

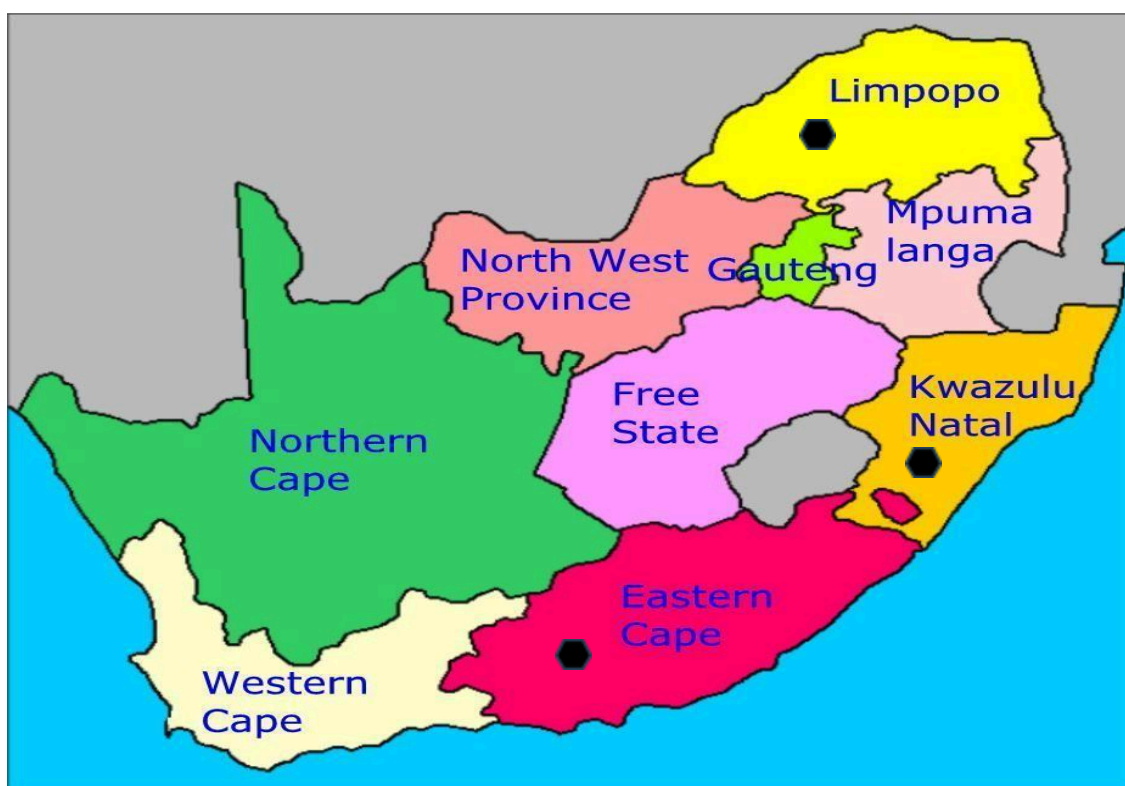
UNFPA South Africa Country Programme Evaluation 5th Country Programme 2020 - 2025



Evaluation Report
November 2024



Map of South Africa showing UNFPA-supported provinces



Key: ● = UNFPA-supported provinces (Eastern Cape, KwaZulu-Natal and Limpopo)

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Abbreviations and acronyms

AY	Adolescents and youth
AYFS	Adolescent and youth friendly services
AYP	Adolescents and young people
COAR	Country office annual report
CO	Country office
COVID	Corona Virus Disease
CP	Country programme
CPE	Country programme evaluation
DAC	Development assistance committee (of OECD)
DBE	Department of Basic Education
DoCGTA	Department of Cooperative Governance and Traditional Affairs
DOH	Department of Health
DSD	Department of Social Development
DWYPD	Department of Women Youth and Persons with Disabilities
EC	Eastern Cape
EQA	Evaluation quality assessment
EQs	Evaluation questions
ERG	Evaluation reference group
ESA	Eastern Southern Africa
ET	Evaluation team
FGD	Focus group discussion
FP	Family planning
GBV	Gender-based violence
GDP	Gross domestic product
GEWE	Gender equality, women's empowerment
GGG	Global gender gap index
GII	Gender inequality index
GoSA	Government of South Africa
GSN	Gender and social norms
GNU	Government of National Unity
HCT	Humanitarian country team
HDI	Human development index
HIV	Human Immunodeficiency Virus
HRBA	Human rights-based approach
ICPD	International Conference on Population and Development
iMMR	Institutional maternal mortality rate
IP	Implementation partner
KIs	Key informants
KIIs	Key informant interviews
KZN	KwaZulu-Natal
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
LNOB	Leaving no one behind
M&E	Monitoring and evaluation
MEC	Member of Executive Council
MIS	Management information system
MMR	Maternal mortality ratio
MTSF	Medium term strategic framework
NDP	National development plan
NGO	Non-governmental organization
OECD	Organization of Economic Co-operation and Development
ODA	Official development assistance

PCD	Population change and data
PD	Population dynamics
PLWD	South Africa
PoA	Programme of Action
RSA	Republic of South Africa
SA	South Africa
SACO	South Africa country office
SANAC	South African National AIDS Commission
SCM	Supply management chain
Stats SA	Statistics South Africa
SDGs	Sustainable Development Goals
SP	Strategic plan
SOP	Standard operating procedure
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SYP	Safeguard young people
TFR	Total fertility rate
TOC	Theory of change
ToR	Terms of reference
TWG	Technical working group
UHC	Universal health care
UMIC	Upper middle-income country
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNEG	United Nations Evaluation Group
UNFPA	United National Population Fund
UNFPA	United National Population Fund
ESARO	Eastern and Southern Africa Regional Office
UNSDCF	United Nations Sustainable Development Cooperation Framework

Key facts table – South Africa

Land	
Geographical location ¹	South Africa, located at the southernmost point of the African continent, shares borders with Namibia, Botswana, and Zimbabwe in the north; Mozambique and Eswatini in the east and northeast; and it completely enclaves Lesotho. South Africa's surface area lies between latitudes 22°S to 35°S and longitudes 17°E to 33°E.
Land area ²	1,219,602 sq. kms.
Terrain ³	The eastern part of the country is dominated by the Drakensberg Mountains, which include the country's highest peaks. To the west, the terrain transitions into arid regions and semi-desert, characterized by the Karoo and Kalahari Desert. The central plateau, known as the Highveld, consists of rolling plains and fertile farmland. Along the coastline, are sandy beaches and rugged cliffs, particularly along the Wild Coast and the Cape Peninsula.
People	
Population ⁴	62.02 million- 51.5% female and 48.5% male (2022).
Government ⁵	South Africa is a constitutional multiparty, three spheres (local, provincial, national) democracy with an independent judiciary. The Constitution defines the national, provincial, and local governments as distinct, interdependent, and linked, with legislative and executive power. South Africa's first democratic election was held in 1994. The most recent one was in 2024.
Economy	
GDP per capita (US\$) current prices ⁶	US\$6766.50
GDP growth rate (%) ⁷	1.1% (2022)
Proportion of population below the national poverty line (%) ⁸	49.2% of the adult population were living below the upper-bound poverty line.
Income distribution (GINI Coefficient) ⁹	0.65
US\$ Labour productivity per worker – Total ¹⁰	US\$10,890.65
Working-age population employed ¹¹	40.3%
Inflation rate ¹²	5.2%
Social and Health Indicators	
Human development index rank ¹³	114 among the 189 countries (2022).
Unemployment rate (overall) ¹⁴	33.5%

¹ South African Government, 2024. About South Africa, <https://www.gov.za/about-sa>.

² South African Government, 2024. About South Africa, <https://www.gov.za/about-sa>.

³ South African Government, 2024. About South Africa, <https://www.gov.za/about-sa>.

⁴ Statistics South Africa, 2023. Population Census 2022, https://census.statssa.gov.za/assets/documents/2022/P03014_Census_2022_Statistical_Release.pdf.

⁵ South African Government, 2024. Structure and functions of the South African Government, <https://www.gov.za/about-government/government-system/structure-and-functions-south-african-government>.

⁶ World Bank, 2022. GDP per capita (current US\$) - South Africa, <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD>.

⁷ World Bank, 2022. GDP per capita growth (annual %), <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD.ZG?locations=ZA>.

⁸ Statistics South Africa, 2019. Five Facts about South Africa, <https://www.statssa.gov.za/?p=12075>.

⁹ Statistics South Africa, 2020. How unequal is South Africa, <https://www.statssa.gov.za/?p=12930>.

¹⁰ PricewaterhouseCoopers, 2024. South Africa Economy Outlook, <https://www.strategyand.pwc.com/a1/en/assets/pdf/sa-economic-outlook/productivity-potential-index.pdf>.

¹¹ Statistics South Africa, 2024. Quarterly Labour Force Survey Quarter 2: 2024, <https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2024.pdf>.

¹² South African Reserve Bank, 2024. Current Repo Rate, <https://www.resbank.co.za/en/home/what-we-do/statistics>.

¹³ Human Development Report 2023. South Africa, UNDP, https://www.undp.org/sites/g/files/zskgke326/files/2023-07/sa-nhdr-2022_web_0.pdf.

¹⁴ Statistics South Africa, 2024. Quarterly Labour Force Survey Quarter 2: 2024, <https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2024.pdf>.

Youth unemployment (15-34 years) ¹⁵	44.2%
Youth: proportion of population aged under 18 years ¹⁶	34%
Youth: secondary school completion rate ¹⁷	Educational attainment among men and boys is similar to that among women and girls. 33% have attended some secondary school, 19% have completed secondary school.
Education levels of employed youth (15-34 years) ¹⁸	9.7% of the employed youth are graduates.
Per capita public health expenditure US\$ ¹⁹	US\$583.67
Literacy Rate (15 years and above) – Total ²⁰	90%
Gender gap index ²¹	0.74-0.89
Total fertility rate ²²	2.3 births per woman.
Adolescents fertility rate ²³	9% of women aged 15-17 years and 16% of women aged 15-19 years have begun childbearing.
Life expectancy at birth ²⁴	59.3 years for males and 64.6 years for females.
Infant mortality rate per 1,000 live births ²⁵	24.3 per 1,000 live births.
Under-five mortality rate per 1,000 live births ²⁶	30.7 child deaths per 1,000 live births.
Maternal mortality ratio per 100,000 live births ²⁷	109.6 deaths per 100,000 live births.
Contraceptive prevalence rate ²⁸	55% of in-union women and 60% of sexually active women are currently using a method of contraception.
Unmet need for contraception ²⁹	15% of in-union women and 24% of sexually active unmarried women.
Births attended by skilled personnel ³⁰	98% (births to mothers under age 20 years); 94% (births for women aged 35-49 years).
HIV prevalence (15 years and older) ³¹	13% of total population; 19% of adults are HIV positive. HIV prevalence is higher among women (23%) than men (13%).
Harmful practices ^{32, 33}	Gender-based violence - one in five (21%) partnered women has experienced physical violence by a partner. Child marriages - 207 child marriages in 2021.

¹⁵ Statistics South Africa, 2024. Quarterly Labour Force Survey Quarter 2: 2024, <https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2024.pdf>.

¹⁶ Statistics South Africa, 2022. Mid-year Population Estimates, <https://www.statssa.gov.za/publications/P0302/P03022022.pdf>.

¹⁷ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

¹⁸ Statistics South Africa, 2024. Quarterly Labour Force Survey Quarter 2: 2024, <https://www.statssa.gov.za/publications/P0211/P02112ndQuarter2024.pdf>.

¹⁹ World Bank, 2024. Current health expenditure per capita (current US\$) - South Africa, <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=ZA>.

²⁰ World Bank, 2024. Literacy rate, adult total (% of people ages 15 and above) - South Africa, <https://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=ZA>.

²¹ African Development Bank, 2019. https://www.afdb.org/sites/default/files/documents/publications/africa_gender_index_report_2019_-_analytical_report.pdf.

²² Statistics South Africa, 2022. Mid-year Population Estimates, <https://www.statssa.gov.za/publications/P0302/P03022022.pdf>.

²³ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

²⁴ South African Government, 2024. About South Africa, <https://www.gov.za/about-sa>.

²⁵ Statistics South Africa, 2022. Mid-year Population Estimates, <https://www.statssa.gov.za/publications/P0302/P03022022.pdf>.

²⁶ Statistics South Africa, 2022. Mid-year Population Estimates, <https://www.statssa.gov.za/publications/P0302/P03022022.pdf>.

²⁷ Saving Mothers 2022 Report, <https://www.health.gov.za/wp-content/uploads/2023/09/Fact-sheet-Saving-Mothers-2022.pdf>.

²⁸ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

²⁹ Statistics South Africa, 2022. The Status of Women's Health in South Africa:

Evidence from selected indicators, <https://www.statssa.gov.za/publications/03-00-18/03-00-182022.pdf>.

³⁰ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

³¹ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

³² Parliament of South Africa, 2020. Crimes against women in South Africa, an analysis of the phenomenon of GBV and femicide,





https://www.parliament.gov.za/storage/app/media/1_Stock/Events_Institutional/2020/womens_charter_2020/docs/30-07-2020/A_Statistical_Overview_R_Maluleke.pdf

³³ South African Government News Agency, 2023. South Africa records 207 Child Marriages in 2021 - Stats SA,






























<https://www.sanews.gov.za/south-africa/south-africa-records-207-child-marriages-2021-stats-sa>.

Sustainable Development Goals Status: South Africa



Key to colours: (NB - colour coding as per Republic of South Africa SDG Country Report 2023)

	Progress	Data showing a positive trend
	Stagnant or no change	Data showing a negative trend
	No progress	No noticeable change in data
	Trend data insufficient /no data	There was either insufficient data (one data point after 2015) or no data

Information on the status is for SGD relevant to UNFPA South Africa.

		Status of Sustainable Development Goals		
Goal		Trend	Indicator and Source ³⁴	Status
 SDG1 (No poverty)			Poverty headcount ratio at \$ 1.25 a day (% of population).	18.8 (2015)
			Proportion of population living below the national poverty line, by sex and age (FPL).	25.2 (2015)
			No. of Social Grants rights-holders by type of social grant and location.	18,677,382 (2022)
			Proportion of population covered by social protection systems.	30.3 (2019)
			Proportion of population living in households with access to basic services (sanitation, drinking water, electricity) – 2020.	83.4 (sanit.) 86.2 (water) 93.6 (power)
			No. of national and local disaster risk reduction strategies adopted by South Africa (SA).	13 (2017)
			Proportion of total government spending on essential services.	23.4 (2021)
 SDG3 (Good health and wellbeing)			Maternal mortality ratio per 100,000 live births.	86 (2018)
			Proportion of births attended by skilled health personnel (%).	96.7 (2014)
			Under-5 mortality rate (per 1,000 live births).	29.6 (2018)
			Neonatal mortality rate (per 1,000 live births).	
			Infant mortality rate (per 1,000 live births).	21 (2021)
			Incidence of tuberculosis (per 100,000 people).	554 (2021)
			Malaria incidence (per 1,000).	0.6 (2020)
			HIV prevalence among population men and women aged 15-49 years (per 1,000).	20.6 (2021)
			Proportion of women of reproductive age (aged 15–49 years) who have their need for FP satisfied with modern methods.	75.7 (2016)
			Couple year protection rate.	51.7 (2021)
			Adolescent fertility rate (births per 1k women ages 10-14 years).	1.10 (2020)
 SDG5 (Gender equality)			No. of individuals who were victims of sexual offence in the previous 12 months (Total cases).	46,214 (2020)
			No. of Gender-based violence cases reported in the command centre for psychosocial support by province.	4261 (2021)
			Proportion of women aged 20-24 years who were married or in a union before age 15 years.	0.9 (2016)
			Proportion of seats held by women in national parliaments (%).	44.6 (2019)
			Proportion of women in managerial positions.	31.9 (2020)
			Proportion of women aged 18–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.	8.3 (2015)
	SDG10 (Reduced inequalities)		Growth rates of household expenditure or income per capita among the bottom 40% of the population and the total population.	5.3 (2015)
			Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a	

³⁴ South Africa SDG Country Report 2023, https://www.statssa.gov.za/MDG/SDG_Country_report.pdf.

		Status of Sustainable Development Goals		
Goal		Trend	Indicator and Source ³⁴	Status
			ground of discrimination prohibited under international human rights law.	
			Gini-coefficient.	0.65 (2015)
	SDG16 (Peace, justice and strong institutions)		Proportion of households that experienced at least one case of home robbery.	0.9 (2021)
			Proportion of the population who feel safe walking alone at night in the city or area where they live (%).	31.8 (2017)
			Incidence of human trafficking for sexual purposes (per 100 000)	0.01 (2020)
			Proportion of victims of assault (aged over 16 years) who indicated having reported at least one incidence to the police.	41.4 (2019)
			Conviction rate.	94.28 (2020)
			Illegal possession of firearms and ammunition.	
			Proportion of population aged 16 and above who were asked for a bribe by a public official in the previous 12 months.	0.31 (2018)
			No. of international organizations in which South Africa has membership and voting rights.	8 out of 11 voting rights
			Existence of independent national human rights institutions in compliance with the Paris principles.	Yes
	SDG17 (Partnerships for the goals)		Proportion of domestic budget funded by domestic taxes.	0.98 (2018)
			Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years.	Census (2022)

Executive summary

Background: In line with UNFPA Evaluation Policy, this external evaluation of the 5th country programme 2020-2025 (5th CP) was conducted in 2024 (June to November) by a three-member independent evaluation team, managed by the Country Office (CO) with close collaboration with the Eastern and Southern Africa Regional Office (ESARO) Monitoring and Evaluation (M&E) Adviser.

Purpose of the evaluation: The purpose of the 5th Country Programme Evaluation (CPE) was to demonstrate accountability to stakeholders for the results achieved, to support evidence-based decision-making for programming; empower community, national and regional stakeholders; and to contribute important lessons learned to the organization's knowledge base, and to provide independent inputs as well as actionable recommendations to the next UNFPA country programme cycle. The key findings will be translated into actionable outcomes through data-driven decision-making, stakeholder engagement, capacity assessments and building, partnerships, innovative solutions development, scaling successful solutions, and implementing monitoring and evaluation (M&E) frameworks.

The scope of the CPE included national interventions and the geographical areas where UNFPA implemented interventions namely: KwaZulu-Natal (KZN), Eastern Cape (EC) and Limpopo provinces. UNFPA focused on the three provinces due to their significant socio-economic challenges. These provinces, some of the poorest in the country, face high levels of multidimensional inequalities. According to Statistics South Africa's (Stats SA's) 2016 Community Survey, Limpopo had the highest percentage of households without flush toilets connected to sewerage (82.8 per cent vs. 44 per cent nationally) and the highest proportion of members with no schooling (19.3 per cent versus 14.7 per cent nationally). The EC led in female-headed households (59.4 per cent vs 44 per cent nationally), followed by Limpopo (58.4 percent) and KZN (56.8 per cent). In EC, the delivery rate among teenagers (15-19 years) rose from 49.6 to 55.6 per 1,000 births (2017/18 - 2020/21), while the rate for KZN (60-70) in the same period exceeded the national average of 40.7). The EC is particularly affected, with many households experiencing deprivation, and has large rural populations with limited access to education, healthcare, and economic opportunities. The evaluation assessed key components such as integrated sexual and reproductive health (SRHR) services, adolescents and youth (AY) programmes, gender and social norms (GSN), and population change and data (PCD). It also evaluated areas of coordination, monitoring and evaluation (M&E), innovation, resource mobilization, and strategic partnerships. The evaluation covered the 2020-2025 programme period and aimed to assess both intended and unintended effects, as well as identify good practices. It was based on the Organization of Economic Co-operation and Development (OECD) evaluation criteria, addressing relevance, coherence, effectiveness, efficiency, and sustainability through eight evaluation questions across these categories. The audience of the CPE report includes key government national and provincial departments in the three UNFPA supported provinces, development partners, including funders and UN agencies in the country as well as the UNFPA CO, ESARO, UNFPA headquarters, and the UNFPA Executive Board.

Programme: South Africa (SA) is an upper middle-income country and as such the role of UNFPA in SA is catalytic and to support government in the development programmes related to the UNFPA mandate. The South African government drives its development agenda through policy formulation, strategic implementation, and service delivery. In alignment, UNFPA and other UN agencies focus on technical support, capacity building, and policy advocacy. The 5th CP was developed with diverse stakeholders, including government departments, development partners, UN agencies, CSOs, academia, and the private sector, to address national priorities. Guided by South Africa's National Development Plan (Vision 2030) and the UN Sustainable Development Cooperation Framework (UNSDCF 2022-2025), the programme incorporated lessons from previous initiatives. However, delays in signing the UNSDCF, largely due to COVID-19, hindered the UN's coordination and joint programming efforts. The 5th CP contributed to the UNFPA Global Strategic Plan (2022-2025) and supported the International Conference on Population Development Programme of Action (ICPD PoA).

Methodology: The design was a theory-based evaluation (examined casual linkages that drive programme results including assumptions), gender sensitive (recognised and responded to different needs of individuals based on their gender), utilisation focused (prioritised the use of evaluation findings by stakeholders to inform decision-making) and based on contribution analysis. The evaluation followed eight evaluation questions based on five OECD criteria, using purposive and convenience sampling within a mixed methods framework. Data collection involved reviewing primary and secondary sources, including 5th CP-related publications, research, M&E reports, and financial and operational systems. The evaluation used interviews (structured, semi-structured), focus group discussions (FGDS), field observations, and

workshops. Methods to reduce bias included data triangulation, participant validation, and peer debriefing. Of the 155 people approached, 148 participated (68 per cent women, 32 per cent men). The FGDs involved vulnerable groups, including those identified as lesbian, gay, bisexual, transgender, queer and intersex LGBTQI individuals and people living with disabilities (PLWD). Interviewed stakeholders included community rights-holders (51 per cent), national and provincial departments and agencies (26 per cent), UNFPA staff at the CO and ESARO (13 per cent), CSOs and academia (7 per cent), and UN agencies and development partners (3 per cent). The evaluation team followed the UN Norms and Standards for Evaluation, ensuring compliance with international standards. The team sought respondent consent, maintained confidentiality, safeguarded sensitive information, avoided bias, and was sensitive to discrimination issues, upheld dignity and diversity, and was committed to avoiding harm throughout the evaluation process.

Key Findings: Regarding **relevance**, all government stakeholders consulted (72 per cent women, 28 per cent men) at national and provincial levels unanimously affirmed the high relevance of UNFPA's 5th CP to South Africa's policies, including the National Development Plan, Medium-Term Strategic Framework 2020-2024, UNSDCF, UNFPA's mandate, and international commitments. Through document review, the 5th CP was deemed to be contributing directly to SDG 1 (No poverty), 3 (Good health and well-being), 5 (Gender equality), 10 (Reduce inequalities), 16 (Peace, justice and strong institutions) and 17 (Partnership for the goals). Participants in all FGDs conducted (66 per cent female, 34 per cent male) confirmed the 5th CP met rights-holders' needs but highlighted gaps in disability inclusion and support for vulnerable groups, including those based on sexual orientation and gender identity. UNFPA aligned its interventions with ICPD priorities, the 2030 SDG Agenda, and its 2022–2025 Strategic Plan to address the three transformative results. In response to the COVID-19 pandemic, climate disasters (cyclones and flooding in KZN and EC), and political unrest in KZN, UNFPA provided technical and financial support, including sanitary kits for 5,000 women and girls in affected provinces. In 2021, UNFPA engaged 1.8 million youths via digital platforms like Facebook and WhatsApp, reaching 383,597 more in 2022. To overcome connectivity challenges in remote areas, UNFPA facilitated via IPs radio messaging to address topics such as condom use, stealthing, and sexual and reproductive health and rights (SRHR). During 2023, 77,718 young people were reached via the South African Broadcasting Corporation, Alfred Nzo Community radio in EC, and Ukhozi FM station in KZN.

With respect to **coherence**, UNFPA established strategic partnerships with national and provincial departments, the United Nations Country Team (UNCT), implementing partners, gender-focused organizations, and youth-led groups to advance SRHR and address gender inequalities among vulnerable populations. Key partners included the Department of Social Development, Department of Health, Department of Women, Youth and Persons with Disabilities, Department of Basic Education, Department of Cooperative Governance and Traditional Affairs and, alongside entities like Statistics South Africa and the Commission for Gender Equality. These collaborations enhanced policy design, service delivery, and monitoring since there was regular dialogue and exchange of technical ideas. UNFPA also partnered with the private sector, such as Johnson & Johnson, for resource mobilization. Regular engagement with the National Treasury and Parliament could further strengthen these efforts.

Concerning **effectiveness**, UNFPA provided vital technical assistance to the government in developing key policies, strategies, and guidelines. For example, notable achievements included the National Sex Worker HIV, TB, and STI Plan (2019-2022) and the Choice of Termination of Pregnancy (CTOP) Guidelines under the integrated SRHR, HIV, and gender-based violence framework. Additionally, UNFPA produced policy briefs for advocacy on critical issues namely: antenatal care recovery post-COVID-19 (Policy Brief 3), couple year protection (Policy Brief 4), and abortion (Policy Brief 5). They also facilitated the development of a Facilitator Guide for the Learner Pregnancy Prevention and Management Policy (2022). The 5th CP achieved 80 per cent of its targets, excelling in integrated SRHR services. UNFPA surpassed targets, with 73 health facilities (target: 40) offering integrated SRH, HIV, and gender-based violence services meeting the Department of Health's Adolescent and Youth Friendly standards in KZN, EC, and Limpopo. Over 2 million youth were engaged via multimedia platforms, and 975 health workers trained in 2021-2022 to deliver HIV testing, anti-retroviral (ART), family planning, sexually transmitted infections (STI) screening, and antenatal care. The UNFPA efforts alongside many other actors made some contribution to the reductions in HIV prevalence nationally and provincially, notably in KZN (18.0 per cent in 2017 to 16.0 per cent in 2022), EC (15.9 per cent to 13.7 per cent), and Limpopo (10.1 per cent to 8.9 per cent). Outcome-level indicators reveal key challenges despite some progress at the output level. Consistent condom use among sexually active youth fell from 68 per cent to 63 per cent (2022), missing the 74% target. The adolescent birth rate, aimed to drop from 71 to 35 per 1,000, remained unchanged since the COVID-19 pandemic. These trends highlight either pandemic disruptions or delivery limitations.

With UNFPA's technical assistance, the government advanced key policies and initiatives under the Adolescents and Youth (AY) component. This included developing the National Youth Policy (2020–2030), an investment case to end teenage pregnancies in South Africa, Limpopo's Teenage Pregnancy Strategy, and a summarized Policy on Learner Pregnancy Prevention and Management in schools. Additionally, a Comprehensive Sexuality Education Training Manual was created for out-of-school youth in Limpopo. The Safeguard Young People (SYP) Programme, UNFPA SA's flagship initiative for adolescents aged 10–24 years, made significant strides during its third phase (2020–2022). It improved access to youth-friendly services and tackled sexually transmitted infections (HIV), early pregnancies, unsafe abortions, and child marriages. Notable achievements included replicating the Nzululwazi model in EC, piloting the Izigodi model in KZN to address teenage pregnancies, (Ukuthwala), gender-based violence, HIV, and poverty. Stakeholders widely commended the programme's impactful results. UNFPA and partners achieved 255 per cent of their target, reaching 1,911,180 youth (target: 750,000), including marginalised groups, through life skills programmes. From 2020 to 2023, an investment of \$578,071 allowed UNFPA to empower youth at an average cost of \$3.30 per person, leveraging digital tools such as social media and messaging platforms to scale outreach effectively. Despite these achievements, the limited access to SRHR services for sex workers emerged as a critical gap, with only 20 per cent (1,758 of the targeted 9,000) accessing services. This underperformance, largely attributed to COVID-19 restrictions and a short implementation period, left significant unmet family planning needs, untreated STIs, and unintended pregnancies among this group.

Under the GSN component, the 5th CP strengthened GSN policies and accountability frameworks through UNFPA's advocacy and evidence generation. Key achievements included developing the Comprehensive Gender-Based Violence and Femicide (GBVF) Strategy and creating policy briefs to localize it in KZN, EC, and Limpopo, leading to tailored provincial Gender-based violence implementation plans. The GBVF strategy raised awareness through initiatives like the 16 Days of Activism, addressed harmful social norms, and inspired new legislation, such as the 2021 Domestic Violence Amendment Act, which strengthened protection for survivors.

In the PCD component, UNFPA played a crucial role in supporting Statistics South Africa during the 2022 Population and Housing Census, providing technical assistance to evaluate age, sex structure, and fertility indicators (UNFPA CO annual report 2022). This support strengthened national capacity to generate and use population data for evidence-based policy and planning. However, while outputs like census completion were achieved, broader utilisation of disaggregated data to tackle key leaving no one behind factors (e.g., adolescent birth rate stagnation) requires further attention. UNFPA supported the development of a tracking tool for ICPD@25 commitments, facilitated progress reporting, and enabled South Africa's participation in international ICPD30 conferences.

While UNFPA met most output-level targets, the stagnating or declining outcome indicators raise concerns about their impact on the UNFPA transformative results. External challenges like the COVID-19 pandemic and systemic barriers could have hindered progress in areas such as condom use and adolescent birth rates. Closing these gaps requires linking outputs to outcomes, adapting strategies, and addressing systemic barriers in the short- and medium-term periods.

Efficiency: UNFPA initially committed US\$11.9 million for the 5-year period (2020–2025), with 54 percent (US\$6.4 million) from regular resources and 46 per cent (US\$5.5 million) through co-financing modalities and/or other resources. By the end of 2023, the overall utilisation rate of mobilized resources was 78 per cent, which was sub-optimal compared to the planned budget mobilized from both core and non-core resources. The lower utilisation rate resulted from COVID-19 delays and limited focus on resource mobilisation. Despite effective programme support, the absence of a dedicated resource mobilisation focal point within the Communications and Partnerships docket hindered meeting resource mobilisation targets amidst competing demands. All implementing partners (100 per cent) and provincial stakeholders reported delays of 3–6 months in fund transfers, affecting timely implementation. The CO must address these issues in the short- and medium-term.

Sustainability: Regarding sustainability, the evaluation found that UNFPA-supported interventions and those by respective governments were generally well-owned. However, financial sustainability is a challenge, with most CSOs and local governments relying on external funding. Provincial stakeholders noted the lack of long-term financial commitment from local governments, threatening programme continuity. Despite progress in building local capacity and data-driven decision-making, critical activities like demographic profiling depend on donor support, creating risks for data gaps and undermining informed policymaking. UNFPA must continue advocating for adequate budget allocations from national and provincial governments.

Coordination: With respect to coordination, UNFPA has played a proactive role in coordination at national and sub-national levels, leading and participating in technical and thematic groups. Nationally, UNFPA co-chaired groups like the Youth Technical Working Group, addressing youth skilling and teenage pregnancies, and the Operations Management Team. Collaborating with Statistics South Africa, UNFPA integrated population data into planning, despite lacking a formal memorandum. Sub-nationally, UNFPA provincial sub-offices in EC and KZN strengthened partnerships with local governments to enhance SRHR and gender-based violence services.

Main conclusions

Strategic level:

Aligned with national and UNFPA strategic plans, international priorities, and commitments, the 5th CP achieved planned results with some variability, enhancing national and provincial government ownership and ensuring the sustainability of most programme interventions. Engaging diverse stakeholders in designing the 5th CP ensured alignment with national priorities, beneficiary needs, and international commitments. The 5th CP was aligned with the new UNFPA Strategic Plan (2022-2025), addressing all three transformative results, adapted to the changing national priorities, and responded to mitigate the effects of the COVID-19 pandemic and flooding impacts in some provinces. UNFPA is on the right path of promoting the achievement of the UNFPA transformative results. However, the continuity of the country programme is critical in addressing the prevailing multidimensional inequality and poverty issues in liaison with other UN agencies and partners. The delay in signing the UNSDCF 2020-2025 potentially risked the achievement of the SDGs especially those relevant to SA. UNFPA has been a pro-active and respected UNCT member, which has earned itself a place to be recognized as a useful strategic development partner at the national level. UNFPA worked with other UN agencies following the Delivering as One approach through joint programming within UNSDCF. UNFPA's role in convening, partnering, and coordinating with government institutions, CSOs, academia, the private sector, and development partners has been effective and relevant, particularly in coordinating government technical working groups and UNSDCF result groups. UNFPA should expand its partner portfolio by engaging specialized private sector organizations for resource mobilization. Strengthening high-level partnerships will help secure sustained resources and policy support, ensuring lasting impact in priority development areas. The current programme interventions have shown positive results, but they are only reaching a limited number of districts in each province, potentially leaving marginalized groups behind. UNFPA's proactive efforts in promoting South-South and triangular cooperation (SSTC) have been appreciated and deemed highly effective in the sharing of expertise, resources, and best practices. While the UNFPA CO's staffing and technical capacity were largely optimal, strengthening the skills mix is necessary for effective implementation and management of upstream policy initiatives. Efficiencies for the use of human, financial, logistics and technical resources at the UNFPA CO level appear generally satisfactory. However, there appears to be a heavy workload on operations and administration with complex financial systems and changing online modalities. The occasional delays in the transfer of funds to IPs hindered their ability to effectively deliver essential services, necessitating the need for streamlining the UNFPA funding approval process.

Programmatic level:

Collaborative and inclusive programmatic planning involving national, provincial stakeholders fostered ownership and minimized duplication of efforts. UNFPA's technical support to address teenage pregnancies in high-risk areas was hindered by inadequate infrastructure and limited space for youth zones in some health facilities, addressing teenage pregnancies requires a broader multi-sectoral approach. This includes scaling up comprehensive sexuality education, community engagement to challenge harmful social norms, advocacy for systemic policy reforms, and economic empowerment for adolescents. Cross-sectoral collaboration and data-driven interventions are essential to addressing the systemic factors contributing to teenage pregnancies alongside health-focused efforts. The occasional shortage of health commodities for teenagers at some health facilities (all due to constraints in the government's supply chain management) is a concern. This lack of access poses a major barrier to realizing the full benefits of interventions aimed at preventing teenage pregnancies and promoting sexual and reproductive health. Leaving no one behind is a programmatic approach that UNFPA values and practises. However, not all vulnerable (e.g. youth living with disabilities in remote areas) and marginalized groups were reached. Enhancing multi-sectoral collaboration on gender-based violence is vital for creating a comprehensive and effective response to this pressing issue in South Africa. UNFPA's support in integrating demographic dividend indicators into municipal development plans across provincial municipalities has been invaluable. The gap in technical capacity within government departments to produce and use disaggregated data for decision-making resulted in poor resource allocation, ineffective programme implementation, and unsatisfactory outcomes. Addressing this gap is crucial for enabling informed, data-driven decisions.

Recommendations

The evaluation team prioritized strategic and programme recommendations, categorizing them as high, medium, or low. The framework defined high as needing immediate attention for critical issues, medium as requiring timely attention for notable concerns, and low as having minimal consequences if delayed. Recommendations were tailored to the needs and roles of stakeholders, including governments, UN agencies, UNFPA, and funders. The main report specifies the responsible parties for each recommendation.

Strategic level:

1. Strengthen UN-wide collaboration and national capacity for enhanced policy formulation and implementation. Given the challenges that South Africa faces regarding multidimensional inequalities and poverty, UNFPA SA and other partner UN agencies should advocate for a UN-wide collaborative approach within the UNSDCF and UNCT to strengthen national capacity for thought leadership, effective policy formulation and implementation related to the achievement of UNFPA transformative results and SDGs. UNFPA and partners should provide technical assistance to government so that the Government of South Africa has increased capacity and voice in championing ICPD agenda and human rights at the global level. In addition, UNFPA through the UNCT should identify opportunities for joint programmes to address priority areas (e.g. multidimensional inequalities, climate change mitigation etc) to be developed with other UN agencies for funding from government, development partners and the private sector. **[Priority: High]**
2. Strengthen strategic partnerships and high-level engagement for resource mobilization. The CO should maximally use its technical expertise to strengthen capacities at national and subnational levels in comprehensive planning, implementation and monitoring, broker practical partnership arrangements between government and the specialized private sector bodies at all levels. Additionally, UNFPA, in collaboration with other UN agencies, should engage regularly with the Treasury and Parliament to advocate for increased investments in its mandate areas and enhance its visibility. **[Priority: High]**
3. Strengthen the operational efficiency of the country programme. UNFPA should strengthen the technical capacity of IPs in programmatic and financial management to improve the efficiency in programme implementation as well as the IPs' capacity to absorb funds. UNFPA should strengthen the staffing and technical capacity of the CO in order to enhance the capacity required to deliver on programme goals especially at the upstream level (e.g. advocacy; quality policy engagement, development and implementation). **[Priority: High]**
4. Strengthen equity, the human rights-based and leaving no one behind approach. To ensure more equitable impact of interventions, the next country programme should support proof-of-concept of initiatives and thereafter advocate to government for national scale-up through national programmes. UNFPA CO should lobby government departments at national and provincial levels to make deliberate efforts to explore different context specific models that are effective in reaching vulnerable groups and the farthest communities. **[Priority: Medium]**
5. Strengthen the SSTC. UNFPA should continue regular collaboration in SSTC by fostering strong partnerships with governments, civil society, and international organizations to amplify impact of South-South and triangular cooperation. **[Priority: Low]**

Programmatic level:

6. Advocate for streamlined and resilient government supply chain management systems to improve the availability, quality, and distribution of health commodities. With UNFPA technical support (during the next CP), the Department of Health (DOH) should strengthen interventions /mechanisms that address occasional health commodity stock-outs (contraceptives and sanitary pads) in health facilities. **[Priority: High]**
7. Strengthen collaboration within the adolescents and youth component to improve the effectiveness, coverage, and quality of ASRH policy initiatives. UNFPA should promote stronger coordination functions to increase the quality and coverage of ASRH policy initiatives and for meaningful contributions to the policy. UNFPA should actively involve the of Department of Social Development (DSD); Department of Women, Youth and People with Disabilities (DWYPA); and Department of Basic Education in ensuring effective comprehensive sexuality education implementation in South Africa. UNFPA should develop a strategy of advocacy and capacity building for DSD, DWYPA and DBE on AY issues. **[Priority: Medium]**

8. Promote an intersectoral approach to addressing gender-based violence, leveraging the strengths and expertise of diverse stakeholders to create a comprehensive and sustainable response. UNFPA should advocate for enhanced collaboration and partnerships on gender-based violence among diverse stakeholders such as government, businesses, and CSOs. **[Priority: Medium]**
9. Advocate for targeted capacity-building programmes to enhance the ability of governments, civil society, and private sector stakeholders to capitalize on the demographic dividend and drive inclusive growth. UNFPA and partners should advocate for expanding demographic dividend training to additional districts in UNFPA-supported provinces, aiming to break operational silos, improve coordination among government spheres and enhance planning, sustainable development and overall impact. **[Priority: Medium]**
10. Strengthen data-driven decision-making processes/ framework of government departments. UNFPA CO and partners should provide technical assistance to government departments by enhancing data-driven decision-making frameworks (structured approaches designed to guide in analyzing complex problems, evaluating potential solutions, and making informed decisions) as well as promoting the use of disaggregated data in policy and programme development. In addition, UNFPA should strengthen the monitoring and evaluation systems of government departments to track progress in strengthening technical capacity and using disaggregated data for decision-making. **[Priority: Medium]**

CHAPTER 1: INTRODUCTION

1.1 Purpose and objectives of the CPE

In line with the 2019 UNFPA Evaluation Policy, the UNFPA South Africa Country Office (CO) commissioned the Country Programme Evaluation (CPE) of the fifth GoSA/UNFPA Country Programme (5th CP) of assistance to the Government of South Africa (GoSA) to enhance UNFPA's accountability for results and analyze the relevance and performance of the 5th CP (2020-2025).

Purpose

The CPE had four main purposes namely:³⁵

- (i) Oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources.
- (ii) Support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming.
- (iii) Aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

The evaluation was forward-looking and considered the most recent strategy and UNFPA South Africa programming orientations.

Objectives

The objectives of the CPE as contained in the terms of reference (Annex 10) were:

- (i) To provide the UNFPA SACO, national stakeholders and rights-holders, the UNFPA Eastern and Southern Africa Regional Office (ESARO), UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA SACO 5th CP 2020-2025.
- (ii) To broaden the evidence base to inform the design of the next programme cycle.

Specifically, the objectives were to:

- (i) Provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- (ii) Provide an assessment of the role played by the UNFPA SACO in the coordination mechanisms of the United Nations Country Team (UNCT), with a view to enhancing the United Nations collective contribution to national development results.
- (iii) Draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

The potential pathways for translating the key findings into actionable outcomes include: carrying out data-driven decision making; ensuring stakeholder engagement and participation; assessing institutional capacity and conducting capacity building plans; identifying potential partners and establishing partnership frameworks; developing innovative solutions and scaling up those which are successful; and establishing and implementing monitoring and evaluation frameworks.

Audience

The main audience and primary intended users of the evaluation include the following: (i) The UNFPA SACO; (ii) the Government at all levels; (iii) implementing partners (IPs) of the UNFPA SACO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the UNCT; (vi) Eastern and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations (CSOs) and international non-governmental organizations (NGOs).

³⁵ SACO Final CPE TOR 27th March 2024

Note: Government stakeholders were in the Department of Social Development (DSD); Department of Women, Youth and People with Disabilities (DWYPD); Department of Health (DOH); Department of Basic Education (DBE); Department of Planning, Monitoring and Evaluation (DPME); Department of Cooperative Governance and Traditional Affairs (DCOGTA); Statistics South Africa (Stats SA); Commission of Gender Equality; and South African National AIDS Commission.

1.2 Scope of the Evaluation

1.2.1 Thematic

The evaluation covered the following programmatic (technical) areas: Integrated sexual and reproductive health (SRH), adolescents and youth (AY) and gender and social norms (GSN). In addition, the evaluation also covered cross-cutting issues, such as population change and data (PCD) and transversal functions such as: coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

Evaluation criteria and evaluation questions

The evaluation systematically used the five Organization of Economic Co-operation and Development (OECD)/ Development Assistance Committee (DAC) evaluation criteria:³⁶ - relevance, coherence, effectiveness, efficiency and sustainability.³⁷ The evaluation team adopted the set of 8 key evaluation questions as shown in Table 1. The evaluation questions were unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools, which are indicated in the Evaluation Matrix (Annex 1).

Table 1: Evaluation criteria and evaluation questions

Evaluation Questions
<p>Relevance (the extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change).</p> <p>Evaluation question (EQ)1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies as well as the country's upper middle income setting (yet prevailing inequality); (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the International Conference on Population Development Programme of Action (ICPD PoA) and the Sustainable Development Goals (SDGs)?</p> <p>EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?</p> <p>EQ3: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?</p> <p>Coherence (the compatibility of the intervention with other interventions in the country, sector or institution).</p> <p>EQ4: To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?</p> <p>Effectiveness (the extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups).</p> <p>EQ5: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?</p> <p>EQ6: To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?</p>

³⁶ UNFPA Evaluation Office. (2024). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

³⁷ The DAC Principles for the Evaluation of Development Assistance. OECD (2000).

Evaluation Questions
<p>Efficiency (extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?)</p> <p>EQ7: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme? Do the UNFPA offices in the provinces make a difference in delivering results and impacts?</p>
<p>Sustainability (the extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).</p> <p>EQ8: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?</p>

1.2.2 Geographic

The evaluation assessed national level interventions and those in the three UNFPA supported provinces, namely Eastern Cape (EC), KwaZulu-Natal (KZN) and Limpopo, where UNFPA implemented interventions in the districts of OR Tambo, Alfred Nzo; uThukela, eThekweni; Waterberg and Vhembe districts respectively. The UNFPA's focus on KZN, EC, and Limpopo provinces was largely driven by the socio-economic challenges faced by these regions. These provinces have consistently been among the poorest in South Africa, with high levels of multidimensional inequalities. According to Statistics South Africa's (Stats SA's) 2016 Community Survey, Limpopo had the highest percentage of households without flush toilets connected to sewerage (82.8 per cent vs. 44 per cent nationally) and the highest proportion of members with no schooling (19.3 per cent versus 14.7 per cent nationally). The EC led in female-headed households (59.4 per cent vs 44 per cent nationally), followed by Limpopo (58.4 percent) and KZN (56.8 per cent). Limpopo led in households whose members had no schooling (19.3 per cent vs 14.7 per cent nationally), followed by KZN (16.4 per cent) and EC (15.3 per cent). The EC province, in particular, was identified as one of the poorest provinces in the country, with a high percentage of households experiencing deprivation. In addition, it has significant rural populations, with limited access to education, healthcare, and economic opportunities.

1.2.3 Temporal

The evaluation covered interventions planned and/or implemented within the period of the current 5th CP (2020-2025).

1.2.4 Evaluation management and workplan

The CPE had five phases namely:

- (i) Preparatory phase: This phase mainly involving the CO included the CPE launch, notifying the stakeholders, establishment of the evaluation reference group (ERG), drafting the terms of reference, recruiting the consultants, setting up a document repository and development of the country programme stakeholder map.
- (ii) Design phase (June to July 2024): The design phase involved an online kick-off meeting between the CO and consultants, a desk review of key documents, initial interviews, preparation of an evaluation approach, preparation for fieldwork and drafting and presentation of the design report to the ERG members for review.
- (iii) Field phase (1st to 30th August): This included data collection, preliminary analysis of findings and a debriefing meeting with the CO. The evaluation team visited KwaZulu-Natal, Eastern Cape and Limpopo Provinces.
- (iv) Reporting phase (September to November 2024): This phase involved developing findings, establishing conclusions, co-creating the recommendations and drafting the CPE report.
- (v) Facilitation of use and dissemination phase (December 2024): This phase focused on strategically communicating the CPE results to targeted audiences within UNFPA and outside, facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement.

1.3 Evaluation approach

The evaluation design was a theory-based evaluation (examined casual linkages that drive programme results including assumptions), gender sensitive (recognised and responded to different needs of individuals based on their gender), utilisation focused (prioritised the use of evaluation findings by stakeholders to inform decision-making) and based on contribution analysis (assessed the contribution of particular interventions to specific results).

1.3.1 Contribution analysis and theory of change

The 5th CP focused on the afore-mentioned three outcomes and five outputs under Adolescents and youth (AY); Gender and social norms (GSN); and Population change and data (PCD). There were various key interventions linked to each output. The Theory of Change (ToC) was reviewed and critiqued by the evaluation team.

Contribution analysis

The selection of interventions was comprehensive to make an effective contribution to the CP objectives and CP outcomes showing the logical effect of the proposed interventions.

Analysis of ToC

There is a fairly comprehensive ToC which covers the three thematic outcomes related to AY, GSN and PCD. The three outcomes are well linked to the higher level namely the national priorities (and the UNFPA Strategic Plan outcomes, the Government's Medium-Term Strategic Framework (MTSF) for the 2020 - 2024 electoral term. It is also aligned to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022 - 2025; the SDGs Agenda 2030; the National Development Plan (Vision 2030) and other sectoral policies and strategies.

- There are measurable indicators at the outcome and output levels with specific baseline and target figures. The targets are realistic;
- The achievement of the output indicator targets would result into the fulfillment of the outcomes and have the potential of significantly contributing to the programme goal;
- The strategic interventions under each thematic component are grouped under the UNFPA modes of engagements namely i) advocacy and dialogue; ii) knowledge generation and sharing; iii) capacity building; iv) service delivery; and v) partnership and coordination. The implementation of these interventions is likely to result into the achievement of the outputs;
- Setting out the risks and assumptions at outcome level help effectively manage the programme implementation effectively.

Critique: Although the risks are well stated, there is no reference to a mitigation plan for those risks, which would in one way, or another ensure that the programme interventions are achieved maximally. There is need to have that reference indicated. The timeframe for the attainment of outcome indicators (end of 2025) has not been indicated against the specific indicators and this did not put into cognizance the logical link across the programme interventions. A cross-cutting issue such climate change was not identified in the ToC. The current ToC does not need a reconstruction. However, the ToC for next CP should include a reference to a risk mitigation plan.

Evaluation matrix

The evaluation matrix was developed on the premise of the evaluation questions, which were under the OECD-DAC criteria. For each question, the evaluation team developed one or two assumptions. The matrix, which is shown in Annex 1 contains the indicators of evidence, sources of information and the methods of data collection for each question.

1.3.2 Methods for data collection and analysis

1.3.2.1 Overall Approach

The CPE implementation was based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The stakeholders provided insights and information, as well as referrals to data sources that the evaluation required to assess the contribution of UNFPA and to answer the evaluation questions. Particular attention was paid to ensuring the participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities during focus group discussions (FGDs). In addition, the ERG, which comprises key stakeholders of the 5th CP, contributed to the CPE process. The ERG served as a quality assurance mechanism from a technical perspective by providing inputs on the evaluation deliverables at different stages of the evaluation process. In addition, the engagement of the ERG helped facilitate knowledge-sharing and ensured the use of the evaluation results.

The design of the CPE was non-experimental given the expected descriptive and non-normative nature of the evaluation objectives and the related evaluation questions (EQs). This design was relevant due to the time and resource constraints³⁸ and allowed the evaluation team to analyze the contributory relationship between the programme interventions and their effects on the UNFPA CP strategy. The methodological design of the evaluation was premised upon the UNFPA evaluation guidelines³⁹ and included in particular: (i) a theory of change; (ii) a strategy for collecting and analysing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and CPE agenda for the field phase. This CPE was a mixed methods study comprising both qualitative and quantitative components and throughout the evaluation, a gender responsive and human rights-based approach was embedded.

