

Government Sexual and Reproductive Justice Strategy for South Africa

Webinar

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Introduction

- Collective evidence has revealed persistent challenges in accessing SRHR services by all, as well as the upholding of sexual rights.
- These challenges are linked to an array of structural barriers, which include socio-economic and gendered inequalities, patriarchy, unfavourable gendered norms and practices, sexual and gender-based violence, stigma, discrimination, all of which hinder socio-economic progress and health status and health outcomes.
- Therefore, a clear shift in the discourse was required. As a vehicle towards shifting from SRHR, towards SRJ it was necessary to understand that SRH is a service delivery model, which addresses reproductive health needs.
- It focuses on healthcare, services, information, as well as research and health data. The goals are to improve and expand services, research and access, particularly in prevention and provide competent care for all.
- As a result of the knowledge which had been accumulated through various engagements, the National Population Unit (NPU) initiated a wide-reaching effort of mainstreaming SRJ in government and amongst stakeholders.

Goal and Objectives

- The overall goal of the SRJ Strategy is to contribute towards the improvement of socio-economic, health, structural, institutional and political conditions that allow people, especially women, to make decisions about their sexual and reproductive health and rights through multisectoral interventions at all levels.
- The objectives of the strategy are organised under 6 priority areas.
- Promote Information and Knowledge Management and sharing on SRHR and SRJ in the South African legislative framework amongst all stakeholders.
- Promote Governance and Human Resource Management and Development in the Social Sector
- Increased coordination and collaboration on SRHR and SRJ
- Strengthen service delivery by integrating SRJ in the South African SRHR agenda.
- Inclusion and participation of the youth in matters related to SRJ.
- Review and strengthen framework of service delivery for persons with disabilities.

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Implementation Plan (2024-2029)

- The main implementation modality for the Sexual and Reproductive Justice Strategy will be through coordination of the technical committee meetings, and alignment of the existing work of the sector departments, civil society organisations (CSOs), Chapter 9 Institutions, development partners, and donors in the area of Sexual and Reproductive Justice. Implementation of the Sexual and Reproductive Justice Strategy will be through key guiding priorities, objectives, strategies and indicators in line with the relevant South African Commitments at the Nairobi Summit (2019).
- The objectives, interventions and recommendations of the strategy were developed through consultations and engagements with sector departments and civil society organisations. The priority areas have health, education and social development related issues. Each department will be responsible for the implementation of specific objectives in line with their area of work and this would be implemented through their APP, and or Operational Plan until the end of the current term of government.
- Implementing the relevant South African Commitments of the Nairobi Summit requires more investment from government and support from development partners and donors, to direct more resources both human resources and financial resources to sexual and reproductive health and rights services.

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Implementation Plan

- Healthcare investment has a “multiplier effect” across the economy, meaning it triggers a wave of other investments and developments across society, particularly when universal health coverage is guaranteed. Investments in sexual and reproductive healthcare are amongst the most cost-effective health care investments (High Level Commission on the Nairobi Summit on ICPD25 Follow-up, 2022 Report).
- Meeting sexual and reproductive health and rights needs of individuals also improves gender equality and increases average incomes across society. For instance, investment in Sexual and Reproductive Justice would prevent more unintended pregnancies, reduce still births, and decrease maternal deaths during childbirth.
- The Sexual and Reproductive Justice Strategy seeks to enhance government’s effort on the accountability systems on sexual and reproductive health and rights of individuals This allows citizens to hold them accountable for failing to meet them. The establishment of the Reference Group would assist in monitoring progress in the implementation of the SRJ Strategy. This process would also assist policy makers to consider a sexual and reproductive justice lens when drafting policies and legislation.

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Priority areas of the strategy

Priority Area 1: Information and Knowledge Management	Interventions and Recommendations
1. Promote Information and Knowledge Management and sharing on SRHR and SRJ in the South African legislative framework amongst all stakeholders.	• To share information and capacitate stakeholders on South African legislative framework in relation to SRHR and SRJ. • To prioritize funding and support research and innovations and build on local evidence-based data for programming through various avenues. • To establish an information and knowledge management hub/ repository on SRHR and SRJ. • To document and share knowledge and information on best practices on SRHR and SRJ interventions and programmes.

