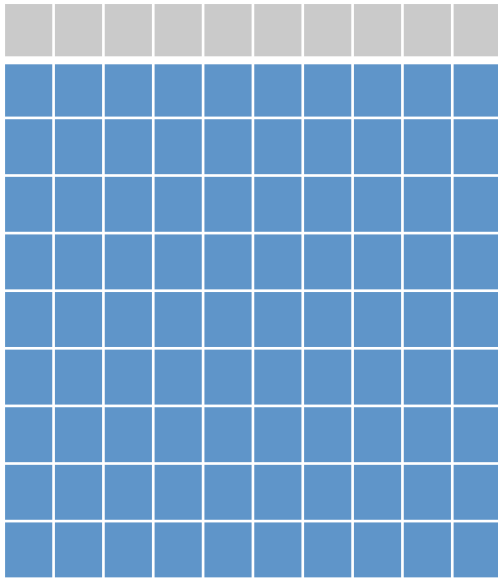


Delivering integrated SRHR services for marginalised youth in schools: Results from a Rural district in South Africa.

Najma Shaikh, Ashraf Grimwood, Geoffrey Fatti



What is the Problem



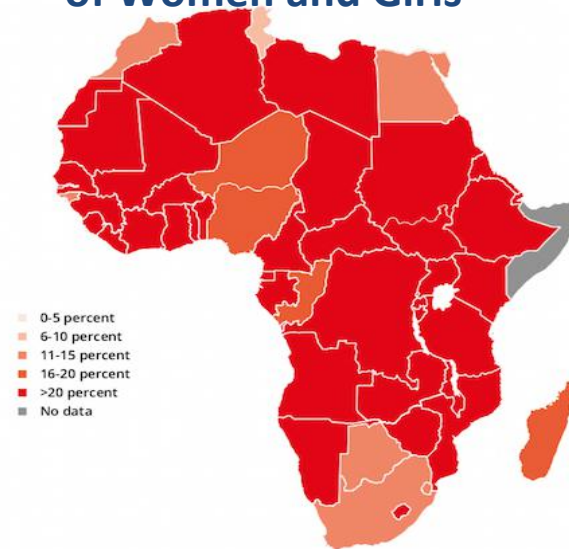
90% of
2.8 million
adolescent and
children living
with HIV globally
reside in sub-
Saharan Africa

190,000 new
infections in
adolescents
(10-19) in 2018

HIV tested in East-Southern Africa



Unmet Contraceptive needs of Women and Girls



(United Nations Department of Economic and Social Affairs, 2017)



- South Africa- epicenter of the global HIV pandemic and, youth carry a disproportionate burden.
- 2000 young women acquire HIV per week
- Sexual Reproductive Health & Rights (SRHR) services for adolescents have been identified as a key policy objective in South Africa.
- Whilst the Integrated School Health Policy(ISHP) is multi-sectoral and progressive in its approach, it is true to say that there remain implementation challenges.
- Needless to say it is exacerbated in the case of learners from multiple deprivation areas.
- We describe the outcomes of an innovative school-based SRHR service model that is closely linked to health, welfare and other services for a co education high-school students in rural SA.

