



Advancing Adolescent Girls' **Sexual & Reproductive Health & Rights**

**Strengthening Agency, Protection, and Prevention of Gender-Based
Violence and Femicide (GBVF)**

NDoH Knowledge Hub Webinar | Commemoration of Women's Month | 26 August 2026

The Letsema Imperative: A Collective Front

A Shared Prevention Agenda for Girls' Health, Safety, Rights and Futures



The Letsema Response

In the spirit of Letsema (collective community action), ending GBVF and advancing ASRHR requires an integrated response. Government, civil society, traditional leaders, and youth must align to protect girls' health, rights, and futures.



Agency

Girls understand their rights, can make informed decisions, and are supported to exercise voice and choice in matters affecting their bodies and lives.



Protection

Systems identify risk early, respond without stigma, and connect girls to safe, adolescent-responsive services and survivor support pathways.



Prevention

Gender inequalities and harmful social norms are addressed before violence, pregnancy, HIV infection or school dropout occur.



Future

Girls remain healthy, learning, safe and able to transition into higher education, training, work and leadership opportunities.

Why Adolescent Girls Must Be at the Centre



Adolescent Pregnancy

In 2024/2025, **117,195 girls** (10–19) had a live birth. Pregnancy rate for 15–19 years was **48.9 per 1000** (1 in 20 girls).



HIV Infection

Women & girls are **twice as likely** to live with HIV than men. **1,000 new infections** occur weekly among women and girls.

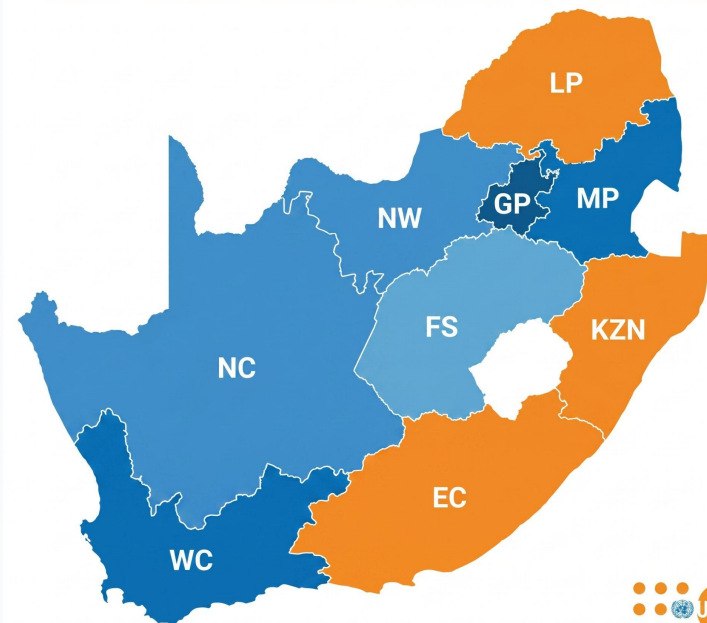


Sexual & Gender-Based Violence

1 in 4 ever-partnered girls aged 15–19 have already experienced physical or sexual violence from an intimate partner.

Context and Geographical Focus

- 61% of population under 35; youth unemployment >60%
- GBVF affects one-third of women; femicide rate 5× global average
- 150,000 teenage pregnancies annually (10–19 years)
- SRHR progress: MMR reduced to 86/100,000; unmet FP need remains 27.9%
- Policy window: NHI Act 2024, new SRHR, GBVF, and population policies



Strategic Vision for CP6 (2026–2030)

UNFPA South Africa as a catalyst for transformative, nationally led, and regionally influential action.

Strategic Shift:



From projects to policy innovation and financing



From implementation to systems change



From outputs to outcomes and accountability

Scan to read more
on the CPD



LAY THE FOUNDATION FOR SUSTAINED HUMAN CAPITAL

REALIZING SOUTH AFRICA'S DEMOGRAPHIC DIVIDEND BY 2030



**ACCELERATE REDUCTION
OF TEENAGE PREGNANCY
(SRHR FOCUS)**



**PREVENT &
RESPOND TO GBVF**



**ADDRESS STRUCTURAL
INEQUALITY**



**EMPOWER
MARGINALIZED
YOUTH**



UNFPA's Value: From Rights to Systems Transformation



Output 1: Policy & Accountability

By 2030: Strengthened capacity to implement integrated SRHR and GBVF policies.

Key actions:

- Elevate National Coordination Forum as innovation & policy hub
- Develop GBVF Data Facility, Dashboard & Index
- Policy support on NHI, digital self-care, social grants
- Advance foresight and demographic analytics



Output 2: Financing & Investment

By 2030: National institutions mobilize sustainable domestic and blended financing for SRHR/GBVF.