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Priority Area 2: Promote Governance and Human Resource Management and Development in the Social Sector

Interventions and Recommendations

2.1 To create an enabling environment that will lead to the retention of qualified and motivated staff.

2.2 To strengthen the capacity of community health professionals in providing quality health care services.

2.3 To allocate qualified and motivated health professionals in health facilities according to the patient-provider ratio.

2.4 To prioritise and resource an essential package of SRH services/interventions with the goal of progressively expanding access under the NHI.

2.5 To strengthen public-private partnerships to improve the efficiency of existing SRH expenditure with the purpose of aggressively reducing fiscal inefficiencies and wastage.

- Clinical mentoring/support
- Peer support programmes (District Clinical Specialist Teams)
- Regular updates on new evidence-based developments.
- Compulsory Values Clarification and Attitude Transformation (VCAT) training for health professionals (Mode: Online and or physical compulsory course).

Priority Area 3: Increased coordination and collaboration on SRHR and SRJ

Interventions and Recommendations

HEALTH RELATED ISSUES

3.2 To implement the National Choice on Termination of Pregnancy (CToP) guidelines.

- To cascade guidelines to provinces
- Support providers in the roll-out of the guidelines.
- Create community awareness.
- Conduct Values Clarification for Action Transformation (VCAT) workshops at facilities and at FBOs and the House of Traditional Leaders
- Compulsory values clarification training for providers.
- Create provincial toll-free line/ (Whatsapp line) for ToP services (geo-location of where service can be accessed).

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Priority Area 4: Strengthen service delivery by integrating SRJ in the South African SRHR agenda.

HEALTH RELATED ISSUES

4.2 To sensitise health professionals and people in the health system to the needs of vulnerable and marginalised groups in accessing quality health services.

Interventions and Recommendations

- Compulsory Values Clarification for Action Transformation (VCAT) training for health professionals (Mode: Online and or physical compulsory course).
- Collaboration with the traditional health sector and traditional health practitioners to promote healthy initiation practices, including the Sexual and Reproductive Health of initiates

**Priority Area 5:
Inclusion and participation of the youth in matters
related to SRJ**

Interventions and Recommendations

10

YOUTH RELATED ISSUES

5.1 To provide meaningful participation and inclusivity of youth in all processes.

- Strengthening and promoting inclusive critical youth participation processes i.e., inclusion and support of youth advisory councils & youth led organisations in youth related work.

5.2 To create ASRHR & SRJ central points that will deliver youth friendly ASRHR/SRJ services rendered by youth.

- Uniformly implementing, and monitoring youth friendly ASRHR/SRJ services at health care services nationally.

5.3 To develop youth personally, socially and professionally integrating ASRHR/SRJ.

- Integrated multisectoral collaboration advancing ASRHR/SRJ activities i.e., youth policy trainings on ASRHR/SRJ and how these intersect with other policies i.e., DSD Youth Development Policy.

5.4 To elevate contraceptive uptake, intensifying access to emergency contraceptives, and reduce gate keepers in relation to youth ASRHR/SRJ Services.

- Use ASRHR/SRJ national campaigns and training programmes to raise awareness of contraceptive use and emergency contraceptives i.e., reproductive helpline, and providing CSE training to health professionals dealing with/servicing children.

5.5 To develop integrated health programmes targeted at young men and boys.

- Developing collaborative multisectoral advocacy campaigns/training with youth civil society organisations working with young men and boys.

5.6 Review and strengthen CSE curriculum in schools & programmes to provide inclusive, integrated, and comprehensive ASRHR/SRJ information.

- Reviewing policies to identify for existing gaps specifically relating to CSE, and ASRHR/SRJ. The review will ascertain policy revisions are not silent on these topical issues. Moreover, enhancing CSE teacher training and programmes for out-of-school youth.



Priority Area 6: Persons with disabilities related issues

Interventions and Recommendations

Review and strengthen framework of service delivery for persons with disabilities.