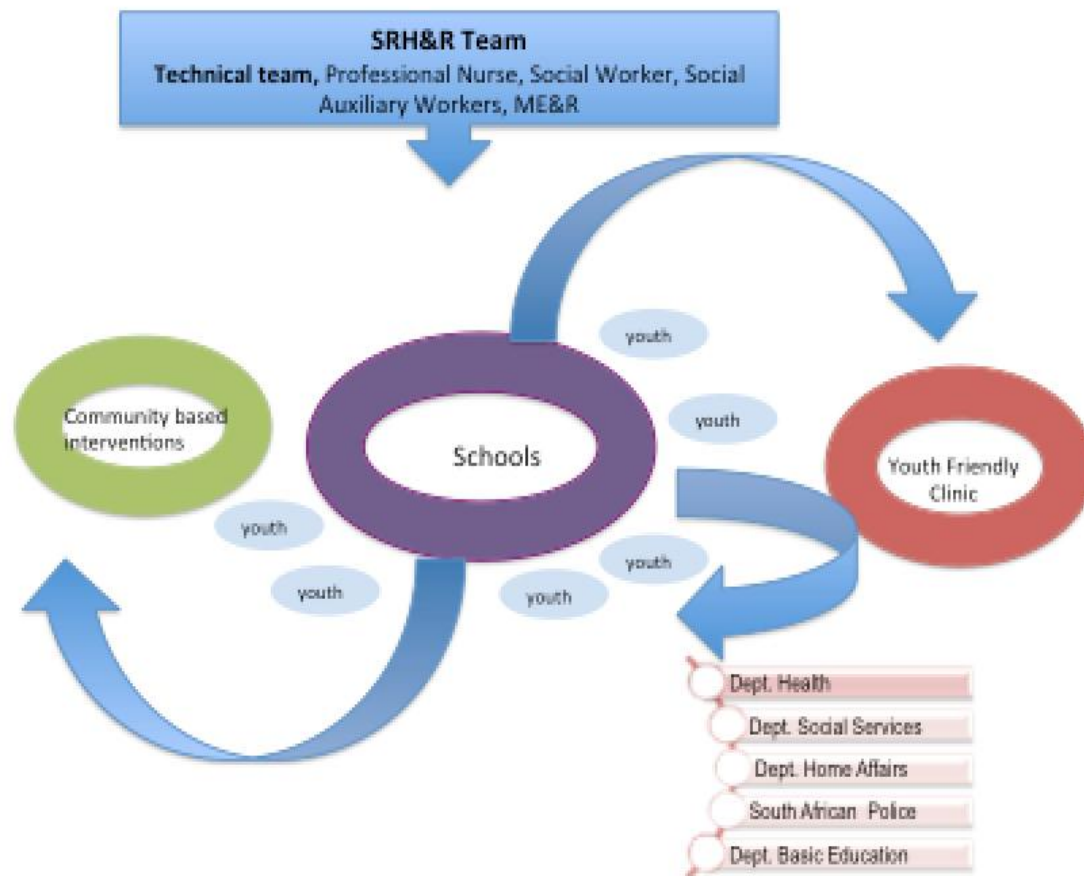


What we aimed to do

1. **Prevention** of new HIV, STI and unintended pregnancies through education, testing and referral.
2. Increase the **uptake of health and Welfare** services by offering screening, referral for treatment, care & support.
3. Strengthen **Community Support and inter-sectoral collaboration** to improve referral pathways, the delivery of adolescent friendly SRH&R & HIV health services.
4. Implement continuous **improvement & sustainability** measures to strengthen & mainstream the program



