrating population concerns into the provincial growth and development plans

and the integrated district development plans; (b) institutionalizing training programmes in population and development; and (c) strengthening training programmes on population to make them more responsive to needs.

20. Output 2: Strengthened government capacity to develop and implement policies and programmes on employment and training. This will be achieved by: (a) integrating population factors into the training curriculum of the national expanded public works programme; (b) incorporating population concerns into the expanded public works programme; and (c) supporting the review of employment policies to ensure that they respond to population issues.

21. Output 3: Strengthened government capacity to generate, analyse and disseminate policy-relevant data, including Millennium Development Goal-related indicators. This will be achieved by working with Statistics South Africa, the Department of Social Development, universities and other institutions to provide support to target provinces to: (a) prepare midyear population projections and population reports; (b) prepare district population data; (c) build capacity in integrating population data into district development plans; (d) disseminate and utilize data on gender-based violence and on the impact of HIV/AIDS on families; and (e) strengthen the existing monitoring and evaluation framework.

#### *Gender component*

22. The outcome for this component is: enhanced structures and capacities to prevent and respond to violence against women.

23. Output 1: Increased community capacity to prevent and respond to gender-based violence. This output will be achieved through: (a) improved access to legal, health and other social services; (b) community-based human rights education and outreach; (c) gender advocacy programmes; and (d) strengthened partnerships among the Government, NGOs, community-based organizations, religious groups and traditional leaders.

24. Output 2: Strengthened capacity of different sectors of government and other relevant institutions in gender auditing, gender budgeting and gender mainstreaming. This output will be achieved by: (a) providing technical expertise to orient policymakers and planners on the role of gender in development; (b) capacity-building in gender auditing, gender budgeting and gender mainstreaming; and (c) supporting gender auditing, budgeting and mainstreaming for selected development policies and programmes.

25. Output 3: Strengthened provision of comprehensive services for female victims of gender-based violence and abuse. Strategies include: (a) supporting the expansion of and capacity-building in government-run Thutuzela Care Centres; (b) addressing identified capacity gaps; (c) supporting the sharing of lessons learned and experiences among different provinces; and (d) using service statistics to conduct evidence-based advocacy on gender-based violence and abuse.

26. Output 4: Strengthened capacity of national, provincial and local authorities and law enforcement agencies to implement human rights-based policies and programmes to prevent gender-based violence. Strategies include: (a) playing a key role, along with other United Nations agencies, in a joint programme supporting the government programme to halt violence against women; (b) orienting law enforcement agencies, NGOs and community-based organizations on the human rights-based approach to gender equity and development; (c) building the capacity of Government, NGOs and community-based organizations to prevent and respond to gender-based violence; (d) supporting an advocacy programme on preventing gender-based violence and abuse; and (e) institutionalizing gender equality and empowerment in identified policies and programmes.

#### **IV. Programme management, monitoring and evaluation**

27. The Departments of Education, Health, Labour, Local Government and Social

Development, the Presidency, selected universities and training institutes, NGOs and community-based organizations will implement component projects and activities at national, provincial and district levels.

28. The Department of Social Development will coordinate programme implementation at the national level. The Department of Social Development will coordinate the programme at provincial and district levels, together with the offices of the provincial premiers. Strategies include: (a) establishing a national coordinating committee on population and development; (b) setting up similar coordination arrangements at the provincial level; and (c) supporting the proposed joint United Nations-government cluster groups to conduct regular reviews of programme implementation. Programme implementation will be monitored through the UNDAF monitoring and evaluation framework.

29. The UNFPA country office in South Africa consists of a representative, an operations manager, an assistant representative, two national programme officers and several support staff. Funds have been earmarked for one national programme post and one administrative support post. UNFPA will recruit an additional programme officer under the core budget. The UNFPA Country Technical Services Team in Harare, Zimbabwe, and the Regional Directors' Team for the triple threat in Southern Africa will provide technical support.



Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (cont'd)	<p><b>Outcome:</b> Strengthened government ability to develop and implement coordinated interventions to address economic and employment inequities within the economy</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Population considerations are integrated into the national expanded public works plan</li> <li>Integrated curricula for expanded public works plan being used</li> </ul>	<ul style="list-style-type: none"> <li>Number of service providers trained to deliver integrated curricula</li> <li>Number of graduates sensitized on population issues</li> </ul> <p><b>Output 3:</b> Strengthened government capacity to generate, analyse and disseminate policy-relevant data, including Millennium Development Goal-related indicators</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Availability of mid-year projections and state of province reports for four provinces</li> <li>Availability of research findings on gender-based violence and the impact of HIV/AIDS</li> <li>Number of personnel trained in integrating population concerns, including issues related to internally displaced persons, into development plans</li> </ul>	UNDP; ILO; UNODC	
<b>UNDAF outcome:</b> the efforts of the Government to promote justice, peace, safety and security are strengthened				
Gender	<p><b>Outcome:</b> Enhanced structures and capacities to prevent and respond to violence against women</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Reduced incidence of gender-based violence and abuse</li> <li>Increase in number of prosecuted cases of gender-based violence and abuse</li> </ul>	<p><b>Output 1:</b> Increased community capacity to prevent and respond to gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Accessibility to legal, health and other social services</li> <li>Effective human rights education and outreach, and gender advocacy programmes</li> </ul> <p><b>Output 2:</b> Strengthened capacity of government sectors and other relevant institutions in gender auditing, gender budgeting and gender mainstreaming</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of personnel trained in gender auditing, budgeting and mainstreaming</li> <li>Number of training institutions offering regular training in gender auditing, gender budgeting and gender mainstreaming</li> </ul> <p><b>Output 3:</b> Strengthened provision of comprehensive services for female victims of gender-based violence and abuse</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of personnel trained in different aspects of gender-based violence and abuse</li> <li>Number of cases reported and prosecuted in the courts, and the number of offenders apprehended</li> </ul> <p><b>Output 4:</b> Strengthened capacity of national, provincial and local authorities and law enforcement agencies to implement human rights-based policies and programmes to prevent gender-based violence.</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of law enforcement agents trained and number of training sessions</li> <li>Number of local government officials and their partners sensitized on the seriousness of gender-based violence and abuse</li> </ul>	<p>Office of the United Nations High Commissioner for Human Rights (OHCHR); UNICEF; NGOs</p> <p>UNDP; UNICEF; OHCHR; UNODC; ILO; NGOs; Universities</p> <p>UNICEF; NGOs</p> <p>UNHCHR; UNICEF; UNDP; NGOs</p>	<p>\$3.4 million (\$2 million from regular resources and \$1.4 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.6 million from regular resources</p>