

Format for the Country Programme Performance Summary

A. Country Information		
Country name: South Africa		
Category per decision 2013/31: Yellow	Current programme period: 2020-2025	Cycle of assistance: Fifth

B. Country Programme Outputs Achievement			
Output 1: Improved quality of emergency obstetric care, family planning and HIV-prevention services in health facilities and communities in targeted districts			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Number of tools with evidence produced to inform maternal health, family planning and HIV policy and programming at national and sub-national levels. 	0	49	50
<ul style="list-style-type: none"> • Number of health care workers trained on the new FP guidelines in the UNFPA supported districts 	0	8825	8978
<u>Key Achievements</u>			
<p>Several tools such as policies, guidelines, service delivery aids, training manuals and programme assessment reports were developed during the Country Programme implementation. These included the Demographic and Health Survey 2016; Maternal, New-born, Child, Women’s Health and Nutrition health (MNCWH&N) strategy; Investment case for Maternal Health, National Contraception and Fertility Planning Service Delivery and Clinical Guidelines; National Strategic Plan for HIV, TB and STI 2017-2022; National Adolescent and Youth Health Policy. In particular, through an integrated model, the programme focused on improving capacity for the delivery of quality maternal health, HIV-prevention and family planning services in line with the national essential services package comprising a method-mix of modern contraceptives, HIV prevention services, and delivery of pregnancy-related services. Implementation under this output focused on delivery of quality SRH/FP/HIV at national and in targeted provinces, and health facilities.</p>			
Output 2: Increased adolescent and young people’s knowledge and skills towards adoption of protective sexual behaviors			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Number of young people reached with SBCC messages in the UNFPA supported districts (SIS). 	263 577	338,577	1 378 286
<ul style="list-style-type: none"> • Number of young people that successfully complete the CSE out of school program in UNFPA supported districts (SIS). 	0	5,000	36 595

<p>Key Achievements</p> <p>Extensive support was provided in targeted provinces to increase availability and access to adolescents and youth friendly (AYFS) sexual and reproductive health and rights services. Technical assistance and mentorship was provided for 40 health facilities to achieve AYFS standards as well as collection of age-disaggregated data. The programme also implemented Social Behavioral Change Communication to increase knowledge and skills of young people about their SRHR and well-being. The targeted number 1 378 286 for SBCC message for young people was reached together with the target 36 595 for CSE for out of school youth. Use of innovative communications approaches and platforms to increase knowledge levels. Capacity strengthening for the provision of quality, integrated AYFS information and services including SRHR/HIV/GBV to ensure young people and key populations. Other achievements included the development of the youth health policy and its Monitoring and Evaluation framework, which the Cabinet approved; 2) implementation of Adolescent and Youth Friendly standards; 3) development of Comprehensive Sexuality Education in-school framework and out-of-school youth manual; 4) Implementation of an innovative youth leadership HIV/SRH Public Private Partnership programme with Johnson and Johnson KZN and Gauteng.</p>			
<p>• Output 3: Strengthened national capacity to implement multi-sectoral national policies and programmes to prevent gender-based violence, including sexual violence.</p>			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of advocacy sessions supported to strengthen national coordination mechanisms for implementation of multi-sectoral policies and programmes on GBV prevention and response and improve SRH/GBV linkages 	0	27	26
<ul style="list-style-type: none"> Number of UNFPA supported districts that integrate GBV into their planning processes 	0	5	6
<ul style="list-style-type: none"> Number of institutions supported to implement and institutionalise initiatives to engage men and boys and communities on GBV prevention and SRHR 	0	39	44
<p>Key Achievements</p> <p>Advocacy sessions supporting and strengthening the implementation of multi-sectoral policies and programmes on GBV and response to improve SRH and GBV were successfully implemented. UNFPA also supported districts that integrated GBV prevention and response into their processes. Initiatives engaging men and boys in communities on GBV prevention and SRHR were conducted and achieved more than the set target. Other achievements include development of the consolidated report on the review of the 365 days National Action Plan; a costing study on Gender Based Violence; and development of Local Action Plans to sustain prevention, mobilization of men and boys.</p>			
<p>Output 4: Strengthened capacity of provincial departments and district municipalities to integrate population dynamics, especially youth development, HIV/AIDS, and environmental sustainability into development</p>			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of districts with strengthened capacity to integrate SRHR, youth, gender mainstreaming and population dynamics into plans and programmes 	0	8	11
<ul style="list-style-type: none"> Number of reports with evidence produced at provincial or district level to promote integration of SRHR, gender, youth and population dynamics into plans and programmes. 	0	11	11