SRH&R Model

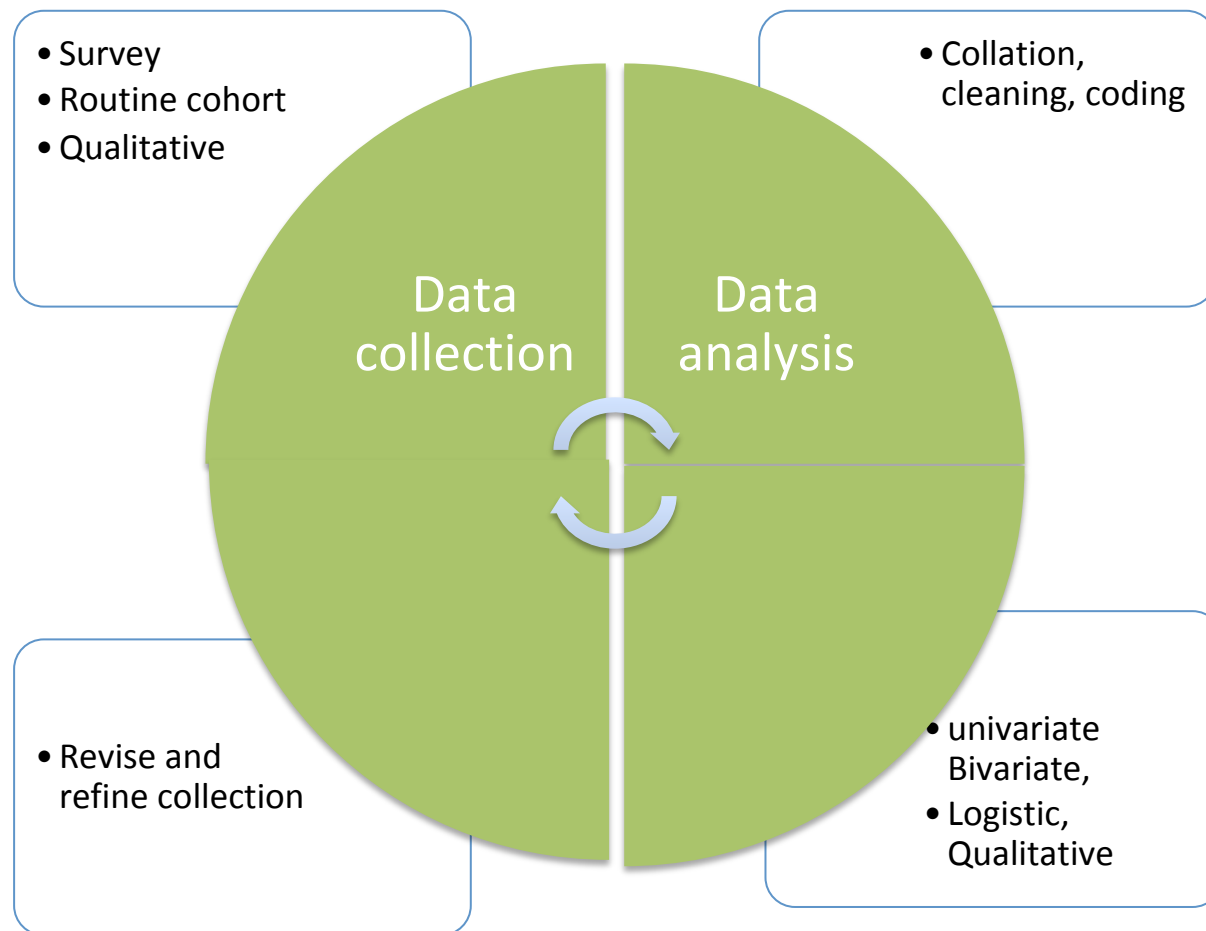


Program Components

- Structured SRHR
- School-Based SRHR Prevention Services
- Youth-friendly Health services
- Referral pathways for Health & Social Protection
- Holiday Programs, ART Adherence club
- Community outreach and social mobilization



How was this measured ?