With respect to the application of Human Rights Based Approaches (HRBA), the evaluation was conducted using the UN ethical guidelines⁴⁰ including respecting the confidentiality, protection of source and dignity of those interviewed. The evaluation team examined how interventions ensured basic rights for rights-holders, supported their ability to demand these rights, and assessed marginalized groups' participation in activities. Using a Human Rights-Based Approach (HRBA), the evaluation considered gender balance in key informant interviews, applied a gender lens to the analysis, and included gender analysis in results. While it was important to capture sex disaggregated data, when we were dealing with those identified as Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people, the team did not ask the respondents their gender identities. Stakeholders at national and sub-national levels were consulted through interviews, combining face-to-face interactions and remote access via communication channels like Microsoft Teams and phone calls. The CO was asked to facilitate appointment scheduling with evaluation participants. Appointments followed a comprehensive evaluation agenda, prepared by the evaluation team, which guided the entire CPE process, from design to data collection and reporting phases.

The primary data was collected using KIIs, FGDs or unstructured interviews, and direct observation during field visits. These methods are explained in the following sections.

(a) Document review

The document review method was chosen due to the advantages of being less expensive and being able to provide information /data more quickly than the primary methods. The evaluation team conducted an extensive review of relevant documents, to inform the evaluation design, and to triangulate with primary sources. The Evaluation Manager identified and provided the main documents to the evaluation team as per UNFPA Evaluation Handbook guidelines. A document review checklist was used and the list of documents consulted/reviewed is in Annex 2.

(b) Key informant interviews (KIIs)

The Key informant interview (KII) method was selected for its adaptability in gathering in-depth information and its flexibility to accommodate interviews in various settings, such as offices and homes, while aligning with stakeholders' needs and schedules. It targeted stakeholders with substantial knowledge of the programme. KIIs were conducted to collect data on programme implementation areas and to validate insights on factors influencing quantitative indicators. Stakeholders were asked to discuss achievements or challenges during the UNFPA programme period, addressing outcomes across gender and vulnerable groups. They also described interventions designed to overcome challenges. Both face-to-face and virtual KIIs were conducted, engaging stakeholders at national and sub-national levels based on a stakeholder map (Annex 7). Semi-structured guides, aligned with key evaluation questions, were used to steer the discussions.

A total of 148 respondents were interviewed among those who are directly and indirectly involved in the programme/project's activities at all levels. The differentiation of the stakeholders interviewed is shown in Table 3 on page 15. The selection of the stakeholders at national and sub-national levels for the KIIs is described in section 1.3.6.

(c) Focus group discussions (FGDs)

The FGD approach was chosen because it can foster debate and interaction among stakeholders, generating rich qualitative data. This method was used based on its advantage of collecting data quickly and effectively from many programme

³⁸ UNFPA SA CPE design report (July 2024).

³⁹ UNFPA Evaluation Handbook (2024 Edition).

⁴⁰ UN Evaluation Group Ethical Guidelines.

rights-holders. FGDs were conducted with rights-holders and volunteers (for translation) in gender-specific groups of 6–12 participants across selected intervention provinces/districts to capture their perceptions. To minimize bias from volunteers, the evaluation team briefed volunteers on the importance of accurate communication and cross-checked data with FGD participants fluent in English and the local language. Separate FGDs for women and men were conducted to ensure comfort, using purposive sampling for balanced socio-economic representation. In each district/metropolitan, at least two FGDs were organized, considering gender and socio-economic factors to foster comfortable interactions in the participants' preferred language. The FGD participants included adolescent girls, young women, adolescent boys, young men, adult men, students in secondary schools, and representatives of local traditional and religious organizations. In addition to these participants, the evaluation team ensured that the FGDs are conducted with the youth living with living disabilities and persons who identified as the LGBTQI individuals.

Each FGD was facilitated by one of three consultants with help from a local translator. The FGDs were conducted in local languages of the rights-holders and transcribed verbatim into English. The FGD guides were designed thematically to gather information regarding the extent to which the programme achieved its intended results, in addition to establishing some of the arising needs or unintended results.

(d) Observations

The evaluation team utilized observation alongside other methods, examining youth-friendly services (YFS) in health facility youth zones. They assessed how facilities adhered to international standards, focusing on adolescent-friendly aspects like human rights, youth interests, gender equality, confidentiality, and active youth participation.

1.3.2.2. Data collection tools

The evaluation questions were translated into information needs, as displayed in the evaluation matrix in Annex 1. The evaluation matrix links the evaluation questions with corresponding assumptions that are tested (operational definitions/indicators), sources of information and methods of data collection. In this regard, the evaluation matrix was further used as a basis for the development of the tools in the evaluation. The detailed data collection tools are contained in Annex 4 and the categories used were as follows: (i) Desk review checklist; (ii) KII guide for UNFPA CO and IPs staff; (iii) KII guide for policy-makers, departmental directors and provincial officials; (iv) KII guide for UN agencies, donors, and organizations, which were not implementing the CPE interventions but were key players in the sector; (v) FGD interview guides for programme rights-holders; (vi) Observation checklist/ site assessment guide.

1.3.2.3 Ethical considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Handbook 2024 Edition, UN Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG,⁴¹ and the UN Norms and Standards for evaluation in the UN System.⁴² The evaluation team adhered to the following accepted codes of conduct such as: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm, (h) ensuring inclusion of marginalised groups such as PLWD, those identified as LGBTQI and (i) respect for dignity and diversity.

Obtaining consent: The evaluation team obtained oral and written consent from all respondents before interviews, including adolescents under 17 years. For minors, separate consent was required. Parents or guardians provided informed consent on behalf of the minors, while the minors themselves gave oral and written assent, in accordance with national and international research guidelines. This ensured ethical compliance when involving adolescent rights-holders in the evaluation.

1.3.2.4 Data analysis

The evaluation utilized both the quantitative and qualitative data collection methods described above to facilitate triangulation of information and enabled the evaluation team to draw conclusions on progress that will inform decision making for the next round of programming.

⁴¹United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100 [Accessed 17 June 2024]

⁴²<http://www.unevaluation.org/document/detail/102> [Accessed 17 June 2024].

(a) Quantitative data analysis

The quantitative data: descriptive statistical methods involving tabulations and graphing of the data. The raw data from the census, IP quarterly reports, SA Demographic and Health Surveys (SADHS), National Gender-based violence MIS, among others, were re-analyzed where needed. The data analyses were conducted in a manner that permitted disaggregation by gender, age and et cetera.

(b) Qualitative data analysis

All the KIs and FGDs were documented after getting consent and permission from participants and they were transcribed into English. Participants could choose not to have their interviews recorded, ensuring the principle of voluntary participation. Transcripts were typed in Microsoft Word. Daily review meetings identified emerging themes, inconsistencies, and work completeness. Data was analyzed using thematic analysis with a coding framework to identify patterns and trends. Emerging themes were added to the matrix for coding. Content analysis (as an innovation for the evaluation) was applied to qualitative data, disaggregated by factors like gender and age, to ensure a comprehensive understanding of the narratives.

1.3.3 Stakeholders consulted and sites visited

Sampling strategy: The sampling strategy adhered to the UNFPA Evaluation Handbook (2024, pp. 34–35) and criteria for stakeholder selection. Using a non-probability sampling design, the evaluation team prioritized stakeholders with greater involvement in and knowledge of programme interventions, increasing their likelihood of being interviewed compared to others. Random sampling was not used.

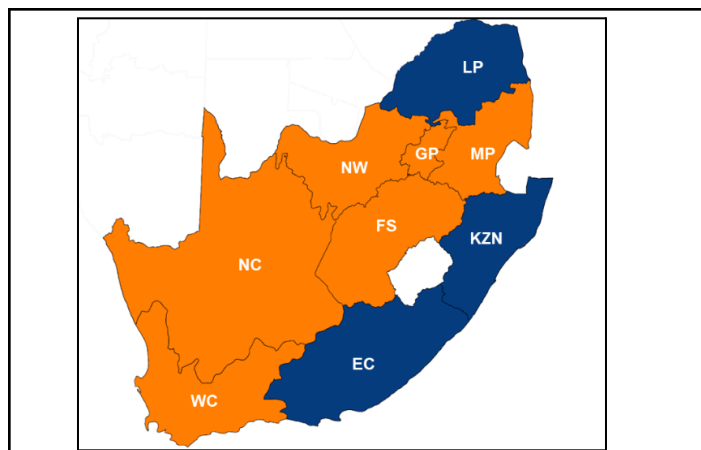
1. **Purposive Sampling:** This method was used to selectively choose participants who were most relevant to the study and who had comprehensive and specific knowledge about the 5th CP, thus increasing the validity of the findings.
2. **Convenience Sampling:** This method was used as it aided in selecting participants and field sites, which were easily accessible, reducing the time and effort required for data collection.

To address biases, subjectivity, and limited representativeness in sampling, the evaluation team used these strategies: triangulating data sources, verifying accuracy with participants, conducting peer debriefings for transparency, and deliberately increasing the sample size to reduce error and enhance representativeness. Given the above sampling methods, the sites selected were not statistically representative of all 5th CP interventions in the provinces. However, the selection of provinces and districts visited reflect the full range of interventions under 5th CP in terms of themes and across priority geographic areas of work as well as target groups.

1.3.3.1 Selection of CPE5 sites

The evaluation was conducted in three UNFPA supported provinces namely EC, KZN and Limpopo where UNFPA implemented interventions in the following districts namely OR Tambo, Alfred Nzo, uThukela, eThekweni, Waterberg and Vhembe districts respectively. The provinces afore mentioned are shown in Figure 2 (Map of South Africa).

Figure 1: Map of South Africa showing UNFPA operational provinces



Key: LP = Limpopo Province
KZN = KwaZulu-Natal Province
EC = Eastern Cape Province

1.3.3.2 Sample of field sites

The information provided by SACO to the evaluation team indicated that there has been regular engagement between the SACO and the three provinces as well as 1 district and 2 metropolitans in KwaZulu-Natal Province.⁴³ The districts and metropolitans where the 5th CP is operational in the 3 provinces are shown in Table 4.

Table 2: Districts and metropolitans where UNFPA CP has programmes /projects

Province	Districts and metropolitans	Names of programmes and/or projects				
		SRHR	HIV	Young People	Gender & GBV	PD & Devt.
KwaZulu-Natal	uThukela District	X	X	X	X	X
	Ugu Metropolitan	X		X	X	N/A
	eThekweni Metropolitan	X		X	X	N/A
Eastern Cape	OR Tambo District	X	X	X	X	X
	Alfred Nzo District	X	X	X	X	X
Limpopo	Vhembe District Vhembe municipality					
					X	X
	Waterberg District Waterberg municipality					
				X	X	X

Using purposive sampling, the evaluation team selected the following sites and made field visits during August 2024:

- uThukela District (KZN): The district has programme /project activities in 3 thematic areas
- OR Tambo and Alfred Nzo districts (EC): The districts have programme /project activities in 3 thematic areas.
- Waterberg municipality (Limpopo): The municipality has programme activities in 2 thematic areas
- Three provinces of KZN, EC and Limpopo: The CO has programme /project activities in those provinces.
- National level (Pretoria): The CO engages with stakeholders in government departments (e.g. DSD, DWYPD, DOH, DBE, DPME, DCGTA) and agencies (e.g. Stats SA, Commission of Gender Equality, SANAC).

1.3.3.3 Selection of stakeholders

The universe for the evaluation was all the stakeholders engaged in the implementation of UNFPA interventions. The evaluation team employed non-random purposive sampling to select stakeholders, primarily implementing partners and programme rights-holders, for data collection in the 5th CP evaluation. The UNFPA Evaluation Handbook (2024) outlines criteria for stakeholder selection, including intervention type, financial allocation, and coverage. The sample, selected at national and provincial levels, follows these guidelines and is detailed in Table 3.

- Government departments and agencies (health, gender, youth, education, social development, planning, monitoring, evaluation, cooperative governance, traditional affairs, HIV/AIDS) shared national implementation progress, challenges, and solutions.
- Implementing partners (local CSOs/ NGOs) were involved in the thematic areas
- UNFPA staff oversee and manage the strategic and operational aspects of the 5th CP.
- UN agencies (either partners in thematic areas or joint programmes).
- Funding/development partners provided financial support to the 5th CP.
- Rights-holders, including youth, adolescents, PLWD, and LGBTQI individuals, who benefited from service support or capacity building.

⁴³ Group interview with SACO; UNFPA South Africa CPD 2020-2025

Table 3: Categories of stakeholders selected for interviews and selection criteria

Level	Key informants	Reason(s) for selection of stakeholder
National	<p><u>Government partners:</u> Department of Social Development (DSD) – Implementing partner (IP) Department of Basic Education (DBE) - IP Department of Health (DOH) - IP Department of Women, Youth and People with Disabilities (DWYPD) – Partner Dept. of Planning, Monitoring and Evaluation – Partner Dept. of Cooperative Governance and Traditional Affairs EXCO - IP Commission for Gender Equality – IP South Africa National AIDS Council (SANAC)- Partner</p> <p><u>Other UN agencies</u> UNICEF, UN Women , UNESCO, UNAIDS UNODC - IP</p> <p>Office of the United Nations' Resident Coordinator – IP UNFPA ESARO – IP</p> <p><u>Academia</u> University of Cape Town University of KwaZulu-Natal</p> <p><u>CSOs/NGOs</u> Soul City Institute (National) HSRC South African Broadcasting Corporation Khuhluka Foundation Thuthuzela Care Centers Higher Health Institute Pink Drive Outreach South Africa Coalition on Menstrual Health Management</p> <p><u>CSOs/NGOs</u> Umthombo Wempilo Soul City</p> <p>Southern Hemisphere</p>	<p>Social Development cuts across all the thematic areas, DOH (Adolescents and Youth, Gender and Social Norms) Department of Women, Youth & People with Disabilities (Adolescents and Youth, Gender and Social Norms) The reason for this is to have simultaneous interview in the different theme areas, therefore guaranteeing a streamlined evaluation process.</p> <p>UN agencies are partners UNICEF and UNFPA have a Joint programme. UN Women elected as it is an IP and due to its core mandate on GEWE.</p> <p>Partner ESARO implementing a regional Safeguard Young People (SYP) programme (South Africa involved)</p> <p>IP IP</p> <p>IP IP IP IP IP IP IP Partner</p> <p>Soul City and Umthombo Wempilo are IPs selected because they cover two thematic areas (Adolescents and Youth, Gender and Social Norms). Southern Hemisphere focuses on Evaluation work</p>
Donors	Embassy of the Kingdom of the Netherlands Swiss Agency for Development and Cooperation FCDO Global Affairs Canada Canadian Embassy Netherlands French Embassy	The funding agencies support the 5th CP.
Province / District	<p><u>Provincial departments</u> Office of the Premier (KZN, EC, Limpopo) Department of Social Development (DSD) Department of Women, Youth & People with Disabilities (DWYPD); Department of Health (DOH); DBE Dept. of Cooperative Governance and Traditional Affairs EXCO House of Traditional Leaders</p> <p>Statistics South Africa (Stats SA) EC, KZN, Limpopo</p>	Partners IP IP IPs IP Partner IP IP

Level	Key informants	Reason(s) for selection of stakeholder
	DSD Prov. Pop. Unit (EC, KZN, Limpopo) Dept. of Traditional Affairs (DTA) (KwaZulu-Natal and Limpopo) <u>CSOs/NGOs</u> LoveLife New LoveLife Trust Eastern Cape Men's Movement KZN Christian Council Wildflower Projects (KZN) Umthombo Wempilo (Eastern Cape)	Partner Partner Partner Lovelife is selected as an NGO working at a district Level Partner Partner IP IP
Community	Selected rights-holders in districts (young women and men, adolescent girls and boys).	Recipients of service delivery support

1.3.3.4 Differentiation of stakeholders consulted

On the selection of different age groups, gender and vulnerable categories of people, the evaluation team was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind (LNOB)'⁴⁴ and the different programme rights-holders of the 5th CP. The evaluation interviewed 148 individuals (68 per cent women, 32 per cent men), as detailed in Table 2. Out of 155 people approached, the response rate was 95 per cent. Those not interviewed were unavailable due to illness, annual leave, or urgent commitments. Prior to the evaluation, the team had instructed implementation partners (IPs) to include vulnerable groups (e.g., LGBTQI, PLWD, minority groups) in focus group discussions, identifying participants based on IPs' activity records. The evaluation successfully consulted and interviewed a diverse group, ensuring representation from these vulnerable communities, as per the initial request to the IPs. The identification of the vulnerable groups was through IPs, who had prior information about them according to their activity records.

Table 4: People consulted /interviewed by stakeholder type and by level of analysis

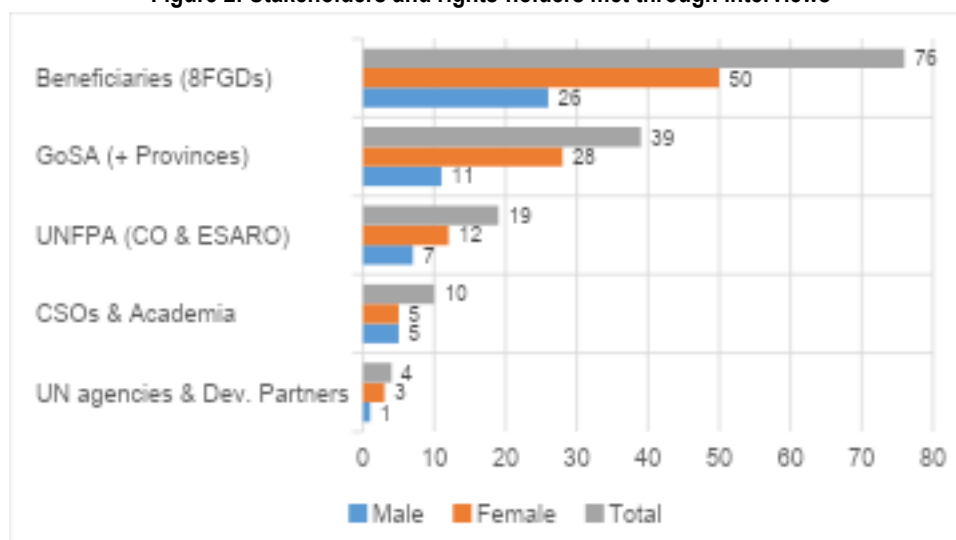
Stakeholder category	Female	Male	Total	%
Community rights-holders (via 8 FGDs – adolescents, young people, vulnerable groups)	50	26	76	51
GoSA and provincial governments (e.g. DSD, DWYPD, DOH, DBE, DPME, COGTA, Stats SA, CGE etc)	28	11	39	26
CSOs and academia	5	5	10	7
UNFPA (CO + ESARO)	12	7	19	13
UN agencies and Development partners	3	1	4	3
Total	98	50	148	
Vulnerable groups (LGBTQI and PLWD)	[3 LGBTQ (3M) + 2 PLWD (1F; 1M) = 5]			
Percentage	66	34		100

Source: Evaluation team analysis

The analysis in terms of numbers by gender for the different categories is shown diagrammatically in Figure 1.

⁴⁴<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft> [Accessed 17 June 2024].

Figure 2: Stakeholders and rights-holders met through interviews



Source: Evaluation team analysis

The rights-holders in the FGDs were 66 per cent women and 34 per cent men. Adolescent participants were aged 15-19 years, young adults 20-24, and adult men 35-60 years, as shown in Table 3. A summary of the findings is in Annex 9.

Table 5: Characteristics of community rights-holders (FGD participants) consulted

Province	District	Location of FGD	Category of participants	Gender & number			Age range (years)
				F	M	Total	
KwaZulu-Natal	Uthukela	Oliviershoek Ward	Young women (1 PLWD)	11		11	20-24
			Adult men		9	9	35-60
		Wembezi Clinic	Adolescent girls (Wembezi High School)	10		10	17-19
			Adolescent boys (Wembezi High School)		6	6	17-19
Eastern Cape	Alfred Nzo	Mt. Ayliff Clinic	Young women	8		6	20-24
	OR Tambo	Qumbo Community Healthcare Centre	Adolescent girls	8		8	15-18
Limpopo	Waterberg Municipality	Thabazimbi Youth Centre	Young women	13		13	20-24
		Thabazimbi Youth Centre	Young men (1 PLWD; 3 identified as LGBTQI)		11	11	20-24
Total				50	26	76	
Per cent				66%	34%	100%	

Source: Evaluation team analysis

1.3.3.5 Validation process

Data validation occurred daily through debriefing sessions with the evaluation team. Collected data were triangulated for accuracy, with gender considerations integrated into the analysis. Regular discussions with CO staff, technical officers, and the Evaluation Manager refined findings before the final report was validated and submitted. The final report was validated by the ERG and the UNFPA Regional Monitoring and Evaluation Advisor before submission to UNFPA CO.

1.3.3.6 Data quality assurance

During the field phase, the team leader ensured the evaluation team understood the data to be collected, as well as the methods for recording and archiving. Data quality was upheld through triangulation, and preliminary findings and recommendations proposed by stakeholders were validated with them within 24 hours of interviews.

1.3.4 Limitations and mitigations measures

The evaluation team recognized that mixed-methods studies require qualitative methods like KIIs and FGDs, which rely on one-on-one interactions. To address potential mobility restrictions, the team was prepared to use virtual platforms and conduct immediate peer debriefings. A summary of potential limitations, risks and mitigation measures is in Table 6.

Table 6: Limitations, risks and mitigation measures

Limitations	Risk	Mitigation measures
Challenges related to scheduling of interviews due to sparsely located sites and long distances covered.	This has the potential of prolonging the data collection phase beyond the planned itinerary.	The evaluation team (especially national consultants) obtained the actual locations of sites plus the distances and planned the travel schedule accordingly.
The evaluation is primarily qualitative with some quantitative aspects, though results will not statistically represent a large population.	This has the potential of introducing bias.	The consultants cross-checked data from national surveys, censuses, and evaluations by the development community to minimize bias and ensure accurate evaluation results.
Difficulty in scheduling appointments with key stakeholders for data and reports due to other commitments.	This may have the potential of having a sample bias with regard to coverage of stakeholders.	The evaluation team shared the itinerary and interview agenda, scheduled interviews, followed up with calls, and interviewed department colleagues when staff were unavailable.
Potential bias from stakeholder interviewees.	Qualitative interviews risk stakeholders filtering or framing information to present it in a specific light.	The evaluation included organized facilitation and interviews, employing strategies to consistently put interviewees at ease.
Possible bias in choosing stakeholders for interviews and group discussions.	Bias may arise when working with country or field offices to select participants for interviews and group discussions.	Independent evaluators impartially selected stakeholders for interviews and group discussions.
Potential analytical bias from the evaluation team.	As with all qualitative interview exercises, humans have the tendency to be easily influenced by the factors surrounding some information	Interviewers from the evaluation team made detailed and soft copies of notes, which were validated with the rest of the evaluation team.
Conflicting schedules due to simultaneous national evaluations and parallel UN agency processes.	The evaluation team may not have adequate time for interviews with some selected stakeholders.	The evaluation team tried its best to liaise with CO and consultants who were conducting other agency assessment/evaluations to harmonise the interview schedules.
Some team members not being to speak local language	Some team members struggle to grasp respondents' local meanings, relying on local translators for interpretation.	Frequent cross- checking with the local translators about what has been said by respondents.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

2.1.1 General country context

Geographical context

South Africa is located on the southern tip of the African continent. The country enclaves the Kingdom of Lesotho and borders Botswana (north), Namibia (north-west), Mozambique (north-east), eSwatini (north-east) and Zimbabwe (north). The total land area is extensive at approximately 1.22 million square kilometres. The country has a coastline that extends for about 3,000 kilometres along the Atlantic and Indian Oceans.

Political context

South Africa transitioned to democracy in 1994, ending the apartheid system. A new constitution was adopted in 1996, emphasizing human dignity, rights, freedom, non-racialism, non-sexism, and the rule of law.⁴⁵ The outcome of the 2024 elections led to the formation of a Government of National Unity (GNU), incorporating various political parties to ensure broader representation and stability.⁴⁶ The coalition-based Government of National Unity in South Africa seeks to address the country's critical challenges through collaborative governance. This political framework emphasizes consensus-building and cooperation among diverse political groups, influencing policy formulation and implementation. For UNFPA South Africa, these dynamics carry significant implications. Consensus-building may slow policy decisions relevant to UNFPA's focus areas, necessitating a nuanced approach to advocacy and partnerships. Engaging a wider range of political stakeholders is crucial to advancing sexual and reproductive health, gender equality, and population development goals. Moreover, the government's commitment to tackling socio-economic issues like inequality, poverty, and unemployment aligns closely with UNFPA's strategic priorities, reinforcing opportunities for collaboration and impact.

Administrative context

South Africa has 9 provinces. Each provincial government is led by an executive council consisting of a premier and members of the executive council (MECs); and legislature consisting of between 30 and 80 members. Constitutionally, provinces have legislative powers, concurrent with the national government in several sectors including health, education and other socio-economic development sectors.⁴⁷

Population

According to the 2022 Census Report 4 on 10th October 2023, the population of South Africa increased from 51.7 million in 2011 to more than 62 million in 2022: a growth rate of 1.8 per cent in the intercensal period. The population growth was driven by increases in provinces such as the Western Cape, which saw its population grow from 3.9 million in 1996 to 7.4 million in 2022, and Gauteng, which expanded from 7.6 million to 15 million over the same period.⁴⁸ The 2022 census revealed that women make up 51.5 per cent of the population, while men account for 48.5 per cent. Black Africans remain the majority at 81.4 per cent, followed by coloured individuals at 8.2 per cent. The white population decreased from 8.9 per cent in 2011 to 7.3 per cent in 2022, while Indians/Asians increased slightly from 2.5 per cent to 2.7 per cent. The age structure indicates fewer young people (5-9 and 15-19 years) and more in the 30-49 year age range, reflecting a maturing population. This demographic diversity highlights opportunities for leveraging the demographic dividend. However, addressing multidimensional inequalities, poverty, and unemployment remains critical for achieving sustainable development in South Africa.

Socioeconomics

⁴⁵ Constitution of the Republic of South Africa, 1996, https://www.saflii.org/za/legis/num_act/cotrosa1996423/#:~:text=The%20Republic%20of%20South%20Africa%20is%20one%2C%20sovereign%2C%20democratic%20state,and%20the%20rule%20of%20law.

⁴⁶ Isilow, H., 2024. South Africa's ruling ANC to form government of national unity: President Ramaphosa, <https://www.aa.com.tr/en/africa/south-africa-s-ruling-anc-to-form-government-of-national-unity-president-ramaphosa/3242645>

⁴⁷ Republic of South Africa, Government Communication and Information System, South Africa Yearbook, 2015/16, <https://www.gcis.gov.za/content/resourcecentre/sa-info/yearbook2015-16>.

⁴⁸ Statistics South Africa, 2023. Population Census 2022, https://census.statssa.gov.za/assets/documents/2022/P03014_Census_2022_Statistical_Release.pdf.

South Africa has an estimated GDP per capita of US\$6766.50⁴⁹ and is classified, by the World Bank, as an upper-middle-income country.⁵⁰ GDP growth has averaged only 0.8 per cent annually since 2012, which has contributed to high levels of poverty and unemployment. Despite South Africa being designated an upper middle-income country, the 'triple challenge' of the interconnected issues of inequality, poverty, and unemployment still persists. South Africa has been estimated to have a Gini coefficient of 0.65 by the World Bank,⁵¹ making it the most unequal country in the world. Together these socio-economic difficulties hinder the country's progress. A report by Stats SA on women empowerment, reveals disparities in the labour market.⁵² Women experience higher unemployment and lower workforce participation than men. Black African households, particularly female-headed ones, suffer more from food insecurity and poor living conditions, with race and gender amplifying these challenges, hindering socio-economic progress. In EC, the delivery rate among teenagers (15-19 years) rose from 49.6 to 55.6 per 1,000 births (2017/18 - 2020/21), while the rate for KZN (60-70) in the same period exceeded the national average of 40.7). According to Stats SA's 2016 Community Survey, which looked at the social determinants of health, Limpopo had the highest percentage of households without flush toilets connected to a sewerage system (82.8 per cent vs. 44 per cent nationally) and the highest proportion of household members with no schooling (19.3 per cent versus 14.7 per cent nationally). The EC led in female-headed households (59.4 per cent vs 44 per cent nationally), followed by Limpopo (58.4 per cent) and KZN (56.8 per cent).

Human Development Index

South Africa's Human Development Index (HDI) value for 2021 was 0.71 placing it in the medium human development category and was ranked 114 of 189 countries.⁵³ There was a discernible improvement in human development in the decade between 2007 and 2016, with the HDI value rising from 0.623 to 0.694 over this period. After 2016, the human development level has remained relatively constant, slightly under a value of 0.700. The main factor driving this observed change in aggregate human development was a gain in life expectancy. Life expectancy at birth rose progressively from 54.0 years in 2006 to 65.5 years in 2020, a gain of more than a decade.

Programme stakeholders

The responsibilities, interests, and concerns of the various stakeholders who (at the time of the evaluation) were associated with UNFPA programme are outlined as follows:⁵⁴

Category of stakeholders	Duties	Interests	Concerns
National and provincial departments (e.g. Departments of Social Development, Women, Youth and People with Disabilities; Health, Basic Education, Planning, Monitoring and Evaluation; Cooperative Governance and Traditional Affairs; Statistics South Africa)	Developing, implementing and monitoring policies and guidelines; provision of essential services (health, education, social protection /safety nets to the population; setting up infrastructure for social services.	Reducing multidimensional inequalities and poverty; improving access to social services.	Enhancing maternal and infant health by improving reproductive health services, strengthening health systems, promoting sexuality education, combating gender-based violence, protecting human rights, addressing inequality and poverty, and supporting vulnerable populations.
CSOs (e.g. Lovelife, Umthombo Wempile, Optidel, Soul City, Pink Drive Outreach, KZN Christian Council, Thuthuzela Care Centers, Eastern Cape Men's Movement, South Africa Coalition on Menstrual Health)	Advocacy and policy influence, service delivery and implementation, community mobilization and education, monitoring and evaluation.	Advancing sexual and reproductive, health and rights (SRHR), empowering marginalized communities, shaping policy and legislation, fostering partnerships, and strengthening organizational capacity and sustainability.	Ensuring relevance, accessibility, equity, and sustainability; enhancing quality and effectiveness; fostering engagement, building capacity, improving communication, and influencing policy through advocacy.

⁴⁹ World Bank, 2022. GDP per capita (current US\$) - South Africa, <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD>

⁵⁰ World Bank Group, <http://data.worldbank.org/country/south-africa>.

⁵¹ Statistics South Africa, 2020. How unequal is South Africa, <https://www.statssa.gov.za/?p=12930>.

⁵² Gender Series Volume XI: Women Empowerment, 2014–2024

⁵³ Human Development Report 2023. South Africa, UNDP, https://www.undp.org/sites/g/files/zskqke326/files/2023-07/sa-nhdr-2022_web_0.pdf.

⁵⁴ UNFPA CPD 2020-2025; UNFPA Annual work plans; KIs with stakeholders at national and provincial level.

Category of stakeholders	Duties	Interests	Concerns
Management, Bodily Autonomy Coalition).			
Development partners (e.g. Embassy of the Kingdom of the Netherlands, Swiss Agency for Development and Cooperation, French Embassy, Canadian Embassy, United Kingdom Foreign Commonwealth Development Office).	Providing funding, technical assistance, capacity building, policy support, monitoring and evaluation.	Improving reproductive health, supporting HIV/AIDS prevention, promoting gender equality, enhancing youth development, strengthening government systems.	Ensuring that investments in UNFPA programmes yield tangible results and impact; alignment of UNFPA programmes with national priorities; sustainability and ownership; accountability and transparency; gender equality and human rights; impact and scalability.
Programme rights-holders (e.g. women, girls, young people, men, boys, and marginalized groups such as people with disabilities, sex workers, and LGBTQ individuals, among others).	Participating in programmes activities; providing feedback; respecting their rights and responsibilities to access services.	Rights-holders seek access to quality sexual and reproductive health services, youth-friendly support, empowerment, autonomy, social and economic development, and the protection of their human rights.	Stigma and discrimination; access to services; quality of services; sustainability and continuity.

2.1.2 Challenges and national strategies for SRHR and HIV/AIDS

In 2022, the institutional maternal mortality ratio (iMMR) was 109.6 maternal deaths per 100 000 live births.⁵⁵ This is a decrease from 2021 (148.1) and 2020 (126.1). This shows that the increased iMMR during the first two years of the COVID-19 pandemic has been reversed, with the 2022 iMMR approaching the pre-pandemic level (98.8 in 2019). According to the South African Demographic and Health Survey (SADHS) 2016, births to mothers below the age of 20 years were more likely to be assisted by a skilled health provider (98 per cent).⁵⁶ The vast majority (94 per cent) of births for women aged 35-49 years were also assisted by skilled health personnel. In the five years preceding the survey, 96 per cent of births were attended by a skilled health provider (Statistics South Africa, 2017). Data from the 2016 SADHS show that the majority (76 per cent) of women attended an antenatal clinic four (4) or more times during pregnancy.

According to the 2016 SADHS,⁵⁷ knowledge of contraceptives⁵⁸ is universal in South Africa. Nearly 100 per cent of women and men aged 15-49 years had heard of at least one method of contraception. On average, women and men had heard of eight and six methods of contraception, respectively. The total fertility rate in 2022 was 2.3 births per woman and the peak age group for childbearing was 20-24 years. In the SADHS 2016 report, 15.0 per cent of currently married women had an unmet need for family planning (FP). For sexually active unmarried women, 24.0 per cent of women had an unmet need for FP (Statistics South Africa, 2017). Utilisation of modern contraceptive methods to prevent unplanned pregnancies was measured using the composite indicator couple year protection rate (CYPR). The year-on-year average CYPR was lower in 2020/2021 (40.8 per cent) and 2021/2022 (37.0 per cent), than in the pre-pandemic year when it was 46.8 per cent ($p=0.04$; pre-pandemic versus pandemic period).

The 2022 Mid-Year Population Estimates indicated that 13.9 per cent of the total population were HIV positive.⁵⁹ Almost a fourth of South African women in their reproductive ages (15-49 years) were HIV positive. HIV prevalence among the youth aged 15- 24 years has remained stable over time. The total number of persons living with HIV (PLHIV) in South Africa increased from an estimated 3.68 million in 2002 to 8.45 million by 2022. HIV prevalence varies across provinces and KwaZulu-Natal and Gauteng provinces constituted almost half of the total burden of HIV in the country.⁶⁰ The top five

⁵⁵ Saving Mothers Report, 2022

⁵⁶ South African Demography Health Survey 2016

⁵⁷ 2016 SADHS

⁵⁸ Contraceptive prevalence rate: Percentage of women who use any contraceptive method. Sample: All women aged 15-49 years, in-union women aged 15-49 years, and sexually active women aged 15-49.

⁵⁹ Statistics South Africa, 2022. Mid-year Population Estimates.

⁶⁰ SANAC. National Strategic Plan on HIV, TB and STIs 2017-2022.: https://www.gov.za/sites/default/files/gcis_document/201705/nsp-hiv-tb-stia.pdf

provinces (Gauteng, Eastern Cape, Mpumalanga, KwaZulu-Natal and Limpopo) constituted almost 80 per cent of all new infections in 2021.⁶¹

National strategies for SRHR and HIV

South Africa made a commitment to provide an integrated package of sexual and reproductive health and rights (SRHR) services to all individuals as part of its Primary Health Care (PHC) services. The package of reproductive health services is integrated as part of Primary Health Care. Adolescent and youth friendly services are offered in all PHC facilities. Emphasis on AYFS is part of the Ideal Clinic Model.⁶² The South Africa Ideal Clinic Model is an initiative designed to improve the quality of primary healthcare services in South Africa. It is a health-system strengthening model that builds on the strengths of SA's HIV programme to deliver integrated care to clients with chronic and/or acute diseases or requiring preventive services. The government had 3.7 million people initiated on antiretroviral therapy as of December 2016,⁶³ resulting in a sharp increase in national life expectancy from 58.3 years in 2011 to 62.4 years, in 2015. Of the estimated 7.8 million people living with HIV in South Africa in 2023 (12.6 per cent of the population), just under 5.9 million were on treatment, which translates to treatment coverage of 75 per cent, or one in every four people living with HIV not being on treatment. In response to the HIV epidemic and during the 5th CP period (2020-2025), the government launched the 4th and 5th National Strategic Plans for HIV, TB and STI.⁶⁴

2.1.2 Challenges and national strategies for adolescents and youth

Young people under the age of 25 years currently make up 42.9 per cent of the population. This demographic structure poses significant challenges in terms of providing adequate education, employment opportunities, and preventing youth-related social issues such as crime and substance abuse.⁶⁵ For fertility among young women, 9 per cent of women aged 15-17 years and 16 per cent of women aged 15-19 years have begun childbearing.⁶⁶ The adolescent birth rate (71 per 1,000 girls aged 15-19 years) is higher than the global average, despite progressive laws facilitating access to adolescent sexual and reproductive health services from age 12 years. Teenage pregnancy is 16 per cent for girls aged 15-19 years, resulting from early sexual debut and rape, with consequences of unsafe abortions and sexually transmitted infections, including HIV. The number of births to young teenagers aged 10 -14 years increased by 48.7 per cent (from a baseline of 2 726, which is very high by developed-country standards) and the birth rate per 1,000 girls in this age category increased from 1.1 to 1.5.⁶⁷ According to the 2016 SADHS, births to mothers under age 20 years were more likely to be assisted by a skilled health provider (98 per cent).⁶⁸

National strategies for adolescent and youth

The government is committed to provide an integrated package of sexual reproductive health and rights (SRHR) services to all individuals as part of its Primary Health Care (PHC) services.⁶⁹ South Africa integrates Adolescent and Youth Friendly Services (AYFS) into Primary Healthcare (PHC) to ensure young people access essential SRHR information. These services are available in all PHC facilities as part of the Ideal Clinic Model. The National Department of Health (NDOH) aims to enhance SRHR and HIV prevention by introducing *Digital Self-Care for SRHR services*. This targeted approach seeks to improve access to integrated care, addressing the SRHR needs of women of childbearing age, including adolescent girls and boys, through innovative digital solutions for better health outcomes in South Africa.⁷⁰ The government committed to implementing Comprehensive Sexuality Education (CSE) in and out of schools, integrating it with SRHR services. This involves parents, communities, leaders, and youth. Introduced in 2000 through Life Orientation and Life Skills, CSE aims to provide clear, accurate guidance on sex, sexuality, gender, and relationships, avoiding confusion and misinformation for learners.

⁶¹ National Strategic Plan for HIV, TB and STIs (NSP) 2023-2028

⁶² The South Africa Ideal Clinic Model is an initiative designed to improve the quality of primary healthcare services in South Africa. It is a health-system strengthening model that builds on the strengths of SA's HIV programme to deliver integrated care to clients with chronic and/or acute diseases or requiring preventive services.

⁶³ National Strategic Plan for HIV, TB and STIs (NSP) 2017-2022

⁶⁴ 4th National Strategic Plan for HIV, TB and STI (2017-2022); 5th National Strategic Plan (2023-2028).

⁶⁵ Status of the Youth Report, 2022. <https://www.nyda.gov.za/Portals/0/downloads/NYDA%20Status%20of%20Youth%20Report%202022.pdf>.

⁶⁶ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

⁶⁷ <https://lovelife.org.za/programmes/healthy-lifestyles/teenage-pregnancy-continues-to-rise-in-south-africa/>

⁶⁸ SADHS 2016

⁶⁹ National Health Strategic Plan

⁷⁰ National Digital Health Strategy for South Africa 2019 - 2024

2.1.3 Challenges and national strategies for gender and social norms

Gender inequality, harmful sociocultural norms, and gaps in implementing legal and constitutional frameworks on gender-based violence, contribute to violence in South Africa, with the highest incidence of rape per capita in the world.⁷¹ In 2016, one in five of ever-partnered women aged 18 years and older experienced physical violence by a partner, and 6 per cent of women aged 18 years and older experienced sexual violence.⁷² In 2019 the South African police authorities reported a 3.9 per cent increase in rape cases from 2014 levels, with intimate partner femicide as a leading cause of murders.⁷³ In 2020, The South African Police Service reported 14,333, cases of elder abuse, with 71 per cent being female victims. The main types of gender-based violence among the elderly included physical abuse (48 per cent), emotional abuse (34 per cent); financial abuse (21 per cent), neglect (17 per cent) and sexual abuse (12 per cent). According to the African Health Organization 2023/2024,⁷⁴ between April 2022 and March 2023, 53,498 sexual offences (including 42,780 rapes) were recorded nationally by the South African police authorities.⁷⁵ Furthermore, South Africa recorded 10,516 rapes, 1,514 cases of attempted murder, and 14,401 assaults against female victims in July, August, and September 2023.

National strategies on gender and social norms

The Constitution of South Africa (Act 108 of 1996) provides an enabling framework that has guided the introduction of policies and laws to enforce transformation, non-discrimination; non sexism and equality for women in the country.⁷⁶ The legal framework encompasses laws that promote socio-economic development, safeguard women's rights and dignity, and ensure equal representation in government, decision-making, and leadership. It addresses women's access to justice, safety, economic empowerment, financial inclusion, and equitable employment conditions. Additionally, it integrates women into sustainable development, climate change initiatives, and the environmental sector, highlighting their role across diverse areas of governance.⁷⁷ The 2019 Presidential Emergency Plan on Gender-based Violence and Femicide proposes prevention measures and legislative reforms, alongside partnerships with multisectoral institutions, communities, men and boys.⁷⁸ In addition, the government of South Africa has tightened laws around gender-based violence and femicide, including amendments to the Domestic Violence Act 14 of 2021, Sexual Offences Act 2021 and laws governing the access to justice for women and development of a National Strategic Plan to end Gender-based violence and Femicide.⁷⁹ The commitment by the GoSA to improve access to gender-based violence services, a R1.6 billion Emergency Response Action Plan on Gender-based violence and Femicide represents the latest example of government efforts to invest in expanding gender-based violence service access.⁸⁰ Non-governmental organizations (NGOs) also play a significant role in the gender-based violence response, in terms of advocacy, prevention, and response.⁸¹

2.1.4 Challenges and national strategies for population change and data

The key challenges regarding population and development in South Africa include the impacts of poverty, unemployment, inequality, HIV/AIDS and migration patterns. The 2022 census enumerated a total population of 62.02 million people comprising 51.5 per cent female and 48.5 per cent male.⁸² The population structure of South Africa in 2022 compared to the 2011 data is shown in the Figure 3. It shows a declining young population and an increasing older population.

⁷¹ UNFPA SA 5th CPD 2020-2025

⁷² SA Demographic Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

⁷³ South African Police Annual Report 2019, https://www.gov.za/sites/default/files/gcis_document/202012/south-african-police-service-annual-report-20192020.pdf.

⁷⁴ Gender Based Violence Fact Sheet: South Africa | Africa Health Organisation (aho.org)

⁷⁵ South African Police Service Annual Report, 2023.

https://www.saps.gov.za/about/stratframework/annual_report/2022_2023/Annual-Report-2022-23-final-draft-2023-10-12.pdf

⁷⁶ The Constitution of South Africa (Act 108 of 1996)

⁷⁷ Jennifer Sherwood, Elise Lankiewicz, Brooke Wurst, Cara Guenther, Elizabeth Saltonstall, Nozipho Zungu and Brian Honermann, (2020) , A Rapid Assessment of Violence Crisis Services during COVID-19 Lockdowns in South Africa

⁷⁸ Presidential Emergency Plan on Gender-based Violence, 2019.

https://www.parliament.gov.za/storage/app/media/OISD/Reports/Commission_for_Gender_Equality/2023/28-06-2023/CGE_ERAP_Report.pdf.

⁷⁹ National Strategic Plan on Gender-Based Violence and Femicide, <https://www.justice.gov.za/vg/gbv/nsp-gbv-final-doc-04-05.pdf>.

⁸⁰ Interim Steering Committee on Gender-Based Violence and Femicide. Emergency Response Action Plan on Gender-Based Violence and Femicide. 2020.

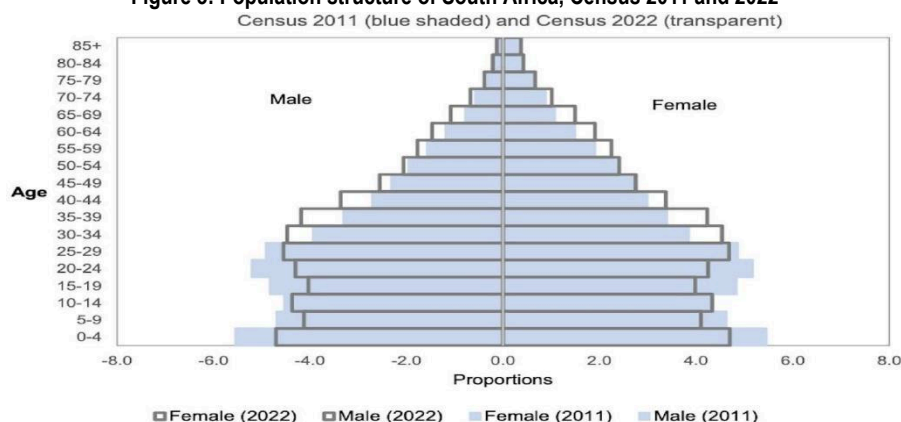
<http://www.thepresidency.gov.za/download/file/fid/1853> (accessed 23 June 2024)

⁸¹ Centre for the Study of Violence and Reconciliation. Mapping local gender-based violence prevention and response strategies in South Africa. Braamfontein.

<https://www.csvr.org.za/pdf/Mapping-gender-based-violence-prevention-and-response-strategies.pdf>

⁸² Statistics South Africa, 2023. Population Census 2022, https://census.statssa.gov.za/assets/documents/2022/P03014_Census_2022_Statistical_Release.pdf

Figure 3: Population structure of South Africa, Census 2011 and 2022



Source: Statistics South Africa, Population Census 2022

Life expectancy at birth increased to 65 years in 2024, up from 54 years in 2003. Maternal and infant mortality rates have significantly declined, with the maternal mortality ratio falling to 35 per 1,000 live births in 2016. The infant mortality rate is now 24.3 per 1,000, down from 45 in 1998.⁸³ The total fertility rate is 2.3 births per woman, a decline from 2.9 in 1998.⁸⁴

National strategies for population and development

Statistics South Africa (Stats SA) has the role to collect and disseminate official demographic statistics. Stats SA uses the South African Statistical Quality Assurance Framework (SASQAF), to set criteria for quality demographic data.⁸⁵ The framework defines data quality as "fitness for use" across eight dimensions: relevance, accuracy, timeliness, accessibility, interpretability, coherence, methodological soundness, and integrity. To address the youth bulge, South Africa is enacting policies that enhance education and employment, such as the National Youth Policy 2020-2030, which focuses on skills development, entrepreneurship, and job creation schemes.⁸⁶ South Africa has been a supporter of the ICPD Programme of Action since its inception in 1994. The ICPD framework emphasizes the importance of integrating population dynamics, SRHR into national development strategies.⁸⁷

2.2 Role of external assistance

External assistance in the form of Official Development Assistance (ODA) plays a crucial role in supporting South Africa's development goals. ODA has been instrumental in addressing various socio-economic challenges, enhancing institutional capacities, and fostering sustainable development. Unlike other African countries, South Africa is not as heavily reliant on ODA.

Trends of ODA

⁸³ South Africa Demographic and Health Survey 2016, <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>.

⁸⁴ Statistics South Africa, 2022. Mid-year Population Estimates, <https://www.statssa.gov.za/publications/P0302/P03022022.pdf>.

⁸⁵ Statistics South Africa, 2010. South African Statistical Quality Assurance Framework, https://www.statssa.gov.za/standardisation/SASQAF_OpsGuidelines_Edition_1.pdf.

⁸⁶ National Youth Policy 2020-2030, https://www.gov.za/sites/default/files/gcis_document/202103/nationalyouthpolicy.pdf.

⁸⁷ ICPD and Human Rights: 20 years of advancing reproductive rights through UN treaty bodies and legal reform, https://www.unfpa.org/sites/default/files/pub-pdf/icpd_and_human_rights_20_years.pdf

Between 2018 and 2022, South Africa received significant amounts of ODA, with a notable fluctuation in both the absolute value and the percentage of Gross National Income (GNI) allocated to ODA. According to data from the OECD,⁸⁸ Net ODA to South Africa was \$366.61 billion in 2018, which increased to \$406.04 billion by 2022. This represents a growth of approximately 10.8 per cent over the five-year period. The percentage of GNI allocated to ODA also varied, reaching a peak of 0.4 per cent in 2020, likely in response to the COVID-19 pandemic, before stabilizing at 0.3 per cent in the following years. Table 7 below provides a snapshot of the trends in ODA to South Africa from 2018 to 2022.

Table 7: Net ODA⁸⁹ (US Billions) and of GNI:⁹⁰

Year	Net ODA (US\$ Billions)	% GNI
2018	366.61	0.2
2019	391.40	0.3
2020	359.56	0.4
2021	388.63	0.3
2022	406.04	0.3

⁸⁸ OECD. (2022a). Official Development Assistance (ODA).