Key Achievements					
<p>The programme focused on output (1) strengthening the capacity of provincial departments and district municipalities to integrate population dynamics issues of youth development, HIV/AIDS and environmental sustainability into development plans and programmes. Key achievements includes the development good practice models' for incorporating population and development issues in integrated development plans (IDPs) in iLembe district municipality in KwaZulu-Natal province and in OR Tambo district in Eastern Cape province. UNFPA supported capacity building trainings in integration of population dynamics into development plans and programmes for provincial and district officials. Programme output (2) focused on strengthening government institutional capacity to generate, analyze and utilize data to inform, monitor and evaluate policy and programme implementation. This was achieved by capacity building trainings in basic demographic skills ,data analysis and interpretation, Applied Population Sciences Training and Research (APSTAR), Population, Environment and Development (PED) NEXUS, Leadership for Environment and Development (LEAD) and Monitoring and Evaluation (M&E); development of the monitoring and evaluation framework for the National Population Policy; South Africa Demographic and Health Survey.</p>					
C. National Progress on Strategic Plan Outcomes¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	N/A	N/A	N/A	N/A	N/A
Contraceptive prevalence rate (total)	56,6	2012	60	2016	The rate is for all sexually active women (15 – 49).
Proportion of demand for contraception satisfied (total)	76	1998	78	2016	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months.	N/A	N/A	N/A	N/A	N/A
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	84	1998	97	2016	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence.	1	2012	2	2019	Revised National Contraception and Fertility Planning Service Delivery and Clinical Guidelines.
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)			60% women 69% men	2016	

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	N/A	N/A	N/A	N/A	N/A
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Summary of National Progress

Maternal, New-born, Child and Women’s Health and Nutrition Strategic Plan, 2012-2016: outlines package of priority services to be delivered to all women and children and key strategies for improved service and outcomes. The revision of the strategic plan is underway. Primary Health Care Re-engineering: PHC re-engineering was initiated in 2011. The aim of PHC re-engineering is to re-introduce preventative health services at household and community level by appointing Municipal ward based outreach PHC teams. PHC re-engineering also aims to strengthen clinical governance and the quality of maternal and child health care by appointing District Clinical teams (DCST). This will also be a big component of the implementation of the National Health Insurance, which aims to achieve Universal Access to Health (UHC). South Africa established the National ministerial Committee on Confidential Enquiries into Maternal Deaths. Saving mothers, which is response a tri-annual national report developed by the national Committee on Confidential Enquiries into Maternal Deaths that gives the status of institutional maternal deaths, causes and recommendations for improvements.

UNFPA Contributions

UNFPA has provided technical and financial support to the evaluation of the national Committee on Confidential Enquiries into Maternal Deaths (NCCEMD). Assessment of the implementation of CARMMA, dissemination of the CARMMA assessment results and the development of action plans to address the gaps identified in Eastern Cape. UNFPA contributed to the Department of Health midterm review of the maternal, newborn, child, women’s health and nutrition health (MNCWH&N) strategy.

UNFPA and WHO worked with WITS Priceless to support the development of an investment case for maternal health, which identified FP as a priority intervention to prevent maternal deaths. The investment case is being used to advocate for ring fencing funds for maternal and child health like government is doing for HIV. UNFPA has provided technical and financial support to conduct an audit on the midwifery workforce in the public health sector. UNFPA has provided 5000 implants and provided technical support for the training of close to 400 health care workers on the new fertility and contraception policy and clinical guidelines in KwaZulu-Natal and Eastern Cape provinces including training on the sub dermal implants and IUDs. Working with KZN DOH, UNFPA supported the development of a FP counselling tool as well as training of health care workers on the tool. UNFPA is supporting two provinces (EC and KZN) in 10 health facilities to operationalize SRH/HIV integration.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male).			45.7	2017	South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, (SABSSM).
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?					Yes.