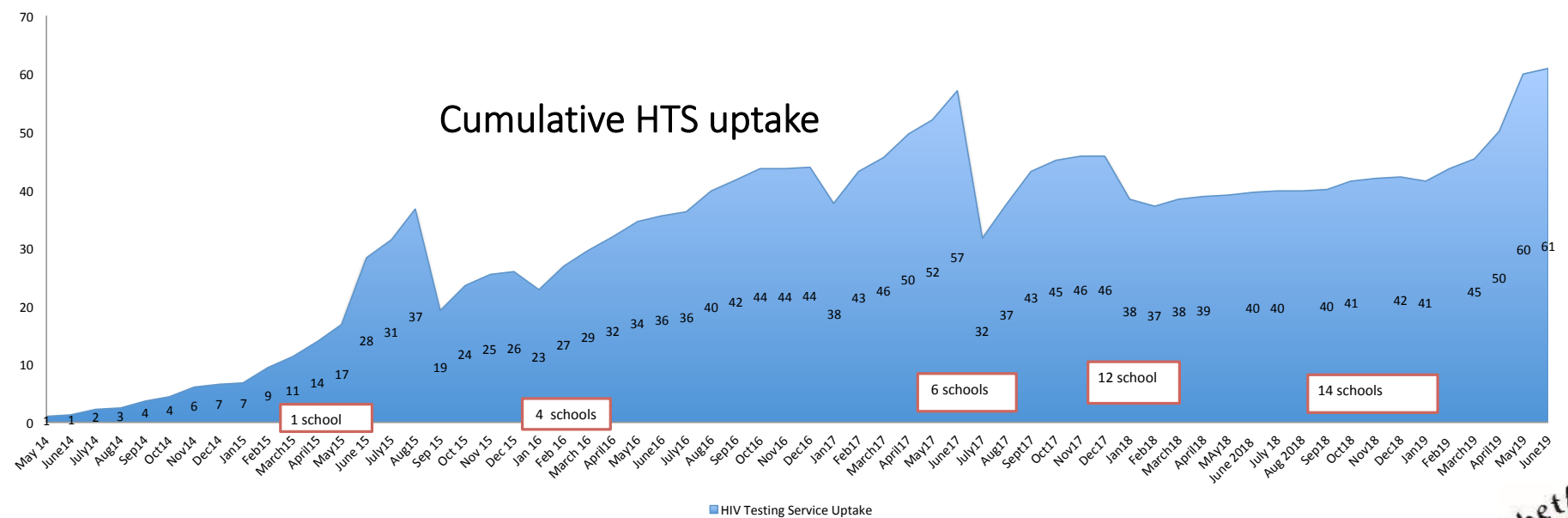
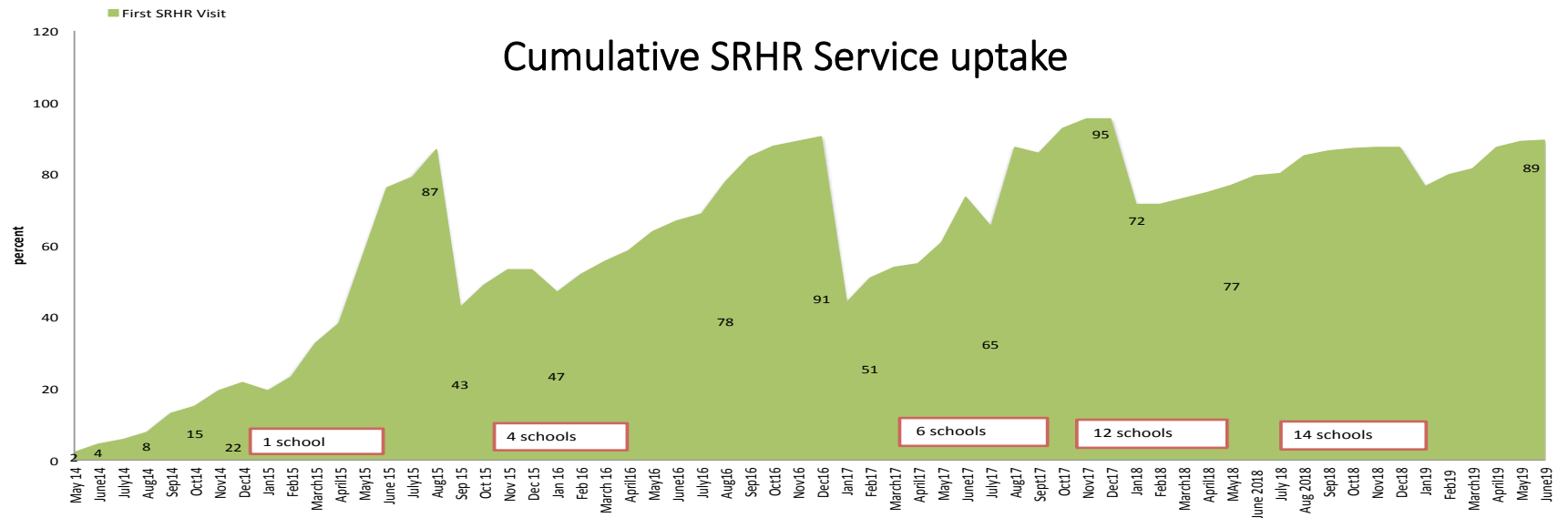
iLembe, a rural district in South Africa, as the result of an IDP engagement

A map of South Africa is shown on the left, with the Eastern Cape province highlighted in black. A yellow arrow points from this province to a circular inset on the right. The inset shows a detailed map of the Eastern Cape, divided into four districts: Bhebe, Ndlambe, Nquthu, and Nquthu.

Context

Variable (n=1260)	Percentage(%), Mean
Female	48
Mean Age in years	16 yrs (Range 14-26)
Household Characteristics	
Grants: Pension	56
Child Support Grant	61
Other	20
Head of household : Female	70
Unemployment	40
Walk to school	53
Average Minutes To School (range)	46 min. (15-120)
Feel Unsafe Walking	28
Feel Tired Walking	42
No breakfast before school	60
Food insecure	33





Reported Sexual Behavior

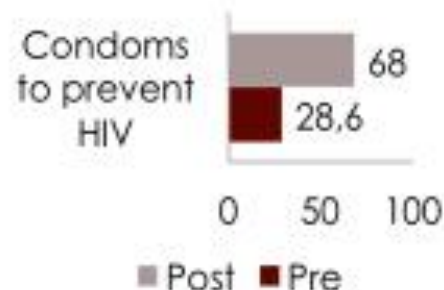
Indicator	Female n=604	Male n=655
Sexually active	35%	43% *
Mean Age of Sexual Debut in years	16.4 (95% CI: 16.1-16.8)	15.3 (95%CI: 14.9-15.6)*
First time I had sex, it was something I wanted	11.8%	36.8% *
Raped at first time I had sex	3.3%	1.7%*
Ever been pregnant Ever made Girl Pregnant	17% -	- 9.5%