⁸⁹ South Africa GNI 1960 to 2024: <https://www.macrotrends.net/global-metrics/countries/ZAF/south-africa/gni-gross-national-income>

⁹⁰ Net ODA received (% of GNI): South Africa. <https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS>

CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 United Nations and UNFPA strategic response

3.1.1 UN and UNFPA response

The United Nations Country Team (UNCT)⁹¹ works in partnership with and supports the Government of South Africa towards achieving its national development priorities and results. The partnership is guided by the United Nations Sustainable Development Cooperation Framework (UNSDCF) for South Africa.⁹² It outlines the UN development system's collective commitment to support sustainable development in South Africa in line with national, regional, and global development priorities. The UNSDCF priorities are well aligned to South Africa's long-term National Development Plan (NDP) Vision 2030,⁹³ which recognizes the environment and science and technology as central drivers of change, and the Medium-Term Strategic Framework (MTSF) 2019-2024,⁹⁴ and firmly anchored in the 2030 Agenda for Sustainable Development and the UN Charter. The development of the framework was led by the Government and guided by the UN Development Group (UNDG) programming and other related international principles, including a human rights based approach, the 2030 Agenda for Sustainable Development to ensure greater focus on UNFPA's transformational results (e.g. a) *ending the unmet need for family planning*; b) *ending preventable maternal deaths*; and c) *ending gender-based violence and harmful practices*).⁹⁵ The framework is also being evaluated this year to assess its effectiveness and impact in achieving the set development goals. Through document review, the 5th CP was deemed to be contributing directly to Sustainable Development Goals 1 (No poverty), 3 (Good health and well-being), 5 (Gender equality), 10 (Reduce inequalities), 16 (peace, justice and strong institutions) and 17 (Partnership for the goals).⁹⁶ The UNFPA Country Office was reported to be an active partner within the UNCT.

SA is classified as upper middle-income country (MIC) due to the following factors: (a) GDP per capita (US\$6,766), which exceeds the World Bank's middle-income threshold (US\$3,955-US\$12,235); (b) the steady economic growth, with GDP growth averaging 2.5 per cent annually (2010-2020); and (c) heavy infrastructure development including transportation, energy, and telecommunications. As a result of this situation, the UN system and UNFPA had to adapt their roles to South Africa's development trajectory as an upper middle-income country (UMIC), balancing traditional development assistance with policy advocacy and capacity-building. The UNSDCF is the blueprint for the UN's assistance to the GoSA and it focuses on four priorities namely: (1) Inclusive, just, and sustainable economic growth; (2) Human capital and social transformation; (3) Effective, efficient, and transformative governance and (4) Climate resilience and sustainably managed natural resources. However, the signing of the UNSDCF has been delayed and this may lead to delays in the implementation of development projects and programmes, ultimately hindering the country's progress towards achieving the SDGs.

The UN including UNFPA adapted its role to South Africa's development trajectory as an UMIC, balancing traditional development assistance with policy advocacy and capacity-building. The collective contributions of the UN in SA among others have been addressing the weak coordination within the government levels. However, despite these efforts, challenges persist. The South African government's intergovernmental system, comprising national, provincial, and local levels, is complex. Despite UN-government partnerships aiding coordination, challenges persist. High income inequality, with a Gini coefficient of 0.65, sees the top 10% holding 71% of national income. Additionally, about 55% of the population lives below the upper-middle-income poverty line (US\$5.50/day), and unemployment rates are high. These factors, alongside multidimensional inequalities in health, education, and social protection, exacerbate poverty and inequality in the country. Due to the above situation, UNFPA needs to engage with government rigorously to make an impact through the following among others:

- Ensure policies address the specific needs and challenges of diverse groups, including women, youth, people with disabilities, and rural communities;

⁹¹ UNCT comprises of 20 resident and 4 non-resident UN agencies, funds and programmes headed by the UN RC [FAO, IFAD, IFO, ILO, IOM, OHCHR, UNAIDS, UNDP, UNDSS, UNEP, UNESCO, UNHCR, UNICEF, UNIDO, UNODC, UN Women, WB and WHO UNFPA, (Non-resident: UN Habitat, UN University -WIDER, ECA, ITC, IMF)]; UNCT Annual Results Report 2023

⁹² UNSDCF 2020-2025.

⁹³ National Development Plan (NDP) Vision 2030 Our Future - make it work

⁹⁴ South Africa's Medium-Term Strategic Framework (MTSF) 2019-2024

⁹⁵ UNFPA Strategic Plan, 2022-2025

⁹⁶ UNFPA South Africa Country Programme Document (2020-2025).

- Promote policies that redistribute resources, such as land reform, progressive taxation, and social welfare programmes, to reduce economic inequalities;
- Establish robust accountability mechanisms, such as independent oversight bodies and citizen-led monitoring initiatives, to ensure policymakers are held accountable for addressing inequalities;
- Utilize data and research to inform policymaking, track progress, and identify areas for improvement.

Other UN agencies, which were undertaking country programme evaluations as UNFPA included UNICEF and as such there was a potential risk of competing time schedules with stakeholders. Therefore, the evaluation team liaised with SACO and consultants who were conducting other agency assessment/ evaluations to harmonise the interview schedules.

3.1.2 Link of CPD outputs with UNFPA SP outcomes

The link between the CPD 2020-2025 outputs and the outcomes of UNFPA Strategic Plan 2022-2025^{97,98,99} is shown in Table 8.

Table 8: Link between CPD 2020-2025; and UNFPA Strategic Plan 2022-2025

CPD 2020-2025 Outputs	UNFPA Strategic Plan 2018-2021	UNFPA Strategic Plan 2022-2025
Output 1.1 (Adolescents and Youth): Young people in targeted provinces are equipped with knowledge and skills to make informed decisions on sexual and reproductive health and rights, HIV and gender; and actively participate in development.	Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated.
Output 1.2 (Adolescents and Youth): Strengthened institutional capacity to deliver youth-friendly and integrated sexual and reproductive health and rights, HIV and gender-based violence services at all levels.	Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated.
Output 2.1 (Gender and Social Norms): Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norms affecting women and girls.	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.
Output 2.2 Gender and Social Norms): Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence.	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.
Output 3 (Population Change and Data): Strengthened capacities at national and provincial levels to map, analyze and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities (Population change and data).	Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.	

⁹⁷ UNFPA South Africa Country Programme Document (2020-2025).

⁹⁸ UNFPA Strategic Plan (2018-2021)

⁹⁹ UNFPA Strategic Plan (2022-2025).

3.2 UNFPA response through the Country Programme

UNFPA South Africa CP is classified as yellow (Tier 2) meaning that the CP is striving to attain one of the indicator thresholds of the transformative results¹⁰⁰ namely (a) ending the unmet need for family planning (FP); (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriages. The 5th CP 2020-2025 was developed while the UNFPA Strategic Plan 2018-2021 was running, and it is operational during the period of the UNFPA SP 2022-2025.

3.2.1 UNFPA South Africa's response through the 5th CP (2020-2025)

The development of the 5th CP was a consultative, multi-stakeholder participatory process led by the Government in collaboration with the UNCT and other partners.¹⁰¹ The 5th CP prioritizes interventions at national level, with a focus on closing inequality gaps at some of the most unequal provinces which are the Eastern Cape, KwaZulu-Natal and Limpopo provinces, in line with the 2019 presidential integrated districts approach to sustainable development. These provinces have the highest headcount of adult poverty with Limpopo at 67.5 per cent, Eastern Cape at 67.3 per cent and KwaZulu-Natal at 60.7 per cent.¹⁰²

The previous 4th CP prioritised 2 provinces (KwaZulu Natal and Eastern Cape),¹⁰³ a reduction from the 4 provinces (KwaZulu-Natal, Eastern Cape, Limpopo and the Free State), which were covered in the 3th CP. The 4th CP focused on programmatic areas covered in the 3rd CP – sexual and reproductive health, gender and population dynamics and added a specific focus on the adolescents and youth programme area.

The programme interventions focus on evidence-based policy dialogue, advocacy and knowledge management to guide scaling-up of best practice models, while targeted capacity development at national and provincial levels will advance reaching those furthest behind. At the national level, the 5th CP overall national oversight and the focus is on inclusive policy implementation, targeted programming, development and updating of guidelines, strengthening systems for data disaggregation and enhancement of South-to-South and triangular cooperation. At provincial levels, the UNFPA provincial leads are the custodians of implementation in the selected targeted districts and the focus is on evidence generation and use of disaggregated data to inform targeted policies and scaling up programme implementation.

The CP had a total budget of US\$11.9 million, of which US\$6.4 million was from regular resources and US\$5.5 million through co-financing modalities and/or other resources. The budget covered three programmatic areas namely: 1) AY US\$4.9 million (41.2 per cent), 2) GEWE \$4.8 million (40.3 per cent), and 3) PD US\$61.2 million (10.1 per cent). Programme coordination and assistance was allocated US\$1.0 million (8.4 per cent). The allocation per thematic area is shown in Table 9.

Table 9: Allocation of budget (2020-2025) (US\$)

	Thematic area	Regular resources US\$ 'millions)	Other resources (US\$ 'millions)	Total US\$ 'millions)	Proportion %
1	Adolescents and youth	1.9	3.0	4.9	41.2
2	Gender and social norms	2.3	2.5	4.8	40.3
3	Population change and data	1.2	-	1.2	10.1
4	Programme coordination and assistance	1.0	-	1.0	8.4
	Total	6.4	5.5	11.9	100

Source: UNFPA SA CPD 2020-2025.

¹⁰⁰ UNFPA Strategic Plan 2022-2025 (page 9)

¹⁰¹ UNFPA South Africa Country Programme Document (2020-2025)

¹⁰² Statistics South Africa, 2019. Facts about Poverty in South Africa, <https://www.statssa.gov.za/?p=12075>

¹⁰³ UNFPA South Africa CPD (2013 – 2019)

Key lessons from the CPE of 4th Country Programme (2013-2019)¹⁰⁴

An external independent evaluation of the UNFPA 4th CP was conducted during 2018 and the following key lessons were highlighted and below each lesson is an indication (in italics) of how it has been incorporated in the design of the 5th CP:

- (a) High-level ownership and leadership of the 4th Country Programme by government contribute greatly to successful implementation of programme interventions. In this respect, the 4th CP was signed-off by the Cabinet and relevant sector departments.
The 5th CP will be coordinated by the DSD through a National Coordination Forum, which convenes six other Departments and partners involved in implementation.¹⁰⁵
- (b) Levering of government resources (financial and human resources) to a large extent mitigated the impact of the UNFPA Country Office staff and budget cuts and contributed to achievement of 4th CP results.
The GoSA regularly contributes to UNFPA regular resources annually. As per the SA Integrated Partnerships and Resource Mobilisation Plan,¹⁰⁶ UNFPA will advocate and leverage government to increase allocation of resources for SRHR, HIV, Gender-based violence at all levels for identified priorities. According to the 5th CP Document (2202-2025) paragraph 20, the resource mobilization, partnership and communication plans will be reviewed periodically to ensure responsiveness to prevailing realities, including use of United Nations joint programmes to secure funding from Government, donors and private sector.
- (c) High-level technical expertise is a key requirement for UNFPA Country Office's effectiveness in supporting advocacy, policy dialogue and knowledge management.
As per the 5th CP Document (2020-2025) paragraph 21, the country programme will be delivered by UNFPA staff at country level and supported by the regional and headquarter offices, including the Middle-Income Technical Hub and Regional Operations Shared Service Centre. A human resources alignment exercise was undertaken in 2020 to ensure adequate skills mix for effective and efficient programme delivery.
- (d) UNFPA Country Office generated and utilised evidence to inform programming to ensure effective targeting of the most vulnerable adolescents, youth and women.
As per the 5th CP Document (2020-2025) paragraph 12, at provincial levels, focus will be on evidence generation and use of disaggregated data to inform targeted policies and scaling up programme implementation.
- (e) Involvement of young people in programming and other decision-making processes is key in ensuring the country programme supported interventions are responsive to the needs of and utilise approaches appropriate for young people.
The above lesson was incorporated into the 5th CP under the thematic component of Adolescents and Youth.¹⁰⁷ Output 1 states - Young people in targeted provinces are equipped with knowledge and skills to make informed decisions on sexual and reproductive health and rights, HIV and gender, and actively participate in development.
- (f) Gender mainstreaming across all 4th CP outcome areas enhances programme effectiveness but it takes time to develop gender analysis and programming expertise.
Document review of UNFPA Annual work plans and annual progress reports shows that across all thematic components of the 5th CP, there is gender mainstreaming and a focus on the production of gender disaggregated data.

3.2.2 GoSA/UNFPA 5th CP

The following sub-sections describe the intervention logic in the thematic components of the GoSA/UNFPA 5th CP.

¹⁰⁴ UNFPA CPE of 5th Country Programme (2020-2025)

¹⁰⁵ 5th Country Programme Document (2020-2025) Approved June 2020

¹⁰⁶ Document review of the SA Integrated Partnerships and Resource Mobilisation Plan (Feb 2020)

¹⁰⁷ UNFPA Annual Work Plans (2020 – 2024)

3.2.1.1 *The Intervention logic in the AY component*

Output 1.1: *Adolescents and young people, including those left furthest behind in targeted provinces, are equipped with knowledge, skills and personal agency to make informed decisions on their SRHR and rights; and actively participate in youth development issues.*

The intervention logic for **Output 1.1** builds on the following programme interventions:

- a) Mobilization and engagement with community actors to improve uptake of integrated sexual and reproductive health and rights, HIV and gender-based violence services by young people and key populations.
- b) Generation of evidence on social determinants to guide targeted actions for young people's well-being and development.
- c) Institutionalization and scale-up of CSE for in-school and out-of-school youth, including in higher educational institutions, to improve responsible transition to adulthood and agency.
- d) Use of innovative social behavioural change communication approaches and platforms to increase knowledge and skills and promote empowerment of young people and key populations to make informed choices on their SRHR and well-being.

Output 1.2: *Strengthened institutional capacity to deliver rights-based, youth-friendly and integrated comprehensive sexual and reproductive health and rights services including HIV, gender-based violence services and menstrual and mental health at all levels.*

The intervention logic for Output 1.2 builds on the following programme interventions:

- a) Policy implementation and monitoring of the National Youth Policy 2020-2030; national strategic plan on HIV/AIDS, tuberculosis and sexually transmitted infections; national strategic plan on sex workers and HIV; integrated school health policy and the national adolescent sexual reproductive health and rights framework strategy
- b) Promoting inclusion of a comprehensive sexual and reproductive health package, including youth-friendly FP and maternal health services, within the national health insurance to achieve universal health coverage;
- c) Streamlining data management and referral systems across SRHR, HIV and gender-based violence service provision platforms.
- d) Capacity building for the provision of high quality, integrated adolescent and youth-friendly information and services including sexual and reproductive health, HIV and gender-based violence.
- e) Promoting multisectoral partnerships at national and provincial levels, including with civil society and the private sector, to advance youth leadership, asset building and improved livelihoods for young people.

3.2.1.2 *The Intervention logic in the GSN component*

Output 2.1: *Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norms, unequal power relations disproportionately affecting women and girls and hindering the achievement of transformative.*

This will be achieved by prioritization of capacity development and mobilization of community actors

The intervention logic for Output 2.1 builds on the following programme interventions:

- (a) Promote women's empowerment through social norms changes.
- (b) Prevent stigma and discrimination through positive community actions.
- (c) Strengthen engagement with men and boys to promote gender equality and healthy non-violent masculinities at national and targeted provincial levels.
- (d) Promote civil society participation in multi-sectoral coordination of interventions on gender equality, elimination of harmful practices, and prevention and response to gender-based violence at national and targeted provinces.
- (e) Strengthening the national gender machinery with establishment of the gender-based violence and femicide council and contributing to the Presidential Emergency Plan on Gender-based Violence, National Strategic Plan on Gender-based Violence and Femicide.
- (f) Supporting generation and analysis of strategic evidence in line with a gender indicator framework including undertaking a national prevalence study to inform rights-based policies, laws and programmes that advance gender equality, prevent and respond to gender-based violence.

- (g) Advocacy and capacity enhancement of policy-makers and programme managers to facilitate gender-responsive planning, budgeting, monitoring and reporting in targeted provinces.

Output 2.2: *Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence.*

The 5th CP shall contribute to the implementation of multi-sectoral policies and plans by public and private-sector institutions.

The intervention logic for Output 2.2 builds on the following programme interventions:

- (a) Strengthening the national gender machinery with establishment of the gender-based violence and femicide council and contributing to the Presidential Emergency Plan on Gender-based Violence, National Strategic Plan on Gender-based Violence and Femicide.
- (b) Supporting generation and analysis of strategic evidence in line with a gender indicator framework including undertaking a national prevalence study to inform rights-based policies, laws and programmes that advance gender equality, prevent and respond to gender-based violence.
- (c) Advocacy and capacity enhancement of policymakers and programme managers to facilitate gender-responsive planning, budgeting, monitoring and reporting in targeted provinces.

3.2.1.3 The Intervention logic in the PCD component

Output 3: *Strengthened capacities at national and provincial levels to map, analyse and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities (Population change and data).*

The intervention logic for Output 3 builds on the following programme interventions:

- a) Mapping available primary and secondary population data.
- b) Strengthening generation, analysis and synthesis of data disaggregated by age, sex, disability, and other variables from the 2021 Population and Housing Census and relevant studies.
- c) Supporting institutional capacity building at provincial level on disaggregated data generation, analysis and use for implementation.
- d) Advocacy and policy dialogue to improve planning, response and focus on linkages between population dynamics and sustainable development, including migration and climate change.
- e) Documenting lessons learned from integrated service delivery models in targeted provinces for national scale-up and knowledge sharing.
- f) Strengthening collaboration on population data generation and analysis to monitor and evaluate SRHR interventions at national and provincial levels.
- g) Promoting South-South and triangular cooperation (SSTC) on disaggregated data generation and use, leveraging strong statistical systems and knowledge exchange platforms within Southern Africa, and with emerging markets and developing economies.

Modes of engagements: In order to contribute to the above thematic areas, UNFPA South Africa followed five modes of engagement namely:¹⁰⁸

- i) Advocacy and policy dialogue.
- ii) Knowledge generation and sharing
- iii) Capacity development.
- iv) Partnerships and coordination.

3.2.1.4 Measurement of achievement in planned targets

The progress in the indicators will be assessed for each thematic area by an analysis of the results and resources measurement framework. This will be done for each of the output and outcome indicators in order to measure the achievement of each indicator based on the target.

¹⁰⁸ UNFPA South Africa CPD 2020-2025; UNFPA Strategic Plan 2022-2025

3.2.3 Financial structure of the 5th CP

3.2.3.1 Allocation of budget, 2020-2025

UNFPA initially committed US\$11.9 million over the five years of the programme of assistance to the Government of South Africa (2020-2025), of which US\$6.4 million (54 per cent) was to be obtained from regular resources and US\$5.5 million (46 per cent) through co-financing modalities and/or other resources as shown in Table 10.

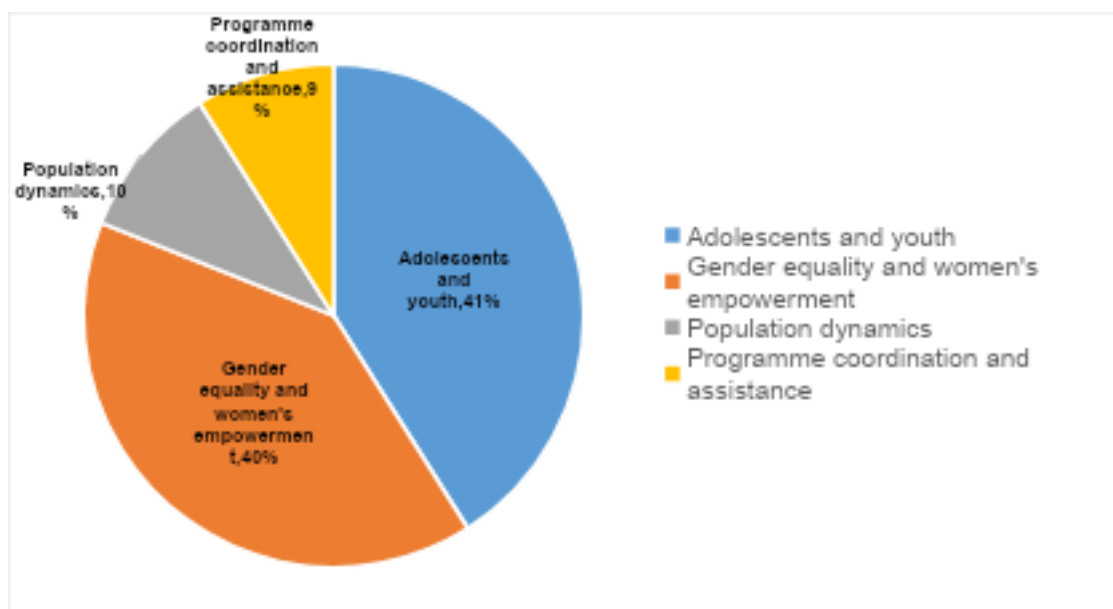
Table 10: 2020-2025 Budget allocation (US\$)

Figures in millions of US\$					Funding source allocation		Outcome allocation as % of total budget
Outcome	Strategic Plan outcome area	Regular resources	Other resources	Total	Regular	Other	
Outcome 2	Adolescents and youth	1.9	3.0	4.9	39%	61%	41%
Outcome 3	Gender equality and women's empowerment	2.3	2.5	4.8	48%	52%	40%
Outcome 4	Population dynamics	1.2	-	1.2	100%	0%	10%
Programme coordination and assistance		1.0	-	1.0	100%	0%	8%
Total		6.4	5.5	11.9	54%	46%	100%

Source: UNFPA CPE South Africa Country Programme Document (2020-2025).¹⁰⁹ (and ET analysis)

The budget allocation for the outcomes 'Adolescents and Youth' (41 per cent) and 'Gender Equality and Women's Empowerment' (40 per cent) was nearly equal. For Adolescents and Youth, 39 per cent came from regular resources and 61 per cent from other resources. For GEWE, 48 per cent was funded by regular resources and 52 per cent from other resources. The PD component was 10 per cent from regular funds. The budget allocation to the two outcomes 'Adolescents and youth' and 'Gender equality and women's empowerment' was more less the same (41 per cent) and (40 per cent) respectively. The allocations to the thematic components are shown diagrammatically in Figure 4.

Figure 4: Allocation as percentage of total budget



Source: UNFPA South Africa Country Programme Document (2020-2025)

¹⁰⁹ UNFPA SA Country Programme Document (2020-2025); UNFPA SA Financial Report by end of December 2023.

3.2.3.2 Evolution of overall budget and expenditure, 2020 - 2023

As of 31 December 2023, the overall budget expenditure stands at 78%, covering both regular and other resources. Budget utilization peaked in 2020 at 98%, when the project began, then dropped to 79% in 2021. It rose to 85% in 2022 but decreased significantly to 55% in 2023. The detailed picture is shown in Table 11.

Table 11: Evolution of overall budget and expenditure (US\$)

Description	2020	2021	2022	2023	Total
Budget	2,787,855	1,886,490	3,167,685	3,191,230	11,033,260
Expenditure	2,731,577	1,494,836	2,679,879	1,742,089	8,648,381
Budget utilisation rate	98%	79%	85%	55%	78%

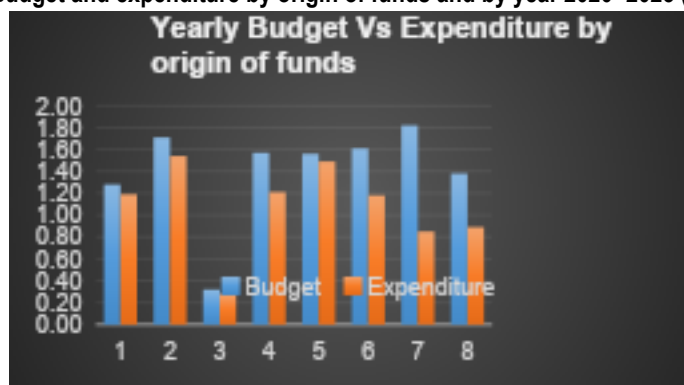
Source: UNFPA South Africa Cognos

Key: Green colour represents adequate utilisation of funds; Yellow colour represents sub-optimal utilisation.

3.2.3.3 Budget and expenditure by origin of funds and by year

The total fund budgeted and available was higher for regular resources (RR) mobilized sources than the - other resources (OR) in each the years 2020 up to 2022, however, in 2023, the regular resources were than 'other resources' as shown in Figure 5.

Figure 5: Budget and expenditure by origin of funds and by year 2020- 2023 (US\$ million)



Source: UNFPA SACO Atlas 2020 – 2023

The overall budget and expenditure evolution over the four years is shown pictorially in Figure 5.

Figure SEQ Figure 1" ARABIC 5: Evolution budget and expenditure 2020-2023

Source: UNFPA SA Atlas 2020 – 2023

3.2.3.4 Mobilized resources by development partner

The Institution for programmes committed the largest share (44.2 per cent) of UNFPA funding of which 54 per cent was committed towards UNFPA 2022 - 2025 Strategic Plan outcomes, 30 per cent towards SRH, 10 per cent to Gender and 2 per cent was committed to AY. The JP- UNFPA AS AA follows with 28.9 per cent with a greater per cent of its funds (45 per cent) allocated to GEWE and (27 per cent) allocated to SRH and 24 per cent to SP outcome. All other Institutions contributed less than 10 per cent of the funding as shown in Table 12.

Figure 6: Mobilized resources by development partner

Institution	Outcome 1 SRH		Outcome 2 A&Y		Outcome 3 GEWE		Outcome 4 PD		SP 2022-2025 Outcomes		Tota USD	% contribution
	Regular	Other	Regular	Other	Regular	Other	Regular	Other	Regular	Other		
Friends of UNFPA	73,909	-	294,153	-	-	-	4,105	-	-	-	372,167	4.3%
JP- UNFPA AS AA	685,501	-	84,557	-	1,111,456	-	11,590	-	602,952	-	2,496,056	28.9%
Small contributors	16,750	-	-	-	4,807	-	-	-	46,250	-	67,807	0.8%
Switzerland	125,970	-	292,830	-	36,900	-	13,459	-	267,306	-	736,465	8.5%
TTF Multi Donor	89,107	-	-	-	-	-	-	-	-	-	89,107	1.0%
UNAIDS	270,396	-	129,964	-	32,161	-	911	-	240,244	-	673,676	7.8%
United kingdom	-	-	-	-	21,212	-	-	-	370,911	-	392,123	4.5%
Programmes	-	1,127,922	-	70,668	-	377,007	-	194,434	-	2,050,948	3,820,980	44.2%
	1,261,633	1,127,922	801,504	70,668	1,206,536	377,007	30,064	194,434	1,527,663	2,050,948	8,648,381	100%

Source: UNFPA SACCO Atlas 2020 –2023

CHAPTER 4: FINDINGS

The information given in this chapter consists of data from both the primary and secondary sources. The primary sources included interviews and group discussions with UNFPA 5th CP grantees, rights-holders, development and implementing partners; whereas the secondary sources consist of authentic UNFPA programme documents, including, but not limited to, annual workplans, monitoring and annual reports, implementation and tracking frameworks and evaluation reports.

4.1 Relevance: Evaluation questions 1-3

Evaluation question (EQ)1: *To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies as well as the country's upper middle income setting (yet prevailing inequality); (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs?*

Summary

Overall, UNFPA maintained the programme's relevance, keeping in line with government priorities, UNFPA mandate, and the beneficiary needs in all key thematic areas. The GoSA and UNFPA jointly developed the 5th CP through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The 5th CP design and the interventions planned under the outcome areas (SRHR, Adolescents and Youth, Gender, and PD) were found to be highly relevant to the national priorities and strategies, provincial needs, UNFPA mandate on transformative results, ICPD POA, South Africa's National Development Plan 2030 Agenda, and the needs of the community rights-holders. UNFPA is on the right path in promoting the achievement of the UNFPA transformative results. However, the continuity of the Country Programme is critical in addressing the prevailing multidimensional inequality and poverty issues in South Africa (SA) in liaison with other UN agencies and partners.

Evidence for the country programme adapted to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.)

Upstream level

Finding: The 5th CP is highly relevant at national level and UNFPA a development partner; it is the government endorsed alignment of the CP.¹¹⁰ UNFPA's role in SA, which is an upper middle-income country, is catalytic and to support government in the development programmes related the UNFPA mandate. Reviews of documents and interviews with stakeholders revealed that the GoSA met its obligation as an overall provider of services to the population despite the challenges faced during the recent COVID-19 pandemic among other things.¹¹¹ Overall, UNFPA maintained the programme's relevance, keeping in line with government priorities, UNFPA mandate, and the beneficiary needs in all key thematic areas. The UN Common Country Assessment 2020 helped to understand the real context. The assessment allowed the capturing of contextual changes, exploration of their interconnectedness, identification of key challenges, but also opportunities and the possible programmatic changes for the UNSDCF 2020-2025. The 5th CP design and the interventions planned under the outcome areas (SRHR, Adolescents and Youth, Gender, and PD) were found to be highly relevant to the national priorities and strategies, provincial needs, UNFPA mandate on transformative results, ICPD POA, South Africa's National Development Plan 2030 Agenda, and the needs of the community rights-holders. The 5th CP was developed in consultation with a broad range of stakeholder groups, including the Government (national and sub-national), CSOs, other development partners, United Nations agencies, academia and the private sector in order to promote ownership and sustainability. The 5th CP further contributes to the attainment of the ICPD agenda and SDGs.

¹¹⁰ Document review of programme documents (UNFPA CPD 2019-2023, Country Office Annual Reports (COARs 2020-2023), UN Common Country Assessment 2020 (updated in 2022), Global UNFPA SP 2018-21 and 2022-2025); KIs with national stakeholders

¹¹¹ KIs with national level stakeholders

UNSDCF 2022-2025: The UNSDCF is a crucial framework that outlines the United Nations' support to South Africa's development priorities.¹¹² Interviews with national stakeholders revealed that there was delay in signing this framework. The delay attributed to the impacts of the COVID-19 pandemic, has had implications for the UN's ability to engage in joint programming effectively. While it may not directly disrupt development projects aimed at achieving the Sustainable Development Goals (SDGs), it has potentially limited the UN's capacity to coordinate and work collaboratively towards common goals during the interim period.

Downstream level

Finding: The needs of vulnerable and marginalized groups were identified and taken into account in both design and implementation stages, and they were meaningfully involved in 5th CP planning and implementation.

The perspective of some of the stakeholders on their involvement in the design of the programme is in the quote below.

“UNFPA has mastered how it works with the province. The districts were consulted on model for SRHR and the Department of Social Development led the discussions”, narrated on stakeholder at the provincial level.

However, FGD participants expressed need for targeted inclusion of the people living with disabilities and the unreached populations such as persons based on sexual orientation, their gender identity, and expression. It was mentioned that these groups of vulnerable populations do not access services readily due to the stigma in the communities.

Evidence of adaptation to national development strategies and policies as well as the country's upper middle-income designation despite the prevailing inequality.

Upstream level

Finding: The 5th CP is aligned to National Development Plan Vision 2030 and Medium-Term Strategic Framework 2014-2024; the UNFPA transformative results are aligned to the national development strategy.¹¹³ **The 5th CP is still relevant in the context of SA:** The interviews with stakeholders and review of documents revealed that the 5th CP is well aligned with national and international priorities.¹¹⁴ These include government policies, strategies and plans related to SRHR, GEWE, AY and PD through the United Nations Sustainable Development Cooperation Framework. At national level there is partnership for policy and advocacy and the 5th CP is aligned to national policies and strategies.¹¹⁵ UNFPA technical assistance (TA) provided was critical for the development of national policies and strategies and guidelines.¹¹⁶ The examples of policies among others include:

- National Youth Policy 2020-2030;
- Comprehensive Gender-based violence and Femicide Strategy;
- Choice of Termination of Pregnancy (CTOP) Guidelines;
- SA Maternal, Perinatal and Neonatal Healthcare policy 2021;
- National Sex Worker HIV, TB and STI Plan (2019 -2022).

Finding: Despite the prevailing socio-economic inequalities in the country, UNFPA's 5th CP is still relevant as it is addressing key policy issues related AY, gender and social norms and demographic dividend.¹¹⁷ Interviews with stakeholders revealed that the key issues include the high rate of (a) teenage pregnancies, (b) unmet family planning need, (c) maternal mortality as well as the youth bulge. The perspective of some stakeholders interviewed was as follows:

‘SA still has a high level of socio-economic inequalities especially at sub-national level (provinces, districts and communities. The difference between the poor and the well-off determines the level of access to services in health,

¹¹² UNSDCF Summary 2023. <https://southafrica.un.org/sites/default/files/2024-01/UN%20South%20Africa%20UNSDCF%20Summary.pdf>

¹¹³ Desk review of government documents, UNFPA Strategy and UNFPA CPD; KIs with national stakeholders

¹¹⁴ Desk review of government documents and UNFPA CPD; KIs with national stakeholders

¹¹⁵ KIs with national stakeholders; KIs with UNFPA CO staff

¹¹⁶ KIs with national and provincial stakeholders

¹¹⁷ KIs with national stakeholders

education. There are significant challenges that South Africa faces regarding inequality and poverty,' said key stakeholders at the national level.

"Budget cut-offs are affecting government interventions. The SA context still needs UNFPA support. The country is reliant on donors as the financial burden of government is increasing", said one key stakeholder at the provincial level.

Evidence of adaptation to UNFPA strategic objectives and priorities articulated in international frameworks and agreements.

Finding: The 5th CP is contributing to the attainment of the ICPD agenda and SDGs. UNFPA was pro-active in promoting south-south triangular cooperation.

Review of documents and interviews with key stakeholders showed that the ICPD Programme of Action has relevance to South Africa's development agenda.¹¹⁸ The alignment of the ICPD four pillars within the South African context is as follows: (1) Reproductive health and rights: this aligns with South Africa's efforts to improve maternal and child health and the National Health Insurance (NHI); (2) Gender equality and empowerment: this supports South Africa's efforts to address gender-based violence, promote women's economic empowerment, and advance women's rights; (3) Population and development: this informs South Africa's population policy, urban planning, and economic development strategies; (4) Youth and Adolescents: this aligns with South Africa's National Youth Policy (2020-2030), focusing on health, education and employment. With UNFPA technical support (through its thematic components of AY, GSN and PCD), the country has been able to largely meet the ICPD+25 commitments evidenced by the improved access to SRHR services (as well as increased contraceptive prevalence); reduction of maternal mortality; enhanced gender equality and expanded economic opportunities for the youth.¹¹⁹ However, the country still faces the challenges of persistent inequality and poverty, high rates of gender-based violence and femicide, and limited access to healthcare in some rural areas in the 3 provinces.

With UNFPA technical support, South Africa submitted the Progress Review of the Implementation of the PoA of ICPD (1994) and the Addis Ababa Declaration on Population and Development (2013) Report; South Africa participated at the Partners in Population Development High level international conference on the ICPD30 held in Victoria Falls in Zimbabwe in October and in November in Lusaka in 2023; and the country also submitted the ICPD Country Scan Survey.¹²⁰ Government appreciated the participation and contribution of UNFPA CO during the Voluntary National Review of the 2023 SDG Country Report goal 3 (Ensure healthy lives and promote well-being for all at all ages) as well as goal 5 (Achieve gender equality and empowerment).¹²¹

Stats SA, in collaboration with the UNFPA, played a vital role in building the capacity of National Statistics Office in Madagascar.¹²² This partnership has been instrumental in promoting South-South and triangular cooperation (SSTC). For example, Stats SA donated tablets to Madagascar to assist in the execution of its national population census.¹²³ This initiative demonstrates the tangible support and expertise that Stats SA, supported by UNFPA, provided to that country.

The ICPD Programme of Action aligns closely with South Africa's development agenda across its four pillars: reproductive health and rights, gender equality and empowerment, population and development, and youth and adolescents. South Africa's efforts to improve maternal health, combat gender-based violence, and address economic empowerment for women resonate with the ICPD's objectives. Moreover, the country's population policy, urban planning, and youth-focused strategies, such as the National Youth Policy (2020-2030), align with ICPD priorities. Through UNFPA technical support, South Africa has made significant progress in expanding access to sexual and reproductive health services, reducing maternal mortality, and improving gender equality. However, challenges such as persistent inequality, high gender-based violence rates, and limited healthcare access in rural areas remain.

South Africa's active participation in international forums, such as the Partners in Population Development conference and the voluntary national review of SDGs, underscores its commitment to the ICPD's objectives. Additionally, collaboration

¹¹⁸ Document review of Report on the Nairobi Summit on ICPD25, NDP Vision 2030, UNFPA COARs; KII with national stakeholders

¹¹⁹ UNFPA COARs

¹²⁰ UNFPA COAR 2023

¹²¹ KII with national government stakeholders; UNFPA COAR 2023

¹²² KII with national stakeholders

¹²³ UNFPA SA Annual report 2022

between Stats SA and UNFPA in supporting Madagascar's national census highlights the importance of South-South cooperation. This partnership not only strengthens statistical capacity but also exemplifies the practical support and expertise shared through UNFPA's initiatives.

Analysis of findings under EQ1: The 5th CP aligns effectively with national and international priorities, demonstrating a commitment to addressing the needs of vulnerable populations, including youth, women with disabilities, and marginalized groups. It integrates well with South Africa's National Development Plan 2030 and the SDGs, tackling gender-based violence, SRH, and youth empowerment. UNFPA's technical assistance has been vital in shaping national policies. The CP design reflects the needs of marginalized groups, with stakeholder consultations highlighting its inclusiveness. However, greater focus is needed on stigmatized groups, such as people with disabilities and those identified as LGBTQ+ individuals. The programme also supports South Africa's efforts in meeting its ICPD commitments and advancing SDGs, including through south-south cooperation. This highlights UNFPA's role in fostering international collaboration while reinforcing its alignment with national priorities. Persistent challenges like multidimensional inequality, rural healthcare access, and poverty underscore the need for ongoing support.

EQ2: *To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?*

Summary

As for the UNFPA's response to the changing needs in the context of COVID-19 pandemic and climate related disasters (cyclones and flooding), the CO responded flexibly and provided timely technical and financial support to GoSA and facilitated life-saving interventions for the affected population. The response encompassed key interventions and high priority areas to reduce the impact of the pandemic to development. Women and girls had a provision of sanitary kits for 3 months in the context of COVID-19 and the sanitary kits secured women and girls' menstrual health. Due to lockdowns and restricted mobility, UNFPA and IPs invested heavily in digital and social media presence, which significantly expanded the outreach of the messages and information. UNFPA's support for operationalizing essential services and facilitating helplines for gender-based violence survivors, catered directly to the needs of vulnerable women and girls. Following the displacement of people as result of flooding caused by heavy rainfall because of the La Niña weather phenomenon, the CO responded by applying UNFPA's signature programme, Minimum Initial Service Package (MISP) to help provide a response and support the government.

To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

Response to changing needs in COVID-19 context

Document review and interviews with key stakeholders indicated that South Africa went through four waves of the COVID-19 pandemic since March 2020, which had a significant impact on the country. The 5th CP responded to the COVID-19 pandemic by focusing on ensuring rights and choices for all, particularly women and young people. UNFPA CO partnered with a number of CSOs to strengthen their capacity to deliver integrated SRHR, HIV and Gender-based violence Social Behaviour Change Communication (SBCC) interventions, with a focus on COVID-19, in response to the needs of adolescents and young people. rights.¹²⁴ With the disruption of schools, routine health services and community-level centres, this necessitated UNFPA to adopt creative and flexible outreach strategies to reach young people. Stakeholders interviewed appreciated a UNFPA and UN Women supported rapid gender assessment using computer assisted telephonic interview (CATI) done in 2022, which showed that the COVID-19 pandemic had compounded existing gender inequalities and increased risks of gender-based violence. For example, 7 out of 10 respondents (women 72 per cent, men 73 per cent) had experienced economic difficulties.¹²⁵

Adaptation of the SRHR activities to the COVID-19 context: As part of responding to the COVID-19 pandemic, UNFPA provided significant support to the national DOH and DSD in delivering essential SRHR, maternal and newborn health

¹²⁴ UNFPA SA Response to COVID brief (May 2020)

¹²⁵ UNFPA COAR 2021

services through mobile health services in targeted COVID-19 high-burdened areas with a lens on women's health and rights.¹²⁶ It was possible to reach around 5,000 women and girls with the provision of sanitary kits for 3 months in the context of COVID-19 in the focus provinces and districts. The sanitary kits secured women and girls' menstrual health in a context of severe lockdowns and disruptions in the provision of services (REF AR 2020).¹²⁷

Adaption of AY programme to the COVID-19 context:

Due to the COVID-19 pandemic, UNFPA and IPs invested heavily in digital and social media presence, which significantly expanded the outreach of the messages and information.¹²⁸ During 2020, UNFPA introduced Soul City as a new IP, which is specialized in SBCC and has the largest reach in the country and focuses on social justice communication. The partnership with Soul City enabled UNFPA to take SBCC initiatives to scale, especially to reach adolescents and youth, using social media and digital platforms, radio and other means to communicate messages on COVID-19 linked to SRHR and gender-based violence prevention.¹²⁹ UNFPA also formed a strategic partnership with Lovelife, which is one of the biggest youth organisation in South Africa, and whose social media platforms reach an important portion of young men, with young men aged 18-24 years comprise 11 per cent of the audience, and men between 25-34 year-olds make up 23 per cent.¹³⁰ In addition, UNFPA collaborated with Partners of Sexual Health (PSH) and Siyakwazi to amplify SRHR messaging and create awareness about SRHR topics and prevailing issues. One of the approaches used to address the spread of the virus was to engage young people on social media platforms through the provision of factual, age-appropriate information about SRHR in the era of the COVID-19 pandemic.¹³¹ The major challenge faced was reaching young people who live in the furthest communities, remote areas and who have limited access to connectivity. They were reached through radio messaging on SRH, HIV and gender-based violence prevention messaging, especially districts covered by the UNFPA-UNICEF Joint Programme.¹³² The specific topics were condom use, stealthing and SRHR content. During 2023, 77,718 young people were reached via South African Broadcasting Corporation, Alfred Nzo Community radio in EC, and Ukhozi FM station in KZN.

Adaptation of the GSN programme to COVID-19 context

The national wide lockdown in South Africa resulted in the closure of some government services but UNFPA's support for operationalizing essential services and facilitating helplines for gender-based violence survivors, catered directly to the needs of vulnerable women and girls.¹³³ It was established that domestic violence increased due to the amplified exposure of women and children to the perpetrators, making them more vulnerable. This was compounded by reduced means of reporting to the extended family due to curbs on mobility and authorities which remained non-operational due to the COVID-19 lockdown.¹³⁵

UNFPA interacted with a few CSOs and other organizations through webinars and platforms in partnership with UN agencies. UNFPA's support to the collection of data and evidence on gender-based violence in the context of COVID-19 in South Africa was appreciated.¹³⁶ A rapid gender assessment using Computer Assisted Telephonic Interview conducted by UNFPA and UN Women showed that the COVID-19 pandemic compounded existing gender inequalities and increased risks of gender-based violence especially during the various lockdown stages.¹³⁷

Adaptation of the PCD activities to the COVID-19 context

UNFPA supported the health sector with the use of a UN Inter-Agency Tool for Monitoring Continuity of Essential Health Services during COVID-19 pandemic.¹³⁸ The tool was useful in the collection and analysis of information on coordination, and the routinely reported data (using a core set of indicators) to monitor the delivery and utilization of essential services to

¹²⁶ KIs with stakeholders at national level; UNFPA SA Annual Report 2020

¹²⁷ UNFPA SA Annual Report 2020.

¹²⁸ UNFPA SA Annual Reports 2020, 2021

¹²⁹ KIs with stakeholders at national and provincial levels

¹³⁰ KIs with stakeholders at national level; UNFPA SA Response to COVID brief (May 2020)

¹³¹ KIs with stakeholders at national level; UNFPA SA Response to COVID brief (May 2020)

¹³² UNFPA SA Annual Reports 2020, 2021

¹³³ UNFPA SA Annual Reports 2020, 2021

¹³⁴ KIs with stakeholders at national and provincial levels

¹³⁵ KIs with stakeholders at national and provincial levels; UNFPA Annual Reports 2020, 2021

¹³⁶ KIs with stakeholders at national and provincial levels

¹³⁷ UNFPA SA Annual Report 2020

¹³⁸ UNFPA SA Annual Report 2020

women, children and adolescents.¹³⁹ As the COVID-19 pandemic heightened existing population inequalities, UNFPA invested in data analyses.¹⁴⁰ For example, the use of innovative survey methods such as the Computer Assisted Technology Interviewing on Gender and COVID-19; and the digital (mobile-based) survey on Gender-based violence in the COVID-19 in South Africa enabled targeted focus on the specific needs of women and youth and identified key impacts of COVID-19 in these groups.

Adaptation of the 5th CP to the humanitarian context: Interviews with stakeholders and document review revealed that in July 2022, there was severe flooding in KwaZulu-Natal province and the same happened in February 2023 in different provinces, including the Eastern Cape, KwaZulu-Natal, and Limpopo, which are supported by UNFPA.¹⁴¹ The flooding was caused by heavy rainfall because of the La Niña weather phenomenon. The CO responded by applying UNFPA's signature programme, Minimum Initial Service Package (MISP) to help provide a response and support the government.¹⁴² The support provided to the displaced people was timely and appreciated and it included items such as sanitary dignity kits for 5000 women and girls in shelters, ensuring that SRHR/Gender-based violence engagements and services were provided to the displaced population.¹⁴³

Analysis of findings under EQ2: During the COVID-19 pandemic, UNFPA demonstrated adaptability in meeting national needs, especially for vulnerable groups. It swiftly adjusted its SRHR, HIV, and gender-based violence programmes to address increased challenges faced by women, youth, and marginalized communities. Key actions included mobile health services, distributing sanitary kits to 5,000+ women and girls, and expanding digital outreach via partnerships with Soul City and Lovelife. Despite connectivity issues in remote areas, UNFPA utilized social media, radio, and other platforms effectively. It supported health service continuity, facilitated gender-based violence helplines, and conducted rapid gender assessments highlighting rising inequalities. During the natural disasters in 2022 and 2023, UNFPA mobilized resources to deliver essential SRHR and gender-based violence services to displaced populations.

EQ3: *To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?*

Downstream level

Finding: The 5th CP was responsive to the needs of vulnerable and marginalized populations. The categories of rights-holders consulted during the planning and implementation of UNFPA-supported interventions included adolescent girls and young women, adolescent boys and young men, and marginalized and vulnerable groups, which comprised of adolescents; young women exposed to gender-based violence; out-of-school children; young women and men with different abilities; and LGBTQ people.¹⁴⁴ The rights-holders at community level in KwaZulu-Natal, Eastern Cape and Limpopo provinces were consulted by the UNFPA implementing partners about their needs.^{145, 146} However, a few community rights-holders in Waterberg District in Limpopo province (interviewed through group discussions) felt that the consultations about their needs should have been more interactive.¹⁴⁷ There has been a positive impact of current UNFPA interventions. However, these interventions are limited to few districts in each of the three provinces.¹⁴⁸

Analysis of findings under EQ3: UNFPA largely considered the needs of vulnerable populations, including adolescents, youth, those with disabilities, and indigenous communities, during planning and implementation. Rights-holders were consulted across various groups. While interventions have positively impacted select districts in KZN, EC, and Limpopo, coverage remains limited.

¹³⁹ KIs with stakeholders at national level

¹⁴⁰ UNFPA SA Annual Report 2020

¹⁴¹ KIs with stakeholders at national and provincial level; UNFPA SA Annual Reports 2022, 2023

¹⁴² KIs with stakeholder at provincial level; UNFPA SA Annual Reports 2022, 2023

¹⁴³ ["Stemming the tide: UN supports flood survivors in South Africa". United Nations Sustainable Development Group](#). 2023-04-11; UNFPA SA Annual Reports 2022, 2023

¹⁴⁴ KIs with national and provincial stakeholders; Focus group discussions with community rights-holders

¹⁴⁵ Focus group discussions with community rights-holders

¹⁴⁶ Key informant interviews at national and provincial level

¹⁴⁷ Focus group discussions with community rights-holders in Limpopo Province

¹⁴⁸ UNFPA SA Annual reports 2020 - 2023

4.2 Coherence: Evaluation question 4

EQ4: *To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?*

Summary

UNFPA has strategically partnered with national and provincial departments, organizations promoting gender equality and youth-led groups, to address its mandate of improving SRHR and tackling gender inequalities among vulnerable and marginalised populations. However, there appears to be limited evidence of formal partnerships with organizations specifically focused on advocating for people with disabilities. This highlights a potential area for growth, as collaborations with disability advocacy groups would enhance UNFPA's ability to address the unique access challenges faced by individuals with disabilities. UNFPA has established a functional partnership with the private sector, notably with Johnson & Johnson (J&J), which has contributed to advancing its efforts. To further strengthen its impact, UNFPA should explore building strategic partnerships with non-traditional partners within the country, such as parastatal bodies and other private specialised sector entities.

UNFPA has proactively engaged in strategic partnerships with various government departments at the national level, which partnerships have facilitated dialogue on policy development and implementation, aligned with UNFPA's transformative goals. However, there is a significant opportunity to strengthen the effectiveness of these partnerships by fostering regular engagement with the national Treasury and national Parliament. Regular collaboration with these institutions would give UNFPA an opportunity to leverage necessary financial resources and legislative support, both of which are essential for achieving long-term sustainability and scaling impact.

At the provincial level, UNFPA has established active partnerships with key provincial institutions, such as the Office of the Premier, the DSD, and the DOH. These provincial departments have aligned work plans with UNFPA's country programme.

Evidence that UNFPA support was coherent with strategic partnerships with national, local and grassroots organizations; evidence that UNFPA addressed its mandate to improve the SRHR and gender inequalities of vulnerable and marginalized populations; evidence that UNFPA had active participation in the relevant GoSA and UN technical working groups.