Summary of National Progress

South African government has developed specific policies or strategies focusing on youth such as the Adolescent Sexual and Reproductive Health and Rights (ASRHR) Framework Strategy and the National Youth Policy (2015 – 2020). The National Youth Policy highlights SRHR of youth should be supported by both schools and the family to enable youth to have access to necessary information, to seek health care when necessary, and to practice positive behavior's. It also puts emphasis on education and skills building, economic empowerment, social cohesion and youth participation.

The DOH and Basic Education's Integrated School Health Programme (ISHP) guides the provision of a comprehensive, integrated school health programme as part of the Primary Health Care (PHC) package within the Care and Support for Teaching and Learning (CSTL) framework. The ISHP strategies include 'a package of on-site service' provided at schools, which encompasses SRH services. The Adolescent and Youth Friendly Services (AYFS) programme in South Africa has historically been managed by the Non-Governmental Organisation (NGO) loveLife between 1999 and 2006. In 2006, DoH agreed to take over the management of a simplified version of the programme, comprising training healthcare providers and facility accreditation, under their AYFS programme. The Youth Friendly Services programme (to be implemented in primary healthcare facilities) aimed to improve the SRH of both young men and young women. AYFS's target group is young people aged 10-24 years and it aims to promote access and utilisation of AYFS services, to improve the health status of young people and to build the capacity of health care providers. The AYFS model in the revised drafted guidelines (2013 to 2017) offers standard based quality improvement programmes for Primary Health Care facilities, to optimize the use of available community resources and to provide an integrated SRHR/HIV service package for young people.

UNFPA Contributions

South Africa is implementing the Safeguard Young People programme, as part of eight-country regional initiative focussing on the SRHR of adolescent girls and young women. The programme centres on creating a conducive environment for youth health and participation; increasing young people's access to youth-friendly SRHR and HIV services; and generating higher demand through community mobilization and education interventions. In collaboration with the Departments of Basic Education and Social Development, UNFPA supported the development of a CSE Implementation Framework to address key gaps that prevent access to quality information and assesses the readiness of the education sector to provide universal coverage of CSE in schools.

Following the promulgation of the AYH policy in June 2017, UNFPA worked with the Department of Health on the development of implementation guidelines. The guidelines will focus on concrete steps that can be taken at facility level to increase compliance with the five prioritized AYFS standards and generate good practices emanating from real-life experience of healthcare practitioners. UNFPA supported the Department of Planning, Monitoring and Evaluation on the development of an M&E Framework. The framework has been piloted in all nine provinces and with national departments in September 2017 and has produced very promising data on youth health, education, employment and participation.

In healthcare facilities, UNFPA is providing on-site mentoring to 40 clinics (20 in the Eastern Cape and 20 in KZN) to improve the quality of their SRHR and HIV services for young people. A full assessment of compliance towards the five AYFS standards has been conducted and specific improvement plans have been developed. Support on the collection of age-disaggregated data is also provided through the piloting of revised logbooks that capture access to specific services by age and gender. UNFPA supported the establishment of a clinic finder and rating system for young people to share their feedback regarding the services they receive. The system was aimed at providing live data in terms of access to and quality of services so that this information can help healthcare facilities to better plan and provide their services. In 2017, the government launched its own version of this system - called B-Wise - and UNFPA will ensure that lessons learned through the innovation project is used to build a strong approach to mHealth.

Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?					No
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle.	N/A	N/A	N/A	N/A	N/A
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances			3.3% = men & 2.3% = women	2018	2018, StatsSA Crime Against Women in SA report

Summary of National Progress

The South African government’s response to issues of gender inequality and GBV is anchored in the Bill of Rights of The Constitution of the Republic, which sets out the vision of human rights defined by acceptance of equal and inalienable rights of all women and men. Building on the platform provided by the constitution, different multi-sectoral policies, plans- National Development Plan Vision 2030 “MTSF-Outcome 3: All people in South Africa are and feel Safe” have been designed and international commitments such the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and SADC Protocol among others have been ratified with the aim of achieving gender equality and women empowerment on all aspects of life in South Africa. The World Bank reported that the direct cost of GBV on the economy is equivalent to 2% of the global gross domestic product (GDP). A study by KPMG showed that cost of GBV constitutes an estimated 0.9% of national Gross Domestic Product (GDP), which translates to about R28 billion in one year.

