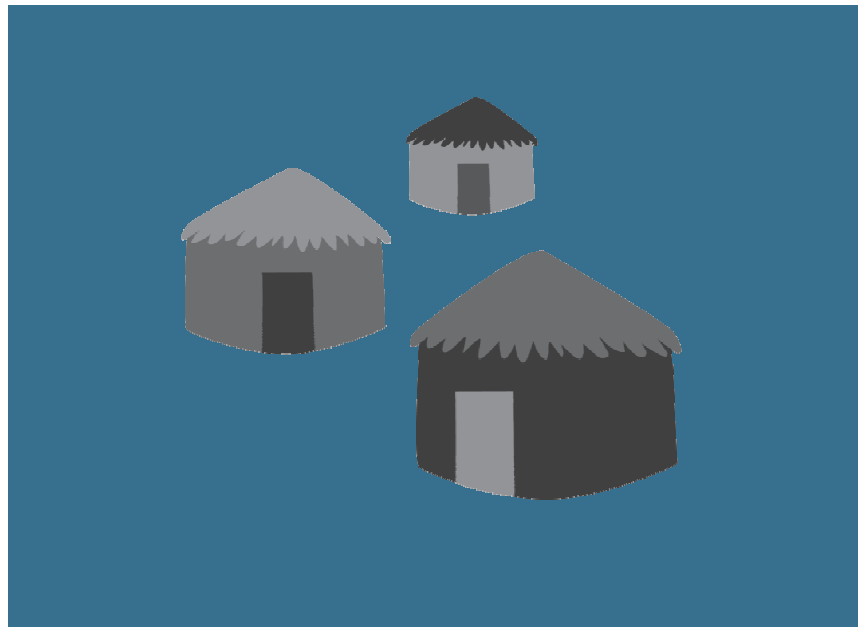
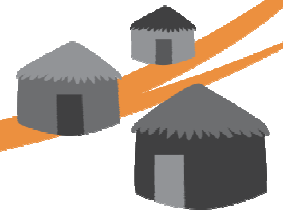


Institutionalizing Community Health Conference

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‘Partnering to Improve Community Health Outcomes for Girls in Remote Rural Settings in South Africa’: A Multi-Sectoral Approach for Strengthening Adolescent Sexual and Reproductive Health and Reducing Teenage Pregnancy Through Provision of Information and Services.



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DEVELOPMENT**
THE YOUTH-LED DEVELOPMENT AGENCY

Context in South Africa: The Challenge...

- World's largest and fastest growing HIV epidemic - 288,400 new infections per year
- 2,363 young people newly HIV infections every week (281 in Zambia; 185 in Zimbabwe by comparison regionally)
- 99,000 South African teenage girls falling pregnant in 2013
- Limited Knowledge about sexuality and reproductive health
- Negative attitudes about gender equality
- Extremely progressive legal frameworks facilitating ASRHR services on paper

Context: Nzululwazi Case Study

- 2013: Government requested specific support in Nzululwazi Senior Secondary School (NSSS), which had seen 45 learner pregnancies in 2013 in the school.
- High sexual activity coupled with very poor HIV knowledge levels
- Major issue of access to services including unaffordability of transport to the nearest clinic and lack of confidentiality at the clinic as significant barriers to uptake of health services.
- Multi-sectoral commitment within Departments of Social Development, Health, Basic Education and the Office of the Premier to prioritise a pilot to implement the ASRHR policies at the school to see if these statistics could be reversed quickly.



WHAT WE DID....

Focussed on 3 major determinants of effective ASRHR interventions, namely:

1. Knowledge and understanding of ASRHR by young people and adult gatekeepers
2. Awareness of and demand generation for ASRH services amongst young people, especially adolescent girls and young women;
3. Provision of adolescent friendly SRH services.

The intervention had to address: lack of coordination between service providers and other stakeholders, limited resources, the remote location with no health facility, and conservative attitudes amongst teachers, parents, community members and service providers.





CORE INTERVENTIONS DRIVING THE RESULTS

- Technical Task Team: Coordination of Government Stakeholders – identifying solutions to blockages
- Leadership from the School Governing Body and Teacher Sensitisation on ASRHR policy frameworks, accountability and action planning
- Community Leadership: Youth-led community inter-generational dialogues on ASRHR
- Community-donated space for provision of ASRHR
- Provision of services in-school – Department of Health clinician and Department of Social Development (social worker)
- Training Health Promoters to improve access to learners for AYFS
- In and out of school peer education programming centering on Comprehensive Sexuality Education (CSE), and a training on CSE to teachers in the school and within the district.

**WE ARE
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What Was Achieved...

- The intervention targeted the three dimensions of knowledge & understanding, demand for services and supply of services.
- Research carried out in 2016 showed increased knowledge of HIV and modes of transmission and increased knowledge of protective sexual behaviours among learners at NSSS and among parents. Demand and supply of ASRH Services: Awareness of, access to and uptake of adolescent friendly SRH services have increased significantly. Coordination amongst key government departments has led to provision of adolescent-friendly SRH services in Nzuluwazi.
- **Teenage pregnancy rates at Nzululwazi Senior Secondary School have dropped from 45 pregnancies in 2013 to just 2 in 2016.** The school reported a matriculation pass rate from under 50% to over 90% during that same period.

Challenges Faced...

- Discrepancies between national policies and what is implemented at provincial/district level
- Coordination dependence on individuals instead of being institutionalised within gvt departments
- Overdependence on Restless Development as a civil society organisation for coordination services
- Weak implementation and accountability of decisions made in meetings hindering speed of scale up
- Limited government resources on the ground (e.g. vehicles for provision of onsite services) not matching ASRHR Policies' high expectations and demand needs.
- Government departments' vertical accountability hindering horizontal coordination

Replication and Scale Up of the Model

- Ownership of any long-term implementation must sit with ALL the core stakeholders directly responsible for ensuring delivery of ASRHR information and services – parents; community leaders; School Principals; educators; clinic staff and health service providers; government departments; and of course, young people themselves.
- Building an evidence based model through the process is crucial to enable replication and scale up (and as a crucial advocacy tool)
- Strengthening national/provincial and district level coordination, documentation and dissemination of strategic information is crucial to the successful scale up of any model that relies on such a multi-sectoral approach
- Interventions are designed and planned with all the relevant government departments at the outset with activities aligned with existing government initiatives, priorities and plans.
- Nzululwazi presents a huge opportunity for piloting implementing the new School HIV Policy which mandates the Department of Basic Education to facilitate learners access to contraceptive services in school settings.

Thank you! www.restlessdevelopment.org;
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