Strategic partnerships – National level (Upstream)

Finding: UNFPA formed strategic partnerships with government, non-government, and UN organizations, to achieve common objectives without duplicating efforts or resources.¹⁴⁹ However, a noticeable gap is the lack of regular engagement by UNFPA with the Treasury and national Parliament.¹⁵⁰

UNFPA established a National Coordination Forum (NCF) comprising of government representatives from Department of Health, Department of Basic Education, Women Youth and Persons with Disabilities, International Relations and Cooperation, Statistics South Africa, National Youth Development Agency, Kwa-Zulu Natal, Limpopo and Eastern Cape provincial governments, civil society serving as implementing partners, youth leaders and development partners¹⁵¹. The purpose of the NCF was to strengthen the implementation of the 5th CP, aligning it with the SDGs, MTSF goals, and UNFPA strategies. Additionally, to ensure joint resource mobilisation, advance evidence-based policies targeting vulnerable populations, and ensuring inclusive stakeholder engagement. Based on documented evidence, the NCF provided a platform for strategic dialogue and coordination between UNFPA and its national and provincial partners ensuring that all stakeholders contributed to and aligned their workplans with the 5th CP's objective.

Finding: UNFPA serves as an active member of the Steering Committee on Gender-based violence and Femicide, established in 2020 within the President's Office, which contributed to the development of the National Strategic Plan (NSP)

¹⁴⁹ KII with national and provincial stakeholders

¹⁵⁰ KII with national stakeholders

¹⁵¹ NCF draft agenda for 17 & 18 November 2020.pdf

on Gender-based violence and Femicide.^{152, 153} The NSP on GBVF provides a unified and comprehensive strategic framework to guide South Africa's national response to the crisis of GBVF. In this committee role, UNFPA focused its support on both governance and data coordination, through the development of a M&E Framework. This framework aims to ensure accountability and regular reporting across all levels of implementation. In alignment with this effort, UNFPA collaborated with the Limpopo, Eastern Cape and KwaZulu-Natal provincial governments to develop Provincial Gender-based violence and Femicide Strategic Plans, ensuring that the national framework is effectively translated into provincial-level actions and interventions. Similarly, UNFPA engaged in the development of the National Youth Policy 2030 and the development of its M&E Framework.

Finding: UNFPA's active participation in UN technical working groups, as well as its collaboration with CSOs, faith-based organizations, Chapter 9 institution, enhanced the coherence of interventions.¹⁵⁴ Notably, these collaborations were with organizations such as the Commission for Gender Equality, the House of Traditional Leaders of (Eastern Cape), the KwaZulu-Natal Christian Council, Soul City and Umthombo Wempilo.

Finding: Collaborative partnership with UNICEF. There has been a strong partnership between UNFPA and UNICEF on youth issues and Joint Programme (SRHR in EC and KZN).^{155, 156} A key example of their partnership is the "Empowering Women and Girls for SRHR in South Africa" joint programme. This initiative involved mapping health and social services at the district level, focusing on three South African districts, Nelson Mandela Metro, Alfred Nzo, and uThukela districts. Collaborative workshops were held with UNICEF, UNFPA, and provincial stakeholders to define the scope and parameters of the study. Currently, both agencies are in the process of developing their next CPDs and the continued partnership is very paramount.¹⁵⁷

Finding: There is an existing functional partnership with the private sector e.g. Johnson & Johnson (J&J).¹⁵⁸ This is an innovative partnership implemented with a key objective to contribute towards the global DREAM'S programme goal of reducing HIV infection amongst adolescent girls and young women (AGYW) aged 15-24 years.

Strategic partnerships – Provincial level (Downstream)

Finding 4: At provincial level, UNFPA has active partnerships with the provincial departments and CSOs implementing UNFPA programme interventions in the provinces.¹⁵⁹ The collaborative approach was evidence through the field visits at the provincial level, where UNFPA worked closely with provincial departments such as the Office of the Premier, the DSD, and the DOH in the EC, KZN and Limpopo. Interviewed stakeholders highlighted the support provided in ensuring an alignment in annual work plans as well as the level of coordination and integration of interventions.¹⁶⁰ The approach ensured efficient use of resources and avoided overlapping efforts, thereby enhancing UNFPA's ability to address SRHR and gender inequalities among vulnerable population.

Analysis of findings under EQ4: UNFPA has strategically aligned with national and provincial departments to enhance its mandate on the youth, SRHR and gender equity. At the national level, UNFPA formed collaborations with government, UN agencies, and civil society through the National Coordination Forum (NCF), steering committees on Gender-based violence and Femicide, and policy frameworks like the National Youth Policy 2030. Partnerships with provincial departments such as Health, Social Development, and the Office of the Premier ensured synchronized work plans and resource efficiency. These engagements facilitated alignment with SDGs and effective grassroots interventions. Joint programmes with UNICEF and innovative private-sector partnerships exemplify its comprehensive, multi-stakeholder approach.

¹⁵² National Strategic Plan On Gender-Based Violence & Femicide, 2020 https://www.gov.za/sites/default/files/gcis_document/202006/stratplan-gbvs.pdf.

¹⁵³ Kills with national stakeholders

¹⁵⁴ UNFPA SA Annual reports

¹⁵⁵ Empowering Women and Girls to Realize their Sexual and Reproductive Health and Rights in South Africa. Programme results from three districts for the period 2019-2024. A UNFPA-UNICEF Joint Programme.

¹⁵⁶ UNFPA SA Annual reports

¹⁵⁷ Kills with national stakeholders

¹⁵⁸ UNFPA SA Annual reports

¹⁵⁹ Kills with provincial stakeholders

¹⁶⁰ Kills with provincial stakeholders

4.3 Effectiveness: Evaluation questions 5-6

EQ5: *To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?*

Evidence of the extent how the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme.

Finding: There is unfinished business in SA related to (i) high prevalence rate of HIV; (ii) high unmet need for FP; (iii) high rate of teenage pregnancies; and (iv) prevailing inequalities.¹⁶¹ Addressing HIV remains a major national public health issue, having claimed millions of lives. Effective HIV prevention, diagnosis, treatment, and care can make HIV infection a manageable chronic health condition. The unmet needs for FP lead to unintended pregnancies, which can have severe consequences, especially for young girls. High teenage pregnancies can perpetuate cycles of poverty, inequality, and social exclusion. For the existing inequalities, certain populations in SA, such as women, girls, and key population groups, are disproportionately affected by HIV and other health issues.¹⁶² Document review and interviews with stakeholders show that UNFPA-supported interventions on integrated SRH, HIV and gender-based violence services have made a contribution (alongside other actors) to a reduction in the HIV prevalence at national and provincial level. The Sixth South African National HIV Prevalence, Incidence, and Behaviour survey (SABSSM VI)¹⁶³ found that the percentage of all people living with HIV in South Africa has decreased from 14.0 per cent in 2017 to 12.7 per cent in 2022. At the provincial level, HIV prevalence in KZN decreased 16 per cent down from 18.0 per cent in 2017 to 16 per cent in 2022; in EC from 15.9 per cent in 2017 to 13.7 per cent in 2022; and in Limpopo from 10.1 per cent in 2017 to 8.9 per cent in 2022.

The same 2022 survey shows that South Africa has made good progress toward the UNAIDS 95-95-95 targets – namely, that by 2025, 95 per cent of all people living with HIV to be aware of their HIV status, 95 per cent of those aware of their status to be on antiretroviral treatment (ART), and 95 per cent of those on ART who also know that they are living with HIV to achieve viral load suppression. Among people aged 15 years and older living with HIV in South Africa in 2022, 90 per cent were aware of their status, 91 per cent of those aware of their status were on ART, and 94 per cent of those on ART were virally suppressed.

Analysis: South Africa faces persistent challenges in HIV prevalence, unmet family planning (FP) needs, teenage pregnancies, and inequalities, particularly affecting women, girls, and key populations. HIV remains a significant public health issue, though UNFPA-supported integrated services have contributed to a decline in HIV prevalence, from 14.0 per cent in 2017 to 12.7 per cent in 2022. Provincial reductions were observed in KZN, EC, and Limpopo. The country has also made notable progress towards the UNAIDS 95-95-95 targets, with 90 per cent of people living with HIV aware of their status and high ART adherence and viral suppression rates. However, challenges like teenage pregnancies and multidimensional inequalities persist.

4.3.1 Integrated sexual and reproductive health services

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services.

Summary

UNFPA overachieved the target of health facilities that deliver rights-based and integrated SRH, HIV and gender-based violence services. The UNFPA-supported health facilities in KZN, and EC and Limpopo offered integrated services in line with the five minimum AYFS Standards prescribed by National DOH. With UNFPA support, the capacity of health workers in

¹⁶¹ KII with national stakeholders

¹⁶² KII with national stakeholders

¹⁶³ Dd Sixth South African National HIV Prevalence, Incidence, and Behaviour survey (2022)

the 3 provinces was strengthened through training in order to provide effective integrated SEHR and HIV services. The integration of the SRH, HIV and gender-based violence services was a success story in KZN and EC such that interviews with provincial stakeholders were of the view that these services be scaled up in other districts.

Before UNFPA's involvement, the integration of maternal health, sexual and reproductive health (SRH), youth services, and child services within the UNFPA-supported provinces were lacking.¹⁶⁴ As such the Provincial Departments of Health struggled to consolidate these essential services into a unified platform. UNFPA's support was instrumental in overcoming these challenges, leading to a more cohesive and accessible service delivery model that better serves women, children, and youth in the provinces.

Finding: UNFPA's technical assistance (TA) to government was invaluable in the development of various policies, strategies and guidelines. For example, under the integrated SRHR services the following were developed: National Sex Worker HIV, TB and STI Plan (2019 -2022); Choice of Termination of Pregnancy (CTOP) Guidelines. In addition, UNFPA produced policy briefs namely: Policy brief 3 on the recovery of antenatal care services post-COVID-19; Policy brief 4 on couple year protection; Policy brief 5 on abortion as well as a Facilitator Guide for Representative Council of Learners on the Learner Pregnancy Prevention and Management Policy (2022).

Finding: UNFPA overachieved the target of health facilities that deliver rights-based and integrated SRH, HIV and Gender-based violence services (73 versus a target of 40 = 180 per cent).¹⁶⁵ The UNFPA-supported health facilities in KZN, EC and Limpopo offered integrated services in line with the five minimum AYFS Standards prescribed by National DOH. At a minimum, the most basic integrated package of care offered to clients included HIV testing and counselling, ART, condom education and promotion, FP and contraception counselling services, ANC, CTOP, sexually transmitted infections (STI) services and TB.¹⁶⁶ The service delivery mode of integration was done through the Ideal clinic model streams. During the planning period 657,361 adolescents and youth including those in furthest left behind groups in UNFPA-supported provinces utilized rights-based and integrated SRH, HIV and gender-based violence services, which were provided through UNFPA support.¹⁶⁷ In addition, Social Behaviour Change Communication interventions enabled UNFPA and implementing partners to reach a total of 2 million young people through multimedia platforms (Facebook, Instagram, Twitter, WhatsApp) with relevant content on SRH, HIV and gender-based violence, including topics of bodily autonomy, consent, prevention and equal relationships. Health screenings, in-school awareness sessions and **condom distribution** were also utilized as opportunities for outreach and awareness towards adolescent youth with relevant information on their rights and services on SRH, HIV and gender-based violence.

With UNFPA support, the capacity of health workers in the 3 provinces was strengthened through training to (a) strengthen integration of HIV and SRHR services like HIV testing and counselling, anti-retroviral treatment, condom provision, FP, STI screening and treatment, ANC, prevention of mother-to-child transmission (PMTCT); (b) streamline data management and referral systems across the SRHR, HIV and gender-based violence service provision platforms.

The integration of the SRH, HIV and gender-based violence services was a success story in KZN and EC such that interviews with provincial stakeholders were of the view that these services be scaled up in other districts. The views are exemplified in the quotes:

'With UNFPA support, tools and guidelines for integrating services related to SRH, gender-based violence, and HIV have been developed. UNFPA should provide the necessary support for the production of these materials and ensure their rollout at the provincial level,' narrated a KII stakeholder in KZN.

¹⁶⁴ KIIs with stakeholders at provincial level

¹⁶⁵ UNFPA SA Annual Report 2020, 2021, 2022, 2023

¹⁶⁶ UNFPA SA Annual Report 2020, 2021, 2022, 2023

¹⁶⁷ UNFPA COARs 2020-2024; KIIs with stakeholders at national and provincial level

'Delivering healthcare services to remote districts such as OR Tambo and Alfred Nzo posed significant challenges for the Provincial DOH. UNFPA addressed these gaps by training and mentoring nurses to reach these remote and underserved areas, thereby extending critical healthcare services to populations that were previously difficult to access. This initiative has greatly improved healthcare outcomes and should be scaled up to other districts in the province,' said a KII stakeholder in EC.

Analysis: UNFPA exceeded its target for integrating SRH, HIV, and gender-based violence services, achieving 180 per cent of the goal by supporting 73 health facilities across KZN, EC, and Limpopo. These facilities provided comprehensive services, including HIV testing, ART, FP, STI care, and TB services, aligned with national standards. Over 657,000 adolescents and youth accessed these services, benefiting from multimedia campaigns and outreach programs. Additionally, health workers were trained to enhance service integration, improve data management, and streamline referral systems. Success in KZN and EC led stakeholders to recommend expanding the integration model to other districts in the provinces. However, while these outputs were achieved, outcome-level indicators highlight significant challenges. For instance, the percentage of sexually active young people reporting consistent condom use declined from 68 per cent (baseline) to 63 per cent (2022), instead of the targeted increase to 74 per cent. Similarly, the adolescent birth rate, targeted to halve from 71 per 1,000 live births to 35 per 1,000, remained stagnant since the COVID-19 pandemic. These trends suggest either external factors such as pandemic-related disruptions, or limitations in delivery mechanisms.

4.3.2 Adolescents and youth

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights.

Summary

UNFPA support in the AY component helped develop programmes and policies that incorporate the rights and needs of adolescents and youth, particularly access to integrated SRH, HIV and gender-based violence services as well as adolescent youth friendly services through youth zones. UNFPA facilitated the successful implementation of the **Safeguard Young People programme** (UNFPA's AY flagship initiative) and the notable achievements included: (i) the implementation of the Comprehensive Sexuality Education (CSE) Training Manual for out- of -school youth Limpopo Province; (ii) Development of an abridged version of the Policy on the Prevention and Management of Learner Pregnancy in schools; (iii) Development of an Investment Case (IC) on Ending Teenage Pregnancies in South Africa; (iv) Development of the Teenage Pregnancy Strategy for Limpopo; (v) Technical assistance for SYP supported health facilities on the delivery of quality AYFS, youth zones and collection of age/gender-disaggregated data on access to services; (vi) Replication of the Nzulwazi model as a promising best practice in EC; and (vii) **Piloting of the Izigodi Model** in KZN, which was adopted as a vehicle to address the high teenage pregnancies, *Ukuthwala* (early and forced marriages), Gender based violence and femicide (GBVF), HIV, poverty, and malnutrition. The **Nzulwazi Model** was appreciated by stakeholders (government, schools, communities) as a best practice in addressing SRH challenges including high teenage pregnancies and school dropouts. With UNFPA support, institutionalisation of the **M&E framework of the Sanitary Dignity Implementation Framework** (SDIF) in KwaZulu-Natal and Eastern Cape provinces took place.

4.3.2.1 Evaluation of the results for the AY component

The performance of five (5) output indicators linked to the 2 AY outputs (details of the output and indicators are shown in Annex 8) was assessed by the evaluation team and results are shown in Table 13.

Table 12: Performance achievement of AY output indicators

Outcome:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
AY Output 1.1	2	2			
AY Output 1.2	3	2			1
Total	5	4			1

Outcome:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
Per cent		80%			20%

Source: Evaluation team analysis

Analysis finding: Four out of 5 indicators (80 per cent) were achieved above 100 per cent while one was unlikely to be achieved. That particular indicator (*number of sex workers accessing high quality integrated SRH information and services including HIV and gender-based violence services in UNFPA-supported health facilities in selected provinces*) scored 25 per cent. The main reason for the underperformance was related to COVID-19 pandemic during which the clients could not visit health facilities as movements had been restricted.¹⁶⁸ The details of performance for each indicator are shown in Annex 9. This information is drawn primarily out of secondary data available in the form of annual reports.

Contribution to the strategic outcomes: The contribution of the AY outputs to the outcomes indicators and UNFPA strategic outcomes was deemed optimal since 80 per cent of the 5 indicators had a performance above 100 per cent.¹⁶⁹

4.3.2.2 Status of AY indicators

Finding: The Safeguard Young People (SYP) Programme, which is UNFPA SA's flagship programme that supports the overall programming on adolescents and youth in the country, was well appreciated by stakeholders at national and provincial levels.¹⁷⁰ The programme has three outcomes namely: **Outcome 1 - Strengthened enabling environment:** Improved inclusive policies, legislations and accountability mechanisms for the promotion and protection of ASRHR at national and sub-national; **Outcome 2 - Strengthened demand through empowerment:** Adolescents and young people have increased knowledge, skills and agency to make informed decisions and positive actions about their body, their life and their world; and **Outcome 3 - Strengthened delivery:** Increased equitable access to quality SRHR, Gender-based violence and HIV integrated services, which are adolescents and youth friendly.¹⁷¹

With UNFPA technical support, the following achievements were realized:¹⁷²

Under outcome 1

- The National DSD's Population Unit effectively implemented the CSE Training Manual for out-of-school youth in a Limpopo district, incorporating a Climate Change module. Sixty peer educators from youth networks were trained as master trainers on CSE for out-of-school youth.
- Development of a condensed version of the Policy on Preventing and Managing Learner Pregnancy in schools.
- Development of an Investment Case (IC) on Ending Teenage Pregnancies in South Africa.

Under outcome 2

- Development of the Teenage Pregnancy Strategy for Limpopo;
- CO partnered with Triggerise for the implementation of innovative SRH platform, called Tiko, leveraging technology and behavioural economics techniques to engage and provide comprehensive SRH services to adolescents and youth.

Under outcome 3

- Technical assistance for SYP supported health facilities on the delivery of quality AYFS, youth zones and collection of age/gender-disaggregated data on access to services. The health facilities supported were 20 in EC and 16 in Limpopo;
- Replication of Nzululwazi as a promising best practise in EC;

¹⁶⁸ UNFPA SA Annual and Quarterly Reports (2020 - 2022); KII s with stakeholders at provincial level;

¹⁶⁹ Evaluation team analysis of UNFPA Annual Reports (2018-2020)

¹⁷⁰ KIIs with stakeholders at national and provincial levels

¹⁷¹ SYP Programme document; UNFPA Annual Report 2023

¹⁷² SYP Programme Annual Reports 2022, 2023; SYP Regional Programme Report

- Piloting of Izigodi Model in KZN. This model was adopted as a vehicle to address the high teenage pregnancies, *Ukuthwala* (early and forced marriages), Gender based violence and femicide (GBVF), HIV, poverty, and malnutrition in Okhahlamba local municipality.

Analysis:

The Safeguard Young People (SYP) Programme, implemented by UNFPA SA, has made notable progress in advancing adolescent and youth programming in South Africa. Stakeholders at both national and provincial levels have recognized its impact, particularly through targeted initiatives addressing sexual and reproductive health (SRH), education, and systemic challenges. Key achievements included the development and implementation of the CSE, Training Manual for out-of-school youth, which incorporated a novel Climate Change module. The training of 60 peer educators as master trainers underscores the focus on capacity-building. Policy-level advancements included an abridged version of the Policy on Learner Pregnancy and the development of strategies and investment cases aimed at ending teenage pregnancies. Innovative partnerships, such as with Triggerise's Tiko platform, highlight the programme's integration of technology and behavioral economics to improve SRH service delivery. Support for health facilities and the replication of effective practices, such as Nzululwazi in Eastern Cape and the Izigodi Model in KwaZulu-Natal, demonstrates the scalability and localized responses to pressing issues like teenage pregnancies, gender-based violence, and HIV. Overall, the programme achieved significant strides in policy, education, service delivery, and community engagement, establishing a comprehensive approach to safeguarding young people's health and well-being.

The key lessons learned from the SYP are (a) the youth development institutions have to be strengthened to deliver quality programmes and services; (b) Innovative social behaviour change communication approaches are important and need to be tailored to reach diverse population groups especially those in rural areas and poorly resourced districts. Young people without the means, access to digital platforms, access to data and poor connectivity, are still left behind with interventions and social behaviour change communication messaging.

Finding: Interviews and document review revealed that the Nzululwazi Model¹⁷³ was appreciated by stakeholders (government, schools, communities) as a best practice in addressing SRH challenges including high teenage pregnancies and school dropouts in Eastern Cape. Due to its success, the Nzululwazi model was replicated in Limpopo Province in 16 schools in Waterberg and Vhembe districts. As a result of the implementation of the model in schools, there was creation and strengthening of a supportive environment for ASRH; creation of a critical dialogue space for government, teachers, learners and the community; increased support by communities to schools on ASRHR interventions; empowerment of young people as well as comprehensive understanding of ASRH issues; and improved access to adolescent friendly SRH services.¹⁷⁴

Analysis: The Nzululwazi Model has proven highly effective in addressing ASRH issues, such as teenage pregnancies and school dropouts, in the EC. Recognized as a best practice by stakeholders, its success led to its replication in Limpopo, benefiting 16 schools in Waterberg and Vhembe districts. Key outcomes included fostering a supportive ASRH environment, encouraging stakeholder dialogue, and empowering youth with knowledge and access to adolescent-friendly SRH services. This holistic approach highlights its potential for scalable, sustainable impact.

Evidence of a mechanism or strategy in place in UNFPA supported provinces to deliver out-of-school sexuality education in accordance with international standards and national policies.

Finding: UNFPA facilitated the establishment of a functional mechanism to deliver out-of-school sexuality education. During 2020, the UNFPA CSE out-of-school manual was utilized for mentoring and building capacity of CBOs on the following topics - pregnancy prevention and contraception, STI/HIV prevention and risk reduction, sexual and gender-based violence, gender roles and equality.¹⁷⁵ In Kwa-Zulu Natal, LoveLife was responsible for managing the CSE out of school activities. UNFPA provided technical support to operationalize the school-based CSE curricula in accordance with

¹⁷³ The Nzululwazi model was designed as an integrated approach combining interventions such as comprehensive sexuality education, access to youth-friendly health services, capacity building for stakeholders (e.g., teachers, parents, community leaders), and creating supportive school environments. Rooted in global best practices and national frameworks like the Integrated School Health Policy (ISHP), the model focuses on empowering young people with knowledge, skills, and leadership opportunities.

¹⁷⁴ Review of SYP Programme Annual Reports (2022, 2023); KIs with national and provincial stakeholders.

¹⁷⁵ UNFPA SA Annual Report 2020

international standards (operationalization means: revised curricula, safe and healthy learning environment, referrals for SRH services and participatory teaching methods).¹⁷⁶

Analysis: The Nzululwazi Model has proven highly effective in addressing ASRH issues, such as teenage pregnancies and school dropouts, in the EC. Recognized as a best practice by stakeholders, its success led to its replication in Limpopo, benefiting 16 schools in Waterberg and Vhembe districts. Key outcomes included fostering a supportive ASRH environment, encouraging stakeholder dialogue, and empowering youth with knowledge and access to adolescent-friendly SRH services. This holistic approach highlights its potential for scalable, sustainable impact.

Evidence of adolescent and youth including those furthest left behind in UNFPA-supported provinces reached with life skills to improve their health, and social and economic participation (including improving asset building/employability assets, with increased resilience to climate change).

Finding: UNFPA and partners overachieved their target of people reached with life skills to improve their health, and social and economic participation (1,911,180 people versus a target of 750,000), which was a 255 per cent achievement.¹⁷⁷ UNFPA facilitated the utilization of a mix of communication channels (e.g. radio, in-person trainings and workshops) and virtual means (e.g. webinars, Facebook, Instagram, Twitter, WhatsApp) to reach many people. Due to COVID-19 pandemic restrictions on social gatherings and mobility of people, UNFPA and IPs invested heavily on digital and social media presence, which significantly expanded the outreach of the messages and information. Soul City, which specialises in SBCC programmes and social justice, was used to relay on these messages alongside other IPs such as Lovelife Trust and Umthombo Wempilo. According to UNFPA Cognos,¹⁷⁸ between 2020 and the end 2023, US\$578,071 was spent on adolescent and young people being empowered with life skills and knowledge.

Analysis: UNFPA and partners surpassed their target, reaching 1.91 million individuals life skills programmes, achieving 255 per cent of the target. This success was driven by a strategic shift to digital communication channels, including social media, webinars, and messaging apps, in response to COVID-19 restrictions. Collaborating with IPs and investing \$578,071, UNFPA effectively empowered youth at a cost of \$3.30 per person. This approach demonstrates the efficacy of digital tools in scaling outreach for health and social and economic empowerment.

Evidence of knowledge, skills and personal agency among adolescents and young people to make informed decisions on their SRHR and actively participate in youth development issues.

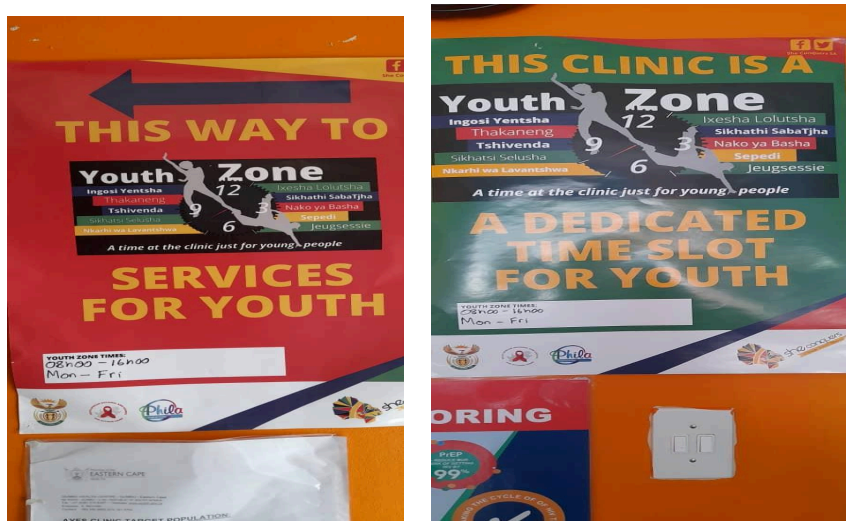
Finding: AYFS through youth zones were offered in all UNFPA-supported PHC facilities. Adolescent and Youth Friendly Services (AYFS) were provided as part of the PHC services, meaning that young people should had access to the requisite SRHR information they need.¹⁷⁹ The emphasis on AYFS is part of the Ideal Clinic Model, which aims to provide high-quality care, improve client satisfaction, and reduce inequalities in the healthcare. The introduction of youth zones within the health facilities resulted into improved capacity to deliver SRHR services and a noticeable increase in youth accessing healthcare services.

¹⁷⁶ UNFPA SA Annual Report 2022

¹⁷⁷ UNFPA SA Annual and Quarterly Reports (2020 - 2024)

¹⁷⁸ UNFPA Cognos report 2020-2023

¹⁷⁹ UNFPA SA Annual Reports 2020, 2021, 2022, 2023



Posters at a Youth Zone, Qumbo Community Healthcare Clinic. OR Tambo District, Eastern Cape

The perspectives of some rights-holders were as follows:

'Lovelifa came to the school to distribute sanitary pads. They also taught us about period panties, how to use them and how to wash them. They told us period panties are good for us and they can minimise period pains. You must wash them and dry them in the sun after you have used them,' narrated two female adolescent participants during an FGD session at Wembezi clinic, Uthukela District, KZN Province.

'During the COVID pandemic, we were given sanitary pads and these were very useful to us as conditions were tough. We could not go to health centres or shops easily as the movements for people were stopped by the local authorities,' said a female participant during an FGD session at Mt Ayliff Clinic, Alfred Nzo District, Eastern Cape Province.

Analysis: The integration of AYFS within UNFPA-supported primary health care facilities, through youth zones, enhanced access to SRHR information for adolescents. As part of the Ideal Clinic Model, AYFS improved service quality, client satisfaction, and equity in healthcare. Notably, the initiative strengthened healthcare delivery and significantly increased youth engagement with healthcare services, reflecting its effectiveness in addressing SRHR needs.

Evidence of strengthened institutional capacity to deliver rights-based, youth-friendly and integrated comprehensive SRHR services including HIV, gender-based violence services and menstrual and mental health.

Finding: Improved menstrual hygiene. The UNFPA support for the provision of sanitary dignity packs for the youth attending AYFS has been appreciated by both rights-holders and stakeholders.¹⁸⁰ The UNFPA support also contributed to improved menstrual hygiene in the school environment within the lower quintile schools. The YP have had access to necessary hygiene products, which supports their overall well-being and promotes school attendance. UNFPA provided technical support to the Department of Women, Youth and Persons with Disabilities on the institutionalisation of the M&E framework of the **Sanitary Dignity Implementation Framework (SDIF)** in KwaZulu-Natal and Eastern Cape provinces. The perspective of a key stakeholder at national level was as follows:

'Access to sanitary dignity pads has been widely made to female rights-holders namely: primary and secondary girls (SDPs are free of charge); female students at University and TVT institutions get annual stipends from GoSA out of which a provision for menstrual pads is catered for; people at public correctional centres, public health units, and women at safe spaces for gender-based violence are provided free pads,' said a key stakeholder during a key informant interview at the national level.

¹⁸⁰ KII with stakeholders at provincial level

Analysis: UNFPA's provision of sanitary dignity packs and technical support for monitoring the Sanitary Dignity Implementation Framework (SDIF) has enhanced menstrual hygiene for youth in KZN and EC. This initiative, particularly in lower-quintile schools, improved well-being, promoted school attendance, and institutionalized sustainable practices, benefiting stakeholders and addressing gender and educational equity.

Evidence of facilities that deliver right-based and integrated SRH including HIV and gender-based violence services to vulnerable and furthest left behind groups.

Finding: The EC province continues to struggle with high rates of teenage pregnancies, particularly among school-aged children.¹⁸¹ Previously, UNFPA collaborated with communities and School Governing Bodies (SGBs) to address issues related to SRH rights, but this support has since diminished, leading to a resurgence of teenage pregnancies. The UNFPA is currently supporting 10 clinics within the Alfred Nzo District to improve access to CTOP services.¹⁸² The interventions provided by the UNFPA specifically target challenges related to maternal and adolescent health. The IPs offer adolescent youth friendly services (AYFS) as well as CTOP services across the province. CTOP services have contributed to a marginal reduction in unwanted pregnancies within Alfred Nzo District.¹⁸³ However, the overall impact is limited due to the discontinuation of services in certain locations. A significant challenge impacting the effectiveness of the CTOP intervention is the high turnover rate of nurses who provide CTOP services in the health facilities.¹⁸⁴ In some cases, this has led to discontinuation of CTOP services. The staff turnover is primarily attributed to the stigma and taboo associated with CTOP within the communities, as well as the cultural and religious beliefs of many healthcare workers. The perspective of one stakeholder was as follows:

'Healthcare workers, particularly those involved in CTOP services, experience significant secondary trauma due to the nature of their work. There are hardly any counselling services to support the health staff. However, government is currently under austerity measures, which do not allow the recruitment of psychologists,' narrated a KI respondent at the national level.

Analysis: Teenage pregnancies remain a critical issue in the EC, driven by societal stigma, cultural norms, and religious beliefs that limit the effectiveness of sexual and reproductive health (SRH) interventions. While UNFPA-supported clinics in Alfred Nzo District show progress through adolescent-friendly services and CTOP options, high staff turnover and service discontinuation hinder sustainability. While UNFPA's technical support to address teenage pregnancies in high-risk areas was hindered by inadequate infrastructure and limited space for youth zones in some health facilities, addressing teenage pregnancies requires a broader multi-sectoral approach. This includes scaling up CSE, community engagement to challenge harmful social norms, advocacy for systemic policy reforms, and economic empowerment for adolescents. Cross-sectoral collaboration and data-driven interventions are essential to addressing the systemic factors contributing to teenage pregnancies alongside health-focused efforts.

Evidence of sex workers accessing high quality integrated SRH information and services including HIV and gender-based violence services.

Finding: UNFPA provided quality technical assistance for the development of National Sex Worker HIV, TB and STI Plan (2020 -2022), advocacy and community outreach through an implementation of a Low-cost Sex Work Model.¹⁸⁵

Access to SRHR services by sex workers was very sub-optimal during the 5th CP period. Only twenty per cent of the sex workers (1,758 sex workers reached versus a target of 9,000) accessed integrated sexual and reproductive health, gender based and HIV services to young people and vulnerable groups in UNFPA supported provinces.¹⁸⁶ The underperformance was attributed largely to the COVID-19 pandemic restrictions on mobility and short implementation period. The aforementioned Low-cost Sex Work Model, which had been dedicated to sex workers was discontinued in the

¹⁸¹ KIs with provincial and national stakeholders

¹⁸² KIs with provincial stakeholders

¹⁸³ KIs with provincial stakeholders; Annual Reports (2021 -2023)

¹⁸⁴ KIs with provincial and national stakeholders; KIs with UNFPA SA staff

¹⁸⁵ The South Africa Low-cost Sex Work Model aims to address the health and safety needs of sex workers while reducing HIV and other sexually transmitted infections (STIs). By addressing the complex needs of sex workers, the Model contributes to SA's efforts to reduce HIV and improve public health, while promoting human rights and dignity. (<https://srjc.org.za/resource/a-low-cost-integrated-model-for-sex-work-programming/>)

¹⁸⁶ UNFPA SA Annual Reports 2021, 2022, 2023.

third quarter of 2021 due challenges faced during its implementation.¹⁸⁷ The missed opportunities of inadequate access to SRHR services for sex workers include among others: (i) unmet family planning needs, untreated sexually transmitted infections (STIs), unintended pregnancies, and poor maternal health outcomes; (ii) increased risk of maternal mortality due to inadequate access to antenatal care, delivery services, and postnatal care; (iii) stress and trauma associated with limited access to SRH services can contribute to poor mental health outcomes.

Analysis: The access to SRHR services by sex workers was very limited, with only 20 per cent of the target population reached. The low uptake was mainly due to COVID-19 restrictions and a shortened implementation period. The discontinuation of the Low-cost Sex Work Model in 2021 further exacerbated the situation. As a result, sex workers faced unmet FP needs, untreated STIs, unintended pregnancies, and poor maternal health, leading to increased risks of maternal mortality and mental health challenges due to the lack of adequate SRHR services and support.

4.3.2.3 *Evidence of LNOB under the AY component*

The 5th CP has a programme for sex workers to enable them access integrated SRH/HIV/Gender-based violence services at the UNFPA-supported health facilities. However, there was under-achievement of the indicator - *number of sex workers accessing high quality integrated SRH information and services including HIV and gender-based violence services*, all due to the COVID-19 pandemic lockdowns.

4.3.2.4 *Challenges under the AY component*

The key challenges the 5th CP faced were as follows:¹⁸⁸

- South Africa was in complete lockdown (level 5) until March 2020, postponing planned activities. Engagement shifted to online platforms, but some people struggled with internet connectivity issues;
- Finalizing the National Youth Policy 2030 was delayed due to the lockdown;
- In 2023, delayed disbursement of funds for the Safeguarding Young People programme affected the approval of annual work plans and delayed programme implementation;
- High attrition rates among healthcare workers in rural districts and provinces led to the need for continuous training of newly appointed staff;
- Mobilizing LGBTIQ individuals as key populations posed a big challenge.

4.3.2.5 *Unintended effects under the AY component*

There were no unintended effects reported or observed during the evaluation.¹⁸⁹

4.3.3 Gender and social norms

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iii) advancement of gender equality and the empowerment of all women and girls.

Summary

The 5th CP made valuable contributions towards the strengthening of policy and accountability frameworks on GSN, which were attributed to the advocacy and evidence generation role and efforts of UNFPA. Partners and UN agencies value the critical role played by UNFPA as the lead agency to combat gender-based violence and in advancing CSE. With UNFPA technical support, the achievement of the following products enhanced prevention and response, and reduction in harmful practices: (i) development and rollout of the Comprehensive Gender-based violence and Femicide Strategy; (ii) Provincial Gender Equality Strategy (KZN); (iii) comprehensive Women Empowerment Gender Strategy (EC); (iv) Manual for Initiation Schools (with House of Traditional Leaders of Eastern Cape); (v) DSD Family Based Model (with EC Provincial Government); (vi) Gender-based violence Guidelines for Tertiary Institutions (with Higher Health); (vii) Gender-based violence Implementation Plans (KZN, EC and Limpopo); and (viii) Thuthuzela Care Centres Policy brief on Male and

¹⁸⁷ UNFPA SA Annual Report 2021; KIs with UNFPA CO staff

¹⁸⁸ The South Africa Low-cost Sex Work Model aims to address the health and safety needs of sex workers while reducing HIV and other sexually transmitted infections (STIs). By addressing the complex needs of sex workers, the Model contributes to SA's efforts to reduce HIV and improve public health, while promoting human rights and dignity. (<https://srjc.org.za/resource/a-low-cost-integrated-model-for-sex-work-programming/>)

¹⁸⁹ UNFPA SA Annual Reports)2020 - 2023); KIs with stakeholders at national and provincial level

Community Engagement. In addition, UNFPA support enabled provinces to set provincial Gender-based violence Technical Working Groups (TWGs) and District Rapid Response Teams (RRTs) to address teenage pregnancies. The GBVF strategy enhanced the response to gender-based violence (GBV) by raising awareness through initiatives like the 16 Days of Activism campaign, addressing root causes such as harmful social norms. It also inspired new laws, including the 2021 Domestic Violence Amendment Act, which strengthens protections for victims and survivors.

4.3.3.1 Evaluation of the results for the GSN component

The performance of six (6) output indicators linked to the 2 GSN outputs (details of indicators and outputs are shown in Annex 8) and the underlying interventions was assessed by the evaluation team and results are shown in Table 15. This information is drawn primarily out of secondary data available in the form of annual reports.

Table 13: Performance achievement of GSN output indicators

Outcome:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
GSN Output 2.1	3	3			
GSN Output 2.2	3	2	1		
Total	6	5	1		
Per cent		83%	17%		

Source: Evaluation team analysis

Analysis finding: Five out of six indicators (83 per cent) were achieved at and above 100 per cent while one (17 per cent) was most likely to be achieved. The details are shown in Annex 9 (Summary of performance against CPD indicators).

Contribution to the strategic outcomes: The evaluation analysis indicated that there was contribution of the GSN outputs to the outcomes indicators and UNFPA strategic outcomes since 83 per cent of the 6 output indicators had a performance above 100 per cent.¹⁹⁰

4.3.3.2 Status of GSN indicators

Finding: UNFPA Technical support (TA) was appreciated by partners. Valuable TA was provided in KZN in the following areas:¹⁹¹

- The **Provincial Gender Equality Strategy** (KZN) was developed to promote gender equality across the region.
- An **electronic gender-based violence screening tool** was created to help identify cases of gender-based violence, and it has been implemented in schools for better detection.
- A **Gender-based violence technical working group (TWG)** was established, consisting of directors from various provincial departments, to enhance planning. The TWG ensures that annual work plans (AWPs) for implementers include gender-based violence.
- District Rapid Response Teams (RRTs)** were set up after a workshop, facilitating the decentralization of activities into districts and communities. RRTs report local issues to the Provincial TWG. However, Ward RRTs only receive one day of training compared to three days for Local RRTs,¹⁹² and training resources are limited.

Analysis: The Provincial Gender Equality Strategy in KZN promotes gender equality through initiatives like an electronic gender-based violence screening tool in schools and the formation of a gender-based violence technical working group (TWG) to integrate gender-based violence into provincial planning. The District Rapid Response Teams (RRTs) help decentralize efforts, but Ward RRTs face limited training and resources compared to Local RRTs.

¹⁹⁰ Evaluation team analysis of UNFPA Annual and Quarterly Reports (2020-2024)

¹⁹¹ KIs with provincial stakeholders; UNFPA SA Annual Reports

¹⁹² KIs with provincial stakeholders

Finding: Partners and UN agencies value the critical role played by UNFPA as the lead agency to combat gender-based violence and in advancing CSE.¹⁹³ UNFPA is on the AY Technical working group (2 thematic topics to focus on agreed with UNICEF namely (a) teenage pregnancies (UNFPA to lead) and (b) skilling of the youth (UNICEF to lead). In addition, UNFPA supported the development of the Comprehensive Gender-based violence and Femicide Strategy.

Analysis: The finding highlights UNFPA's pivotal role in addressing gender-based violence and advancing CSE. As a key partner in the UNCT AY Technical Working Group, UNFPA leads efforts on teenage pregnancies and supports the development of the Comprehensive Gender-based violence and Femicide Strategy, collaborating closely with UNICEF.

Evidence of CSOs mobilized and enabled to contribute to the elimination of discriminatory gender practices and socio-cultural norms, unequal power relations disproportionately affecting women and girls and hindering the achievement of transformative results

Finding: UNFPA successfully achieved its target of 9 CSOs mobilized and enabled to contribute to the elimination of discriminatory gender practices and socio-cultural norms.¹⁹⁴ By the end of 2023, UNFPA had mobilized 20 organizations meaning it surpassed the above target by 11 organizations (222 per cent), which was commendable. In 2020, with the launch of the 5th CP, the National Strategic Plan on Gender-based violence and Femicide was introduced, supported by UNFPA and other UN agencies. UNFPA partnered with the Commission for Gender Equality and the House of Traditional Leaders to address social norms and gender-based violence. Despite the challenges posed by the COVID-19 pandemic, UNFPA successfully laid a strong foundation for engaging civil society organizations and communities to eliminate discriminatory gender practices and socio-cultural norms affecting women and girls.

The **main challenge** was the prolonged COVID-19 pandemic, which led to varying lockdown levels and delays in in-person engagements. UNFPA and its partners adapted by utilizing virtual platforms, such as digital tools, social media, and online gatherings, for communication and social mobilization.¹⁹⁵ During the most restrictive lockdowns, in-person events were not permitted, so activities focused on virtual delivery, research, social media, and advocacy. The House of Traditional Leaders, with its extensive provincial network, played a key role in disseminating SBCC messages on prevention of GBV and teenage pregnancies to remote communities.

Analysis: UNFPA's achievement in mobilizing 20 CSOs, surpassing its initial target of 9, to combat discriminatory gender practices and harmful social norms is a remarkable success. This 222 per cent overachievement highlights strong partnerships and resource mobilization, despite challenges posed by the COVID-19 pandemic. Launched in 2020, the 5th CP and the National Strategic Plan on Gender-based violence and Femicide, supported by UNFPA and other UN agencies, set the foundation for addressing gender-based violence and harmful norms. Collaborations with the Commission for Gender Equality and the House of Traditional Leaders were key in adapting to disruptions, ensuring continued advocacy through digital platforms.

Finding: The Izigodi model was identified as a best practice model to address the community development issues at a particular locality.¹⁹⁶ The Izigodi model utilizes biomedical data from a health facility to address community development challenges, such as teenage pregnancy. It strengthens local capacity by promoting a participatory, village-based approach and supporting traditional leadership in tackling SRHR, HIV, GBVF, and mental health.¹⁹⁷ The model fosters meaningful engagement with stakeholders through advocacy and policy dialogues, leveraging community assets and promoting ownership for positive development outcomes. It has been shared with other provinces via an advocacy platform at the UNFPA Headquarters level.¹⁹⁸

Analysis: The Izigodi model is a proven approach to community development, addressing issues like teenage pregnancy. Supporting traditional leadership, it tackles SRHR, HIV, GBVF, and mental health. Through advocacy and policy dialogues, it

¹⁹³ KIs with national stakeholders; KIs with UNCT members

¹⁹⁴ UNFPA SA Annual Reports (2020 - 2024)

¹⁹⁵ UNFPA SA Annual Reports 2020, 2021

¹⁹⁶ UNFPA SA Annual Reports (2020 - 2024); KIs with provincial stakeholders and UNFPA SA staff

¹⁹⁷ UNFPA_KZNCC_Piloting Izigodi Model and Action Research Annual Report (2).pdf

¹⁹⁸ UNFPA SA Annual Report 2023

promotes stakeholder engagement and community ownership, leading to successful outcomes. Its impact has expanded to other provinces and is showcased at UNFPA Headquarters.

Evidence of UNFPA-supported provinces that have developed advocacy platforms to eliminate discriminatory gender practices and socio-cultural norms, stereotypes, unequal power relations affecting women and girls

Finding: At the national level, UNFPA provided valuable technical support to the second presidential summit on Gender Based Violence and Femicide.¹⁹⁹ The second-year report on the National Strategic Plan for Gender-Based Violence and Femicide (NSP-GBVF), along with a policy brief and six pillar reports, were completed. Additionally, UNFPA's technical assistance in EC was highly appreciated by partners in the following areas:²⁰⁰ (a) UNFPA supported DSD in creating a comprehensive Women Empowerment Gender Strategy, focusing on socio-economic empowerment and addressing gender-based violence; (b) Partners and UN agencies value the vital role played by UNFPA as lead agency in combating gender-based violence and advancing CSE. In addition, the GBVF strategy enhanced the response to gender-based violence (GBV) by raising awareness through initiatives like the 16 Days of Activism campaign, addressing root causes such as harmful social norms. It also inspired new laws, including the 2021 Domestic Violence Amendment Act, which strengthens protections for survivors.²⁰¹

All the three Provinces developed plans and advocacy materials for the prevention and response to gender-based violence (the target of 3 provinces was achieved).²⁰² KZN developed the training tool for RRTs, which are community teams that support prevention and response to gender-based violence. KZN Province also trained trainers for strengthened capacity on localization of the National Strategic Plan on Gender-based violence. The EC UNFPA sub office provided capacity to at least one district on gender equality and women's empowerment.

Analysis: UNFPA's national-level support in combating GBVF was pivotal, contributing to key documents such as the NSP-GBVF report and policy briefs. The technical assistance in the EC, particularly in women's empowerment and gender-based violence strategies, reinforced their leadership role and value among partners and agencies. The three provinces successfully met their target by developing plans and advocacy materials for gender-based violence prevention and response.

Evidence of a proportion of young women and girls, particularly those in furthest left behind communities in UNFPA-supported provinces with knowledge on their rights

Finding: During 2023, the Country Office engaged policy makers on disability inclusion as well as young people living with disabilities across the three UNFPA Provinces (Eastern Cape, Limpopo and KZN).²⁰³ These young people were targeted to ensure their inclusion in access to the information and knowledge on their rights especially on sexual violence. Due to this engagement, rights-holders have been empowered to say NO to gender-based violence, forced marriages and other harmful practices.²⁰⁴

Analysis: In 2023, the CO's engagement with policymakers and young people with disabilities in EC, Limpopo, and KZN focused on disability inclusion and awareness of rights, especially concerning sexual violence. This initiative empowered rights-holders to resist gender-based violence and harmful practices, contributing to a decrease in forced marriages and teenage pregnancies.

Finding: Absence of gender-based violence support to adolescent boys and young men. The programme focused on gender and social norms primarily targeted adolescent girls and young women.²⁰⁵ However, adolescent boys and young men reported an increasing trend of domestic violence against them, leaving them vulnerable to gender-based violence incidents without access to medical or support services.²⁰⁶ They feel neglected by the programme.

¹⁹⁹ UNFPA SA Annual Report 2022

²⁰⁰ Kills at provincial level (EC)

²⁰¹ Kills with key stakeholders at national and provincial level; UNFPA COARs

²⁰² UNFPA SA Annual Reports (2020 - 2024)

²⁰³ UNFPA SA Annual Report 2023

²⁰⁴ Kills with UNFPA staff at provincial level; Kills with provincial stakeholders

²⁰⁵ UNFPA SA Annual Reports (2020-2024)

²⁰⁶ Focus group discussions with community rights-holders; Kills with provincial stakeholders

Analysis: The finding highlights a gap in gender-based violence support for adolescent boys and young men. While the programme focused on girls and young women, boys reported rising domestic violence, leaving them vulnerable and without necessary medical or support services. This neglect fosters a sense of exclusion and increased vulnerability to gender-based violence.

Evidence of plans, advocacy materials or guidelines developed to support gender-based violence prevention and response.

Finding: UNFPA provided valuable technical support to key institutions on gender-based violence prevention towards the development of the following products:²⁰⁷ (1) National Gender-based violence Prevention Strategy and Theory of Change (with DWYPD); (2) Manual for Initiation Schools (with House of Traditional Leaders of Eastern Cape); (3) Department of Social Development Family Based Model (with Eastern Cape Provincial Government). In addition, UNFPA's support was appreciated for the development of the following products:²⁰⁸ (1) Gender-based violence Guidelines for Tertiary Institutions (with Higher Health); (2) Gender-based violence Implementation Plan for KwaZulu-Natal; (3) Gender-based violence Implementation Plan for Eastern Cape; (4) Gender-based violence Implementation Plan for Limpopo; (5) Thuthuzela Care Centres Policy brief on Male and Community Engagement. With UNFPA support, two District Implementation Plans were elaborated to improve gender-based violence coordination and referral pathways in UThukela and Alfred Nzo (JP Canada).²⁰⁹ In addition, UNFPA produced two policy briefs on the localization of the National Strategic Plan on Gender-based violence in Eastern Cape and KZN as well as data collection tools and Human-Interest stories.²¹⁰

Analysis: UNFPA played a pivotal role in supporting key institutions in the development of various products aimed at preventing gender-based violence. These included national strategies, implementation plans, and specialized manuals in collaboration with regional authorities and stakeholders. UNFPA's efforts also led to the creation of gender-based violence guidelines for tertiary institutions, district implementation plans, and policy briefs focused on male and community engagement. The organization further contributed to the localization of the National Strategic Plan on Gender-based violence in EC and KZN and enhanced data collection efforts to improve gender-based violence coordination and response across multiple provinces.