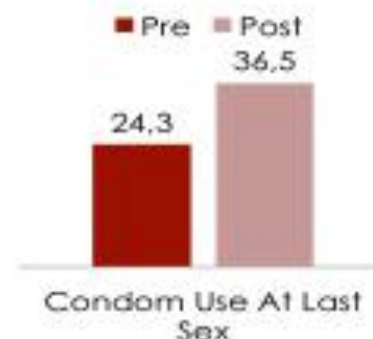
Pre-& Post-Intervention Outcomes



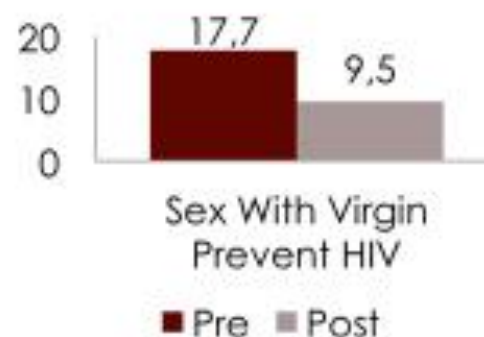
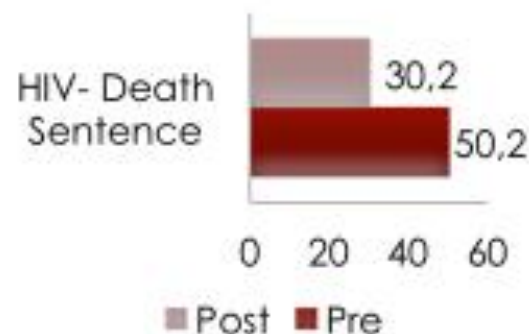
Knowledge



Behavior



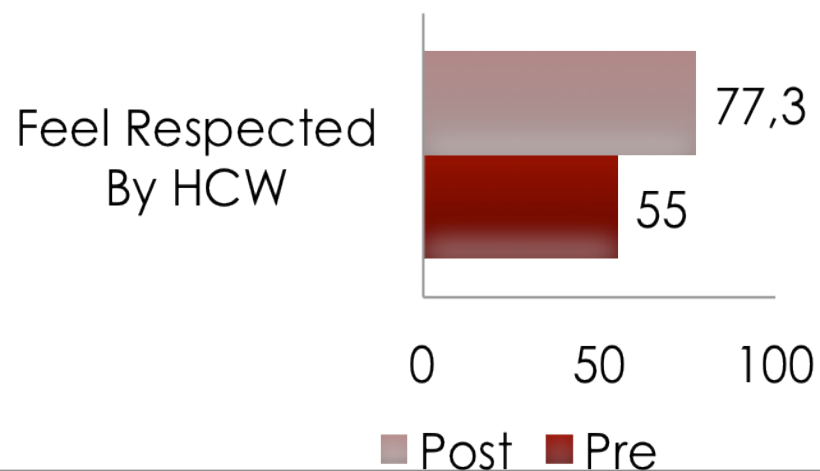
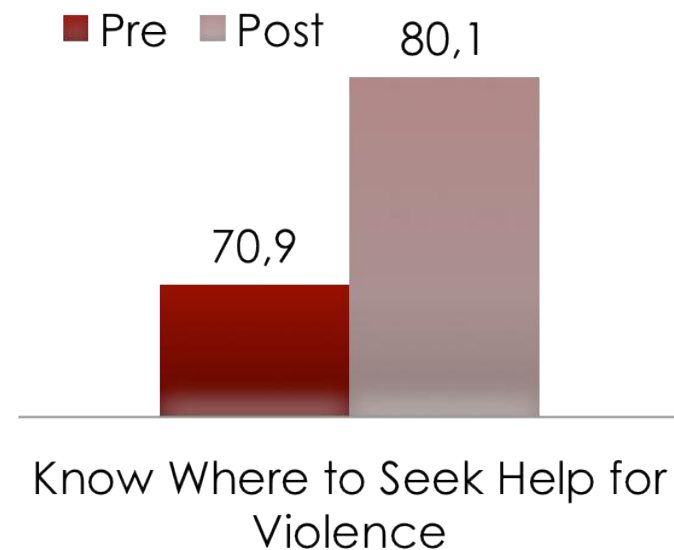
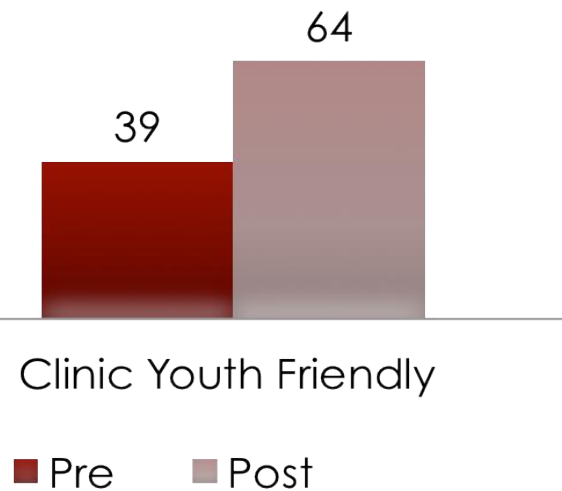
Myths