The achievement of gender equality between women and men and women’s empowerment is enshrined in the constitution of South Africa and supported by a number of policies, programmes and practices. The establishment of the Ministry of Women, provides a strong demonstration of government support. Despite these achievements, a lot still needs to be done to address gender-based violence, to ensure equal access to services for men and women. Therefore, gender equality is a pervasive theme to be recognised in health, education, employment and political life.

UNFPA’s Contributions

UNFPA CO supported interventions under the gender component have contributed toward strengthening capacity to implement multi-sectoral policies and programmes to prevent GBV. Through working with IPs, interventions for GBV prevention were delivered to important stakeholders namely government departments, CBOs, traditional leaders and members of the community (men, women, boys and girls). An independent evaluation shows the programme contributed towards raising GBV on the national political agenda; strengthening of the national mechanisms to prevent VAWC, improvement of government institutional management and inter-governmental coordination and change in attitudes and knowledge at community level. The Independent evaluation also showed weak coordination mechanisms for GBV and as such UNFPA supported the initial setting up of a GBV Coordination Forum in the Eastern Cape under the leadership of the Office of the Premier.

Within the gender theme group UNFPA together with other UN agencies is supporting the development of the National Strategic Plan on GBV prevention and response and 2019 Presidential Emergency Plan to end GBV and Femicide.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	1996	2001	2011	2021	Four censuses
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?			1	2016	The SADHS survey was in 2016
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?			2	2019	SA, 2019 National Voluntary National Review (VNR) 2019 National SDG report.
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	N/A	N/A	N/A	N/A	N/A

Summary of National Progress

From 1996, the Country has managed to conduct censuses, every 10 year intervals. The next census is in 2021, preparation for the census has already started. Mini census has been conducted already and training is ongoing. South Africa made significant progress in the ICPD PoA and MDGs according to a review report on the status of the ICPD PoA in the country. According to the MDG Report prepared by Statistics South Africa, South Africa has achieved a significant number of targets reflecting progress towards attainment of Goals 1, 2, 3 and 6. It has not attained any of the relevant indicators pertaining to Goal 4. For Goal 5, only one of the MDG 5 indicators has been met, that is, antenatal coverage. The country made substantial progress by achieving 5 of the 9 MDG indicators of HIV/AIDS, Malaria and Tuberculosis; significant progress in halting and reversing the spread of HIV/AIDS. Moderate achievements have been made in achieving the remaining goals of reduced child mortality, improved maternal health, environmental sustainability and developing a global partnership for development.

UNFPA Contributions

On populations dynamics a key achievement was strengthening capacity of provincial departments and district municipalities to integrate population dynamics issues of youth, HIV/AIDS into development plans and programmes leading to a good practice model for incorporating population and development issues in Integrated Development Plans in KZN and EC. The capacity strengthening approach entailed training of provincial and district officials in demographic skills, data analysis and interpretation.

UNFPA has been providing technical support to the agency responsible for the conducting of the Census. For instance, in 2019 the UNFPA Regional Office together with the country office assisted Statistics South Africa to bring participants for two workshops that provide skills needed for census. The first workshop conducted was a Regional Workshop on Strengthening Statistical Capacity for Census taking and SDGs Monitoring. The second workshop was “CSPro Android – Data Collection using Handheld Devices”. The last workshop assisted participants to gain skills and knowledge in using the Handheld devices during data collection which will come handy in main census in 2020.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource		Others		Total	
	(Planned	and Final	(Planned	and Final	(Planned and Final Expenditure)	
	Expenditure)		Expenditure)			
Increased availability and use of integrated sexual and reproductive health services					5,935,499	5,604,694
Youth policies and programmes, and increased availability of comprehensive sexuality education					5,197,214	4,413,856
Advanced gender equality, women's and girls' empowerment, and reproductive rights					3,496,395	3,358,206
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics					2,269,346	1,906,117
Programme coordination and assistance					1,252,226	1,107,223
Total					\$18,150,680	\$16,390,096