²⁰⁷ UNFPA SA Annual Report 2023

²⁰⁸ Killings at national and provincial levels

²⁰⁹ UNFPA SA Annual Report 2022

²¹⁰ UNFPA SA Annual Report 2023

Summit



Eastern Cape Provincial Customary Initiation Summit - 2023

Evidence of institutions (civil society, faith-based organizations) supported to develop and implement monitoring of gender-based violence prevention and response action plans.

Finding: UNFPA had effective partnerships with UNICEF and implementing partners to prevent and end gender-based violence.²¹¹

UNFPA, in partnership with UNICEF, successfully mobilized 36 organizations, exceeding their target of 20, achieving 150 per cent of the goal, focused on ending gender-based violence, addressing harmful practices, and promoting bodily autonomy and sexual and reproductive health and rights (SRHR) for young women and girls.²¹² Key partners in advocacy efforts included: (1) the House of Traditional Leaders in Eastern Cape, focused on engaging the traditional sector in SRH, HIV, and gender-based violence prevention; (2) Soul City Institute, implementing social media campaigns, SBCC, and workshops on SRH, HIV, and gender-based violence for adolescent girls and young women (AGYW); (3) KwaZulu-Natal Christian Council, which facilitated community dialogues on SRH, HIV, and gender-based violence; (4) Umthombo Wempilo Institute, working on SRH, HIV, and gender-based violence prevention in Eastern Cape; and (5) the Commission for Gender Equality, which led nationwide advocacy on SRHR and gender-based violence, including webinars and initiatives. UNFPA also spearheaded the SRHR and Bodily Autonomy Coalition with a broad coalition of partners.

Analysis: UNFPA, in collaboration with UNICEF, exceeded its target by mobilizing 36 organizations to combat gender-based violence, promote SRHR, and address harmful practices. Key partnerships included traditional leaders, the Soul City Institute, the KwaZulu-Natal Christian Council, Umthombo Wempilo Institute, and the Commission for Gender Equality, who led advocacy and educational efforts.

Evidence of health facilities in UNFPA supported provinces capacitated to collect, analyze and disseminate disaggregated data on incidence and prevalence of gender-based violence

²¹¹ Kills with national and provincial stakeholders

²¹² UNFPA SA Annual and Quarterly Reports (2020 - 2024)

Finding: UNFPA provided technical support to health facilities to promote evidence-based gender-based violence programming.²¹³ Forty (40) health facilities across the UNFPA three provinces were capacitated on the collection, dissemination and utilization of disaggregated data on the incidence and prevalence of gender-based violence.²¹⁴ UNFPA has been a lead in strengthening the health sector response to gender-based violence.

Analysis: UNFPA's technical support strengthened the health sector's response to gender-based violence by training 40 health facilities across three provinces. The focus was on collecting, disseminating, and utilizing disaggregated data on gender-based violence incidence and prevalence, ensuring evidence-based programming. This initiative underscores UNFPA's leadership in enhancing health services to effectively address gender-based violence.

4.3.3.3 *Evidence of LNOB under the GSN component*

It was observed that UNFPA's staff and some partners reported women in general as a marginalised group.²¹⁵ However, marginalised groups within this very segment, such as women with different abilities, from religious/ ethnic minorities, or from urban slum/ remote rural areas, were not targeted specifically under the programme.²¹⁶

Analysis: Specific subgroups, such as women with disabilities, those from ethnic/religious minorities, or urban slums/rural areas, being overlooked in the programme is a gap, which needs for more inclusive targeting to address the compounded disadvantages faced by these groups.

4.3.3.4 *Challenges under the GSN component*

South Africa was on complete lockdown (level 5) from March 2020. Activities that were supposed to take place in March 2020 were postponed to later dates. Means of engagement changed to online and some people struggled to be connected due to internet disruptions. Due the above situation, finalization of Gender Based Violence National Strategic Plan in 2020 took long to complete because the country was under lockdown level 5.

4.3.3.5 *Unintended effects under the GSN component*

There were no unintended effects reported or observed.²¹⁷

4.3.4 Population change and data

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes.

Summary

Most of the planned results under PCD were achieved in the strengthening the capacity of national and subnational institutions to collect, collate, analyze, synthesize and utilize data on population dynamics. Achievements have been realized in drawing policy and attention to PCD mainly through the support UNFPA provided to Statistics South Africa to conduct the 2022 Population and Housing Census. In addition, UNFPA's technical support on the Demographic Dividend (DD) with funding from the Foreign and Commonwealth Development Office, was valued given the focus placed on enhanced and robust generation and use of disaggregated demographic and socio-economic data to tackle the drivers of the DD in South Africa. During the 5th CP, UNFPA SA also successfully supported the development of knowledge products and facilitated several advocacy initiatives, which were meant to accelerate implementation of the ICPD Programme of Action and the ICPD25 Commitments.

4.3.4.1 *Evaluation of the results for the PCD component*

²¹³ UNFPA SA Annual and Quarterly Reports (2020 - 2024)

²¹⁴ UNFPA SA Annual and Quarterly Reports (2020 - 2024)

²¹⁵ KIs at national and provincial levels

²¹⁶ Document review of UNFPA CPD, 2020-2025

²¹⁷ UNFPA SA Annual Reports

The performance of two output indicators linked to the single PCD output (details shown in Annex 8) and the underlying interventions was assessed by the evaluation team and results are shown in Table 16. This information is drawn primarily out of secondary data available in the form of annual reports.

Table 14: Performance achievement of PCD output indicators

Outcome:					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
PCD Output 3.1	3	2		1	
Total		2		1	
Per cent		67%		33%	

Source: Evaluation team analysis

Analysis finding: Two out of three indicators (67 per cent) achieved performance above 100 per cent while one was likely to be achieved (*number of SSTC interactions/ exchanges supported in the areas of sexual and reproductive health and rights, youth, gender, population dynamics including population megatrends (migration, climate change and humanitarian response).*

Contribution to strategic outcomes: Given the fact that performance of two out of three output indicators was 67 per cent, the evaluation deemed the contribution to the strategic outcomes just optimal.

4.3.4.2 Status of PCD indicators

The status of interventions related to the PCD output indicator is discussed in the following sections.

Evidence of Population and Housing Census conducted, and results disaggregated by age, sex and other vulnerability factors/furthest behind factors for each enumeration area are publicly accessible online

Finding: The Stats SA successfully conducted the census to conform to the UN 2020 World Population and Housing Census Programme to be achieved by 2024. The GoSA complied with a requirement that every country conducts at least one population and housing census or otherwise produce small area census-like statistics at least once in the period 2015–2024. UNFPA SA provided technical support through 2022 Census Data Assessment and evaluation exercise specifically evaluation pertaining to age and sex structure and fertility indicators from the census data.²¹⁸ The desk review and KIs with stakeholders indicated that the technical support provided by UNFPA SA was useful.²¹⁹

Analysis: Government of South Africa met the UN's requirement for conducting a census or producing similar data by 2024. UNFPA SA's technical support, particularly for evaluating age, sex structure, and fertility indicators, was deemed valuable by stakeholders through desk reviews and key informant interviews.

Evidence of institutions at national or subnational levels, with strengthened capacity to collect, collate, analyze, synthesize and utilize data on population dynamics, including population megatrends (migration, climate change and humanitarian response).

Finding: The support by UNFPA SA and ESARO strengthened the technical capacity of 30 institutions (national and sub-national level) to collect, collate, analyze, synthesize and utilize data on population dynamics, including population megatrends.²²⁰ UNFPA supported the strengthening of the national frameworks to monitor and evaluate policies in key areas such gender-based violence and Femicide; youth policy; disabilities; and menstrual health management. As a result of functional partnerships with the KwaZulu-Natal, Eastern Cape and Limpopo provincial governments, UNFPA succeeded generating knowledge on DD related areas, for the strengthening of DD components in the local integrated development plans.²²¹ The perspectives of some provincial stakeholders were as follows:

“Valuable technical support was received from UNFPA in embedding demographic dividend indicators into the Municipal Integrated Development Plans (IDPs) across provincial municipalities. The initiative was particularly

²¹⁸ UNFPA SA Annual Report 2022

²¹⁹ KIs with national stakeholders

²²⁰ UNFPA SA Annual Reports 2021, 2022

²²¹ UNFPA SA Annual Report 2021

relevant given the province's demographic profile, which includes a significant youth bulge,” narrated a KI at provincial level.

“The support provided by UNFPA included a series of five-day training sessions for municipal officials. These sessions covered a range of topics, including an introduction to demographic indicators, the production and analysis of municipal statistics, and the practical integration of these indicators into municipal development plans and budgets,” narrated a KI at provincial level.

“Not all districts in the operational provinces have been covered. There is a strong emphasis on the need for ongoing support following the initial training sessions on DD. Municipalities often face challenges when attempting to apply new knowledge and skills in their day-to-day operations. Therefore, post-training support such as follow up workshops would be very helpful,” said a KI at provincial level.

Analysis: UNFPA's support enhanced the technical capacity of 30 institutions, enabling better data management on population dynamics and key areas like gender-based violence, youth policy, and menstrual health. Collaborative partnerships with provincial governments led to valuable knowledge generation, strengthening the integration of DD into integrated development plans in KZN, EC, and Limpopo.

Finding: TA on the Demographic Dividend was appreciated by partners: Since 2022, with funding from FCDO, UNFPA has implemented a multi-year programme on the demographic dividend (DD) in collaboration with South Africa's National Department for Social Development's National Population Unit and the UNFPA Regional Office. The initiative aims to harness the DD for inclusive growth and people-centered development²²² by focusing on generating and using disaggregated demographic and socio-economic data to address DD drivers in South Africa.²²³ The programme includes a DD Capacity Building Initiative to equip public servants with relevant skills. Significant progress has been made in enhancing data generation and fostering collaboration within and across countries to build capacity and a community of practice with a demographic and gender-focused approach.²²⁴

Analysis: The UNFPA's demographic dividend (DD) programme, funded by FCDO since 2022, has effectively strengthened South Africa's capacity to leverage the DD for inclusive growth. By generating disaggregated data, enhancing public sector skills, and fostering regional collaboration, it addressed DD drivers with a demographic and gender lens. This initiative gained the partners' appreciation for advancing people-centered, evidence-based development.

Finding: UNFPA enhanced the technical capacity of Stats SA: UNFPA supported the participation of three demographers from Stats SA and a lecturer from the Demographic Studies Faculty, Wits University to attend the Population Projections Capacity Building workshop.²²⁵ The purpose of the workshop was to strengthen capacity of National Statistics Offices to generate population projection estimates. In addition, **UNFPA and Stats SA embarked on a collaborative effort to develop a Gender-based violence index.**²²⁶ The gender-based violence index is intended to provide a comprehensive and systematic way to measure and track gender-based violence incidents across the country as well as comprehensive monitoring and tracking of the progress in the implementation of the National Strategic Plan on Gender-based violence.²²⁷ However, progress on this initiative has been slow, with little traction gained so far.²²⁸

Analysis: UNFPA enhanced the Stats SA's technical capacity by facilitating participation in a population projections workshop and fostering expertise in demographic analysis. This collaboration extended to developing a gender-based violence index for systematic measurement and tracking of gender-based violence incidents and monitoring progress on the National Strategic Plan on GBVF. However, the gender-based violence index initiative faced slow progress, underscoring the need for renewed efforts to ensure its effective implementation.

²²² UNFPA SA Annual Report 2023

²²³ UNFPA SA Annual Report 2022

²²⁴ KIIs at national level; UNFPA SA Annual Report 2022

²²⁵ KIIs with national stakeholders; UNFPA SA Annual Report 2023

²²⁶ UNFPA SA Annual Report 2023

²²⁷ UNFPA SA Annual Report 2023

²²⁸ KIIs with national stakeholders

Evidence of SSTC interactions/ exchanges supported in the areas of sexual and reproductive health and rights, youth, gender, population dynamics including population megatrends.

Finding: UNFPA SA was pro-active in fostering SSTC. The interactions/ exchanges supported or received included the following:

- (i) Stats SA, in collaboration with the UNFPA SA donated electronic tablets to Madagascar to assist in the execution of its national population census. This initiative demonstrated how the transfer of electronic tablets to its neighbor enhanced the south-to-south cooperation.²²⁹
- (ii) UNFPA SA successfully facilitated a study tour for the Pakistan Bureau of Statistics to Stats SA.²³⁰ The objective of the study tour was for the Pakistan Bureau of Statistics to learn from South Africa National Statistics Office having concluded their first ever e-digital census. The Pakistan Bureau of Statistics was keen to learn from the South African e-processes to identify relevant technological issues, which South Africa faced during their first e-census and prepare strategies to counter those issues if they arose during the Pakistan census.
- (iii) During 2022, UNFPA SA hosted South Sudan for a learning exchange on gender-based violence centres and a multi-country SWOP launch for five ESA countries as well as receiving the South-South Learning Network for Condom Programming and key Populations.²³¹

Analysis: UNFPA SA demonstrated a strong commitment to SSTC through strategic initiatives. It supported Madagascar's national population census by facilitating the donation of electronic tablets, showcasing resource-sharing. A study tour for Pakistan's Bureau of Statistics enabled knowledge transfer on e-digital census practices, addressing technological challenges. Additionally, learning exchanges with South Sudan on gender-based violence centers and hosting multi-country events further emphasized collaboration. These efforts highlight UNFPA SA's role in fostering innovation, knowledge exchange, and regional capacity-building.

Evidence of advocacy initiatives and knowledge products supported to accelerate implementation of the ICPD Programme of Action and the ICPD25 Commitments.

Finding: During the 5th CP, UNFPA SA successfully supported the development of knowledge products and facilitated several advocacy initiatives.

- (a) The knowledge products among others were the DD Advocacy Messages, KwaZulu-Natal footprint, DD newspaper article and KwaZulu-Natal DD Spotlight.²³²
- (b) During 2021, the advocacy initiatives were (i) High level engagement with the Eastern Cape Men's Movement led by the National Legislature to tackle Gender Based Violence and Femicide (GBVF). (ii) High level advocacy event with the Minister of Department of Women, Youth and Persons with Disabilities "Moving the Needle Forward on Menstrual Health and Hygiene" in partnership with the South Africa Coalition on Menstrual Health Management; (iii) Advocacy on the SRHR and Bodily Autonomy of Young People at the occasion of the Generation Equality Forum (public webinar, social media interventions); (iv) Advocacy on the International Day of the Girl Child to advocate for rights and needs of Adolescent and Young Women to SRH, HIV and gender-based violence prevention and services. (Op-Ed, public Webinar, and 2 TV/ Radio interviews). (v) High level event with the National Department for Social Development on the Demographic Dividend in South Africa; (vi) High level event with the National Department for Social Development on the SRHR of persons with disabilities (short statured persons).²³³ All these initiatives contributed to strengthen the collaboration between UNFPA and the government (2021).
- (c) A tracking tool for ICPD@25 commitments was designed during 2020 and ESARO, UNFPA South Africa and the government of South Africa report progress on the tracking tool.²³⁴

²²⁹ Kills with national stakeholders

²³⁰ UNFPA SA Annual Report 2022; Kills with UNFPA CO staff

²³¹ UNFPA SA Annual Report 2022; Kills with UNFPA CO staff

²³² UNFPA SA Annual Report 2023

²³³ UNFPA SA Annual Report 2023

²³⁴ UNFPA SA Annual Report 2020

- (d) With technical support of UNFPA, South Africa submitted the Progress review of the Implementation of the Programme of Action of the International Conference on Population and Development (1994) and the Addis Ababa Declaration on Population and Development (2013) Report.²³⁵
- (e) South Africa participated at the Partners in Population Development High level international conference on the ICPD30 held in Victoria Falls, Zimbabwe in October and in November in Lusaka, Zambia.²³⁶ In both meetings, South Africa was represented by a government minister and UNFPA Officer In Charge.

Analysis: UNFPA South Africa advanced knowledge and advocacy efforts, strengthening collaboration with the government. Key knowledge products included DD Advocacy Messages and the KwaZulu-Natal DD Spotlight. In 2021, advocacy initiatives addressed SRHR, menstrual health, gender-based violence, and adolescent needs through high-level events, webinars, and media. UNFPA supported the development of a tracking tool for ICPD@25 commitments, facilitated progress reporting, and enabled South Africa's participation in international ICPD30 conferences. These efforts emphasized inclusive SRHR advocacy, demographic dividend promotion, and advancing commitments under the ICPD and Addis Ababa frameworks.

Finding: UNFPA TA for finalization 2023 SDG Country Report: CO contributed significantly to the review of the chapters in the 2023 SDG Country Report for Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 5 (Achieve gender equality and empower all women and girls).²³⁷ The SDG report was finalised in September 2023.

4.3.4.3 *Evidence of LNOB under the PCD component*

The 5th CP has an indicator that is related to LNOB namely: Country collects, maps and reports disaggregated data (including by age, sex, race, ethnicity, wealth, disability and other leaving no one behind factors) on the incidence of gender-based violence and harmful practices.²³⁸ However, the 5th CP has not been reporting against the LNOB factors, which potentially leaves out some segments of marginalized groups from evidence-based programming.

Analysis: The 5th CP includes an LNOB-related indicator on disaggregated data on disability and other LNOB factors among others. However, the lack of reporting on LNOB factors risks excluding marginalized groups, undermining evidence-based programming and equitable policy development.

4.3.4.4 *Key challenges under the PCD component*

The following were the key challenges:²³⁹

- Healthcare facilities collect approved age disaggregated data as indicated on the DHIS. However, the challenge faced was the health staff not being able to capture all the relevant data. .
- The COVID-19 pandemic caused delays for the Census work (had to be shifted from 2021 to 2020). Similarly, the South-South initiatives had to be postponed.
- Monitoring and obtaining disaggregated data on the audience reached, especially via TV, Radio and social media, was a challenge. The measurement of numbers of people engaged via the radio and TV was often not provided broken down by sex or age.

4.3.3.5 *Unintended effects under the PCD component*

There were no unintended effects reported or observed.²⁴⁰

EQ6: *To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?*

Summary

²³⁵ UNFPA SA Annual Report 2020

²³⁶ UNFPA SA Annual Report 2023

²³⁷ UNFPA SA Annual Report 2023

²³⁸ UNFPA SA Annual and Quarterly Reports (2020 - 2024)

²³⁹ UNFPA SA Annual Reports (2020 – 2023); KIs with stakeholders at national and provincial level

²⁴⁰ UNFPA SA Annual Reports; KIs with stakeholders at national and provincial level

UNFPA has integrated human rights, gender perspectives, and environmental sustainability into its country programme by collaborating with civil society and community leaders. Efforts have targeted gender-based violence, harmful gender norms, and SRHR issues affecting women and girls. Integrated SRHR, HIV, and gender-based violence services have been enhanced, particularly in youth-friendly health facilities, with healthcare workers trained in rights-based approaches emphasizing consent, confidentiality, and inclusivity.

Social behaviour change initiatives have reached diverse audiences, promoting gender-based violence, HIV, and SRHR awareness. Advocacy platforms, such as those on menstrual hygiene and teenage pregnancy prevention, further champion gender equality and human rights. Environmental sustainability has also been incorporated through life skills programmes and climate change education for youth, building resilience and raising awareness about its link to SRHR.

UNFPA has focused on disability inclusion and access for vulnerable groups, offering integrated SRHR and HIV services for persons with disabilities and migrants. Partnerships have strengthened healthcare access and ensured services are tailored to the unique needs of these populations, promoting inclusivity and equity.

The integration of human rights, gender perspectives, environmental sustainability, and disability inclusion is vital to the success of UNFPA's country programmes. These principles ensure that SRHR services reach marginalised and vulnerable populations, fostering inclusivity and sustainability. Drawing on documented evidence, these elements were incorporated into the 5th CP as follows:²⁴¹

Promotion of gender equality and safeguarding human rights of vulnerable groups

UNFPA worked on social norms change initiatives, including dialogues to address harmful practices such as early/forced marriages (*Ukuthwala*), which hinder the sexual and reproductive health and rights (SRHR) of women and girls. Over the period of the 5th CP these efforts expanded to provide integrated SRHR services in communities affected by gender-based violence, HIV, and harmful gender norms.

There has also been an increasing focus on youth-friendly services and ensuring access to health services for the youth. UNFPA partnered with local authorities to provide CSE in the three provinces, including the training of parents, educators, and religious leaders. The organization further extended its reach by educating learner representative councils in schools.

Integration of environmental sustainability into the 5th CP

Evidence shows that environmental sustainability has been progressively integrated into UNFPA's country programming. Early efforts in the 5th CP's cycle supported the incorporation of environmental sustainability, into Integrated Development Plans (IDPs) at the municipal level. This focus expanded to include the integration of "resilience to climate change" into programming for adolescents and youth, ensuring they are equipped with knowledge and skills related to both environmental challenges and their SRHR.

There has been a clear focus on climate resilience, particularly for young people in rural and under-resourced areas. Life skills training has incorporated environmental education, empowering youth with the knowledge needed to adapt to environmental challenges. UNFPA has also included capacity building for youth networks, enabling them to advocate for climate change resilience alongside SRHR and disability inclusion.

Disability inclusion in the 5th CP

UNFPA's commitment to disability inclusion has grown stronger over time. At the early stages of the 5th CP, the focus was on ensuring access to SRHR services for vulnerable populations, including persons with disabilities. This approach evolved into a more targeted strategy, with healthcare providers being trained and inclusive SRHR services being implemented in health facilities. Disability inclusion also became a component of capacity-building initiatives, with youth networks being trained on advocating for disability rights alongside SRHR and climate change resilience.

²⁴¹ UNFPA SA Annual and quarterly reports 2020 - 2024

Analysis: The integration of human rights, gender equality, environmental sustainability, and disability inclusion into UNFPA's country programmes enhances inclusivity and accessibility for marginalized groups. Throughout the 5th CP, efforts focused on addressing harmful practices, such as early/forced marriages, through social norm change initiatives and providing integrated SRHR services in communities impacted by gender-based violence and HIV. The programme also prioritized youth-friendly services, including CSE and capacity-building for youth leaders. Environmental sustainability was progressively embedded in programming, with an emphasis on climate resilience for adolescents and youth. Disability inclusion grew from ensuring access to SRHR services to targeted strategies, such as inclusive healthcare and training for advocacy on disability rights, SRHR, and climate change.

4.4 Efficiency: Evaluation question 7

EQ7: *To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme? Do the UNFPA offices in the provinces make a difference in delivering results and impacts?*

Summary

The UNFPA CO adheres to a strict management system, guaranteeing the responsible and efficient management of financial and human resources. UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs were accountable for programmatic deliverables in a timely manner. Between 2020 and 2025, UNFPA's resource utilisation reached 78 per cent by 2023, hindered by COVID-19 delays and limited focus on resource mobilisation. Fund transfer delays to implementing partners disrupted project implementation. While UNFPA CO staffing is generally adequate, some implementing partners lack sufficient capacity. A streamlined structure (February 2024) improved teamwork, though gaps like the vacant SRH Analyst role remain. UNFPA sub-offices enhanced local coordination and ICPD integration but face challenges like disconnection from national policy engagement and financial burdens. The QUANTUM system, adopted in August 2024, improved data transparency and operational efficiency despite staff training and system challenges.

4.4.1 Reporting and administrative arrangements and implementation modalities

Evidence that the planned resources were received to the foreseen level, in a timely manner and used to deliver programme outcomes and outputs defined in the 5th CP. Evidence of robust implementation modalities.

Finding: The mobilized financial resources were adequate as per the planned level.²⁴² The administrative and financial systems for the programme were largely adequate and functional.

UNFPA initially committed \$11.9 million for 2020–2025, with 54 per cent (\$6.4 million) from regular resources (RR) and 46 per cent (\$5.5 million) through co-financing or other resources (OR).²⁴³ By the end of 2023, 78 per cent of the funds had been utilized (budget mobilized from both core and non-core resources), which was a sub-optimal rate primarily due to delays caused by the COVID-19 pandemic.²⁴⁴ Resource management systems were effectively implemented, ensuring timely programme support.²⁴⁵ However, interviews with CO staff highlighted a lack of focus on resource mobilization, as this function is integrated into the Communications and Partnerships docket. Without a dedicated focal point, the team struggled to prioritize resource mobilization amidst competing demands, further strained by limited capacity within an already overstretched CO team.

Analysis: The UNFPA's resource allocation for 2020–2025 showed a sub-optimal utilisation rate of 78 per cent by 2023. However, the process faced delays mainly due to COVID-19. Despite good management systems, challenges arose from the lack of dedicated focus on resource mobilization, which was part of the broader Communications and Partnerships duties, limiting the team's ability to prioritize this function amid capacity constraints.

Evidence of effective mechanisms to ensure maximal efficiency and accountability

²⁴² UNFPA SA financial reports (2020-2024)

²⁴³ UNFPA SA CPD 2020-2025

²⁴⁴ UNFPA SA Annual Reports (2020-2023); KIs with CO staff

²⁴⁵ KIs with UNFPA CO staff

Finding: Flow of funds to IPs. There were occasional delays in the transfer of funds to IPs which affected smooth and timely implementation of interventions.²⁴⁶ The number of IPs expressed frustration due to delays arising from the lengthy approval processes.²⁴⁷ From the interviews, delays of funds transfer led to the following: (i) hindrance of the procurement of essential goods and services, leading to project delays; (ii) cash flow constraints made it difficult to pay staff salaries, benefits, and allowances in time, potentially demotivating personnel and compromising project quality; (iii) there were difficulties in paying contractors and suppliers, potentially damaging relationships and compromising project timelines; Other things mentioned which could happen were increased vulnerability of project rights-holders, particularly those living in poverty or experiencing social exclusion.

Analysis: Delays in fund transfers to implementing partners (IPs) hindered project execution, causing procurement setbacks, cash flow issues, and delays in paying staff, contractors, and suppliers. This affected morale, project quality, and stakeholder relationships. Additionally, the delays increased the vulnerability of rights-holders, particularly those facing poverty or social exclusion, exacerbating the challenges faced by the project.

4.4.1.1 AY efficiency

According to the 5th CP budget, the AY thematic component was allocated US\$ 4.9m which is 41 per cent of the total budget. Thirty nine per cent of the funds were from regular sources while 61 per cent was from other sources.²⁴⁸ The key stakeholders from Government and CSO staff who were associated with the AY component were of the view that the interagency collaboration potentially reduced transaction costs and enhanced efficiency.²⁴⁹ There was a delayed disbursement of funds for the Safeguard Young People programme at the start of 2023, which impacted the sign-off of annual work plans resulting in delayed start of programme implementation.

Finding: Inadequate supply chain management (SCM). The SCM has been sub-optimal resulting into delays in arrival and distribution of sanitary dignity products.²⁵⁰ For example, there were delays and non-arrival in procurement of some sanitary dignity products that were earmarked for the pilot project site in Alfred Nzo District (Eastern Cape) and uThukela District (KZN) according to interviews with stakeholders.

“Programmatically, the pilot programme on providing menstrual products worked well except for the problems with the supply chain processes,” narrated a key stakeholder at national level.

Analysis: Inadequate supply chain management (SCM) led to delays and non-arrival of sanitary dignity products, affecting pilot projects in Alfred Nzo (EC) and uThukela (KZN) districts.

Finding: Network connectivity at remote health centres. Some provinces (and especially EC) are grappling with poor network connectivity, particularly in remote rural health centres.²⁵¹ The opinion of one stakeholder is indicated in the quote below.

‘The inadequate connectivity in rural health facilities hinders the ability to conduct supportive supervision virtual meetings and affects the overall efficiency of healthcare delivery in these areas,’ said a key stakeholder at provincial level in EC.

4.4.1.2 GSN efficiency

The GSN component was allocated US\$4.8 million, which was 40 per cent of the total budget. Regular funds accounted for 48 per cent while funds from other sources was 52 per cent. Given the COVID-19 pandemic, the use of webinars and digital platforms for interactions between CSOs and UNFPA on implementation was an efficient utilisation of resources.²⁵²

²⁴⁶ KIs with IPs

²⁴⁷ KIs with IPs

²⁴⁸ KIs with UNFPA CO staff; Country Programme Document (2020-2025)

²⁴⁹ KIs with UNFPA CO staff and stakeholders at provincial level

²⁵⁰ KIs with national and provincial stakeholders; KIs with IPs in EC and KZN

²⁵¹ KIs with IPs

²⁵² UNFPA SA Annual Reports 2020, 2022

4.4.1.3 PCD efficiency

The UNFPA allocated US\$1.2 million for the population and component, which was 8 per cent of the total budget. The funds provided from regular sources were 100 per cent while there was no allocation from other sources.²⁵³ The evaluation found the UNFPA was efficient in the utilization of financial resources in the following areas: (i) conduction of the 2022 census using digital means; (ii) Stats SA donated electronic tablets to Madagascar to assist in the execution of its national population census.²⁵⁴

4.4.2 Human resources

Evidence of appropriateness of technical capacity of UNFPA staff and IPs selected to deliver the results.

Finding: The number and calibre of UNFPA CO staff is largely adequate whereas the staffing for some IPs is limited compared to the workload.²⁵⁵ **UNFPA has a streamlined management structure, which has functional reporting lines.**

The UNFPA has met international standards for recruiting and managing Country Office (CO) staff, with sufficient skills to cover thematic areas such as SRH, AY, GSN, and PCD, along with support functions like monitoring and evaluation (M&E), finance, human resources, and communications.²⁵⁶ However, the vacant SRH Analyst position may strain other meme staff. UNFPA's streamlined management structure, developed through staff workshops, was finalized in February 2024.²⁵⁷ The new structure, expected to enhance productivity and teamwork, was clearly documented and shared with staff.

Analysis: The UNFPA CO staffing is generally adequate, with skilled staff covering key thematic areas. However, staffing for some Implementing Partners (IPs) is insufficient relative to workload. The streamlined management structure, finalized in February 2024, enhances productivity and teamwork, though the vacant SRH Analyst role may impact staff workload.

4.4.3 UNFPA Sub-offices in provinces

Evidence that the UNFPA sub-offices in the provinces have made a difference in delivering results and impacts.

UNFPA has two provincial sub-offices in KZN and EC, which are staffed by a Programme Officer and a driver in each, the latter also working as administrative staff.²⁵⁸

Finding: UNFPA provincial sub-offices. The UNFPA Provincial sub-offices in Eastern Cape (EC) and KwaZulu-Natal (KZN) have been crucial in providing technical expertise to the Offices of the Premiers (OTP) for planning, strategy development, and intervention execution. These sub-offices facilitate coordination and support, ensuring effective implementation of UNFPA programmes at the provincial level. While Limpopo currently lacks such an office, establishing one would bring similar benefits as those in EC and KZN.

Having had interviews with stakeholders at national and sub-national levels, some of the advantages and disadvantages of having a sub-office are as follows:²⁵⁹

- (a) **Advantages:** The UNFPA staff can engage more closely with both implementing and non-implementing partners on the ground, enabling them to provide timely technical support. This proximity allows for the identification of strategic issues, as well as opportunities and threats to the UNFPA mandate. Additionally, staff can build stronger relationships with provincial executives in Health, Social Development, and Education, helping to integrate the ICPD agenda into their priorities while fostering trust among partners.
- (b) **Disadvantages:** The disadvantages include: (i) UNFPA staff may become too familiar with the provincial government's methods; (ii) a disconnect from the upstream policy agenda in a middle-income context; (iii) limited growth opportunities for staff and lack of career advancement; (iv) the need for additional budget to run the office, along with unreasonable and sometimes ad hoc expectations from provincial government stakeholders and other partners.

²⁵³ KIs with UNFPA CO staff; Country Programme Document (2020-2025)

²⁵⁴ KIs with stakeholders at national level; UNFPA SA Annual Report 2022

²⁵⁵ KIs with UNFPA SACO management

²⁵⁶ Review of UNFPA organogram; KIs with UNFPA SACO management

²⁵⁷ KIs with CO senior management

²⁵⁸ KIs with UNFPA SACO management; KIs with provincial stakeholders

²⁵⁹ KIs with national and provincial stakeholders; KIs with UNFPA CO staff

Analysis: The UNFPA provincial sub-offices in EC and KZN have effectively supported provincial planning and strategy development, facilitating coordination and programme implementation. Benefits include closer engagement with partners, timely technical support, and stronger relationships with provincial authorities, enhancing the integration of the ICPD agenda. However, challenges include potential over-familiarity with provincial methods, disconnection from national policy, limited staff growth opportunities, and the financial burden of maintaining these offices, with sometimes unrealistic expectations from stakeholders. Establishing a similar office in Limpopo could offer similar advantages.

4.5 Sustainability: Evaluation question 8

EQ7: *To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?*

Summary

There was evidence of local ownership for interventions supported by UNFPA. Although a sustainability plan involving GoSA was non-existent in the 5th CP, there are aspects of the interventions that can guarantee sustainability of the various interventions. These include the various capacity-building initiatives, institutional system strengthening, institutional structures like government Departments, development of policies and strategies. The UNFPA approach of using the national and provincial systems for its interventions was conducive for sustainability. While there is confidence that some programmatic benefits would be sustained in medium and long term, there are some fears of some institutions facing constraints without UNFPA technical support. Sustainability within specific programmes varies. The AY programme benefits from institutionalized AYFS standards and empowered youth networks, yet struggles with financial instability and poor integration into local budgets and development plans. The GSN programme advances gender-sensitive strategies and capacity-building but faces cultural resistance, financial dependency, and fragmented coordination. Similarly, the PCD programme fosters data-driven decision-making and demographic insights but some activities risk non-sustainability due to funding shortfalls. UNFPA needs to advocate to government for predictable budgetary allocations to sectors relevant to UNFPA mandate areas.

This section of the report evaluates the sustainability of the 5th CP. The analysis examines the extent to which UNFPA has contributed to building the capacities of implementing partners and rights-holders (particularly women, adolescents, and youth) and establishing mechanisms that ensure the continuity of positive outcomes beyond the programme's lifecycle.

Evidence the extent UNFPA has been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects.

2. Capacity building and institutional strengthening

One of the key elements underpinning the sustainability of the 5th CP is its focus on capacity building. The programme has significantly contributed to the development of institutional capacities within implementing partners, community structures, and local government agencies. However, challenges such as high staff turnover and inadequate resource allocation have impeded the full realisation of these capacity-building efforts.

High staff turnover and the stigma of CTOP: High staff turnover among healthcare workers in CTOP services stems from stigma and cultural taboos. Despite training and support, stigma causes burnout, demotivation, and the loss of skilled personnel,²⁶⁰ jeopardizing the programme's sustainability. This issue highlights a critical design gap, as stigma reduction and support mechanisms were inadequately integrated into capacity-building efforts.²⁶¹

Community-level capacity building:

The 5th CP has strengthened community structures like District Child Protection Teams, youth networks, and women's groups, enhancing their capacity for resource mobilization, advocacy, and peer support. Training and mentorship have

²⁶⁰ KII Interviews

²⁶¹ KII Interviews.

embedded programme benefits locally, ensuring resilience to external changes.²⁶² However, sustainability relies on ongoing support from higher authorities and the groups' ability to secure resources independently post-programme.

Strategic alignment with provincial priorities: The programme's alignment with provincial priorities such as AYFS and gender equality has been a positive factor in enhancing sustainability.²⁶³ By aligning interventions with existing provincial frameworks and priorities, the programme has been able to leverage additional resources and political support.

Technical assistance and policy support: UNFPA's technical support to partners, including the DSD and provincial health departments, has been crucial in shaping frameworks like the Eastern Cape GBVF Plan and KZN GBVF Strategy.²⁶⁴ Sustaining these plans requires ongoing technical and financial backing.

Integration of SRHR and gender-based violence services: Integrating SRHR with HIV and Gender-based violence services, as demonstrated by the Safeguarding Young People (SYP) project (highlighted as a best practice for sustaining health outcomes for adolescents and youth.²⁶⁵), improves efficiency and effectiveness. However, the unclear roles of local stakeholders in the programme's exit strategy risk hindering full institutionalisation of these integrated services.

Empowerment of local actors and community ownership: The 5th CP emphasizes empowering local actors like community leaders, youth advocates, and healthcare providers to drive change. The KZN Christian Council's Izigodi Model showcases this by fostering local ownership through community-based research and participatory planning. However, sustaining these gains may be challenging without continued external support, as local actors might lack the resources to maintain initiatives independently.

Analysis (capacity building and institutional strengthening): The 5th CP has made notable strides in capacity building, strengthening institutional frameworks and community structures. However, challenges like high staff turnover, stigma, and limited resources have hindered the programme's goals. Stigma, particularly in CTOP services, causes burnout and demotivation among healthcare workers, revealing gaps in stigma reduction efforts. While community initiatives build resilience, their reliance on external support threatens sustainability. Continued external backing and local resource mobilization are key to long-term success.

4. Challenges and risks to sustainability

The evaluation identified several challenges and risks to the sustainability of the 5th CP results. These include financial, social, and political risks, which have the potential to undermine the programme's achievements. efforts.²⁶⁶

Financial risks: The sustainability of GBVF and SRHR interventions is at risk due to limited secured funding. Heavily reliant on external support, partners face challenges in resource mobilization, threatening progress and underscoring the need for stronger, locally-driven financial strategies.

Social and cultural barriers:

Cultural norms and social attitudes towards issues such as Choice Termination of Pregnancy (CTOP), SRHR and GBVF continue to pose barriers to sustainability. In communities where these issues remain highly stigmatised, sustaining behaviour change and community support for related interventions is challenging. The programme's efforts to address these barriers have had some success, but progress has been slow, and these challenges are likely to persist beyond the programme period.

Political will and policy implementation: While the 5th CP has made significant contributions to policy development and advocacy, the implementation of these policies is often hampered by a lack of political will and competing priorities at the provincial and national levels. The evaluation found that, in some cases, policies and strategies developed with UNFPA

²⁶² Annual Report 2020-2023

²⁶³ KII Interviews

²⁶⁴ KII Interviews

²⁶⁵ Our journey: A Collection of Good Practices From The Safeguard Young People Programme

²⁶⁶ KIIs with stakeholders at national and provincial level.

support have not been fully operationalised, limiting their impact. efforts.²⁶⁷ Continuous advocacy and engagement with policymakers will be essential to ensure that these policies are not only adopted but also effectively implemented.

Analysis (challenges and risks to sustainability): The evaluation identifies key risks to the sustainability of the 5th CP results, such as financial constraints, social and cultural barriers, and political challenges. Limited funding, reliance on external support, cultural stigmas, and weak political will hinder long-term success, requiring ongoing advocacy and local financing.

4.5.1 Stakeholders' capacities for ownership and continuation of effects

Evidence of credible sustainability mechanism for the programme activities and benefits; existence of IP sustainability plans; capacity development of IPs including staff; commitment to continue allocation of financial resources to targeted groups (e.g. young women, adolescents and youth and vulnerable groups).

The analysis considers institutional, financial, and structural factors that influence the long-term durability of AY programme results.

Sustainable elements

Finding: Strong institutionalisation of AYFS standards and youth participation in health systems

The integration of AYFS standards into provincial health systems has ensured sustainable adolescent and youth-friendly healthcare.²⁶⁸ Provinces like KwaZulu-Natal and Eastern Cape now offer dedicated spaces within health facilities, supporting continued access to SRH and HIV services.

Finding: Empowerment and capacity building of youth networks

The AY programme has strengthened youth-led networks like Lovelife, Umthombo Wempilo, and KZNCC by enhancing their capacity in SRHR, HIV, and gender-based violence prevention programmes.²⁶⁹ Equipped with technical skills in project management, advocacy, and service delivery, these organizations now independently lead initiatives, promoting youth rights and ensuring sustainable, locally-driven outcomes.²⁷⁰ One of the programme's standout achievements is the piloting of the Izigodi Model by KZNCC, a community-driven approach that mobilizes young people to address local SRHR and gender-based violence challenges through participatory action research and advocacy.

Non-sustainable elements

Finding: Inadequate financial resources and limited capacity for resource mobilization

Despite progress in institutionalizing AYFS and strengthening youth networks, financial constraints and limited resource mobilization by implementing partners undermine the programme's sustainability.²⁷¹ Youth-led organizations like Lovelife and Umthombo rely heavily on external funding. Despite their commitment, the lack of stable, diversified funding threatens their future. Training and mentorship efforts have yet to achieve significant financial independence for these partners.²⁷²

Finding: Weak integration of AYFS into local health budgets

A key challenge to sustaining Adolescent and Youth-Friendly Services (AYFS) is their inconsistent integration into local health budgets.²⁷³ Despite adopting AYFS standards, many provinces have not included them in their budgets, causing underfunding. This financial gap threatens service sustainability, relying on external support. Stakeholders warn that without dedicated budget lines, progress in expanding and improving AYFS services is at risk.

Finding: Limited integration of AY programmes into broader development frameworks

²⁶⁷ KIs with stakeholders at national and provincial level.

²⁶⁸ UNFPA SA Annual Reports; KIs with provincial stakeholders.

²⁶⁹ UNFPA SA Annual Reports (2020 - 2024); KIs with provincial stakeholders

²⁷⁰ KIs with UNFPA SA staff; KIs with provincial stakeholders

²⁷¹ KIs with provincial stakeholders.

²⁷² KIs with provincial IPs.

²⁷³ KIs with national and provincial level stakeholders; KIs with UNFPA staff.

The AY programme has engaged well with health systems but has struggled to integrate with broader development areas like education, employment, and social development.²⁷⁴ The lack of collaboration between health and education sectors limits the ability to meet adolescents' needs and hinders comprehensive CSE implementation, crucial for sustainable health outcomes. Evaluation revealed a lack of formal strategic partnerships.

Analysis of AY sustainability: The AY programme's sustainability is supported by strong AYFS standards, continued access to SRH and HIV services, and youth network empowerment. However, challenges like inadequate funding, poor budget integration, and limited inclusion in broader development frameworks threaten its long-term impact.

4.4.5.2 GSN sustainability

The sustainability of the GSN programme has been influenced by various factors, including the institutionalisation of gender-based violence strategies, capacity building of local stakeholders, and the integration of gender-sensitive approaches into existing systems.²⁷⁵

Sustainable elements

Institutionalisation of the gender-based violence strategy and action plans: A key sustainable aspect of the GSN programme is the institutionalization of provincial and national gender-based violence strategies. For example, the KwaZulu-Natal and Eastern Cape GBVF plans were developed with support from UNFPA.²⁷⁶ These plans align with the National Strategic Plan on GBVF, integrating gender-based violence responses into provincial and local governance. This ensures gender equality efforts are embedded at local levels for sustained implementation and monitoring. A key example is the KwaZulu-Natal Christian Council's Izigodi Model, which emphasizes local ownership, capacity building, and collaboration to sustain gender-responsive interventions beyond the program.

Building capacity and ownership of local stakeholders: The GSN programme strengthens community-based organizations, youth networks, and traditional leaders, fostering local advocates for gender equality and gender-based violence prevention. For instance, the Wildflowers Project has empowered women and youth-led groups with skills in advocacy, programme implementation, and resource mobilization.²⁷⁷

Integration of gender-sensitive approaches into service delivery: The GSN programme's sustainable approach includes integrating gender-sensitive strategies into service delivery. The SRH-HIV-Gender-based violence Integrated Project, concluded with the Optidel Final Report, highlighted the success of combining gender-based violence prevention and response within SRH and HIV services.²⁷⁸ This integration is now institutionalized through SOPs, protocols, and guidelines for service providers.

Non-sustainable elements

Dependence on external funding and limited financial resources: While the programme has made progress in integrating gender-sensitive approaches, many community-based organizations (CBOs) and local governments still depend on external funding to sustain their activities. Interviews with provincial stakeholders revealed a lack of long-term financial commitments from local governments, threatening the programme's continued success. Initiatives like the Wildflowers Project struggle to secure funding, limiting their ability to maintain scale and quality.

Fragmented coordination and inadequate integration with broader development frameworks:

The evaluation identified challenges related to fragmented coordination and the lack of integration of gender equality and gender-based violence interventions within broader development frameworks. While the GSN programme has been successful in establishing local and provincial coordination mechanisms, these structures are not consistently integrated into the larger governance and development planning processes.²⁷⁹ For instance, the situational analysis of the GBVF National Strategic Plan highlighted gaps in coordination among key stakeholders, including government departments, CSOs, and

²⁷⁴ UNFPA SA Annual Reports.

²⁷⁵ KIs with national and provincial stakeholders.

²⁷⁶ UNFPA SA Annual Reports (2020 -2023).

²⁷⁷ UNFPA SA Annual Reports (2020 – 2023); Annual IP Progress Reports

²⁷⁸ Optidel Final Report; KIs with provincial stakeholders.

²⁷⁹ KIs with national and provincial stakeholders.

traditional authorities.²⁸⁰ These gaps have resulted in duplication of efforts, inefficient use of resources, and missed opportunities for synergy in addressing gender-based violence and promoting gender equality.

Persistent social and cultural resistance to gender equality: Despite efforts to challenge harmful gender norms, strong cultural and social resistance to gender equality remains a major barrier to sustainability.²⁸¹ The evaluation showed progress in raising awareness and promoting positive norms, but many communities, especially in rural areas, still cling to traditional beliefs that sustain gender inequality and gender-based violence. For example, the KZNCC's piloting of the Izigodi Model revealed that addressing social and cultural resistance requires ongoing engagement with community leaders, traditional authorities, and other influential figures.²⁸² However, the sustainability of these efforts is threatened by a lack of resources and support for continued advocacy and engagement.

Analysis of GSN sustainability: The sustainability of the GSN programme is marked by significant achievements in institutionalizing gender-based violence strategies, building local capacity, and integrating gender-sensitive approaches into service delivery. However, the programme faces several challenges that threaten its long-term success. Financial dependency, fragmented coordination, and cultural resistance to gender equality need to be addressed to ensure that the progress made can be sustained. Strengthening coordination across all levels of governance and securing long-term financial commitments from local governments are crucial for the continued success and impact of the GSN programme.

4.4.5.3 PCD sustainability

The assessment identifies both sustainable and non-sustainable elements that influence the durability of the programme's impact, particularly in promoting evidence-based policy development, demographic analysis, and data utilisation for sustainable development planning.

Sustainable elements

Finding: Institutionalisation of data-driven decision-making and policy formulation

The PCD programme has successfully institutionalized data-driven decision-making in national and provincial government departments.²⁸³ It developed key tools like the Demographic Dividend framework and the Comparative Analysis Report for KZN. The DD tool will contribute to mainstreaming DD particularly for the National Population Unit.

Finding: Capacity building for data utilisation and policy advocacy

The PCD programme has significantly strengthened the skills of government officials, researchers, and CSOs in demographic analysis, data interpretation, and policy advocacy.²⁸⁴ Training in demographic dividend modeling, SDG-based planning, and monitoring has boosted stakeholders' ability to integrate population dynamics into provincial development plans.

Non-sustainable elements

Finding: Limited financial resources and dependency on external funding for data systems

Despite progress in strengthening local capacities and data-driven decision-making, the PCD programme's sustainability is jeopardized by limited financial resources and dependence on external funding for data systems. Key activities, such as demographic profiling and data management, rely on donor support, raising concerns for continuity. Inconsistent budget allocations for population and development activities hinder data collection and analysis, while the lack of institutional financial support threatens long-term viability.

Finding: Fragmented coordination and lack of integration with broader data ecosystems

The evaluation found that while the PCD programme has established several data forums and technical working groups, but the coordination among these entities is often fragmented, resulting in a lack of coherence in data management and

²⁸⁰ UNFPA SA Annual Reports

²⁸¹ KIs with national and provincial stakeholders

²⁸² KIs with IP stakeholders; KIs with provincial stakeholders.

²⁸³ KIs with national stakeholders; KIs with UNFPA SA staff.

²⁸⁴ UNFPA SA Annual and Quarterly Reports (2020 -2024).

utilisation.²⁸⁵ Stronger integration of these platforms within national data ecosystems, including links to the National Statistical System (NSS) and alignment with the national data governance framework, is needed to foster collaboration and sectoral synergies.

Finding: Limited capacity of local actors to drive independent data advocacy and policy influence

The PCD programme has enhanced technical capacities of government and local actors, but their ability to advocate for data use and influence policy remains limited. Civil society and local governments lack resources and support, making strengthening advocacy crucial for long-term impact.

Analysis of PCD sustainability: The assessment highlights both sustainable and non-sustainable factors impacting the PCD programme's role in evidence-based policy and sustainable development. Sustainable aspects include the institutionalization of data-driven decision-making, with tools like the Demographic Dividend framework aiding government departments in incorporating demographic insights. Capacity-building efforts have also enhanced stakeholders' skills in demographic analysis and policy advocacy. However, challenges such as limited financial resources, reliance on external funding, fragmented coordination across data platforms, and local actors' limited advocacy capacity threaten long-term programme continuity and impact.

4.5.2 Strategic positioning of UNFPA in future CP development

The strategic positioning of UNFPA in the development of future Country Programmes is a critical aspect that determines the organization's ability to maintain its relevance, influence, and visibility in South Africa's evolving development landscape. This section evaluates the factors that contribute to UNFPA's strategic positioning, drawing on evidence from stakeholder engagement, alignment with national priorities, and partnerships with government and civil society.