- Physical infrastructure and transport services to health care facilities must be a priority.
- Mobile clinics in townships and rural areas to cater to the needs of women and persons with disabilities.
- Provide support to medical staff and educational institutions through the provision of sign language interpreters.
- Provide adequate services to women and persons with disabilities, including preventative and protection facilities such as social relief and social security programmes.
- Provide sanitary dignity to women in places of health and safety, including psychiatric wards.
- Health care facilities to provide material in brail and voice prompts.
- Messaging and language should be integrated in the school curriculum for young people with disabilities, this includes brail.
- To capacitate parents and care givers of persons with disabilities on dealing with reproductive health functions and rights.
- Access to mental health care and supportive sexual and reproductive health and rights services.
- Prioritise the security and wellbeing of adults with intellectual disabilities regarding their sexual and reproductive health and rights.
- Uphold the inherent dignity of persons with intellectual and physical disabilities, their fundamental freedoms, and their right to enjoy equal access to sexual and reproductive rights and importantly their self-determination in whether and when to exercise these rights, must be supported.
- Human rights should be at the forefront when providing sexual and reproductive health and rights services to persons with disabilities, particularly women and girls.

Institutional arrangements for the SRJ Strategy

- The National Population Unit (NPU) within DSD will oversee the institutional arrangements for the SRJ Strategy. This function will be done in liaison and partnership with the Department of Planning, Monitoring and Evaluation (DPME). The NPU will serve as the secretariat for the coordination process between stakeholders, and implementation oversight.
- A Core Group comprising of the Departments of Health, Social Development, Basic Education and Women, Youth and Persons with Disabilities will communicate and coordinate the implementation of the Sexual and Reproductive Justice (SRJ) Strategy through:
- A Reference Group made up of experts in Sexual and Reproductive Justice, Sexual and Reproductive Health and Rights, as well as Gender.
- Representatives from various stakeholders, including sector departments, civil society organisations, Chapter Nine Institutions, development partners, and donors will form part of the Reference Group. Through this Reference Group, development partners will be engaged to provide expert advice on budgeting, resource mobilization, and other advice on the implementation of the SRJ Strategy.
- A Technical Committee, which is open to all government departments who deliver services related to Sexual and Reproductive Justice, Civil Society Organisations, UN Agencies and Development partners who support the goal and objectives of the strategy will be convened annually.

Monitoring and Evaluation

- Monitoring and evaluation will be done through several mechanisms, including annual reports on priorities, objectives, interventions, recommendations, and indicators aligned to the South African Commitments at the Nairobi Summit (2019). Output and outcome indicators will be formulated to monitor and evaluate the progress on the implementation of the Government SRJ Strategy, and an M&E report on how far the country is on implementing the commitments of the Nairobi Summit will be produced every 5 years,
- The value of using data for indicators to inform development planning and monitoring change would serve as a useful tool to understand where South Africa is at in implementing the Sexual and Reproductive Justice Strategy. Data is also a great advocacy tool to provide evidence to support intervention and mobilize resources to bring about change.
- The Population Policy for South Africa amongst its strategies advocates for the use of disaggregated data in line with the High-Level Commission by adopting a sexual and reproductive justice framework. Disaggregated data by sex, age, race, rural or urban residence, geographical area, and other attributes can help show how a particular population issue can affect various groups differently.
- Each stakeholder will be responsible for reporting on priorities, objectives, interventions, and indicators that are in their line functions. Indicators will be developed (with government and stakeholders) based on the objectives of the priority areas and aligned to the South African Commitments of the Nairobi Summit (2019).

Budget and Resource mobilisation

- At this stage, the implementation of the Government SRJ Strategy will be done using existing resources with the reliance on improved coordination, synergy, and alignment of the programmes of government departments, civil society organisations and development partners that actively work in SRHR and SRJ.
- Additionally, as the strategy is implemented and rolled out at all levels, regular reports from stakeholders with meaningful contributions to improve SRJ will serve as a platform for investment cases for further resource mobilisation.

Conclusion

- The Sexual and Reproductive Justice approach is necessary because the structural barriers (political, economic, and social) and social inequalities that shape people's (particularly women's and girls') lived experience of their sexual and reproductive health and rights must be addressed on an individual basis, within households and communities.
- It is envisioned that through increased stakeholder buy-in, active commitment and participation, multi-sectoral collaboration, resource and budget mobilisation, the priorities and objectives of this SRJ strategy will be achieved, where the overall goal of creating the conditions that allow people to make decisions about their own sexual and reproductive health is realised.

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