Key actions:

- Pilot Social Impact Bond to reduce teenage pregnancy
- Establish SRHR & GBVF budget tagging system
- Cost SRHR benefits under NHI
- Build private sector & philanthropic partnerships



Output 3: Gender & Social Norms

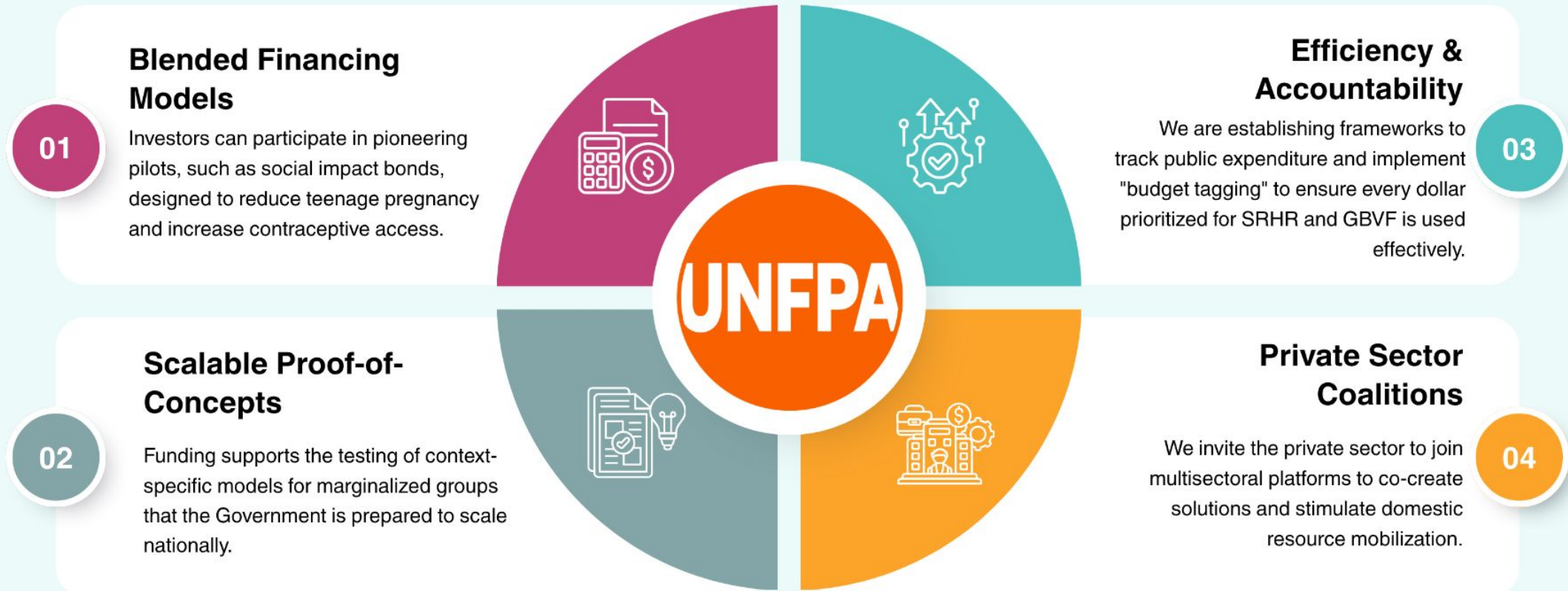
By 2030: Strengthened capacity to transform gender norms and empower youth & communities.

Key actions:

- Implement community pilots on GBVF, mental & menstrual health
- Partner with faith/traditional leaders, CBOs, influencers
- Support CSE integration and youth engagement platforms
- Leverage behavioural insights and social innovation

INVESTMENT OPPORTUNITIES & STRATEGIC FINANCING

The programme presents a high-impact investment case for partners looking to leverage South Africa's unique position as an upper-middle-income leader. With an **indicative budget of \$11.5 million**, we are seeking to bridge a **\$5 million investment gap** through co-financing and strategic partnerships.



Partnership for Change

Led by the Department of Social Development and UNFPA, this \$11.5 million initiative collaborates with the Presidency, Treasury, Civil Society, and the Private Sector to ensure that no one is left behind

"Safeguarding rights, choices, and bodily autonomy for all South Africans."

Girls' Partnership Platform

A multi-sectoral community ecosystem addressing the "Triple Threat" facing South African adolescent girls.



Community Model

Peer Mobilizers: Engage girls in communities, screen for risks, and refer them to health care.

Health Providers: Deliver stigma-free, confidential, and no-cost SRHR services.

Retailers & Tiko Miles: Reward health service access with essentials like menstrual pads and food.

Digital Platform: Verifies every interaction and tracks care in real time.



Tackling "Triple Threat"

Unintended Pregnancy: Expands access to modern contraceptives and self-care (e.g. DMPA-SC).

HIV Risk: Delivers PrEP, ART, and long-acting prevention options (e.g. Lenacapavir).

Sexual Violence & GBVF: Strengthens bodily autonomy, decision-making, and economic dignity.



Ultimate Outcomes

Health Impact: Reduces new HIV infections and early unintended pregnancies.

Education Retention: Prevents pregnancy-related school dropouts among learners.

Long-Term Well-being: Increases agency, health rights literacy, and overall protection.



Target: 450,000 girls in Phase 1 (1 Million girls by 2030)

Strategic Recommendations for Action



Institutionalize AYFS

Scale up adolescent-responsive primary healthcare and mental health services across all 9 provinces.



Strengthen GBVF & Health Protocols

Link healthcare, SAPS, justice, and social workers for seamless protection and care.



Expand Sustainable Financing

Support multi-sectoral platforms like the Girls Partnership Platform with blended public and private funding.



Elevate Youth Agency

Ensure adolescent girls actively co-design, implement, and monitor ASRHR and GBVF prevention interventions.



Questions & Discussion