Finding: Strong alignment with national development priorities and policy frameworks

One of the key strengths identified in the evaluation is UNFPA's strong alignment with national development priorities and policy frameworks. The current 5th CP has been strategically positioned to support South Africa's key development agendas, including the National Development Plan 2030, the SDGs, and the country's commitments to the ICPD Programme of Action. This alignment has enabled UNFPA to contribute to the government's efforts in promoting gender equality, addressing gender-based violence, advancing SRHR, and harnessing the DD.²⁸⁶

Interviews with national stakeholders highlighted UNFPA's role in integrating population and development (PCD) data into policy, making it a key partner in demographic analysis and evidence-based decisions. By supporting the government with tools like the Demographic Dividend framework and provincial GBVF strategies, UNFPA has enhanced its influence, paving the way for future impact. However, the evaluation also revealed that while the current 5th CP has made significant contributions to key national priorities, there are emerging development issues such as climate change, youth unemployment, and digital transformation that are not comprehensively addressed in the existing 5th CP.²⁸⁷ Addressing these gaps in the next CP will be crucial for ensuring that UNFPA remains relevant and responsive to South Africa's evolving development needs.

Finding: Effective partnerships and collaboration with government and civil society

The evaluation found that UNFPA has built strong partnerships with key government departments, including DSD, DPME, DOH, and provincial authorities among others.²⁸⁸ These collaborations have advanced goals like reducing maternal mortality, improving AYFS, and addressing gender-based violence. UNFPA's support in strengthening these departments has solidified its role as a key advocate for vulnerable populations.

UNFPA has built strong partnerships with CSOs and CBOs, enabling grassroots interventions that reach marginalized communities and amplify its impact. By supporting youth-led networks like Lovelife, The Youth Advisory Panel, and

²⁸⁵ KIs with national stakeholders.

²⁸⁶ KIs with national stakeholders.

²⁸⁷ UNFPA SA CPD (2020-2024); UNFPA SA Annual Plans (2020-2024).

²⁸⁸ KIs with national stakeholders.

Umthombo Wempilo, UNFPA empowers young people to advocate for their rights and engage in development processes, advancing gender equality and reproductive rights.

The evaluation highlighted the need for UNFPA to engage more with the private sector and non-traditional partners, like tech firms and financial institutions.²⁸⁹ These partnerships could provide innovative solutions and resources to address challenges like youth unemployment and digital health access.

Finding: Gaps in communication and visibility of UNFPA's contributions

The evaluation found gaps in UNFPA's communication and visibility, with stakeholders noting that its impact is not effectively shared with broader audiences, including the public and potential donors.²⁹⁰ This limits its ability to showcase achievements and attract partnerships. The evaluation found no dedicated Communications Strategy, only a Communications and Partnership Plan.²⁹¹ To strengthen its strategic positioning, UNFPA should improve communication and advocacy efforts by developing a robust strategy that showcases its unique contributions, shares success stories, and engages diverse audiences. This will enhance visibility and expand influence and securing additional resources for future CPs.

Analysis of UNFPA's positioning in future CP:

The evaluation of UNFPA's strategic positioning in future Country Programmes highlights both strengths and areas for improvement. UNFPA has effectively aligned with national development priorities, such as the National Development Plan 2030, UNSDCF, and the SDGs, contributing to key areas like gender equality, SRHR, gender-based violence, and population. However, emerging issues like climate change, youth unemployment, and digital transformation remain insufficiently addressed and should be incorporated into the next Country Programme. Successful partnerships with government and civil society have amplified its impact on marginalized communities, but there is a need for greater engagement with non-traditional partners, such as the private sector and tech firms, especially to tackle youth unemployment. Strengthening communication and visibility strategies will be essential for expanding influence and securing future resources.

4.6 Coordination

There was no specific criterion for coordination, but the TOR indicated that coordination would be assessed.²⁹²

Summary

UNFPA South Africa has demonstrated a proactive role in national and sub-national coordination, actively leading and participating in various technical and thematic working groups. At the national level, UNFPA has co-chaired groups such as the Youth TWG, addressing youth skilling and teenage pregnancies, and collaborated with Statistics South Africa to integrate population data into planning, despite challenges like the absence of formal MoUs. Sub-nationally, UNFPA's provincial sub-offices have enhanced collaboration with local governments, particularly in the Eastern Cape and KwaZulu-Natal, to improve SRHR and gender-based violence outcomes. While coordination efforts have been impactful, gaps in dissemination of guidelines, and monitoring systems limit effectiveness. Addressing these challenges is critical to sustaining UNFPA's leadership and enhancing alignment among stakeholders.

Evidence of UNFPA's active roles (participation and/or leadership) in UN technical/thematic working groups; Area of Responsibility (AoR) in thematic working groups at national and sub-national level; evidence of leading role played by UNFPA in joint programming initiatives (planning and M&E)

4.6.1 National level coordination (Upstream)

UNFPA South Africa plays an active and pivotal role in national and sub-national level coordination structures, leading and participating in various technical and thematic working groups.²⁹³ UNFPA has successfully facilitated collaboration among stakeholders, aligning efforts and resources to address sexual and reproductive health rights (SRHR), gender-based

²⁸⁹ UNFPA SA Annual Reports (2020-2023); KIIs with national stakeholders.

²⁹⁰ KIIs with national and provincial stakeholders.

²⁹¹ Desk review of key UNFPA documents; KIIs with UNFPA CO staff.

²⁹² SACO Final CPE TOR 27 March 2024

²⁹³ KIIs with UNSDCF stakeholders.

violence, and other priority areas. This section highlights UNFPA's contributions to national and sub-national coordination, as well as its engagement in joint programming initiatives.

Finding: UNFPA has been a proactive participant and often a lead agency within the UN Country Team.²⁹⁴ UNFPA has effectively coordinated efforts by co-chairing technical working groups, like the Youth Technical Working Group, addressing teenage pregnancies and youth skilling.²⁹⁵ This leadership has aligned strategies and interventions across UN agencies in youth development and gender equality. Additionally, UNFPA actively participates in groups such as the Gender TW, Senior Management Team, OMT, SMT, M&E Team, and UNIC. Its leadership of OMT is positively recognized by UN partners as a positive development.²⁹⁶

Finding: UNFPA's role as a lead facilitator in the integration of population data into the development of evidence-based national development plans, policies, and programmes has been significant. The collaboration with Statistics South Africa (Stats SA) has been instrumental in producing key demographic indicators, which inform national and sub-national planning. However, the absence of a formal Memorandum of Understanding (MoU) has resulted in inefficiencies, such as delays in joint activities like the Demographic and Health Survey (DHS).²⁹⁷

Finding: UNFPA's contributions in developing national strategies and policies have been recognized and appreciated by stakeholders. This includes its involvement in the development of the Gender-based violence National Strategic Plan and the formulation of various guidelines and tools for integrating SRHR, HIV and gender-based violence at both national and provincial levels.²⁹⁸ However, there is a need for better dissemination and structured sharing of these guidelines among stakeholders to enhance synergy and avoid duplication of efforts.

Finding: UNFPA's role in coordination and collaboration has been pivotal to the success of various programme interventions at both national and sub-national levels. The organization's active participation and leadership in technical working groups, along with its support for joint programming initiatives, have enhanced the effectiveness and sustainability of programme outcomes. Nonetheless, addressing challenges related to staffing, formalization of partnerships, and monitoring frameworks will be critical to further strengthen UNFPA's coordination efforts.

Finding: Inadequate sharing of guidelines among stakeholders. There is multiplicity of existing guidelines (adolescents and youth, HIV&AIDS and ASRH) developed by various stakeholders in SA, which are not shared adequately among stakeholders.²⁹⁹ This lack of dissemination and sharing hampers the ability of different stakeholders to align their efforts and leverage existing resources, leading to duplication of efforts and missed opportunities for synergy in addressing these critical issues.

Analysis of upstream coordination:

UNFPA has played a crucial role in national and sub-national coordination, particularly in SRHR and gender-based violence. Its leadership within the UNCT, including co-chairing the Youth Technical Working Group and participating in the Gender TWG, OMT, and Senior Management Team, has enhanced alignment across agencies. UNFPA has also significantly contributed to integrating population data into national planning, though the lack of a formal MoU with Stats SA has created inefficiencies. In policy development, its involvement in the GBV National Strategic Plan has been impactful, but insufficient dissemination of guidelines limits stakeholder collaboration. To improve coordination, UNFPA must address staffing gaps, formalize partnerships, and enhance monitoring and guideline sharing.

4.6.2 Sub-national level coordination (Downstream)

Finding: UNFPA's provincial sub-offices have played a crucial role in facilitating effective coordination and implementation of programme interventions at the provincial and district levels. The presence of these sub-offices,

²⁹⁴ KIs with UNCT stakeholders; UNFPA Annual Reports

²⁹⁵ KI Interviews with national and UNCT stakeholders

²⁹⁶ KIs with UNCT stakeholders

²⁹⁷ KIs with national stakeholders.

²⁹⁸ UNFPA SA Annual and Quarterly Reports (2020-2024); KIs with national stakeholders.

²⁹⁹ KI interviews with national and provincial stakeholders

particularly in the Eastern Cape and KwaZulu-Natal provinces, has enabled closer collaboration with provincial governments and other local stakeholders. For instance, the partnership between UNFPA and the Office of the Premier (OTP) in KwaZulu-Natal has enhanced strategic planning and execution of interventions in SRHR and gender equality.³⁰⁰

Finding: Despite the positive impact of UNFPA's provincial sub-offices, there is sub-optimal staffing and technical capacity at these offices.³⁰¹ The sub-optimal staff and capacity limits the extent and effectiveness of support provided to implementing partners (IPs) and local governments. This has resulted in delayed implementation of some activities and inadequate technical support in some districts, such as in Limpopo.³⁰²

Finding: UNFPA has been instrumental in coordinating joint programming initiatives at the provincial level, particularly in the areas of SRHR, gender-based violence, and adolescent and youth-friendly services (AYFS). This collaboration has led to the establishment of integrated service guidelines and tools.³⁰³ However, the reported lack of structured monitoring and reporting systems has created gaps in capturing results and ensuring accountability among implementing partners.

Finding: The coordination efforts of UNFPA at the district level have significantly improved service delivery, particularly in the Eastern Cape and KwaZulu-Natal provinces. UNFPA has facilitated collaboration between the DOH and the DSD, leading to enhanced integration of health and social services.³⁰⁴ The continued engagement of UNFPA in these districts is vital for sustaining these collaborative efforts.

Analysis of downstream coordination: UNFPA sub-offices have significantly enhanced coordination at the provincial and district levels, particularly in EC and KZM. Through strategic partnerships, such as with the Office of the Premier (OTP) in KZN, UNFPA has advanced SRHR and gender equality initiatives. However, heavy workload issues limits timely support to implementing partners and local governments, leading to delayed activities, particularly in remote districts in Limpopo. Despite successes in joint programming, particularly on SRHR, gender-based violence, and AYFS, the lack of structured monitoring and reporting systems has created gaps in accountability. Continued UNFPA policy engagement, particularly at the provincial level, is crucial for sustaining collaboration between health and social service sectors in these provinces.

4.7 Lessons learned

Key lessons learned during the implementation of the 5th CP, which were identified from the desk review, interviews with key stakeholders and focus group discussions were as follows:³⁰⁵

(a) Ability to learn and adapt

COVID-19 adaptation: The pandemic required a shift from face-to-face engagements toward digital engagements by means of social media and virtual meetings. This became an easy and effective way of reaching key populations, including young people. However, some barriers - the digital divide, for instance, poor access to the internet or expensive data - further manifested and left some groups behind.

Continuity of health services: UNFPA continued the provision of the essential services related to SRHR even during the pandemic through innovative solutions, such as mobilizing health units and partnering with local health providers.

(b) Importance of multi-sectoral collaborations

Partnerships: Collaboration efforts with CSOs, traditional leaders, and government departments advanced the fight against Gender-based violence, reduction of harmful practices, and dissemination of SRHR, among others. These partnerships also facilitated broader community mobilization and advocacy of key issues.

³⁰⁰ KI interviews with national and provincial stakeholders

³⁰¹ KIIs with Limpopo provincial stakeholders.

³⁰² KIIs with national and provincial stakeholders.

³⁰³ KI interviews with national and provincial stakeholders

³⁰⁴ KI interviews with stakeholders

³⁰⁵ UNFPA SA Annual reports (2020 – 2023); KIIs with key stakeholders; FGDs with rights-holders

It is in the development and implementation of plans like the National Strategic Plan on Gender-Based Violence and Femicide that testifies to the contributions and commitments made by a range of different stakeholders. This reinforced the importance of using a holistic approach when trying to alleviate complex societal issues.

(c) Focus on vulnerable populations

Leaving No One Behind (LNOB): Efforts were made to consciously prioritise the needs of marginal and vulnerable groups, including adolescents, young women, persons with disabilities, and sex workers in ensuring service access was available. However, despite these efforts, young boys are often left behind, as they are not given adequate tools to uphold the rights of young women and girls.

(d) Role of data and monitoring

Generation of disaggregation of data: The collection of data that is disaggregated by age, gender, and disability proved to be very useful in the identification of gaps in service provision and targeting programme responses towards those who are most vulnerable. Integration of data related to gender-based violence, SRHR, and HIV services into the national health systems improved the delivery of these services.

Monitoring and evaluation: Constant monitoring and evaluation, evidence-based, informed by feedback, are the foundations of how UNFPA has addressed specific needs in South Africa.

(e) Social norms and harmful practices

Social norms change: Communities, parents, and traditional leaders were effectively involved in addressing harmful practices like early forced marriage. This was successful in advancing gender equality and SRHR advocacy. This emphasised the need for long-term investments to help transform deeply entrenched social norms.

(f) Youth involvement

Life skills combined with climate resilience: Integrating life skills with climate resilience education has prepared the youth to face not only sexual health challenges but also environmental issues. Youth participation in programme development fostered their engagement and empowerment.

4.8 Best practices

1. Institutionalisation of provincial coordination mechanisms for service delivery

The creation of Provincial Sub-Offices in the Eastern Cape and KwaZulu-Natal has strengthened UNFPA's support and strategic guidance. These offices align interventions with provincial priorities, improve coordination with stakeholders like DSD, DoH, and OTP, and enhance program effectiveness and service delivery through local technical expertise.

2. Empowerment and capacity building of community and youth-led organizations

UNFPA's collaboration with community-based organizations (CBOs) and youth networks, such as Lovelife and Umthombo, has strengthened local capacities and ensured programme sustainability. By providing targeted capacity-building, these groups gained the technical skills to independently run SRHR, HIV, and gender-based violence programmes.

3. Integration of gender-sensitive approaches in service delivery and policy advocacy

The integration of gender-sensitive approaches into service delivery has proven effective in enhancing the quality of SRHR and gender-based violence services. UNFPA's support in developing and implementing gender-sensitive protocols within health facilities and social services has created an enabling environment for women and girls to access essential services.

4. Strategic use of data and evidence-based decision-making for policy development

UNFPA's partnership with Statistics South Africa has strengthened data-driven decision-making, helping national and provincial governments analyze demographic data to inform strategic planning and develop evidence-based policies.

5. Multi-Sectoral collaboration for comprehensive service delivery

The facilitation of multi-sectoral collaboration, particularly between the DSD, DOH, and DBE, has enabled the implementation of integrated services. UNFPA has been effective in bringing together diverse stakeholders to address complex issues such as teenage pregnancies, gender-based violence, and HIV through joint planning and coordination.

6. Use of joint programming to leverage resources and expertise

UNFPA has shown strong leadership in joint programming, especially with agencies like UNICEF and UN Women. These partnerships have helped UNFPA access additional resources and expertise to tackle cross-cutting issues. A key example is the SRHR joint programme in EC and KZN, which combines resources and aligns strategies to address high teenage pregnancy rates and unmet family planning needs.

CHAPTER 5: CONCLUSIONS

The following conclusions are at strategic and programmatic levels and drawn directly from the findings presented in the previous chapter. The origin of the conclusion, evaluation criteria, and the corresponding recommendation to which the respective conclusion refers to are also provided.

5.1 Strategic level

- 1. The country programme is spot-on in terms of relevance, effectively addressing stakeholders' needs at national, provincial, district, and community levels.** Role of UNFPA to support government in ensuring equitable provision of services to its people and adequate mobilization of domestic resources is very critical. By engaging government partners and civil society organizations in the design phase, the programme ensured buy-in and support from key stakeholders as well as fostering collaboration and ownership.
Origin: EQ1. Evaluation criteria: Relevance Recommendation: Strategic level R1.
- 2. UNFPA is on the right path in promoting the achievement of the UNFPA transformative results. However, the continuity of the 5th CP is critical in addressing SA inequality and poverty issues in liaison with other UN agencies and partners.** In addition, given the unfinished business of UNFPA SA namely: (i) high prevalence rate of HIV; (ii) high unmet need for FP; (iii) high rate of teenage pregnancies, UNFPA SA should advocate to government for great investments to address the above.
Origin: EQ1. Evaluation criteria: Relevance Recommendation: Strategic level R1.
- 3. UNFPA SA has been a pro-active and respected UNCT member, which has earned itself a place to be recognized as a useful strategic development partner at the national and provincial level.** Being guided by the Delivering as One approach, UNFPA built functional working relationships with other UN agencies and government counterparts. The partnership and coordination role of UNFPA, involving government institutions, CSOs, NGOs, academia, private Sector, and other Development Partners is viewed to have been effective and relevant, especially in the cases of coordination of UNSDCF results groups and UNCT technical working groups.
Origin: EQ4. Evaluation criteria: Coherence Recommendation: Strategic level R2.
- 4. Strengthening high-level partnerships can effectively advocate for sustained resources and policy support, ensuring that UNFPA programmes have a lasting impact on priority development areas.**
Origin: EQ4. Evaluation criteria: Coherence Recommendation: Strategic level R2.
- 5. The current programme interventions have shown positive results, but they are only reaching a limited number of districts in each province, potentially leaving marginalized groups behind.**
Origin: EQ5. Evaluation criteria: Effectiveness Recommendation: Strategic level R3.
- 6. UNFPA's proactive efforts in promoting South-South and triangular cooperation have been highly effective in building capacity among similar organizations across Africa.** This facilitated the sharing of expertise, resources, and best practices. By collaborating with other entities, UNFPA has successfully fostered a spirit of cooperation, knowledge sharing, and peer learning.
Origin: EQ2. Evaluation criteria: Relevance Recommendation: Strategic level R4.
- 7. The UNFPA CO staffing and technical capacity was largely optimal but requires strengthening in order for CO to effectively implement and manage upstream policy related initiatives.**
Origin: EQ7. Evaluation criteria: Efficiency Recommendation: Strategic level R5.
- 8. Efficiencies for the use of human, financial, logistics and technical resources at the UNFPA CO level appear generally satisfactory. However, there appears to be a heavy workload on operations and administration with**

complex financial systems and changing on-line modalities. The occasional inadequate flow of funds from UNFPA to IPs has significantly hindered the IPs ability to effectively deliver essential services, necessitating the need for streamlining the funding approval process.

Origin: EQ7. Evaluation criteria: Efficiency

Recommendation: Strategic level R5.

5.2 Programmatic level

9. **UNFPA's technical support to address teenage pregnancies in high-risk areas requires a broad multi-sectoral approach.** While UNFPA's technical support to address teenage pregnancies in high-risk areas was hindered by inadequate infrastructure and limited space for youth zones in some health facilities, addressing teenage pregnancies requires a broad multi-sectoral approach. This includes scaling up comprehensive sexuality education, community engagement to challenge harmful social norms, advocacy for systemic policy reforms, and economic empowerment for adolescents. Cross-sectoral collaboration and data-driven interventions are essential to addressing the systemic factors contributing to teenage pregnancies alongside health-focused efforts.

Origin: EQ5. Evaluation criteria: Effectiveness

Recommendation: Programmatic level R6.

10. **Collaborative and inclusive programmatic planning involving national, provincial stakeholders fostered ownership and minimized duplication of efforts.**

Origin: EQ5. Evaluation criteria: Effectiveness

Recommendation: Programmatic level R8.

11. **The shortage of contraceptives and sanitary pads for teenagers at some health facilities is a significant concern.** This lack of access poses a major barrier to realizing the full benefits of interventions aimed at preventing teenage pregnancies and promoting sexual health. Research shows that unintended pregnancies among adolescents can be avoided with the right combination of interventions. However, without access to essential resources like contraceptives and sanitary pads, teenagers are left vulnerable to unintended pregnancies, unsafe abortions, and poor maternal health outcomes.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R7.

12. **Leaving No One Behind is a programmatic approach that UNFPA values and practises.** However, not all vulnerable (e.g. youth living with disabilities in remote areas) and marginalised groups were reached. While the focus has been on adolescent girls and young women, male respondents are reporting a growing trend of domestic violence against them. This oversight leaves adolescent boys and young men vulnerable to gender-based violence incidents without access to necessary medical and support services.

Origin: EQ 5. Evaluation criteria: Effectiveness

Recommendation: Programmatic level R3.

13. **Enhancing multi-sectoral collaboration on gender-based violence is vital for creating a comprehensive and effective response to this pressing issue of gender-based violence in South Africa.** The successful implementation of the Provincial Gender-based violence Strategy in KwaZulu-Natal (KZN) serves as a promising approach that demonstrates the power of strategic partnerships among government, civil society, and the private sector.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R8.

14. **UNFPA's support in integrating demographic dividend indicators into municipal development plans across provincial municipalities has been invaluable.** This initiative is particularly crucial given the provinces' demographic profiles, which feature a significant youth bulge. By embedding these indicators, the organization is helping municipalities harness the potential of their youth population to drive economic growth and development.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R9)

15. **The gap in the technical capacity of government departments to produce and use disaggregated data for decision-making leads to inadequate resource allocation, ineffective programme implementation and poor outcomes.** It is essential to address this capacity gap to ensure that government departments can make informed, data-driven decisions.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R10

CHAPTER 6: RECOMMENDATIONS

Based on the findings and conclusions above and the feedback from key stakeholders, the following recommendations were developed. These recommendations were refined through consultations with stakeholders, UNFPA SACO, and a validation round with the ERG, supported by ESARO and UNFPA headquarters. Following the UNFPA Evaluation Handbook (2024, p. 83), the evaluation team prioritized strategic and programmatic recommendations, specified their priority levels (high/medium/low), identified responsible parties, and outlined operational implications. The prioritization framework categorizes issues as: High (urgent, significant impact), Medium (notable, moderate urgency), and Low (minor impact, can be delayed with minimal consequences).

5.1 Strategic level

Recommendation 1	(Linked to conclusions 1, 2)	Priority: High
Strengthen UN-wide collaboration and national capacity for enhanced policy formulation and implementation. Given the challenges that South Africa faces regarding multidimensional inequalities and poverty, UNFPA SA and other partner UN agencies should advocate for a UN-wide collaborative approach within the UNSDCF and UNCT (rather than going it alone) to strengthen national capacity for effective policy formulation and implementation related to the achievement of UNFPA transformative results and SDGs. UNFPA should use its comparative advantage in the promotion of the UNFPA mandate.		
Target /Responsibility: UNFPA CO; UN agencies, national government.		
Operational implications: <ul style="list-style-type: none"> Using the existing UNCT coordination mechanism, UNFPA and partners should provide technical assistance to government so that GoSA has capacity and voice in championing ICPD agenda and human rights at the global level. Through the UNCT, UNFPA should identify opportunities for joint proposals/programmes on priority issues (e.g. multidimensional inequalities, climate change mitigation); these should be developed with other UN agencies for funding from government, development partners and the private sector as this will be the modality for the UNSDCF during the next country programme UNFPA and UN partners to identify and facilitate capacity building initiatives to enhance the technical capacity of relevant government departments in policy formulation and implementation UNFPA SA and UN partners should continuously advocate to government for great investments into interventions that address inequalities and poverty <u>Human resource implication</u> is that UNFPA should ensure that there are dedicated human resources for high level advocacy work and joint programming Establish a monitoring and evaluation system to track progress, identify challenges and inform decision making. 		
Recommendation 2	(Linked to conclusions 3, 4)	Priority: High
Strengthen strategic partnerships and high-level engagement for resource mobilization. Building on the successes of the 5th CP, which expanded partnerships through diverse collaboration methods, such as memoranda of understanding and fostering civil society-government cooperation, the new programme should enhance UNFPA's convening role in SRHR, youth, gender, and population and development. This includes diversifying partnerships to involve specialized private sector entities and leveraging their contributions to development. Additionally, UNFPA, in collaboration with other UN agencies, should engage regularly with the Treasury and Parliament to advocate for increased investments in its mandate areas and enhance its visibility.		
Target /Responsibility: UNFPA CO; UN agencies, national & provincial governments.		
Operational implications: <ul style="list-style-type: none"> The <u>technical implications</u> to be considered by the UNFPA CO are as follows (a) the County Office should maximally use its technical expertise to strengthen capacities at national and subnational levels in comprehensive planning, implementation and monitoring; (b) broker practical partnership arrangements between government and the specialized private sector bodies at all levels; (c) solicit officials within the Treasury and Parliament to become 'champions' for the UNFPA mandate areas <u>Human resource implication is that</u> UNFPA CO should have targeted capacity/skill enhancement covering leadership, advocacy and policy dialogue, resource mobilisation and demographic intelligence 		

<ul style="list-style-type: none"> • A strategy including resource mobilization, partnership and communication plans needs to be reviewed periodically to reflect the current realities and to ensure accountability. 		
Recommendation 3	(Linked to conclusions 5, 12)	Priority: Medium
Strengthen equity, the human rights-based and leaving no one behind approach. The next country programme should support proof-of-concept and thereafter, advocate to government for national scale-up through national programmes. This approach would prevent uneven resource allocation, promote province-wide progress toward shared development goals, and ensure the benefits of government support lead to comprehensive, equitable outcomes for all communities.		
Target /Responsibility: UNFPA CO; UN agencies, national and provincial governments; IPs.		
Operational implications: <ul style="list-style-type: none"> • The <u>technical implication</u> is that UNFPA CO should lobby government departments at national and provincial levels to make deliberate efforts to explore different context specific models that are effective in reaching vulnerable groups and the farthest communities. The CO should advocate for the application of lessons learned from previous programming where the adoption of these models has increased effectiveness of targeting and meeting the needs of hard-to-reach population groups and the farthest communities • Advocate for and promote the coordination between provincial governments and other stakeholders to assess priority needs and mobilize resources across all districts to enhance the overall effectiveness and sustainability of UNFPA's interventions. • Establish a monitoring and evaluation framework to track progress and the impact of programmes. 		
Recommendation 4	(Linked to conclusion 6)	Priority: Low
Strengthen the South-South and triangular cooperation UNFPA should continue regular collaboration in South-South and triangular cooperation by fostering strong partnerships with governments, civil society, and international organizations to amplify impact of South-South cooperation.		
Target /Responsibility: UNFPA CO; partners; ESARO; UNFPA headquarters.		
Operational implications: <ul style="list-style-type: none"> • UNFPA CO should facilitate knowledge sharing and technical assistance between countries in the ESA region in areas that have an impact the UNFPA transformative results and SDGs • UNFPA CO should facilitate the sharing of best practices, lessons learned, and research findings among countries in the ESA region • Advocate that SA and other countries in the ESA region take ownership and leadership of SSTC initiatives • Advocate for the scale up of SSTC initiatives which sustainable and have been successful to reach more organizations and countries in the region. 		
Recommendation 5	(Linked to conclusions 7, 8)	Priority: High
Strengthen the operational efficiency of the country programme. UNFPA should enhance the technical capacity of implementing partners (IPs) in programmatic and financial management to improve implementation efficiency and their ability to absorb funds. Efforts should focus on reducing bureaucratic hurdles in the financial management system, replacing them with innovative, user-friendly strategies. Additionally, UNFPA should bolster the staffing and technical capacity of the country office (CO) to strengthen its ability to achieve programme goals, particularly in upstream areas such as advocacy, quality policy engagement, development, and implementation. Addressing these needs is essential for the success of programme initiatives.		
Target /Responsibility: UNFPA CO; ESARO, Partners and IPs.		
Operational implications: <ul style="list-style-type: none"> • The <u>technical implications</u> are that there is need for on-job training including coaching and mentoring of all IPs on the financial management systems, procedures, and accountability and reporting requirements of UNFPA. During the assessment of the IPs for service agreements, particular attention should be given to analysis of potential workload of IPs in relation to the staffing. • The <u>human resource implication</u> is that the staffing at the M&E unit at UNFPA should be strengthened to enhance timely review and feedback to IPs. This is important in relation to the alignment of work plans of IPs to the Results and Resources Framework to ensure that activities directly contribute to outputs and outcomes. UNFPA CO should also review the current financial disbursement mechanisms to IPs particularly to facilitate supervision, coordination and holding IPs accountable for results and deliverables. 		

- Carry out 'targeted' human resource capacity building of CO staff, tailoring it to the skill sets required, specifically for programme staff. In addition to the technical skills, consider refresher training in leadership and results-based management (RBM).
- UNFPA management should assess the skills set required to deliver a quality programme and the skills currently available and take a decision whether to hire additional staff or not.

5.2 Programmatic level

Recommendation 6	(Linked to conclusion 9)	Priority: Medium
Strengthen the collaboration within the adolescents and youth component to improve the effectiveness, coverage, and quality of ASRH policy initiatives. UNFPA should enhance coordination to improve the quality and reach of ASRH policy initiatives and ensure meaningful contributions. It should actively involve the Department of Social Development, the Department of Women, Youth, and People with Disabilities, and the Department of Basic Education in strengthening comprehensive sexuality education implementation in South Africa. UNFPA should develop a strategy of advocacy and capacity building for DSD, DWYPA and DBE on AY issues.		
Target /Responsibility: UNFPA CO and IPs.		
Operational implications: <ul style="list-style-type: none"> • UNFPA being a member of the UNCT AY technical working group should engage regularly with the DSD, DWYPA and DBE to ensure that policies on ASRH and adolescent youth friendly services are implemented • UNFPA and partners should advocate to national and provincial governments to provide an enabling environment for AYFS in health facilities (through youth zones) in order to meet the demand for services • Develop a strategy of advocacy and capacity building for DSD, DWYPA and DBE on AY issues and policy approach. • Establish a monitoring and evaluation system to track the impact of policies and programmes. 		
Recommendation 7	(Linked to conclusion 11)	Priority: High
Advocate to government for streamlined and resilient supply chain management systems to improve the availability, quality, and distribution of health commodities. During the next country programme, UNFPA and its national partners should address the reported shortage of health commodities, such as contraceptives and sanitary pads, at provincial and district health facilities. Ensuring young people have access to a full range of reproductive health services is crucial for preventing unwanted pregnancies and promoting overall health. UNFPA should provide technical support to the Department of Health to identify and resolve supply chain management (SCM) bottlenecks. Together, UNFPA and DOH should strengthen interventions to prevent stock-outs at health facilities. Additionally, UNFPA should advocate for improved government policies to enhance SCM for health commodities.		
Target /Responsibility: UNFPA CO; partners at national and provincial level.		
Operational implications: <ul style="list-style-type: none"> • UNFPA should advocate to DOH to ensure that critical commodities such as contraceptives and sanitary pads are supplied consistently, thereby enhancing the effectiveness of their support. • The <u>technical implication</u> is that UNFPA maintain regular engagement with DOH and other related agencies concerned with SCM of reproductive health commodities. UNFPA should support the DOH in scaling up measures to address health commodity stock-outs. Key initiatives include enhancing supply chain management policies, strengthening stock tracking systems, building capacity for reproductive health commodity planning and forecasting, and improving the logistics management information system. 		
Recommendation 8	(Linked to conclusions 10, 13)	Priority: Medium
Promote an intersectoral approach to addressing gender-based violence, leveraging the strengths and expertise of diverse stakeholders to create a comprehensive and sustainable response. Addressing gender-based violence requires a unified, multi-sectoral approach involving government, businesses, and civil society. UNFPA must advocate for stronger collaboration among diverse stakeholders. The Provincial Gender-based violence Strategy in KwaZulu-Natal (KZN) exemplifies this, making KZN the first South African province to create and implement such a plan. Building on this success, UNFPA and partners should promote similar efforts nationwide, encouraging resource sharing, expertise exchange, and comprehensive strategies. This collaborative model ensures a holistic response to gender-based violence, fostering sustainable progress in combating this critical issue across provinces.		

Target /Responsibility: UNFPA CO; partners at national and provincial level;		
Operational implications: <ul style="list-style-type: none"> Clearly define the roles and responsibilities of each partner to ensure effective collaboration and avoid duplication of efforts Create joint work plans and strategies to address gender-based violence, incorporating the strengths and expertise of each partner Set up coordination mechanisms, such as regular meetings and working groups, to facilitate communication and collaboration among stakeholders Create monitoring and evaluation frameworks to track progress, identify challenges, and inform decision-making. 		
Recommendation 9	(Linked to conclusion 14)	Priority: Medium
Advocate for targeted capacity-building programmes to empower government departments, civil society, and private sector stakeholders to harness the demographic dividend effectively and foster inclusive economic growth. UNFPA and partners should advocate for expanding demographic dividend training to additional districts in UNFPA-supported provinces, aiming to break operational silos, improve coordination across government spheres, and enhance planning, sustainable development, and overall impact.		
Target /Responsibility: UNFPA CO; partners at national and provincial level.		
Operational implications: <ul style="list-style-type: none"> Implement the capacity-building programmes, ensuring that they are tailored to the specific needs of each sector Provide technical support to government departments in developing policies and strategies that capitalize on the demographic dividend Lobby private sector companies in developing youth employment programmes and internships Create M&E frameworks to track progress, identify challenges, and inform decision-making. 		
Recommendation 10	(Linked to conclusion 15)	Priority: Medium
Strengthen data-driven decision-making processes/ frameworks of government departments. UNFPA and partners should provide technical assistance to government departments by enhancing data-driven decision-making frameworks (structured approaches designed to guide in analyzing complex problems, evaluating potential solutions, and making informed decisions) as well as promoting the use of disaggregated data in policy and programme development. Additionally, UNFPA should strengthen monitoring and evaluation systems to track progress in building technical capacity and improving the use of disaggregated data for informed decision-making.		
Target /Responsibility: UNFPA CO; partners at national and provincial level.		
Operational implications: <ul style="list-style-type: none"> UNFPA support provide technical assistance to government departments in the following areas <ul style="list-style-type: none"> Strengthening policies for data collection, storage, analysis, and dissemination Acquisition and utilization of data analysis tools, such as statistical software and data visualization platforms Strengthen capacity of departments to communicate complex data insights effectively to policymakers and stakeholders. UNFPA should lobby for and support a culture of collaborative decision-making, where data insights inform policy and programme development. Establish a monitoring and evaluation system to track the impact of policies and programmes. 		

ANNEXES

Annex 1: Evaluation matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
RELEVANCE EQ1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies as well as the country's upper middle income setting (yet prevailing inequality); (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: The 5th CP adapted to the needs of diverse populations, including needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.) and 5th CP is consistent with both the national and international policies and strategies.	<ul style="list-style-type: none"> • Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of South African population, including women and girls, and marginalized and vulnerable groups where such groups may include young people, women with disabilities, adolescents and children; women exposed to gender-based violence; out-of-school children; ethnic and religious minorities, and people living in crisis-affected areas and from remote areas, prior to the programming of the components of the CPD and annual work plans (AWPs). • Evidence of alignment to the national and international policies and frameworks. • The selection of target groups for UNFPA-supported interventions in the target thematic components of the programme is consistent with identified needs (as detailed in the needs assessment). 	<ul style="list-style-type: none"> • ICPD Plan of Action (POA), SDG reports, UNFPA Strategic Plan 2022-2025, 5th Country Programme Document (CDP) (2020-2025), Country Office Annual Reports (COARs), the UN Sustainable Development Cooperation Framework (UNSDCF) and review; Annual work plans (AWPs) • GoSA/UNFPA 4th CPE Report • National policy/strategy documents • Needs assessments • Surveys (including SADHS, etc.), 2022 census data and other reports • Surveys showing sex disaggregation, urban/ rural divide, regional adapted to the needs of the population, in particular those of marginalised and vulnerable groups (e.g. young people and women with disabilities, etc), provincial/ geographical disparities for UNFPA's thematic components, • Other relevant studies used to understand the human rights and gender equality context, 	<ul style="list-style-type: none"> • Document review of relevant documents • Interviews with UNFPA CO staff • Interviews with implementing partners at national, provincial & district level • Interviews with key GoSA officials in line Departments e.g. Dept. of Social Devt.; Dept. of Health; Dept. of Basic Education; Dept. of Women, Youth and People with Disabilities; Dept. of Cooperative Governance and Traditional Affairs; Office of the Premier (KZN, EC, Limpopo) etc • Interviews/focus groups with final rights-holders. • Interviews with NGOs/ donors, including local organizations, working in the same mandate area as UNFPA but not partners of UNFPA.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> • Evidence that the programmatic interventions had flexibility to respond to changing needs for vulnerable and marginalized groups. • Extent to which the interventions planned within the AWP (across the components of the programme) targeted the most vulnerable, disadvantaged population groups listed above, in a prioritized manner with evidence that they were targeted as participants and rights-holders. 	<ul style="list-style-type: none"> • And evidence of needs assessments, alignment of 5th CP with UNSDC, and national documents including documents for the period 2020-2025 for programmatic changes. • CEDAW working group reports and Gender Parity Reports. • UNFPA CO staff. 	

Key findings

RELEVANCE

EQ2:

To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: UNFPA South Africa 5th CP was consistent and responsive to the changing needs and priorities, especially for those of vulnerable or marginalized groups and to shifts caused by crisis or major political changes.	<ul style="list-style-type: none"> • Evidence that the programmatic interventions had flexibility to respond to changing needs and priorities for the marginalized and vulnerable groups (e.g. young people, women with disabilities; women exposed to gender-based violence; out-of-school children; persons with different abilities; internally displaced persons, ethnic minorities, and people living in crisis-affected areas and from remote areas). • Extent to which the interventions planned within the AWP (across the thematic 	<ul style="list-style-type: none"> • 5th CDP (2020-2025) • National policies/ strategic documents such as GoSA National Devt. Plan (NDP) Vision 2030, the United Nations Sustainable Development Cooperation Framework (UNSDCF), the ICPD Plan of Action, the 2030 Agenda for Sustainable Development, and Family Planning (FP). • National policy/strategy documents pertaining to Area of Responsibility (AoR): National Plan of Action on Human Rights 	<ul style="list-style-type: none"> • Document review of relevant documents • Interviews with UNFPA CO staff • Interviews with implementing partners • Interviews with development partners • Interviews with UN agencies that include: UNDP, UNAIDS, UNICEF; WHO; UN Women, UNHCR, FAO among others.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>components of the programme) targeted women and girls, and the most vulnerable, disadvantaged population groups listed above, in a prioritized manner with evidence that they were targeted as participants and rights-holders.</p> <ul style="list-style-type: none"> • Evidence that UNFPA interventions adapted to shifts caused by crises, major political changes. 	<ul style="list-style-type: none"> • Alignment of 5th CP with UNSDCF, and national documents including documents for the period 2020-2025 for programmatic changes • Monitoring and evaluation reports • Joint programmes and work plans and reports • GoSA and key partners • UNCT and programme specialists in UN agencies • AWP, annual progress reports (APRs) • UNFPA CO staff 	

Key findings

RELEVANCE

EQ3:

To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption: UNFPA South Africa 5th CP was consistent and responsive to the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities; and have been taken into account in both the planning and implementation of all UNFPA-supported interventions.</p>	<ul style="list-style-type: none"> • Evidence that the programmatic interventions had flexibility to respond to changing needs and priorities for the marginalized and vulnerable groups (e.g. adolescents and youth, those with disabilities; persons with different abilities). • Extent to which the interventions planned within the AWP (across the thematic components of the programme) targeted adolescents and youth, those with disabilities, indigenous communities and the most vulnerable, disadvantaged 	<ul style="list-style-type: none"> • 5th CDP (2020-2025) • National policies/ strategic documents such as GoSA National Devt. Plan (NDP) Vision 2030, the United Nations Sustainable Development Cooperation Framework (UNSDCF) • National policy/strategy documents pertaining to Area of Responsibility (AoR): National Plan of Action on Human Rights • Alignment of 5th CP with UNSDCF, and national documents including documents 	<ul style="list-style-type: none"> • Document review of relevant documents • Interviews with UNFPA CO staff • Interviews with implementing partners • Interviews with development partners • Interviews with UN agencies that include: UN Resident Coordinator office, UNDP, UNAIDS, UNICEF; WHO; UN Women, UNESCO among others.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	population groups listed above, in a prioritized manner with evidence that they were targeted as participants and rights-holders.	for the period 2020-2025 for programmatic changes <ul style="list-style-type: none"> • Monitoring and evaluation reports • Joint programmes and work plans and reports • GoSA and key partners • UNCT and programme specialists in UN agencies • AWP, annual progress reports (APRs) • UNFPA CO staff 	

Key findings:

COHERENCE

EQ4:

To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: UNFPA South Africa's support was coherent with strategic partnerships with national, local and grassroots organizations. As a result of the coherence, UNFPA SA has been able address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations.	<ul style="list-style-type: none"> • The extent to which UNFPA SACO has appropriately taken into account the priorities of the GoSA and key stakeholders. • Evidence of UNFPA's partnership/consultation with national and sub-national institutions on Area of Responsibility (AoR). • Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programmes on AoR. 	<ul style="list-style-type: none"> • UNFPA SA 5th CPD (2020-2025) • National policies/ strategic documents such as GoSA NDP Vision 2030, UNSDF for SA, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development, and FP 2030. • National policy/strategy documents pertaining to AoR • Alignment of 5th CP with UNSDCF, and national documents for the period 2020-2025 for programmatic changes • Monitoring and evaluation reports 	<ul style="list-style-type: none"> • Document review and analysis • Interviews with UNFPA CO staff • Interviews with GoSA key stakeholders (national and provincial level) and development partners • Interviews with UN agencies that include: UN Women, UNICEF; UNAIDS, WHO; UNDP; and UNESCO among others.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> • Evidence of active participation in the relevant GoSA and UN technical working groups • Evidence of participation and leadership in Area of Responsibility and SRHR, AY, GE/gender-based violence and P&D working groups at national and sub-national level., • Evidence of UNFPA participation in the working groups and/or joint initiatives corresponding to mandate areas • Evidence of sharing of information between UN agencies. • Evidence of joint programming initiatives (planning) & M&E in 5th CP's thematic areas.. 	<ul style="list-style-type: none"> • Joint programmes; joint work plans and reports • UNCT and programme specialists in UN agencies • AWP • APRs • CO staff • GoSA and key partners 	

Key findings:

EFFECTIVENESS

EQ5:

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: Quality integrated Sexual and Reproductive Health and FP information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where the contribution of UNFPA is demonstrated, and that a	During the 5th CP implementation: <ul style="list-style-type: none"> • Evidence of change/s in policy environment at national and provincial level that have markedly improved the integrated SRH and FP information and services. • Extent to which the change/s in policy environment is/are a contribution from UNFPA interventions. 	Regarding policy environment, at national and provincial levels: <ul style="list-style-type: none"> • Relevant policy and strategy documents that were developed or revised (Reproductive health strategy; Reproductive normative tools, guidelines, strategies) • Relevant plans that were revised in response to changes in policies; 	Review of relevant documents <ul style="list-style-type: none"> - Policy and planning documents - Relevant reports - Analysis of secondary data Political support and engagement <ul style="list-style-type: none"> - Analysis of primary data

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
limited number of strategic activities led to significant results.	<ul style="list-style-type: none"> Extent to which the improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions. <p>Evidence of gained political support and engagement in improving SRH and FP information and services, especially for vulnerable and marginalized populations.</p> <ul style="list-style-type: none"> Proportion of sessions where SRH and FP was discussed in respective fora at national and provincial level <p>Extent of strengthening the capacities at national, provincial and district levels, to improve quality integrated SRH and FP information and services, during the 5th CP:</p> <ul style="list-style-type: none"> Proportion of policy and planning level seminars / workshops / meetings on SRH and FP information and services, which were fully or partially supported by UNFPA. Proportion of training events for different cadres of workforce that were fully or partially supported by UNFPA. <p>Extent to which the interventions were informed by needs and interests of diverse groups of stakeholders;</p> <ul style="list-style-type: none"> Evidence of consultations with stakeholders during planning phase Proportion of plans for which stakeholders were consulted during planning. <p>Extent to which the service delivery output / outcome indicators are improved.</p>	<ul style="list-style-type: none"> Relevant national and provincial data sources for service and outcome indicators: <ul style="list-style-type: none"> SADHS DHIS UNFPA Annual Reports National disaggregated statistics related to sexual and reproductive health Monitoring and periodic reports produced by: <ul style="list-style-type: none"> UNFPA CO staff Implementation partners Provincial technical staff AWPs and APRs. <p>Political support and engagement</p> <ul style="list-style-type: none"> Parliamentary cauci meeting records In depth Interviews with relevant politicians. <p>Strengthening the capacities</p> <ul style="list-style-type: none"> Reports of policy and planning level seminar / workshop Minutes of relevant policy and planning level meetings; Training modules, that were revised Training modules that were produced; Training reports UNFPA reports on capacity building initiatives and events. <p>Consultations with stakeholders for planning:</p>	<ul style="list-style-type: none"> Review of assembly records Analysis of interviews with politicians <p>Strengthening the capacities</p> <ul style="list-style-type: none"> Analysis of relevant reports <ul style="list-style-type: none"> Training modules Training reports Minutes of meetings Seminar and workshop reports <p>Stakeholder consultation</p> <ul style="list-style-type: none"> Review of relevant consultation reports Analysis of planning reports <p>Service delivery</p> <ul style="list-style-type: none"> Analysis of health facilities' data DHIS Analysis of findings from client satisfaction surveys <p>FGD with community rights-holders</p>

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> Proportion of health facilities which have recently started offering SRH and FP services Proportion of increase in FP clients Proportion of clients who are satisfied with the service delivery outlets. <p>Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.</p>	<ul style="list-style-type: none"> Reports on planning consultations with stakeholders <p>Service delivery improvement</p> <ul style="list-style-type: none"> DHIS Health facilities' reports Client satisfaction survey reports 	

Key findings:

EQ5:

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption: Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results.</p>	<ul style="list-style-type: none"> Extent to which M&E of programme achievements indicate timely meeting of outputs The extent to which outputs in the 5th CP are likely to have contributed to outcome results Evidence of increased government or stakeholder commitment to AY? Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 	<ul style="list-style-type: none"> M&E documentation AWPs and APRs Relevant programme, project and institutional reports of stakeholders UNFPA CO staff GoSA staff and IPs Remote site visits District data (2016 SADHS, DHIS, planning and monitoring units' data) IP partner reports UNFPA Annual reports (2020-2025) Health system staff and care providers Women/service recipients in communities National budget information 	<ul style="list-style-type: none"> Document review of relevant documents Interviews with Government departments of health; women, youth & people with disabilities; social development; basic education, other relevant government agencies, youth networks and academic institutions Interviews with WHO and other relevant UN agencies Interviews with health professionals Interviews and focus group discussions with service users and non-users

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
		<ul style="list-style-type: none"> • National disaggregated statistics related to sexual and reproductive health • Reproductive health strategy • Reproductive normative tools, guidelines, strategies. • Final rights-holders/members of the community (including those who use the services and those who do not). • Relevant reports (on ASRH) produced by national/international adolescents and youth organizations. 	<ul style="list-style-type: none"> • FGD with community rights-holders.

Key findings:

EQ5:

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iii) advancement of gender equality and the empowerment of all women and girls?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption 1:</p> <p>National priority of government and other institutions on gender equality, women's empowerment and Gender Based Violence was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where the contribution of UNFPA is demonstrated, and that a limited number of strategic activities led to significant results.</p>	<ul style="list-style-type: none"> • Advocacy / Coordination Committees on GEWE and gender-based violence established/ strengthened and functioning • Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Parliamentarians and Women's Cauci to support improvement in laws/ policies and its effective implementation pertaining to GEWE and gender-based violence; • Evidence of participation & leadership in coordination structures in GEWE & gender-based violence working groups at national & sub-national level. 	<ul style="list-style-type: none"> • UNFPA gender focal point and/or team working on GEWE & gender-based violence and CO staff • Relevant UN, national and provincial institutions, IPs and NGOS working in GE, WE and gender-based violence, as well as catering to marginalized and vulnerable segments of the community, as below: • Parliamentarians/ Women's Cauci and Committees • Relevant government departments (e.g. women, youth, and people with disabilities; social development, health) • Relevant NGOs 	<ul style="list-style-type: none"> • Document review of relevant documents; Sources of Information, eg: <ul style="list-style-type: none"> - 5th CPD etc - National policies/ strategic documents and laws pertaining to AoR. • Interviews with all those appearing under sources of Information, which includes relevant national and provincial institutions, IPs and NGOS working in GE, WE and gender-based violence, UN, donors

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption 2:</p> <p>Technical capacity of national and provincial institutions and NGOs related to GE, WE and gender-based violence needed to be increased.</p>	<ul style="list-style-type: none"> • Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GE and gender-based violence laws and policies; • Evidence of gender focal points in national, provincial and district institutions, IPs and NGOs trained on GE and gender-based violence; • Evidence of technical assistance provided to strengthen relevant national, provincial and district institutions, Government Departments, IPs and NGOs to effectively implement programmes on GEWE and GBV; • Evidence of establishing and strengthening gender-based violence response services and elimination of harmful practices including early and child marriage; • Evidence of focus in programmatic interventions where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include women, adolescents and children; women exposed to GBV; out-of-school children; persons with different abilities; ethnic and religious minorities, and people living in crisis-affected areas based on socio-economic and geographical dimensions.#; • Number of people with different abilities provided with information, access, service or other facilities for SHR/gender-based violence; 	<ul style="list-style-type: none"> • Relevant implementing partners • Documents for analysis: <ul style="list-style-type: none"> - M&E documentation - UNFPA Annual reports (2020-2025) and 5th CPD - AWP and APRs - M&E reports - Relevant programme, project and institutional reports of stakeholders - IP reports • Documents for analysis and legal analytical review of national documents/laws: <ul style="list-style-type: none"> - National policies/ strategic documents and other national policy/strategy documents pertaining to AoR including National surveys on GEWE & gender-based violence, SADHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc. - National / provincial laws and legal framework for its implementation for conducting legal analytical review 	<ul style="list-style-type: none"> • Interviews with donors and implementing partners, on supporting national capacity for prioritizing GEWE and gender-based violence and catering to marginalized and vulnerable segments of the community and rights-holders if possible • Focus Group Discussion with diverse groups of organizations • FGDs with final rights-holders

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> • Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations, particularly those within groups that are furthest behind; • Evidence that skills acquired are being used at work by stakeholders trained under 5th CP; • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 		
Key findings:			
EQ5: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?			
Assumption: UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different rights-holders especially those furthest behind and that a limited number of strategic activities led to significant results.	<ul style="list-style-type: none"> • Extent to which M&E of programme achievements indicate timely meeting of outputs • The extent to which outputs in the 5th CP are likely to have contributed to outcome results • Intervention districts have higher comparison from baseline • Evidence that data in planning and monitoring frameworks, at the national/provincial level and at UNFPA office is disaggregated by different dimensions reflecting a variety of rights-holders/ 	<ul style="list-style-type: none"> • M&E documentation • AWP and APRs • Relevant programme, project and institutional reports of stakeholders • CO staff • GoSA, and IPs • Remote site visits • National/district data (SADHS 2016, DHIS, planning and monitoring units' data) • IP reports • UNFPA Annual reports (2019-2023) • UNFPA monitoring framework • P&D Government departments 	<ul style="list-style-type: none"> • Document review of Planning and Monitoring frameworks of relevant departments and organizations where UNFPA extended support for improvement in data. • Interviews with National Statistics Office; Ministry of Planning; academic centres • Interviews with relevant staff from M&E and planning cells of the line departments and organizations

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<p>participants, including those furthest behind</p> <ul style="list-style-type: none"> • Evidence of data before it was improved along disaggregation lines • Extent to which the Leaving No One Behind (LNOB) approach was integrated into national data systems? • Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc. • Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, inter alia, gender, disability, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and implementation of plans, programmes and policies. • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design 	<ul style="list-style-type: none"> • Population Planning Departments • National Statistics Office and other district statistics departments • M&E frameworks of departments/ organizations where data was improved. 	
Key findings:			
EQ6: To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption:	<ul style="list-style-type: none"> • Extent to which programme objectives were achieved 	<ul style="list-style-type: none"> • AWP and APRs 	<ul style="list-style-type: none"> • Literature review of relevant documents

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
The services provided under UNFPA support contribute to the integration of human rights in a gender sensitive and responsive manner and the M&E indicators are gender disaggregated.	<ul style="list-style-type: none"> Extent to which gender equality and human rights have been addressed by the programme interventions Extent of sex and age disaggregated information Number of IPs implementing gender and youth activities were supported Extent of complementarity of interventions between governmental and non-governmental implementing partners 	<ul style="list-style-type: none"> Relevant programme, project and institutional reports of stakeholders UNFPA CO staff GoSA and IPs UNFPA Annual progress reports 	<ul style="list-style-type: none"> KIIs with IPs FGDs with rights-holders
Key findings:			
EFFICIENCY EQ7: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme? Do the UNFPA offices in the provinces make a difference in delivering results and impacts?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: Rights-holders of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner; and that there was robust implementation modalities adopted.	<ul style="list-style-type: none"> Evidence that the planned resources were received to the foreseen level in AWP Evidence that the resources were received in a timely manner Evidence of adequacy of resources (financial, personnel etc.) to deliver the programme's outputs /results 	<ul style="list-style-type: none"> AWPs Relevant programme, administrative and financial management documents including: <ul style="list-style-type: none"> Project standard progress reports Reports reflecting leverage / usage of national resources 	<ul style="list-style-type: none"> Documentary review: financial documents at the UNFPA (from project documentation) Interviews with administrative and finance staff Documentary review: annual reports from implementing partners,

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 2: The UNFPA offices in the provinces have made a difference in delivering results and impacts	<ul style="list-style-type: none"> • Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries • Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners • Evidence of appropriateness of the IPs selected to deliver the results • Evidence of timely transfer of funds • Evidence of effective mechanisms to control waste and fraud • Evidence that inefficiencies were identified and corrected in a timely manner • Evidence that technology was introduced and that it improved efficiency pertaining to office activities and programme implementation. • Evidence that the field offices were fully functional and appreciated by provincial and district partners. 	<ul style="list-style-type: none"> • Financial Reports from Implementing Partners, and UNFPA (Atlas reports) • Audit Reports for selected IPs, who received budgetary support • Field Monitoring Visit Reports • Stakeholders at national level including: <ul style="list-style-type: none"> - UNFPA staff (including programme, finance/ administrative departments) - Representatives of IPs (Head offices) - Representatives of donors - Other UN agencies (e.g. UNCT, UNICEF, UNAIDS, WHO, UN Women, UNESCO) - Government departments and agencies 	<ul style="list-style-type: none"> • Audit reports and monitoring reports • Interviews with implementing partners from government (Departmental level/ secretariat level/ organizational staff) • Interviews with implementing NGO partners, who received budgetary support • Interviews with UNFPA country office and provincial staff • Interviews with rights-holders of funding (including NGOs) • Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of implementation, and leveraging of national resources.
Key findings:			
SUSTAINABILITY EQ8: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?			
Assumption: IP/rights-holders stakeholders' capacities and mechanisms are improved for ownership and continuation of effects.	Evidence of the following: <ul style="list-style-type: none"> • Established sustainability mechanism for the programme • The likelihood of the programme and its benefits to be sustainable 	Documents: <i>Relevant sectoral policies and strategic plans:</i> <ul style="list-style-type: none"> • AWP for IPs • Country Programme Reports • UNFPA AWP; Reports; 	<ul style="list-style-type: none"> • Documents review and analysis • Key informant interviews • Interviews with implementing partners from government (ministry level/ secretariat level/ organizational staff)

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	<ul style="list-style-type: none"> Established systems to continue the programme Capacity development including staff, training data disaggregated by sex and age. Community and country ownership including financial resource commitments Partner organizations with sustainability plans. Existence of scale-up plans/strategies Commitment to continue allocation of resources to targeted groups like women, adolescents and youth and vulnerable groups such as differently abled persons, minorities and other vulnerable segments. 	<ul style="list-style-type: none"> IP progress reports, relevant sector strategic plans <i>Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, community/social sectors.</i> National level stakeholders UNFPA staff, Government, IPs staff, and Heads of Government departments Relevant field level IPs. 	<ul style="list-style-type: none"> Interviews with implementing NGO partners who received budgetary support e.g xxx, xxx Focus group discussions with community rights-holders
Key findings:			

Annex 2: Bibliography/List of documents consulted

No.	Name /title of document	Source /link
	South Africa National Policies, Strategies and Action Plans	
1	The Constitution of South Africa (Act 108 of 1996)	https://www.justice.gov.za/constitution/SACConstitution-web-eng.pdf
2	National Development Plan (NDP)	https://www.gov.za/sites/default/files/gcis_document/201409/ndp-2030-our-future-make-it-workr.pdf .
3	South Africa's Medium-Term Strategic Framework (MTSF) 2019-2024	https://www.gov.za/sites/default/files/gcis_document/201409/mtsf2014-2019.pdf .
4	National Department of Health Strategic Plan on HIV, TB, and STIs 2023-2028,	https://knowledgehub.health.gov.za/elibrary/national-strategic-plan-hiv-tb-and-stis-2023-2028 .
5	National Strategic Plan on Gender-Based Violence and Femicide	https://www.justice.gov.za/vg/gbv/nsp-gbv-final-doc-04-05.pdf .
6	National Youth Policy 2020-2030	https://www.gov.za/sites/default/files/gcis_document/202103/nationalyouthpolicy.pdf .
7	Presidential Emergency Plan on Gender-based Violence, 2019.	https://www.parliament.gov.za/storage/app/media/OISD/Reports/Commission for Gender Equality/2023/28-06-2023/CGE_ERAP_Report.pdf .
8	Statistics South Africa, 2010. South African Statistical Quality Assurance Framework,	https://www.statssa.gov.za/standardisation/SASQAF_OpsGuide_lines_Edition_1.pdf .
9	White Paper on Citizenship, Immigration and Refugee Protection: Towards A Complete Overhaul of The Migration System In South Africa, 2024.	https://www.gov.za/sites/default/files/gcis_document/202404/50530gon4745.pdf .
	UNFPA documents	
	UNFPA South Africa CO Programming documents	
10	UNFPA South Africa CPD (2020-2025); UNFPA SA Financial Report by end of June 2024.	
	UNFPA South Africa CO M&E Reports	
11	UNSDCF 2020-2025.	
12	UNFPA Strategic Plan 2022-2025	
13	UNFPA South Africa CPD (2013 – 2019)	
14	UNFPA Strategic Plan, 2022-2025	
	UNFPA CPE of 4 th Country Programme (2013-2017 with a 15 months extension)	
	Documents related to CPE process	
15	SACO CPE & CPD Road Map (3)	
16	Stakeholder Map	
17	Terms of Reference (March 2024)	
18	UNFPA South Africa CPD (2020-2025)	
	UNFPA documents related to finance	
19	UNFPA South Africa Atlas Project	
20	UNFPA SA Financial Report by end of June 2024.	
	Other documents	

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<http://www.unevaluation.org/document/detail/102>

UNFPA SA 5th CPD 2020-2025

Annex 3: List of persons consulted and interviewed

	Institution	Designation
1	UN Resident Coordinators Office SA	RCO
2	Department of Women, Youth and Persons with Disabilities (DWYPD)	Prog. Lead (Menstrual Health Management)
3	Department of Women, Youth and Persons with Disabilities (DWYPD)	In-charge of Youth Policy
4	UNICEF	Country Representative
5	UNICEF	Deputy Representative
6	Department of Social Development (DSD)	Director
7	Department of Basic Education (DBE)	Director
8	Department of Cooperative Governance and Traditional Affairs (COGTA)	Director
9	Department of Planning, Monitoring and Evaluation (DPME)	Chief Director Citizen Monitoring
10	Department of Health (DOH)	Director (SYP Focal Person)
11	South African National AIDS Council (SANAC)	Adolescent and Young People Technical lead
12	Commission of Gender Equality (CGE)	Dep. Director
13	Commission of Gender Equality (CGE)	Research Officer
14	Statistics South Africa (Stats SA)	Acting Deputy Director General, Social Statistics
15	Statistics South Africa (Stats SA)	Director Registration of Births and Deaths
16	University of Cape Town (UCT)	Chief Research Officer, Deputy Director
17	Youth Advisory Panel (YAP)	Member
18	DSD KwaZulu-Natal (KZN)	Head of Department
19	DSD Provincial Population Unit KZN	Director
20	WildFlower Projects KZN	Director
21	uThukela District KZN	Dep. Director Clinical Programmes
22	Office of the Premier KZN	Director, Office of the Status of Women
23	DOH KZN	Director, Maternal Health (Gov't Lead AY; SRH/HIV/ Gender-based violence integration)
24	Stats SA KZN	Director
25	Dept. COGTA KZN	Director
26	KZN Christian Council	Director
27	KZN Christian Council	SRH technical lead
28	Office of the Premier EC	
29	DSD Eastern Cape (EC)	Chief Director
30	DOH	Director (Maternal Health/ SRHR FP)
31	DOH	Programme Manager Re-engineering of PHC services

	Institution	Designation
32	Stats SA EC	Director Stats-SA
33	Stats SA EC	Provincial Manager
34	Alfred Nzo District EC	Director Integration of SRH/HIV/Gender-based violence services
35	Umthombo Wempilo EC	Director
36	DOH OR Tambo District EC	Director
37	DOH EC	
38	DSD EC	Director Women Empowerment and Development
39	DSD EC	Acting Director Provincial Population Unit
40	Stats SA EC	Director Stats-SA
41	Department of Basic Education	Director Integrated School Health Programme
42	Qumbo Community Health Centre, OR Tambo District EC	Sister in-charge of Youth Zone
43	Dept. COGTA EC	Director House of Traditional and Khoisan Leaders
44	Dept. COGTA EC	Acting CEO House of Traditional and Khoisan Leaders
45	Dept. COGTA EC	Acting Director House Traditional Leaders
46	Mthatha Women's clinic, DOH EC	Choice of Termination of Pregnancy (CTOP) Nurse
47	Office of the Premier Limpopo	Deputy Director General
48	DSD Limpopo	Provincial AIDS Manager
49	Lovelife Limpopo	Provincial Coordinator
50	Lovelife Thabazimbi Youth Centre, Waterberg District Limpopo	Y-Centre Manager
51	Lovelife Limpopo	Liaison Officer on UNFPA programme
52	UNFPA ESARO	MICs Team Lead
53	UNFPA ESARO	Adolescent & Gender Specialist, Middle Income Country (MIC) Hub
54	UNFPA ESARO	Strategic Information Specialist, MIC Hub
55	UNFPA ESARO	Resource Mobilisation Specialist, MIC Hub
56	UNFPA Botswana	Head of Office (former Assistant Rep. UNFPA SA)
57	UNFPA SA	Country Representative
58	UNFPA SA	Assistant Representative
59	UNFPA SA	Strategic Info. & Data Mgt Specialist (P&D Focal Point) & FCDO FP
60	UNFPA SA	Adolescent and Youth Specialist SYP Focal Point
61	UNFPA SA	Gender M&E Analyst (JP Canadian Project)
62	UNFPA SA	Operations Analyst
63	UNFPA SA	Programme Officer KwaZulu-Natal Sub-Office
64	UNFPA SA	Programme Officer Eastern Cape Sub-Office
65	UNFPA SA	Communications Advocacy and Partnership Building Officer
66	UNFPA	PA to Representative
67	UNFPA SA	Finance/Admin. Assistant
68	UNFPA SA	Programme Assistant (FCDO)

	Institution	Designation
69	UNFPA SA	Programme Assistant
70	UNFPA SA	Filing Clerk and Assets FP
71	UNFPA SA	Senior driver CO

Annex 4: Data collection tools

UNFPA South Africa – Adolescents and Youth (AY) Key Informant Interview Guide for Implementers of AY Component

Key Informants

- UNFPA AY staff:
- National departments:
- Provincial level:
- District level:
- NGOs and Civil society:

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province).

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people and institutions, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. What was your organizations role in the implementation of the 5th CP?
- b. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- c. Who was consulted regarding the design?
- d. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

- a. To what extent is the 5th CP relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- b. To what extent is the 5th CP aligned to the national government priorities (NDP Vision 2030; MTSF)?
- c. To what extent is the 5th CP aligned to the UNFPA strategic objectives (UNFPA Strategic plans 2022-2025)?
- d. To what extent is the 5th CP aligned to the ICPD Programme of Action and SDGs?
- e. To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: Coherence of the 5th CP with strategic partnerships with national, local and grassroots organizations in order to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations.**

Possible questions:

- a. To what extent is the 5th CP aligned to national priorities (including NDP 2030)?

- b. To what extent is the 5th CP aligned to international framework including UNSDCF for SA, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020?
- c. To what extent UNFPA participated in working groups, relevant to its mandate, formed by the SA government and UN agencies?
- d. To what extent UNFPA has been participating in relevant initiatives from SA government and UN agencies
- e. To what extent has the programme integrated gender and human rights based approaches?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learned and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programmes and policy development?

5. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 5th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

6. Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change (effects) made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in South Africa; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in the era of UNSDCF 2020-2025 and changing aid environment?

7. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. Objective: Interview recommendations

- a) What lessons have you learned from the 5th CP in regards to adolescents and youth and gender equality?
- b) What suggestions/recommendations can you make for future programming?

UNFPA South Africa – Adolescents and Youth Key Informant Interview Guide for Non-implementers

UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (e.g. Resident Coordinator, others)

Key Informants:

<p>General Introduction - Purpose of the evaluation</p> <p>I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province).</p> <p>The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?</p>
<p>Core interview: objectives of the interview guide transformed into questions</p> <p>1 Objective: <u>Rationale</u> for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people and institutions, ability and resources to carry out the work, gender sensitivity)</p> <p>Possible questions:</p> <ul style="list-style-type: none"> (a) What was your organizations role in the implementation of the 5th CP? (b) How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population? (c) Who was consulted regarding the design? (d) What other actors have been involved, how does this activity contribute to that of others? <p>2 Objective: <u>Relevance</u> of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs</p> <ul style="list-style-type: none"> (a) To what extent is the 5th CP relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc) (b) To what extent is the 5th CP aligned to the national government priorities (NDP Vision 2030; MTSF? (c) To what extent is the 5th CP aligned to the UNFPA strategic objectives (UNFPA Strategic plan 2022-2025)? (d) To what extent is the 5th CP aligned to the ICPD Programme of Action and SDGs? (e) To what extent has the programme integrated gender and human rights based approaches? <p>3 Objective: <u>Coherence</u> of the CP5 with strategic partnerships with national, local and grassroots organizations in order to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations.</p> <p>Possible questions:</p> <ul style="list-style-type: none"> (a) To what extent is the 5th CP aligned to national priorities (including NDP 2030)? (b) To what extent is the 5th CP aligned to international framework including UNSDCF for SA, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020? (c) To what extent UNFPA participated in working groups, relevant to its mandate, formed by the SA government and UN agencies? (d) To what extent UNFPA has been participating in relevant initiatives from SA government and UN agencies (e) To what extent has the programme integrated gender and human rights based approaches?

- 4 Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- (a) To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- (b) What are the key lessons learned and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programmes and policy development?

- 5 Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- (a) How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 5th CP?
- (b) To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

- 6 Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed**

Possible questions:

- (a) To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change (effects) made by the programme interventions, if any?
- (b) To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- (c) What are the main comparative strengths of UNFPA in South Africa; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in the era of UNSDCF 2022-2028 and changing aid environment?

- 7 Objective: Existence and functioning of coordination mechanisms**

Possible questions:

- (a) To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

- 8 Objective: Interview recommendations**

- (a) What lessons have you learned from the 5th CP in regards to adolescents and youth and gender equality?
- (b) What suggestions/recommendations can you make for future programming?

UNFPA South Africa – Gender Equality Key Informant Interview Guide for Implementers of Gender Equality Component

Key Informants

- UNFPA Gender Equality staff: Government departments
- Provincial:
- NGOs /Civil society:
- District:
- Media: SA Broadcasting Corporation

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province).

The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
 - b. What other actors have been involved, how does this activity contribute to that of others?
2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**
 - a. To what extent is the 5th CP relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
 - b. To what extent is the 5th CP aligned to the national government priorities (South Africa NDP Vision 2063; MTSF)?
3. **Objective: Coherence of the project/activities to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?**
 - a. To what extent is the 5th CP able to respond to changes in the national needs and priorities including those of vulnerable or marginalized groups?
 - b. To what extent is the 5th CP able to respond to shifts caused by crisis or major political changes
4. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
 - b. What are the key lessons learned and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?
- 5. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- a. Please comment on how the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 5th CP?
 - b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?
- 6. Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed**

Possible questions:

- a. Please comment to what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. Comment on the main comparative strengths of UNFPA South Africa; and how can these strengths and lessons be used for strategic positioning for future CP development in humanitarian and development nexus.

7. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?
- 8. Objective: Interview recommendations**
- a) What lessons have you learned from the 5th CP in regards to Adolescent Youth and gender equality and women empowerment?
 - b) What suggestions/recommendations can you make for future programming?

UNFPA South Africa – Gender Equality Key Informant Interview Guide for Non-implementers

UN agencies, donors, and organizations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in gender-based violence services)

Key Informants:

<p>General Introduction - Purpose of the evaluation</p> <p>I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province).</p> <p>The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?</p>
<p>Core interview: objectives of the interview guide transformed into questions</p> <p>1. Objective: <u>Rationale</u> for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people and institutions, ability and resources to carry out the work, gender sensitivity)</p> <p>Possible questions:</p> <ul style="list-style-type: none"> (a) What was your organizations role in the implementation of the 5th CP? (b) How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population? (c) Who was consulted regarding the design? (d) What other actors have been involved, how does this activity contribute to that of others? <p>2. Objective: <u>Relevance</u> of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs</p> <ul style="list-style-type: none"> (a) To what extent is 5th CP relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc) (b) To what extent is 5th CP aligned to the national government priorities (NDP Vision 2030; MTSF? (c) To what extent is 5th CP aligned to the UNFPA strategic objectives (UNFPA Strategic plan 2022-2025)? (d) To what extent is 5th CP aligned to the ICPD Programme of Action and SDGs? (e) To what extent has the programme integrated gender and human rights based approaches? <p>3. Objective: <u>Coherence</u> of the 5th CP with strategic partnerships with national, local and grassroots organizations in order to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations.</p> <p>Possible questions:</p> <ul style="list-style-type: none"> (a) To what extent is the 5th CP aligned to national priorities (including NDP 2030)? (b) To what extent is the 5th CP aligned to international framework including UNSDCF for SA, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020? (c) To what extent UNFPA participated in working groups, relevant to its mandate, formed by the SA government and UN agencies? (d) To what extent UNFPA has been participating in relevant initiatives from SA government and UN agencies (e) To what extent has the programme integrated gender and human rights based approaches?

4. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- (a) To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- (b) What are the key lessons learned and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programmes and policy development?

5. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- (a) How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 5th CP?
- (b) To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

6. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed**

Possible questions:

- (a) To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change (effects) made by the programme interventions, if any?
- (b) To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- (c) What are the main comparative strengths of UNFPA in South Africa; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in the era of UNSDCF 2022-2028 and changing aid environment?

7. **Objective: Existence and functioning of coordination mechanisms**

Possible questions:

- (a) To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. **Objective: Interview recommendations**

- (a) What lessons have you learned from the 5th CP in regards to adolescents and youth and gender equality?
- (b) What suggestions/recommendations can you make for future programming?

UNFPA South Africa - Gender Equality
Focus Group Discussion Guide rights-holders (separately for women, men, youth, community activists etc)

<p>General Introduction - Purpose of the evaluation</p> <p>I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province). The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?</p>
<p>Core interview: objectives of the interview guide transformed into questions</p> <p>Equity and Gender Equality - Socio- Demographic Characteristics of End Rights-holders</p> <p>a. Who are the users of services?</p> <p>b. Did the services successfully reach the poorest, women and girls, and youth; women /men with disabilities</p> <p>c. Are women and girls an equal part to accessing the SRH services?</p> <p>1. Objective: <u>Rationale</u> for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)</p> <p>Possible questions:</p> <p>a. What were, and are your priority needs as far as gender equality and empowerment?</p> <p>2. Objective: <u>Relevance</u> of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs</p> <p>Possible questions:</p> <p>a) What were, and are your priority needs in respect to gender equality and women empowerment?</p> <p>b) How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?</p> <p>c) Type of service? – How do those accessing the services view service provision in terms of its importance? Which services did they mainly use?</p> <p>d) How did they learn of the programme?</p> <p>e) How long was the service available to the community?</p> <p>f) What are the barriers you encounter to access the services? At what level – how was it overcome?</p> <p>g) Do other community members especially women and youth also use the service?</p> <p>h) How was feedback on the use of services or information generated by IP or UNFPA?</p> <p>3. Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).</p> <p>Possible questions:</p> <p>a. How well has the programme managed to support the gender equality and women empowerment needs? Possible probes: What changes has this programme brought about in your lives?</p> <p>b. What are the key lessons learned and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?</p> <p>c. Are there any changes that should have been made in order to improve services or activities?</p>

4. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- a. Were you receiving services in a timely manner/whenever you needed them?
- b. Did the agency/ institution seek for your feedback on the services/activities being implemented?
- c. How well did the agency/institution use this feedback to improve services/activities?

5. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed**

Possible questions:

- a. Are you engaged in gender equality and women empowerment activities by other agencies or individuals?
- b. Do they work together?

6. **Objective: Existence and functioning of coordination mechanisms**

Possible questions:

- a) How well has the programme been able to work within existing women, disability and youth community structures?
- b) Do you think the existing structures are able to take on work/part of the work that is being implemented?
- c) What is your general experience of working with UNFPA? – ease, timeliness, responsiveness,
- d) What is your experience of working with other UN Agencies or donors? – ease, timeliness, responsiveness,
- e) Are there any gaps that were missed or wrongly identified in the interventions for the 5th CP?
- f) How did UNFPA support make a difference?

7. **Objective: FGD group recommendations**

- a) What lessons have you learned from the 5th CP in regards to SRH, gender equality and women empowerment; adolescents & youth; PD?
- b) What suggestions/recommendations can you make for future programming?

**UNFPA South Africa – Population Dynamics (PD)
Key Informant Interview Guide for Implementers of PD Component**

Key Informants

- UNFPA PD staff; National Statistics Office (NSO)
- Government departments:
- Provincial:

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province). The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people and institutions, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- (a) What was your organizations role in the implementation of the 5th CP?
- (b) How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- (c) Who was consulted regarding the design?
- (d) What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**

- (a) To what extent is 5th CP relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
- (b) To what extent is 5th CP aligned to the national government priorities (NDP Vision 2030; MTSF)?
- (c) To what extent is 5th CP aligned to the UNFPA strategic objectives (UNFPA Strategic plan 2022-2025)?
- (d) To what extent is 5th CP aligned to the ICPD Programme of Action and SDGs?
- (e) To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: Coherence of the 5th CP with strategic partnerships with national, local and grassroots organizations in order to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations.**

Possible questions:

- (a) To what extent is the 5th CP aligned to national priorities (including NDP 2030)?
- (b) To what extent is the 5th CP aligned to international framework including UNSDCF for SA, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020?
- (c) To what extent UNFPA participated in working groups, relevant to its mandate, formed by the SA government and UN agencies?
- (d) To what extent UNFPA has been participating in relevant initiatives from SA government and UN agencies
- (e) To what extent has the programme integrated gender and human rights based approaches?

4. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- (a) To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- (b) What are the key lessons learned and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programmes and policy development?

5. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- (a) How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 5th CP?
- (b) To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs,

including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

6. Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed

Possible questions:

- (a) To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change (effects) made by the programme interventions, if any?
- (b) To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- (c) What are the main comparative strengths of UNFPA in South Africa; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in the era of UNSDCF 2022-2028 and changing aid environment?

7. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- (a) To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. Objective: Interview recommendations

- (a) What lessons have you learned from the 5th CP in regards to adolescents and youth and gender equality?
- (b) What suggestions/recommendations can you make for future programming?

UNFPA South Africa – Population Dynamics (PD)
Key Informant Interview Guide for Non-implementers of PD Component

Key Informants

- National Stats SA
- Provincial Stats SA (KZN, EC, Limpopo)

General Introduction - Purpose of the evaluation

I am (we are) part of a three person team to evaluate GoSA/UNFPA's 5th Country Programme (2020-2025) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including rights-holders and visiting provinces of KZN, EC and Limpopo as well as uThukela District, Ugu Metropolitan and eThekweni Metropolitan (all in KZN province). The discussion will take 45 -60 minutes, and we will be taking /recording notes. If you have any questions, please feel free to ask them any time. You are also free to stop being interviewed any time you feel so. Do you agree to participate in this interview (yes or no)?

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the programme and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people and institutions, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- e. What was your organizations role in the implementation of the 5th CP?
 - f. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
 - g. Who was consulted regarding the design?
 - h. What other actors have been involved, how does this activity contribute to that of others?
2. **Objective: Relevance of the programme/activities to the needs of diverse populations; to both national government and UNFPA development policies and strategies; and to priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs**
- f. To what extent is the 5th CP relevant to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc)
 - g. To what extent is the 5th CP aligned to the national government priorities (NDP Vision 2030; MTSF?
 - h. To what extent is the 5th CP aligned to the UNFPA strategic objectives (UNFPA Strategic plan 2022-2025)?
 - i. To what extent is the 5th CP aligned to the ICPD Programme of Action and SDGs?
 - j. To what extent has the programme integrated gender and human rights based approaches?
3. **Objective: Coherence of the 5th CP with strategic partnerships with national, local and grassroots organizations in order to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations.**

Possible questions:

- f. To what extent is the 5th CP aligned to national priorities (including NDP 2030?
- g. To what extent is the 5th CP aligned to international framework including UNSDCF for SA, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020?
- h. To what extent UNFPA participated in working groups, relevant to its mandate, formed by the SA government and UN agencies?
- i. To what extent UNFPA has been participating in relevant initiatives from SA government and UN agencies
- j. To what extent has the programme integrated gender and human rights-based approaches?

4. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- c. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- d. What are the key lessons learned and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programmes and policy development?

5. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- c. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 5th CP?
- d. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

6. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after the 5th CP has been completed**

Possible questions:

- d. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change (effects) made by the programme interventions, if any?
- e. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- f. What are the main comparative strengths of UNFPA in South Africa; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in the era of UNSDCF 2022-2028 and changing aid environment?

7. **Objective: Existence and functioning of coordination mechanisms**

Possible questions:

- b. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) and HCT coordination mechanisms?

8. **Objective: Interview recommendations**

- c) What lessons have you learned from the 5th CP in regards to adolescents and youth and gender equality?
- d) What suggestions/recommendations can you make for future programming?

Observation Guide

Key issues to observe:

- External environment (brief description).
- Youth Friendly Spaces (Safety, Recreation Facilities, Games/Sports, TV).
- Ease of access to services (location, transport access, surroundings etc.).
- Standard Operating Procedures (SOPs).
- Availability of (e.g. IEC/BCC) materials, leaflets and posters etc. (e.g., variety, numbers, documents to take away etc., language, attractiveness, relevance, range).
- Availability of stocks for FP commodities (including observing stock in and stock outs, medical kits)
- Post-Exposure Prophylaxis (PEP) kits
- Sufficiency of facilities: size, counseling/ consultation rooms, crowdedness, equipment (space for relaxation as well as service provision, whether all equipment is working, what sort of condition the rooms and equipment are in, etc.)
- Functional sanitation services that offer privacy
- Referral directories and forms.
- Minutes of coordination meetings
- Evidence of trainings
- Training equipment
- IPs reports and other relevant materials
- Services provided to rights-holders
- Counselling rooms at Health Facilities and Police stations
- Police Forms and other administrative records
- Nature of interactions between staff and clients

Annex 5: Theory of change

Alignment of South Africa's Theory of Change to the New Strategic Plan, 2022-2025

Goal	National development priority or goal: Improving education, skills revolution and healthy nation; gender; youth empowerment; well-being and rights; advancing social cohesion and safe communities. UNSDCF focus area: By 2025, all persons in South Africa: (1) especially girls, vulnerable and marginalized populations enjoy increased social cohesion, freedom from violence and discrimination, and have access to justice and human rights; (2) particularly the vulnerable and marginalized populations have improved health and well-being. By 2025, vulnerable and marginalized communities are more resilient to adverse effects of climate change; by 2025, women and marginalized groups (particularly those in furthest behind groups) are able to participate meaningfully in decision making processes and access to justice.				Assumptions: <ul style="list-style-type: none">Government and partners sustain and/or increase allocation of resources for SRHR, HIV, GBV at all levels for identified priorities including for key populationsThe Country Office is able to mobilize resources to fill the funding gapBuy-in and improved coordination for multisectoral platforms to deliver integrated quality services at all levelsIncreased demand from young people and key populations for SRHR, HIV, and GBV servicesGovernment and stakeholders strengthen collaboration for the generation, analysis and
Transformative results	By 2025, the reduction in the unmet need for family planning has accelerated		By 2025, the reduction in gender-based violence and harmful practices has accelerated		
SP outputs with related CPD output statements	<ul style="list-style-type: none">Adolescents and youthQuality of care and services (Justification: UNFPA CO s in the provinces supports promotion of youth friendly family planning and integrated comprehensive sexual and reproductive health package at health facilities for youth and adolescents)Policy and accountability (Justification: UNFPA Cos advocates for youth participation in youth development issues to impact country policy and accountability)	<ul style="list-style-type: none">Policy and accountabilityAdolescents and youth (Justification: Through the scaling up of CSE for in-school and out of school youth including in higher educational institution will ensure that unmet need for family planning particularly the youth is met)Quality of care and services (Justification: UNFPA CO will ensure that as part of the capacity of health care workers mental health is part of the integrated sexual and reproductive health package of delivery of youth friendly services) <p>Strengthened institutional capacity to deliver rights-based, youth-friendly and</p>	<ul style="list-style-type: none">Gender and social normAdolescents and youth (Justification: The CPD will ensure that adolescents and youth are a targeted group including young women and girls are protected from discriminatory gender practices and sociocultural norm as well as unequal power relations) <p>Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norm, unequal power relations disproportionately affecting women and girls and hindering the achievement of transformative</p>	<ul style="list-style-type: none">Policy and accountabilityQuality of care and services (Justification: Through the CP UNFPA supports integrated comprehensive SRH in health facilities to ensure that GBV cases are also identified by and cared by health service providers and strengthen referrals of GBV survivors to other services) <p>Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence.</p>	

	<p><i>Adolescents and young people, including those left furthest behind in targeted provinces, are equipped with knowledge, skills and personal agency to make informed decisions on their sexual and reproductive health and rights; and actively participate in youth development issues</i></p>	<p><i>integrated comprehensive sexual and reproductive health and rights services including HIV, gender-based violence services and menstrual and mental health at all levels</i></p>			<p>use of disaggregated data for development.</p> <p>Risks:</p> <ul style="list-style-type: none"> ● Constrained fiscal space and/or UNFPA catalytic funding to meet SRHR development priorities in targeted areas. ● Complex coordination structures and varying institutional capacity at sub-national levels ● Persistent inequalities and socio-cultural norms require long term investments to shift behaviour and reform.
	<p>Population change and data</p> <p><i>Strengthened capacities at national and provincial levels to map, analyze and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities.</i></p>				
Transformative pathways/modes of engagement and interventions	<p>Advocacy and policy dialogue</p> <ul style="list-style-type: none"> ● Advocacy and policy dialogue engagement at national and provincial levels for improved access to integrated SRHR, HIV and GBV services for young people including those left furthest behind and key populations ● Promote inclusion of a comprehensive SRH package within the national health insurance to achieve Universal Health Coverage (UHC) <p>Knowledge generation and sharing</p> <ul style="list-style-type: none"> ● Streamline data management and referral systems across SRHR, GBV and HIV service provision platforms. ● Generation of evidence on social determinants affecting youth well-being and development issues <p>Capacity-building</p> <ul style="list-style-type: none"> ● Institutionalization and scale up of CSE for in and out of school youth including through Social Behavioral Change Communication to increase knowledge and skills of young women including those left furthest behind 	<p>Advocacy and policy dialogue</p> <ul style="list-style-type: none"> ● Policy advocacy at all levels to accelerate implementation of multi-sectoral policies and strategies to improve gender equality and ensure GBV prevention and response including through implementation of the National Strategic Plan on GBV and Femicide ● Advocacy with policy makers and programme managers to facilitate gender responsive planning, budgeting, monitoring and reporting in targeted provinces. <p>Knowledge generation and sharing</p> <ul style="list-style-type: none"> ● Generation and utilization of strategic evidence to inform rights-based policies, laws and programmes to advance gender equality, prevent and respond to GBV including undertaking the national GBV prevalence study <p>Capacity-building</p> <ul style="list-style-type: none"> ● Capacity development and mobilization of community actors, civil society, traditional leaders, faith-based organizations, women organizations, academic institutions to (a) promote women's empowerment and change of adverse social norms, (b) promote healthy and non-violent masculinities, and (c) prevent stigma and discrimination 			<ul style="list-style-type: none"> ● Changes of leadership in government structures could impact continuity of strategic direction and priorities ● Limited collaboration between data producers and users across administrative levels and across sectors on availability of disaggregated data to guide data-driven actions ● Covid-19 resurgence could prolong programming beyond the set implementation period 2022-2025

	<p>and key populations to make informed choices about their SRHR and well-being</p> <ul style="list-style-type: none"> Capacity strengthening for the provision of quality, integrated Adolescent and Youth Friendly information and services including SRHR/HIV/GBV to ensure young people including those left furthest behind and key populations are not left behind in targeted provinces <p><i>Partnerships and coordination</i></p> <ul style="list-style-type: none"> Promote multi-sectoral partnerships at national and provincial levels including with civil society and private sector to advance youth leadership, asset building and improved livelihoods for young people. 	<ul style="list-style-type: none"> Male (men and boys) engagement to promote gender equality and healthy non-violent masculinities at national and targeted provincial levels <p><i>Partnerships and coordination</i></p> <ul style="list-style-type: none"> Promote intersectoral approaches and multi-sectoral coordination to (a) advance gender equality (b) eliminate harmful practices and (c) respond to gender-based violence at national and targeted provinces. 	
	<p>Population change and data</p> <p><i>Advocacy and policy dialogue</i></p> <ul style="list-style-type: none"> Advocacy and policy dialogue to improve planning, response and focus on linkages between population dynamics and sustainable development including migration, and climate change and humanitarian response <p><i>Knowledge generation and sharing</i></p> <ul style="list-style-type: none"> Mapping available primary and secondary data on population, generation, analysis and synthesis of data disaggregated by age, sex and disability, including through the 2021 population and housing census and relevant studies Document lessons learned from integrated service delivery models in targeted provinces for national scale up and knowledge sharing Promote South - South and triangular cooperation on disaggregated data generation, use and knowledge exchange <p><i>Capacity-building</i></p> <ul style="list-style-type: none"> Institutional Capacity building at provincial level on disaggregated data generation, analysis and use for implementation. <p><i>Partnerships and coordination</i></p> <ul style="list-style-type: none"> Strengthen coordination and collaboration for population data generation and analysis to monitor and evaluate SRHR interventions at national and provincial levels. Strengthen use of integrated national data for targeted investments and policy implementation at national and provincial levels 		
Accelerators	<ul style="list-style-type: none"> Human rights-based and gender-transformative approaches Innovation and digitalization Partnerships and South-South and triangular cooperation, and financing Data and evidence 		

	<ul style="list-style-type: none"> • “Leaving no one behind” and “reaching the furthest behind first” • Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts 	
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Annex 7: Stakeholder map

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
ADOLESCENT AND YOUTH [QUALITY OF CARE AND SERVICES; AND POLICY AND ACCOUNTABILITY]																
UNFPA Strategic Plan (2022-2025) Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated																
CPD Output 1.1: Adolescents and young people, including those left furthest behind in targeted provinces, are equipped with knowledge, skills and personal agency to make informed decisions on their sexual and reproductive health and rights; and actively participate in youth development issues																
INSERT CODE																
Embassy of the Kingdom of the Netherlands	National Dept. of Health	LoveLife					Southern Hemisphere	Dept. Women, Youth and People with Disabilities				UNICEF			Young people (YP), especially girls and young women (YW) aged 10 to 24 and vulnerable boys in the target areas	
								Dept. of Planning, Monitoring and Evaluation								
								South Africa National AIDS Council								
INSERT CODE																
Swiss Agency for Development and Cooperation	Dept. of Social Development	Soul City						Dept. of Planning, Monitoring and Evaluation				UNAIDS			YP especially girls & YW & vulnerable boys in target areas	

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
	Dept. of Basic Education	Umtshombi Wempile						Nat. Youth Development Agency				UNESCO				
CPD Output 1.2: Strengthened institutional capacity to deliver rights-based, youth-friendly and integrated comprehensive sexual and reproductive health and rights services including HIV, gender-based violence services and menstrual and, mental health at all levels																
INSERT CODE																
Embassy of the Kingdom of the Netherlands	National Dept. of Health	LoveLife					Southern Hemisphere	Dept. Women, Youth and People with Disabilities Dept. of Planning, Monitoring and Evaluation South Africa National AIDS Council	South Africa National AIDS Council			UNICEF				
INSERT CODE																
Swiss Agency for Development and Cooperation	Dept. of Social Development	Soul City						Dept. of Planning, Monitoring and Evaluation				UNAIDS				

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
GENDER AND SOCIAL NORMS (GENDER EQUALITY AND WOMEN'S EMPOWERMENT)																
UNFPA Strategic Plan (2022 - 2025) Outcome 2: By 2025, the reduction in gender-based violence and harmful practices has accelerated																
CPD Output 2.1: Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norms, unequal power relations disproportionately affecting women and girls and hindering the achievement of transformative.																
INSERT CODE																
Canadian Embassy	National Dept. of Health	Soul City Institute										UNICEF	University of Cape Town	SABC		
Together 4SRHR		HSRC						National Legislature	Eastern Cape Men's Movement							
	Dept. of Social Development	KZNCC			UNFPA ESARO		SABC		South Africa Coalition on Menstrual Health Management							
Program Reserves					UNFPA										N/A	
	SANAC	Umtshombeni Wempilo Institute			UN Women				Bodily Autonomy Coalition					Gay & Lesbian society		

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
	Commission for Gender Equality	Khuhluka Foundation						Dept. of Basic Education						Alfred Nzo Community Radio	Traditional Leaders, Men and Boys, Parents	
	House of Traditional Leaders	Thuthuzela Care Centers			UNODC											
		Higher Health Institute														
		Pink Drive Outreach														
	Dept. Women, Youth and People with Disabilities (DWYPD)	LoveLife			Office of the United Nations' Resident Coordinator			Dept. of Cooperative Governance and Traditional Affairs EXCO								
		Optidel														
CPD Output 2.2: Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence																
INSERT CODE																
POPULATION CHANGE AND DATA (POPULATION DYNAMICS)																
UNFPA Strategic Plan (2022 - 2025)																

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
CPD Output 3.0: Strengthened capacities at national and provincial levels to map, analyze and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities (Population change and data)																
UKB57																
FCDO (United Kingdom Foreign Common Wealth Dev. Office)		Umthomb o Wempilo			UNFPA	University of Cape Town	Commission of Gender Equality	Dept. of Social Development (National Population Unit)				UNDP			N/A	
								Dept. of Social Development Provincial Population Unit (Eastern Cape, KwaZulu-Natal and Limpopo)								
						University of KwaZulu-Natal		Statistics South Africa (Stats SA) (Eastern Cape, KwaZulu-Natal and Limpopo)				UNECA				
								Dept. of Planning, Monitoring and Evaluation (DPME)								

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
								Dept. of Cooperative Governance (DoCG) and Dept. of Traditional Affairs (DTA) (KwaZulu-Natal and Limpopo)								
								Office of the Premier (Limpopo)								
								Office of the Premier (Eastern Cape)								
								Office of the Premier (KZN)								

Annex 8: Performance of CDP indicators

The data was obtained from the Annual reports up to the end of 2023.

AY Indicators

UNFPA Strategic Outcome: By 2025, the reduction in the unmet need for family planning has accelerated				
Indicator description	Baseline	Target	Achieved by end 2023	Percentage achievement of indicator
Output 1.1: Adolescents and young people, including those left furthest behind in targeted provinces, are equipped with knowledge, skills and personal agency to make informed decisions on their sexual and reproductive health and rights; and actively participate in youth development issues				
CPD Indicator 1: Number of UNFPA-supported provinces that have a mechanism or strategy in place to deliver out-of-school sexuality education in accordance with international standards and national policies.	0	3	3	100%
CPD Indicator 2 No. of adolescent and youth including those furthest left behind in UNFPA-supported provinces reached with life skills to improve their health, and social and economic participation (including improving asset building/employability assets, with increased resilience to climate change)	0	750,000	1,911,180	255%
Output 1.2: Strengthened institutional capacity to deliver rights-based, youth-friendly and integrated comprehensive sexual and reproductive health and rights services including HIV, gender-based violence services and menstrual and mental health at all levels				
CPD indicator 1: No. of adolescents and youth including those in furthest left behind groups in UNFPA supported provinces who have utilized rights-based and integrated SRH, HIV and GBV services	0	600,000	657,361	110%
CDP Indicator 2: No. of facilities that deliver right-based and integrated SRH including HIV and GBV services to vulnerable and furthest left behind groups in UNFPA-supported provinces	14	40	73	183%
CPD Indicator 3: No. of sex workers accessing high quality integrated SRH information and services including HIV and GBV services in UNFPA-supported health facilities in selected provinces	3,012	9,000	1,758	20%

GSN Indicators

UNFPA Strategic Outcome: By 2025, the reduction in gender-based violence and harmful practices has accelerated				
Indicator description	Baseline	Target	Achieved by end 2023	Percentage achievement of indicator
Output 2.1: Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norm, unequal power relations disproportionally affecting women and girls and hindering the achievement of transformative				
CPD Indicator 1: No. of CSOs mobilized and enabled to contribute to the elimination of discriminatory gender practices and socio-cultural norms, unequal power relations disproportionally affecting women and girls and hindering the achievement of transformative results	0	9	20	222%
CPD Indicator 2: No. of UNFPA-supported provinces that have developed advocacy platforms to eliminate discriminatory gender practices and socio-cultural norms, stereotypes, unequal power relations affecting women and girls	0	3	3	100%
CPD Indicator 3: Proportion of young women and girls, particularly those in furthest left behind communities in UNFPA-supported provinces with knowledge on their rights and where to report sexual violence	0	30%	30%	100%
Output 2.2: Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence				
CPD indicator 1: No. of plans, advocacy materials or guidelines developed to support gender-based violence prevention and response	0	25	19	76%
CDP Indicator 2: No. of institutions (civil society, faith-based organizations) supported to develop and implement monitoring of gender-based violence prevention and response action plans	7	20	36	180%
CPD Indicator 3: No. of health facilities in UNFPA supported provinces capacitated to collect, analyze and disseminate disaggregated data on incidence and prevalence of gender-based violence	0	40	40	100%

PCD Indicators

Indicator description	Baseline	Target	Achieved by end 2023	Percentage achievement of indicator
Output 3: Strengthened capacities at national and provincial levels to map, analyze and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities (Population change and data)				

Indicator description	Baseline	Target	Achieved by end 2023	Percentage achievement of indicator
CPD Indicator 1: Census conducted and results disaggregated by age, sex and other vulnerability factors/furthest behind factors for each enumeration area are publicly accessible online	0	1	1	100%
CPD Indicator 2: No. of institutions, at national or subnational levels, with strengthened capacity to collect, collate, analyze, synthesize and utilize data on population dynamics, including population megatrends (migration, climate change and humanitarian response)	1	4	30	750%
CPD Indicator 3: No. of SSTC interactions/ exchanges supported in the areas of sexual and reproductive health and rights, youth, gender, population dynamics including population megatrends (migration, climate change and humanitarian response)	0	22	11	50%
CPD Indicator 4: No. of advocacy initiatives and knowledge products supported to accelerate implementation of the ICPD Programme of Action and the ICPD25 Commitments	0	10	26	260%

Annex 9: Summary notes on FGD sessions

Province/district/ location & date	FGD category / age /number	Relevance	Effectiveness	Efficiency	Sustainability	Recommendations
		How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?	What changes has this programme brought about in your lives?	Were you receiving services in a timely manner/whenever you needed them?	Are the net rights-holders of the intervention likely to continue, or are likely to continue (even if, or when, the intervention ends).	What recommendations would you like to give to improve the programme?
KZN Province Uthukela District, Oliviershoek ward (15 th Aug. 2024)	Young women (20-24 years) 11 people including 1 person living with disability.	1. The women were consulted about their needs. Key issues were: (i) bad roads when it rains limits their access to the health clinics; (ii) youth unemployment which leads to so many challenges including teenage pregnancy.	1. Violent abuse (GBV) has reduced. 2. The men are no longer threatening <i>ukuthwala</i> as much as it was before. 3. Church leaders are assisting on referrals of GBV cases. There is <i>iketango</i> (a chain) where all branches come together to assist in GBV issues. 4. Cases of GBV in schools are reported to local police stations for redress.	1. The services at a local health clinic deemed okay. 2. Occasional long queues at health clinic but one gets services at the end.	1. Under the Izigodi model, some women recruited as a peer educator by local partner (KZN Christian Council). Benefits likely to continue are (i) knowledge about HIV/AIDS; family planning & how to support to those who have already contracted HIV; (ii) Izigodi model educated people about rape; (iii) practices on responsible manhood; (iv) tips on avoidance of teenage pregnancy.	1. More campaigns on GBV and rape needed. 2. Sensitization of families not to protect relatives who are involved in incense. 3. School children need to know what GBV is at an early stage. 4. More sensitization of parents about people living with disabilities and how to care for them especially on GBV.
KZN Province Uthukela District, Oliviershoek ward (15 th Aug. 2024)	Adult men (30-62 years) 9 people (cultural and religious leaders).	1. The community members were consulted about needs; for example, they talked about a centre to cater for the needs of young men, who would become men their community wants. 2. They talked about the behaviour of their children; need for young boys to be taught issues on manhood and girls on the different stages that they would	1. Some positive changes noted; for example, the tracing and follow up of GBV and sexual assault cases had improved. In schools there was improved reporting, and social workers were better equipped to assist in those cases.	1 A noticeable improvement in getting police services when GBV cases are reported. I am a member of the Community Policing Forum. I can say that in the past there has been a delay in getting police services. 2. New systems have been introduced to ensure that people get the services they need quickly.	1. Lifeline (NG)) and Community Police Forum carried out trainings for men in the community to empower them on how to solve problems within the community.	1 Skills development required for both girls and boys to address issue of youth unemployment. They felt that acquisition of skills would better assist the youth to enter the job market.

Province/district/ location & date	FGD category / age /number	Relevance	Effectiveness	Efficiency	Sustainability	Recommendations
		How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?	What changes has this programme brought about in your lives?	Were you receiving services in a timely manner/whenever you needed them?	Are the net rights-holders of the intervention likely to continue, or are likely to continue (even if, or when, the intervention ends).	What recommendations would you like to give to improve the programme?
		encounter as they progress to adulthood.				
KZN Province Uthukela District, Wembezi Clinic (15 th Aug. 2024)	Adolescent girls (17-19 years) 10 people (Secondary school girls).	1. Lovelife (IP) visited the school, and consultations were on family planning (FP) and menstrual hygiene management.	1 Students reported satisfaction of the services provided at Wembezi clinic (e.g. FP and post exposure prophylaxis for HIV after sex).	1. Waiting lines at the clinic reported to have reduced.	A local NGO called Nompilo, has been giving information on health.	1. A centre for women needed where health professionals would visit to assist women on their health needs. 2. Emergency services for GBV survivors (especially rape cases) are needed. 3. A programmer to address issue of alcohol and drug abuse needed
KZN Province Uthukela District, Wembezi Clinic (15 th Aug. 2024)	Adolescent boys (17-19 years) 6 people (Secondary school boys).	1. Consultations were conducted by Loveline KZN and counsellors from Wembezi clinic. Topics were on FP and GBV and how to protect oneself.	1. Boys and girls have been empowered with knowledge about GBV issues; they know how to prevent it. 2. Cases of teenage pregnancy in school have reduced from six in 2023 to two in 2024.	1. Waiting lines at the clinic reported to have reduced.		1. Lovelife should hold more sessions on GBV and visit schools more often. 2. Introduction of strong security system and rules to prevent smoking of drugs which contribute to GBV cases.
EC Province Alfred Nzo District, Mt. Ayliff Clinic (19 th Aug. 2024)	Young women (20-24 years).	1. Consultations took place. 2. Clinic offers services to our needs e.g. Prenatal services, STI treatment, FP, HIV testing and cervical smear & emergency care in cases of GBV	1. Clinic staff remind clients if they miss due dates to collect HIV drugs. They are given new dates and or referred to the nearest clinic if one is far from the usual clinic. 2. Clients felt satisfied due to the friendly atmosphere at the youth zone.	1 The services at the youth zone deemed better and clients received them on time. 2. The lines are short, and one receives services fast.		1. Clinic should hire more staff (nurses and counsellors) to meet demand at youth zone. 2. Increase the space at youth zone to cater for many clients during busy days. 3. All tests the youth require should be at the youth zone.

Province/district/ location & date	FGD category / age /number	Relevance	Effectiveness	Efficiency	Sustainability	Recommendations
		How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?	What changes has this programme brought about in your lives?	Were you receiving services in a timely manner/whenever you needed them?	Are the net rights-holders of the intervention likely to continue, or are likely to continue (even if, or when, the intervention ends).	What recommendations would you like to give to improve the programme?
			3. Cases of pregnancy have reduced due to the ease of getting FP services.			
EC Province O. Tambo District, Qumbo Health Unit (21 st Aug. 2024)	Adolescent girls (15-18 years) 8 people	1 Participants said that the services meet their needs e.g. contraceptives, STI treatment, condoms, pregnancy testing, counselling.	1 Participants reported that teenage pregnancy has reduced because of easy availability of contraceptives at the youth zone and use of PreP which was high. 2. The youth are no longer ashamed to come to youth zone.	1. Triage system working well (If one is very sick, he/she is assisted first before they assist others). 2. People living with disabilities do not wait in lines.		1 Health unit should hire more nurses since the nurse at the youth zone is on leave, youth then have to use adult areas. 2. More activities for youth should be offered to make the clinic a more engaging and welcoming place for them to visit.
Limpopo Province Waterburg Municipality, Thabazimbi Youth Centre (26 th Aug. 2024)	Adolescent girls (20-24 years) 13 people (groundbreakers).	1 Discussions did happen between UNFPA and Lovelife on needs of youth in the Thabazimbi area.	1 As peer educators, the participants have been empowered by Lovelife with knowledge about GBV prevention, sexual and reproductive health (e.g. FP, STI/HIV testing and treatment). They easily talked about those topics.	1. Thabazimbi has 3 sites, our sites receive all resources on time.	There are other organisations working in area e.g. SANCA, Anova, Soul City, DSD and DOH, DBE, NYDA.	1 Programmes for school teachers should be started so that receive the information the youth have got from Lovelife. 2. Youth requested increased sensitization about LGBTQI+ issues.
Limpopo Province Waterburg Municipality, Thabazimbi Youth Centre (26 th Aug. 2024)	Adolescent boys (20-25 years) 11 people (groundbreakers including 1 male person living with disability; 3 male persons identified as LGBTQI).	It was reported that consultations were made but they should have been more interactive.		Thabazimbi Youth Centre never lacked anything; clients received everything on time.	Other organizations working in the area include DSD, Anova, Soul City, SANCA.	1. Introduce and promote fatherhood programmes so that young men know how to treat women. 2. Participants felt that there are too many programmes focusing on women and that there is need to focus on men because men also experience GBV.

Province/district/ location & date	FGD category / age /number	Relevance	Effectiveness	Efficiency	Sustainability	Recommendations
		How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?	What changes has this programme brought about in your lives?	Were you receiving services in a timely manner/whenever you needed them?	Are the net rights-holders of the intervention likely to continue, or are likely to continue (even if, or when, the intervention ends).	What recommendations would you like to give to improve the programme?
						3. Lovelife should partner with with organizations which work on financial literacy so that these can train youth on how to make good financial decisions. They felt that lack information on financial literacy creates more problems in the community including emotional and physical abuse.

Terms of Reference

United Nations Population Fund (UNFPA) South Africa 5th Country Programme (2020-2025)

Country Programme Evaluation

06 March 2024

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Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis Acquired Immunodeficiency Syndrome
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
ESARO	East and Southern Africa Regional Office
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SACO	South Africa Country Office
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals".³⁰⁶

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind", and emphasizing "reaching those furthest behind first".

UNFPA has been operating in South Africa since 1994. The support that the UNFPA South Africa Country Office (SACO) provides to the Government of South Africa under the framework of the 5th Country Programme (CP) 2020-2025 builds on national development needs and priorities articulated in these key documents such as: National Development Plan (NDP) 2030 and its five-year Medium-term Strategic Framework (MTSF), 2019-2024. The programme directly contributes to Sustainable Development Goals (SDG) 1, 3, 5, 10, 16 and 17, and is integral to the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2020-2025 results, 1998 White Paper on Population Policy as well as the 2022 South Africa United Nations Common Country Analysis/Assessment (CCA).

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.³⁰⁷ The country programme evaluation (CPE) will provide an independent assessment of the performance of the

³⁰⁶ [UNFPA Strategic Plan 2022-2025](#)

³⁰⁷ UNFPA Evaluation Policy 2024, p. 22.

UNFPA 5th country programme 2020-2025 in South Africa and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook.³⁰⁸ The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.³⁰⁸ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA SACO; (ii) the Government of South Africa; (iii) implementing partners of the UNFPA SACO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA ESARO; and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA SACO in close consultation with the Government of South Africa Department of Social Development National Population Unit that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at ESARO and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

³⁰⁸ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

Demographic Situation: According to the recently released 2022 census report ³⁰⁹ on 10th October 2023 the population of South Africa increased from 51,7 million in 2011 to more than 62 million in 2022; a growth rate of 1,8% in the intercensal period. It is worth noting that the South African 2022 census was conducted under an unprecedented challenging environment characterized by the COVID-19 pandemic. The challenges posed by the pandemic were not unique to South Africa causing disruption in the United Nations Census Programme of the 2020 round. According to the census report females constituted 51,5% of the total population, while 48,5% were males. Black Africans remain the dominant population group at 81,4%, followed by the coloured population at 8,2%. The white population percentage declined to 7,3% in 2022 from 8,9% observed in 2011, while that for Indians/Asians increased slightly from 2,5% in 2011 to 2,7% in 2022. 61,2% of South Africa's population is under 35 years old. The median age increased to 28 years from 25 years in 2011, suggesting a consistent increase over time and an overall increase of three years. The demographic diversity presents opportunities for harnessing the demographic dividend with the right investments, including addressing inequality, poverty and unemployment recognized as persistent structural challenges impeding South Africa's progress towards sustainable development.

Economic situation: South Africa's high levels of inequalities, poverty, and employment are well known. As the CCA of 2022³¹⁰ notes, South Africa is one of the most unequal countries in the world, with a Gini coefficient of 0.68. And, according to the Living Conditions Survey 2014-15, 25.2% of the population were food poor, 40% below the lower-bound poverty line and 55.5% below the upper-bound poverty line. The war in Ukraine and the sanctions imposed against Russia have caused commodity prices to soar across the world, and South Africa is no exception, with huge impacts on food and fuel prices. Basic agricultural input costs in South Africa have surged by over 100% since January 2021 (UNDP, 2022). Higher commodity prices, high inflation rates and stagnant economic growth have instigated a cost-of-living crisis in South Africa, with disproportionately negative impacts on the poor and on women.

To complicate the situation further, both the duration and intensity of loadshedding increased significantly towards the end of 2022 and into 2023. The intensification of the energy crisis in South Africa is causing major disruption to day-to-day business, food supply chains, the education sector, other infrastructure systems such as water and transport – and the lives of ordinary people. It is likely to be a deterrent to long-term investment due to the uncertainty it creates about stable energy supply, which is essential for business plans and operations.

³⁰⁹ Census 2022

³¹⁰ South Africa Common Country Analysis Update 2022COUNTRY ANALYSIS

The floods that hit KwaZulu-Natal and parts of Eastern Cape in April 2022 caused significant property and infrastructure damage and colossal loss of lives and livelihoods. During the floods, 443 people died, 35 were injured and 72 went missing. A total of 13 790 houses was totally or partially destroyed and 6 210 people were left homeless. Roads, bridges, telecommunication, power lines and water structures were damaged, causing transport and logistics disruptions, including to Durban port, which services the whole of southern Africa. Higher world inflation caused by the war in Ukraine increased domestic prices. South Africans bearing the brunt of the crisis are the poor, with consumer price inflation (CPI) rising sharply. Indeed, annual CPI reached a 13-year high of 7.8% in July 2022 (it receded to 7.2% in December 2022).

Maternal/child health: The latest Saving Mothers 2022 report,³¹¹ documents the Maternal Mortality Ratio (iMMR) is 109.6 maternal deaths per 100 000 live births. This is a decrease from 2021 (148.1) and 2020 (126.1). This shows that the increased MMR during the first two years of the COVID-19 pandemic has been reversed, with the 2022 iMMR approaching the pre-pandemic level (98.8 in 2019). The South African Demographic and Health Survey (SADHS) 2016³¹² found that births to mothers under age 20 were more likely to be assisted by a skilled health provider (98%). The vast majority (94%) of births for women aged 35-49 were also assisted by skilled health personnel. In the five years preceding the survey, 96% of births were attended by a skilled health provider (Statistics South Africa, 2017). Data from the 2016 SADHS show that the majority (76%) of women attended an antenatal clinic four (4) or more times during pregnancy.

The SADHS 2016 reported that the under-5 mortality rate was 42 per 1 000 live births. This is a decline from 58 deaths per 1 000 live births in the 10 – 14 years preceding the 2016 SADHS. According to Statistics South Africa (2018) the leading cause of deaths for ages 1 – 4 was influenza and pneumonia (9.4%), following intestinal infectious diseases (9.3%) malnutrition (6.5%), heart disease (2.6%) and TB (2.5%).

South Africa made a commitment to provide an integrated package of sexual reproductive health and rights (SRHR) services to all individuals as part of its Primary Health Care (PHC) services. The country further committed to ensure that it respects and protects the SRHR of all individuals. It further committed itself to pay particular attention to the needs of vulnerable groups, including adolescents and young people, including those who have disabilities. South Africa endeavoured to provide Adolescent and Youth Friendly Services (AYFS) as part of the PHC services, meaning that young people should have access to the requisite SRHR information they need. Even though the legislation and policies are in place, implementation has been mostly challenging and many adolescents and young people feel that their SRHR needs have not been met.

³¹¹ Saving Mothers Report 2022

³¹² South African Demography Survey 2026

The 'delivery in 10 to 19 years in-facility rate' indicator is used to monitor the percentage of in-facility deliveries in young women under 20 years of age. This indicator showed an increasing trend over the study period (Figure 9), with average monthly percentages increasing from 8.0% (pre-pandemic), to 8.7% (2020-2021), to 9.4% (2021-2022) ($p=0.05$ for pre-pandemic versus 2020-2021; $p=0.03$ for 2020-2021 versus 2021-2022). National data from the District Health Information System (DHIS) shows that the in-facility delivery rate for 10–19-year-olds in 2019/20 was 13.2; 14.3 for 2020/21 and 13.7 for 2021/22. For the period 2020/21 and 2021/22 four provinces record rates higher than the national average (Eastern Cape, KwaZulu-Natal, Mpumalanga, and the Northern Cape). The total number of deliveries for 10–19-year-olds totaled 139 361 (10-14 was 3 963; 15-19 was 135 398). The rate of teenage pregnancy is high in the South Africa.

South Africa made a commitment to adopt and implement relevant Comprehensive Sexuality Education (CSE) programmes, both in and out of school that are linked to SRHR services with the active involvement of parents, community, traditional, religious and opinion leaders, and young people themselves. CSE was introduced in 2000 within the subjects of Life Orientation and Life Skills to ensure that learners do not receive confusing and misleading messages on sex, sexuality, gender, and relationships. CSE has thus been part of the South African Curriculum for almost 20 years. It provides scientifically accurate information, build positive values and attitudes which enables young people to safely navigate the transition to adulthood. The core aims of CSE and the new structured lesson plans is to help learners build an understanding of concepts, content, values and attitudes around sexuality, sexual behaviour as well as leading safe and healthy lives. The Department of Basic Education (DBE) has worked hard to develop a comprehensive curriculum that seeks to address real world challenges and issues faced by learners in their day-to- day lives.

The DBE launched its CSE Policy 2017. This policy equips teachers with ways to impart knowledge on STIs, HIV and AIDS and TB to young people. Since teaching and learning do not happen in a vacuum, the socio-economic environment of learners will form part of discussions. Various stakeholders and partners, including religious and cultural leaders participated in the formulation of the CSE policy.

The package of reproductive health services is integrated as part of Primary Health Care. Adolescent and Youth Friendly Services (AYFS) is offered in all PHC facilities. Emphasis on AYFS is part of the Ideal Clinic Model.

According to the SADHS, knowledge of contraceptives ³¹³is universal in South Africa . Nearly 100% of women and men age 15-49 have heard of at least one method of contraception. On average, women and men have heard of eight and six methods of contraception, respectively. The most commonly known methods among both women and men are the male condom (98% of women and 99% of men), injectables (96% of women and 79% of men), contraceptive pills (94% of women and 79% of men), and the female condom (93% of women and 85% of men).

Forty-seven percent of in-union women who are current users of contraception reported that they usually make the decision to use contraception jointly with their partner, 41% said that they usually make the decision themselves, and 11% said that their partner usually makes the decision. Among in-union women who are not using a contraception method, 42% reported that they usually make the decision to not use contraception jointly with their partner, 37% reported that they usually make the decision, and 18% reported that their partner usually makes the decision

In the SADHS 2016, 15.0% of currently married women have an unmet need for family planning. For sexually active unmarried women, 24.0% of women have an unmet need for family planning (Statistics South Africa, 2017). Utilisation of modern contraceptive methods to prevent unplanned pregnancies was measured using the composite indicator couple-year protection rate (CYPR). The year-on-year average CYPR was lower in 2020/2021 (40.8%) and 2021/2022 (37.0%), than in the pre-pandemic year when it was 46.8% ($p=0.04$; pre-pandemic versus pandemic period). The CYPR showed an annual decrease over the December summer vacation period. There was an additional sharp decrease in April 2020 to 18.6%, which corresponded with the first strict COVID-19 lockdown in South Africa.

For 2022³¹⁴ Mid-Year Population Estimates - estimated 13,9% of the total population is HIV positive. Almost a fourth of South African women in their reproductive ages (15–49 years) are HIV positive. HIV prevalence among the youth aged 15–24 has remained stable over time. The total number of persons living with HIV (PLHIV) in South Africa increased from an estimated 3,68 million in 2002 to 8,45 million by 2022. Having the largest number of people enrolled on ART programme in the world, the South African government was indeed concerned about the impact of COVID-19 on PLWHIV as well as impact on testing and treatment programmes. Efforts to ensure continuity of care among PLWHIV, whilst deescalating health services to lower the spread of COVID-19 was advocated and promoted by the National Department of Health and various stakeholders in the health sector (Elsayed et al., 2020). Despite such efforts, supply of medicines are hampered when there is a global pandemic along with global lockdown measures and travel restrictions. ART regimens are lifelong and require continuity.

³¹³ Contraceptive prevalence rate: Percentage of women who use any contraceptive method. Sample: All women age 15-49, in-union women age 15-49, and sexually active women age 15-49

³¹⁴ 2022 Mid-Year Population Estimate

The NSP on GBVF was launched on 30 April 2020, which was the final day of Level Five Lockdown. South Africa, alongside the rest of the world, became immersed in an unprecedented health and societal crisis as COVID-19 began to spread in South Africa. South Africa made a commitment to ensure that all victims and survivors of Gender Based Violence (GBV) have immediate and cost-free access to appropriate psychosocial and health services, including 24-hour hotlines, treatment of injuries, post – rape care, emergency contraception and post exposure prophylaxis for HIV prevention. A collaborative effort between the health sector, the police, and the Department of Justice ensures that individuals are provided with counselling, STD prophylaxis and HIV testing, emergency contraception, care of injuries, medical and legal advice, and documentation of evidence.

Stats SA is an esteemed centre of excellence in the production of official statistics, recognised globally for its contributions. As the sole source of official statistics in South Africa, the organisation has demonstrated its commitment to best practices, particularly in developing countries, across a wide range of areas, such as the use of technology and data visualisation. Stats SA has made significant strides in efficiency through its transition to digital collection. Its consistent production of key statistics empowers the private sector, government, international agencies, and other stakeholders to better understand South Africa's society and economy, plan their work, and monitor progress.

In October 2023, Stats SA released the 2022 census data, a significant milestone for South Africa. The previous census was conducted in 2011 using traditional face-to-face interviews, but Stats SA embraced innovation with the first-ever digital census in the country's history. The census utilised three modes of collection: Computer-Assisted Personal Interview (CAPI), Computer-Assisted Web Interview (CAWI), and computer-assisted telephonic interview (CATI), providing invaluable indicators of progress towards making South Africa a better society through evidence-based decision-making and planning. With increased capacity, Stats SA can effectively meet the demand for various analytical data reports, including MYR, census, and more.

The Census 2022 statistical release presents a set of key selected indicators ranging from population size, composition, and other indicators of a person's characteristics to households. By providing disaggregated statistics at lower levels, this report sets the stage for more detailed thematic reports that can inform policy decisions. This report will be made available in a phased approach to all stakeholders over the following year, ensuring that everyone has access to this important information.

Events such as the devastating flooding in KwaZulu-Natal and droughts in other provinces indicate that South Africa must urgently build resilience to withstand future shocks – whether socio-economic, political or environmental which has become an increasingly pressing issue as South Africa continues to experience successive extreme weather events and a

looming food security crisis. Covid-19 and the subsequent shocks have had a negative effect on the achievement of almost all Sustainable Development Goals (SDGs) and related human rights. Progress has been reversed or hindered with increased poverty, hunger, inequality and key health indicators due to public health resources being shifted away from diseases such as HIV (in a country in which HIV/Aids can be characterized as a permanent pandemic), tuberculosis (TB) and malaria. Consequently, a direct impact was observed on the enjoyment of various economic and social rights (and related SDGs), including the rights to work, to sufficient food, water and adequate housing, to education, to social security and to health, including mental health. These impacts also affected the right to equality, with a concomitant impact on SDG 10, and on the ethos of 'leave no one behind', in that vulnerable groups are now at risk of being left further behind. Trends in SDG progress have indeed stalled or reversed, especially SDGs 1 to 5 and SDGs 8 and 10.

3. UNFPA Country Programme

UNFPA has been working with the Government of South Africa since 1994 towards enhancing SRHR, advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 5th CP in South Africa.

Since 2019 South Africa has faced several challenges, some shared globally, others country-specific, and some impacting particular areas. These have negatively impacted the country's progress towards achieving many goals. The country also faces more systemic socio-economic and environmental issues like prevailing and increasing poverty, rising levels of unemployment, increasing inequality, droughts and flooding, most of which are exacerbated in times of crisis. Noteworthy issues that have impacted negatively on South Africa's progress towards achieving the SDGs have been the COVID-19 pandemic, economic uncertainty and climate change.

South Africa arguably implemented some of the strictest Covid-19 restrictions worldwide in the earlier stages of the pandemic in an effort to contain the spread of the SARS-CoV-2 virus. At the vanguard of the interventions was the health sector response, led by then Minister of Health, Zweli Mkhize. The country mobilised multiple health resources through a cohesive response from the public and private sectors, as well as through solidarity support from business and nongovernmental organisations, and expertise from the academic and research sectors. The health sector response was coordinated through the Incident Management Team, with expert advice from the Ministerial Advisory Committees, and involved multiple joint outbreak response committees.

Preliminary evidence suggests that the health sector response has been comprehensive. The system benefited from the lockdown restrictions, particularly through reductions in emergency and trauma cases and the decentralization of chronic care services. While the healthcare system was resilient, provinces such as the Eastern Cape were under strain.

Later in the year, the emergence of a new variant complicated the response to the second wave of the pandemic. Excess mortality numbers suggest that the impact of Covid-19 may have been more severe than initially documented. Socio-behavioural interventions were only introduced later in the pandemic, even though the risk faced by vulnerable communities had been highlighted very early on. The chapter recommends paying special attention to the implementation of preventative measures and the vaccine roll-out, as the country experiences multiple surges of the pandemic. Further research is also needed to investigate the drivers and effects of the excess deaths. The chapter concludes by underlining the need to improve surveillance, especially among vulnerable communities, strengthen outbreak prevention and containment measures, integrate behavioural interventions into the health sector to protect public health and well-being, and strengthen data systems to improve informed decision-making.

The 5th UNFPA Country Programme, like its predecessor, the 4th Country Programme is aligned to the South African Government planning processes, including the Government Medium Term Strategic Framework (MTSF) for the 2020 – 2024 electoral term. It is also aligned to the United Nations Strategic Cooperation Framework (2020 – 2025); the Sustainable Development Goals (SDGs) Agenda 2030; the National Development Plan: Vision 2030 and other sectoral policies and strategies, such as the South African Population Policy (1998). The Department of Social Development (DSD), through the National Population Unit facilitates the implementation of the Country Programme in collaboration with the UNFPA as well as the Eastern Cape (EC), KwaZulu-Natal (KZN) and Limpopo provincial governments, mainly the Provincial Population Units in those provinces. Implementation of the UNFPA 5th Country Programme of Support to the Government of South Africa (2020 – 2025) started on 1 July 2020. The 5th Country Programme was launched as the country's cumulative number of confirmed COVID-19 cases breached the 100,000 mark, highlighting an urgent need to be more focused, in order to quickly and effectively respond to the needs of communities and to make a positive difference in the lives of South Africans.

The overall vision of the 5th Country Programme is to end all forms of Gender Based Violence (GBV) and inequalities for adolescent girls and young women in South Africa, including those furthest behind. Within this context, the Country Programme directly contributes to the reduction of:

- Unmet need for family planning;
- Preventable maternal death;
- GBV and harmful practices; as well as
- Contributing to the East and Southern Africa (ESA) specific outcome to reduce the sexual transmission of HIV.

In 2022, the UNFPA SACO undertook the process of aligning the 5th CP to the UNFPA Strategic Plan (SP) 2022-2025 as it was initially derived from the 2018 to 2022 SP. The alignment process was endorsed by government and implementing partners.

The UNFPA SACO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery].

The 5th CP focus is on evidence-based policy dialogue, advocacy and knowledge management to guide scaling-up of best practice models, targeted capacity development at national and provincial levels advancing reaching those furthest behind. At the national level, the focus is on inclusive policy implementation, targeted programming, development and updating of guidelines, strengthening systems for data disaggregation and enhancement of South-to-South and triangular cooperation. At provincial levels, focus is on evidence generation and use of disaggregated data to inform targeted policies and scaling up programme implementation.

The UNFPA South Africa 5thCP 2020-2025 contributes to UNFPA Strategic Plan outcomes and transformative results of ending unmet need for family planning, preventable maternal death, gender-based violence and sexual transmission of HIV, and to achieving national commitments to accelerate implementation of the

The CP contributes to the following outcomes of the UNFPA Strategic Plan 2022-2025

- a) ending the unmet need for family planning;
- b) ending preventable maternal deaths; and
- c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage.

The UNFPA South Africa 5th CP 2022-2025 has [3] thematic areas of programming with distinct **outputs** that are structured according to the 3 outcomes in the Strategic Plan 2022-2025 to which they contribute.

Outcome 1: Adolescents and youth

Output 1: Young people in targeted provinces are equipped with knowledge and skills to make informed decisions on sexual and reproductive health and rights, HIV and gender, and actively participate in development. This has been delivered through:

- (a) mobilization and engagement with community actors to improve uptake of integrated sexual and reproductive health

- and rights, HIV and gender-based violence services by young people and key populations;
- (b) generation of evidence on social determinants to guide targeted actions for young people's well-being and development;
- (c) institutionalization and scale-up of comprehensive sexuality education for in-school and out-of-school youth, including
- (d) in higher educational institutions, to improve responsible transition to adulthood and agency;
- (e) use of innovative social behavioural change communication approaches and platforms to increase knowledge and skills, and promote empowerment of young people and key populations to make informed choices on their sexual and reproductive health and rights and well-being.

Output 2: Strengthened institutional capacity to deliver youth-friendly and integrated sexual and reproductive health and rights, HIV and gender-based violence services at all levels. This has been delivered through:

- (a) policy implementation and monitoring of the National Youth Policy 2020-2030; national strategic plan on HIV/AIDS, tuberculosis and sexually transmitted infections; national strategic plan on sex workers and HIV; integrated school health policy and the national adolescent sexual reproductive health and rights framework strategy;
- (b) promoting inclusion of a comprehensive sexual and reproductive health package, including youth-friendly family planning and maternal health services, within the national health insurance to achieve universal health coverage;
- (c) streamlining data management and referral systems across sexual and reproductive health and rights, HIV and gender-based violence service provision platforms; (d) capacity building for the provision of high-quality, integrated adolescent and youth-friendly information and services including sexual and reproductive health, HIV and gender-based violence, (e) promoting multisectoral partnerships at national and provincial levels, including with civil society and the private sector, to advance youth leadership, asset building and improved livelihoods for young people.

Outcome 2: Gender and Social Norms (formerly known as Gender equality and women's empowerment)

Output 1: Strengthened civil society and community mobilization in targeted provinces to eliminate discriminatory gender and sociocultural norms affecting women and girls. This has been delivered through:

The programme will prioritize capacity development and mobilization of community actors (civil society, traditional and faith-based leaders, women's organizations, academic institutions) to:

- (a) promote women's empowerment through social norms changes;
- (b) prevent stigma and discrimination through positive community actions;
- (c) strengthen engagement with men and boys to promote gender equality and healthy non-violent masculinities at national and targeted provincial levels,

(d) promote civil society participation in multisectoral coordination of interventions on gender equality, elimination of harmful practices, and prevention and response to gender-based violence at national and targeted provinces.

Output 2: Increased multisectoral capacity at national and provincial levels to prevent and respond to gender-based violence. The programme will contribute to the implementation of multisectoral policies and plans by public and private-sector institutions; including:

(a) strengthening the national gender machinery with establishment of the gender-based violence and femicide council, and contributing to the Presidential Emergency Plan on Gender-based Violence, National Strategic Plan on Gender-based Violence and Femicide;

(b) supporting generation and analysis of strategic evidence in line with a gender indicator framework including undertaking a national prevalence study to inform rights-based policies, laws and programmes that advance gender equality, prevent and respond to gender-based violence;

(c) advocacy and capacity enhancement of policy-makers and programme managers to facilitate gender-responsive planning, budgeting, monitoring and reporting in targeted provinces.

Outcome 3: Strengthened capacities at national and provincial levels to map, analyse and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities:

(a) mapping available primary and secondary population data;

(b) strengthening generation, analysis and synthesis of data disaggregated by age, sex, disability, and other variables from the 2021 Population and Housing Census and relevant studies; (c) supporting institutional capacity building at provincial level on disaggregated data generation, analysis and use for implementation;

(c) advocacy and policy dialogue to improve planning, response and focus on linkages between population dynamics and sustainable development, including migration and climate change;

(d) documenting lessons learned from integrated service delivery models in targeted provinces for national scale-up and knowledge sharing;

e) strengthening collaboration on population data generation and analysis to monitor and evaluate sexual and reproductive health and rights interventions at national and provincial levels; (e) promoting South-South and triangular cooperation on disaggregated data generation and use, leveraging strong statistical systems and knowledge exchange platforms within Southern Africa, and with emerging markets and developing economies.

To ensure linkages, the programme

(a) prioritize availability and use of disaggregated data to identify and target adolescents, young people and women left furthest behind with integrated sexual and reproductive health and rights services;

(b) improve gender equality, empowerment and realization of reproductive rights of women and girls by addressing inequitable access to integrated service delivery,

(c) empower young people, especially adolescent girls to exercise agency through strengthened institutional capacity for integrated sexual and reproductive health and rights service delivery as well as mutual accountability mechanisms led by civil society and youth to ensure duty bearer actions are responsive to rights-holder needs. Cross-cutting capacity development monitoring, evaluation and reporting will be applicable.

The UNFPA South Africa CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The CP theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in depth review of the CP theory of change. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection (the evaluation matrix – see section 6.2 and Annex C) analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programmer's theory of change by the BP.

South Africa UNFPA 5th Country Programme (2020-2025)] Results Framework

CPD Goal/vision:		
National Priority : Improving education, skills revolution and healthy nation; gender; youth empowerment; well-being and rights; advancing social cohesion and safe communities		
<p>UNSDCF Outcome (s): By2025, all persons in South Africa: (1) especially girls, vulnerable and marginalized populations enjoy increased social cohesion, freedom from violence and discrimination, and have access to justice and human rights; (2) particularly the vulnerable and marginalized populations have improved health and well-being.</p> <p>By 2025, vulnerable and marginalized communities are more resilient to adverse effects of climate change; by 2025, women and marginalized groups (particularly those in furthest behind groups) are able to participate meaningfully in decision making processes and access to justice.</p>		
Related UNFPA Strategic Plan Outcome(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2025, end sexual transmission of HIV		
UNFPA SACO 5th Country Programme Outputs:		
UNFPA SACO 5th Country Programme Intervention Areas:	UNFPA SACO 5th Country Programme Intervention Areas	UNFPA SACO 5th Country Programme Intervention Areas

Adolescents and Youth

Output 1.1: Adolescents and young people, including those left furthest behind in targeted provinces, are equipped with knowledge, skills and personal agency to make informed decisions on their sexual and reproductive health and rights; and actively participate in youth development issues

- Number of UNFPA-supported provinces that have a mechanism or strategy in place to deliver out-of-school sexuality education in accordance with international standards and national policies.

Baseline: 0; Target: 3

- Number of adolescent and youth including those furthest left behind in UNFPA-supported provinces reached with life skills to improve their health, and social and economic participation (including improving asset building/employability assets, with increased resilience to climate change)

Baseline: 0; Target: 750,000

Output 1.2.: Strengthened institutional capacity to deliver rights-based, youth-friendly and integrated comprehensive sexual and reproductive health and rights services including HIV, gender-based violence services and menstrual and, mental health at all levels

- Number of adolescents and youth including those in furthest left behind groups in UNFPA supported provinces who have utilized rights-based and integrated SRH, HIV and GBV services

Baseline: 0; Target: 600,000

- Number of facilities that deliver right-based and integrated SRH including HIV and GBV services to vulnerable and furthest left behind groups in UNFPA-supported provinces

Baseline: 14; Target: 40

- Number of sex workers accessing high quality integrated SRH information and services including HIV and GBV services in UNFPA-supported health facilities in selected provinces

Baseline: 3,012; Target: 9,000

Gender and Social Norms

Output 2.1.: Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norm, unequal power relations disproportionately affecting women and girls and hindering the achievement of transformative

- Number of civil society organizations mobilized and enabled to contribute to the elimination of discriminatory gender practices and socio-cultural

norms, unequal power relations disproportionately affecting women and girls and hindering the achievement of transformative results;

Baseline: 0; Target: 9

- Number of UNFPA-supported provinces that have developed advocacy platforms to eliminate discriminatory gender practices and socio-cultural norms, stereotypes, unequal power relations affecting women and girls

Baseline: 0; Target: 3

- Proportion of young women and girls, particularly those in furthest left behind communities in UNFPA-supported provinces with knowledge on their rights and where to report sexual violence

Baseline: 0; Target: 30%

Output 2.2.: Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence

- Number of plans, advocacy materials or guidelines developed to support gender-based violence prevention and response

Baseline: 0; Target: 25

- Number of institutions (civil society, faith-based organizations) supported to develop and implement monitoring of gender-based violence prevention and response action plans.

Baseline: 7; Target: 20

- Number of health facilities in UNFPA supported provinces capacitated to collect, analyze and disseminate disaggregated data on incidence and prevalence of gender-based violence

Baseline: 0; Target: 40

Population and Change Data

Output 3.0: Strengthened capacities at national and provincial levels to map, analyze and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities (Population change and data)

- Number of government institutions with improved capacity to collect and utilize age and gender-disaggregated data, including data on migration and climate change

Baseline: 1; Target: 4

- Census conducted and results disaggregated by age, sex and other vulnerability factors/furthest behind factors for each enumeration area are publicly accessible online

Baseline: 0; Target: 1

- Number of institutions, at national or subnational levels, with strengthened capacity to collect, collate, analyze, synthesize and utilize data on population dynamics, including population megatrends (migration, climate change and humanitarian response)

Baseline: 1; Target:4

- Number of South-South and triangular cooperation interactions/ exchanges supported in the areas of sexual and reproductive health and rights, youth, gender, population dynamics including population megatrends (migration, climate change and humanitarian response)

Baseline:0; Target:22

- Number of advocacy initiatives and knowledge products supported to accelerate implementation of the ICPD Programme of Action and the ICPD25 Commitments

Baseline: 0; Target: 10

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA SACO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA SACO 5th country programme 2020-2025.
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA SACO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the three UNFPA supported provinces namely Eastern Cape, KwaZulu-Natal and Limpopo where UNFPA implemented interventions in the following districts namely OR Tambo, Alfred Nzo, uThukela, eThekweni, Waterberg and Vhembe districts respectively.

Thematic Scope

The evaluation will cover the following thematic areas of the 5th CP: Adolescent and Youth and Gender and Social Norms. In addition, the evaluation will cover cross-cutting issues, such as Population Change and data transversal functions, such: coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships,

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current 5th CP:2020-2025.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.³¹⁵

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.

³¹⁵ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA SACO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies as well as the country’s upper middle income setting (yet prevailing inequality); (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs?
2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?
3. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

Coherence

4. To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women’s rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?

Effectiveness

5. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
6. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion³¹⁶ in the design, implementation and monitoring of the country programme?

Efficiency

7. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme? Do the UNFPA offices in the provinces make a difference in delivering results and impacts?

Sustainability

8. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

The final evaluation questions and the evaluation matrix will be presented in the design report.

³¹⁶ See [Guidance on disability inclusion in UNFPA evaluations](#)

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA SACO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA SACO 5th country programme (2020-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA SACO been during the period of the 5th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA SACO 5th country programme (SACO 5th made).

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA SACO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA SACO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA ESARO – See Handbook: section 1.5. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA SACO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes the Evaluation Handbook and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,³¹⁷ *Ethical Guidelines for Evaluation*,³¹⁸ *Code of Conduct for Evaluation in the UN System*³¹⁹, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.³²⁰ When contracted by the UNFPA SACO, the evaluators will be requested to sign the UNEG *Code of Conduct*³²¹ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in South Africa. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

³¹⁷ Document available at: <http://www.unevaluation.org/document/detail/1914>.

³¹⁸ Document available at: <http://www.unevaluation.org/document/detail/102>.

³¹⁹ Document available at: <http://www.unevaluation.org/document/detail/100>.

³²⁰ Document available at: <http://www.unevaluation.org/document/detail/980>.

³²¹ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA SACO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this

process, the UNFPA SACO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA SACO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 3-4 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should

identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

Prior approval for utilization of AI tools: The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager

Declaration of the utilization of AI tools: If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO

Verification of accuracy: The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity

Ethical and responsible use: The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each

deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase

The CPE manager at the UNFPA SACO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase

The design phase sets the overall framework for the CPE. This phase includes:

Induction meeting(s) between CPE manager and evaluation team

Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team

Desk review by the evaluation team and preliminary interviews, mainly with CO staff

Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method

Stakeholder sampling and site selection

Developing the field work agenda

Developing the initial communications plan

Drafting the design report version 1

Quality assurance of design report version 1

ERG meeting to present the design report

Drafting the design report version 2

Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA ESARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3-4 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser

- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA SACO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the

comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.

- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA SACO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA SACO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid³²² before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA SACO, (iii) the regional M&E

³²² The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

adviser in UNFPA ESARO and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE³²³

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		4 to 5 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, CPE Manager	Field work agenda	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook, section 2.4.4)	
Field phase			

³²³ For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

Preparing all logistical and practical arrangements for data collection	CPE Manager		4 to 5 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	Photos <i>(see Evaluation Handbook, Section 3.2.5)</i>	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report <i>(see Evaluation Handbook, section 4.5)</i> with powerpoint presentation and audit trail	

Nota Bene: Column “Deliverables”: *In italics:* The deliverables are the responsibility of the CO/CPE Manager; **in bold:** The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA SACO, in close consultation with DSD that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA SACO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the SACO, ESARO representatives of the national Government of SACO implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the

design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process]. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 5th UNFPA country programme in South Africa.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA SACO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA SACO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA SACO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, disability, the demographic dividend, and national statistical. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA SACO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA SACO staff and the ERG.

The modalities for the participation of the evaluation team members incl. the young and emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their

respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of SACO.
- Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of South Africa.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Adolescents and youth expert

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of South Africa.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of South Africa.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of South Africa.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;

- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	Thematic experts	Young and emerging evaluator
Design phase	10-15	6-10	3-5
Field phase	23	21	22
Reporting phase	20-25	10-16	5-9
Dissemination and facilitation of use phase	2	1	2
TOTAL (days)	55-65	38-48	30-35

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. UNFPA Evaluation Policy (2024)
4. UNFPA Evaluation Handbook
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office: [list all evaluations individually and provide the direct hyperlink to each report], examples:
 - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
 - *Formative evaluation of UNFPA support to adolescents and youth*
 - *etc.*

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

South Africa national strategies, policies and action plans

6. National Poverty Reduction Strategy
7. National Development Plan
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
9. Relevant national strategies and policies for each thematic area of the country programme

UNFPA SACO programming documents

10. Government of South Africa UNFPA 5th Country Programme Document (2020-2025)
11. United Nations Common Country Analysis/Assessment (CCA)
12. Situation analysis for the Government of South Africa /UNFPA 5th Country Programme 2020-2025
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

UNFPA South Africa CO M&E documents

18. Government of South Africa UNFPA 5th Country Programme M&E Plan 2020-2025
19. CO annual results plans and reports (SIS/My Results)
20. CO quarterly monitoring reports (SIS/My Results)
21. Previous evaluation of the Government of South Africa/UNFPA 5th Country Programme 2020-2025, available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

22. Implementing partner annual work plans and quarterly progress reports

- 23. Implementing partner assessments
- 24. Audit reports and spot check reports
- 25. Meeting agendas and minutes of joint United Nations working groups
- 26. Donor reports of projects of the UNFPA SACO

15. Annexes

Annex A: Theory of change

Theory of change aligned to the New Strategic Plan, 2022-2025

Goal	National development priority or goal: Improving education, skills revolution and healthy nation; gender; youth empowerment; well-being and rights; advancing social cohesion and safe communities. UNSDCF focus area: By 2025, all persons in South Africa: (1) especially girls, vulnerable and marginalized populations enjoy increased social cohesion, freedom from violence and discrimination, and have access to justice and human rights; (2) particularly the vulnerable and marginalized populations have improved health and well-being. By 2025, vulnerable and marginalized communities are more resilient to adverse effects of climate change; by 2025, women and marginalized groups (particularly those in furthest behind groups) are able to participate meaningfully in decision making processes and access to justice.				
Transformative results	By 2025, the reduction in the unmet need for family planning has accelerated		By 2025, the reduction in gender-based violence and harmful practices has accelerated		
SP outputs with related CPD output statements	<ul style="list-style-type: none">• <i>Adolescents and youth</i>• <i>Quality of care and services</i>• <i>Policy and accountability</i> Output 1.1: <i>Adolescents and young people, including those left furthest behind in targeted provinces, are equipped with knowledge, skills and</i>	<ul style="list-style-type: none">• <i>Policy and accountability</i>• <i>Adolescents and youth</i>• <i>Quality of care and services</i> Output 1.2: <i>Strengthened institutional capacity to deliver rights-based, youth-friendly and integrated comprehensive sexual and reproductive health</i>	<ul style="list-style-type: none">• <i>Gender and social norm</i>• <i>Adolescents and youth</i> Output 2.1: <i>Strengthened civil society and community mobilization to eliminate discriminatory gender practices and sociocultural norm, unequal power relations disproportionately affecting women and girls and hindering the</i>	<ul style="list-style-type: none">• <i>Policy and accountability</i>• <i>Quality of care and services</i> Output 2.2.: <i>Increased multi-sectoral capacity at national and provincial levels to prevent and respond to gender-based violence.</i>	Assumptions: <ul style="list-style-type: none">• Government and partners sustain and/or increase allocation of resources for SRHR, HIV, GBV at all levels for identified priorities including for key populations• The Country Office is able to mobilize resources to fill the funding gap• Buy-in and improved coordination for multispectral platforms

	<p><i>personal agency to make informed decisions on their sexual and reproductive health and rights; and actively participate in youth development issues</i></p>	<p><i>and rights services including HIV, gender-based violence services and menstrual and, mental health at all levels</i></p>	<p><i>achievement of transformative</i></p>		<p>to deliver integrated quality services at all levels</p> <ul style="list-style-type: none"> ● Increased demand from young people and key populations for SRHR, HIV, and GBV services ● Government and stakeholders strengthen collaboration for the generation, analysis and use of disaggregated data for development.
	<p>Output 3.0. Population change and data</p> <p><i>Strengthened capacities at national and provincial levels to map, analyze and use disaggregated data on sexual and reproductive health, HIV, gender and youth to improve targeted response to pockets of inequalities.</i></p>				
Transformative pathways/modes of engagement and interventions	<p><i>Advocacy and policy dialogue</i></p> <ul style="list-style-type: none"> ● Advocacy and policy dialogue engagement at national and provincial levels for improved access to integrated SRHR, HIV and GBV services for young people including those left furthest behind and key populations ● Promote inclusion of a comprehensive SRH package within the national health insurance to achieve Universal Health Coverage (UHC) <p><i>Knowledge generation and sharing</i></p> <ul style="list-style-type: none"> ● Streamline data management and referral systems across SRHR, GBV and HIV service provision platforms. ● Generation of evidence on social determinants affecting youth well-being and development issues <p><i>Capacity-building</i></p>	<p><i>Advocacy and policy dialogue</i></p> <ul style="list-style-type: none"> ● Policy advocacy at all levels to accelerate implementation of multi-sectoral policies and strategies to improve gender equality and ensure GBV prevention and response including through implementation of the National Strategic Plan on GBV and Femicide ● Advocacy with policy makers and programme managers to facilitate gender responsive planning, budgeting, monitoring and reporting in targeted provinces. <p><i>Knowledge generation and sharing</i></p> <ul style="list-style-type: none"> ● Generation and utilization of strategic evidence to inform rights-based policies, laws and programmes to advance gender equality, prevent and respond to GBV including undertaking the national GBV prevalence study <p><i>Capacity-building</i></p> <ul style="list-style-type: none"> ● Capacity development and mobilization of community actors, civil society, traditional leaders, faith based organizations, women organizations, academic 			<p>Risks:</p> <ul style="list-style-type: none"> ● Constrained fiscal space and/or UNFPA catalytic funding to meet SRHR development priorities in targeted areas. ● Complex coordination structures and varying institutional capacity at sub-national levels ● Persistent inequalities and socio-cultural norms require long term investments to shift behavior and reform. ● Changes of leadership in government structures could impact continuity

	<ul style="list-style-type: none">● Institutionalization and scale up of CSE for in and out of school youth including through Social Behavioral Change Communication to increase knowledge and skills of young women including those left furthest behind and key populations to make informed choices about their SRHR and well-being● Capacity strengthening for the provision of quality, integrated Adolescent and Youth Friendly information and services including SRHR/HIV/GBV to ensure young people including those left furthest behind and key populations are not left behind in targeted provinces <p><i>Partnerships and coordination</i></p> <ul style="list-style-type: none">● Promote multi-sectoral partnerships at national and provincial levels including with civil society and private sector to advance youth leadership, asset building and improved livelihoods for young people.	<p>institutions to (a) promote women’s empowerment and change of adverse social norms, (b) promote healthy and non-violent masculinities, and (c) prevent stigma and discrimination</p> <ul style="list-style-type: none">● Male (men and boys) engagement to promote gender equality and healthy non-violent masculinities at national and targeted provincial levels <p><i>Partnerships and coordination</i></p> <ul style="list-style-type: none">● Promote intersectoral approaches and multi-sectoral coordination to (a) advance gender equality (b) eliminate harmful practices and (c) respond to gender-based violence at national and targeted provinces.	<p>of strategic direction and priorities</p> <ul style="list-style-type: none">● Limited collaboration between data producers and users across administrative levels and across sectors on availability of disaggregated data to guide data-driven actions● Covid-19 resurgence could prolong programming beyond the set implementation period 2022-2025
<p><i>Population change and data</i></p> <p><i>Advocacy and policy dialogue</i></p> <ul style="list-style-type: none">● Advocacy and policy dialogue to improve planning, response and focus on linkages between population dynamics and sustainable development including migration, and climate change and humanitarian response <p><i>Knowledge generation and sharing</i></p> <ul style="list-style-type: none">● Mapping available primary and secondary data on population, generation, analysis and synthesis of data disaggregated by age, sex and disability, including through the 2021 population and housing census and relevant studies			

	<ul style="list-style-type: none"> • Document lessons learned from integrated service delivery models in targeted provinces for national scale up and knowledge sharing • Promote South - South and triangular cooperation on disaggregated data generation, use and knowledge exchange <p><i>Capacity-building</i></p> <ul style="list-style-type: none"> • Institutional Capacity building at provincial level on disaggregated data generation, analysis and use for implementation. <p><i>Partnerships and coordination</i></p> <ul style="list-style-type: none"> • Strengthen coordination and collaboration for population data generation and analysis to monitor and evaluate SRHR interventions at national and provincial levels. • Strengthen use of integrated national data for targeted investments and policy implementation at national and provincial levels 	
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Annex B: Tentative time frame and workplan

Evaluation Phases and Tasks	March 2024				April 2024				May 2024				June 2024				July 2024				August 2024				September 2024				October 2024				November 2024				December 2024				January 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Design phase																																												
Induction meeting with the evaluation team				x																																								
Orientation meeting with CO staff				x																																								
Desk review and preliminary interviews, mainly with CO staff						x																																						
Developing the initial communications plan						x																																						
Drafting the design report version 1														x																														
Quality assurance of design report version 1														x																														

Evaluation Phases and Tasks	March 2024				April 2024				May 2024				June 2024				July 2024				August 2024				September 2024				October 2024				November 2024				December 2024				January 2025				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4					
ERG meeting to present the design report															X																														
Drafting the design report version 2																	X																												
Quality assurance of design report version 2																	X																												
Submission of final design report to CPE manager																	X																												
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report)																		X																											
Fieldwork phase																																													
Inception meeting for data collection with CO staff									X																																				

Evaluation Phases and Tasks	March 2024				April 2024				May 2024				June 2024				July 2024				August 2024				September 2024				October 2024				November 2024				December 2024				January 2025				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4					
Individual meetings of evaluators with relevant programme officers at CO								X																																					
Data collection (document review, site visits, interviews, group discussions, etc.)								X																																					
Conducting a data analysis workshop									X																																				
Debriefing meeting with CO staff and ERG									X																																				
Update of communication plan (as required)																																													
Reporting phase																																													
Preparation of CPE report version 1 and recommendations worksheet																																													

Evaluation Phases and Tasks	March 2024				April 2024				May 2024				June 2024				July 2024				August 2024				September 2024				October 2024				November 2024				December 2024				January 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Quality assurance of CPE report version 1 and recommendations worksheet																																												
ERG meeting on CPE report version 1																																												
Recommendations workshop																																												
Revision of CPE report version 1																																												
Drafting CPE version 2																																												
Quality assurance of CPE report version 2																																												
Submission of final evaluation report to EO																																												
Development of independent EQA of final evaluation report																																												

Evaluation Phases and Tasks	March 2024				April 2024				May 2024				June 2024				July 2024				August 2024				September 2024				October 2024				November 2024				December 2024				January 2025				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4					
Update of communication plan (as required)																																													
Dissemination and facilitation of use phase																																													
Preparation of management response and submission to PSD																																													
Finalization of communication plan for implementation																																													
Development of PowerPoint presentation of key evaluation results																																													
Development of evaluation brief																																													
Publication of final evaluation report, independent EQA and management response in																																													

Evaluation Phases and Tasks	March 2024				April 2024				May 2024				June 2024				July 2024				August 2024				September 2024				October 2024				November 2024				December 2024				January 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
UNFPA evaluation database																																												
Publication of final evaluation report, evaluation brief and management response on CO website																																												
Dissemination of evaluation report and evaluation brief to stakeholders																																												