All with $p < 0.005$



YFC Service Outcomes

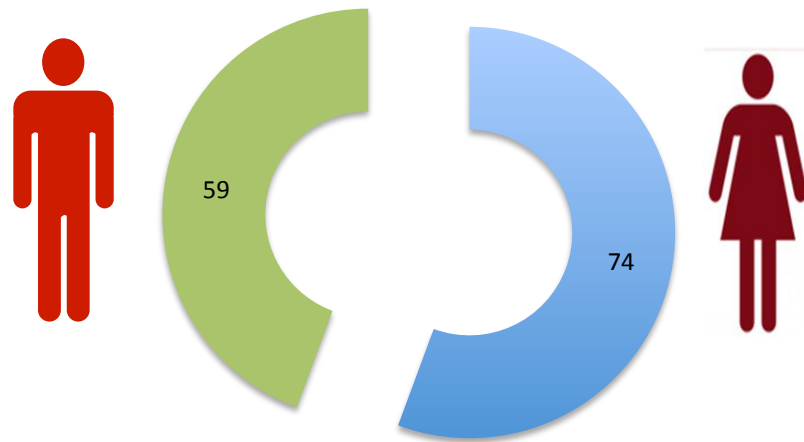


All with $p < 0.005$

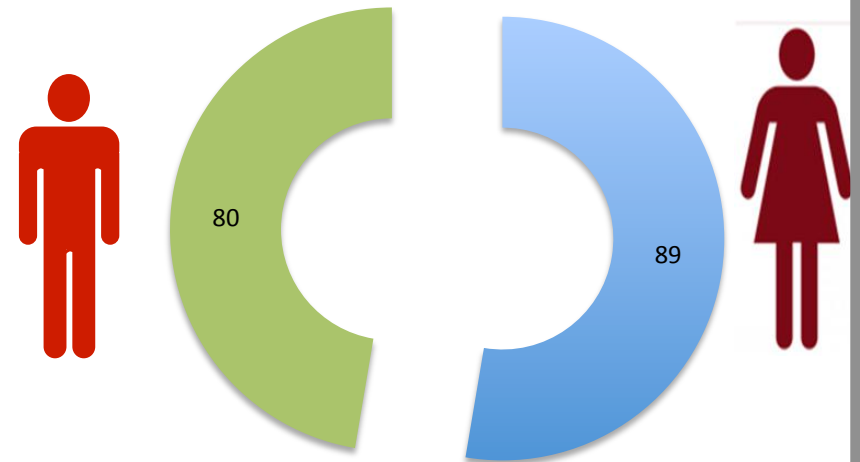


Are you Willing to have an HIV test?

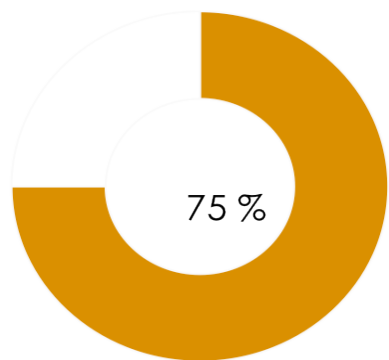
Pre-Intervention



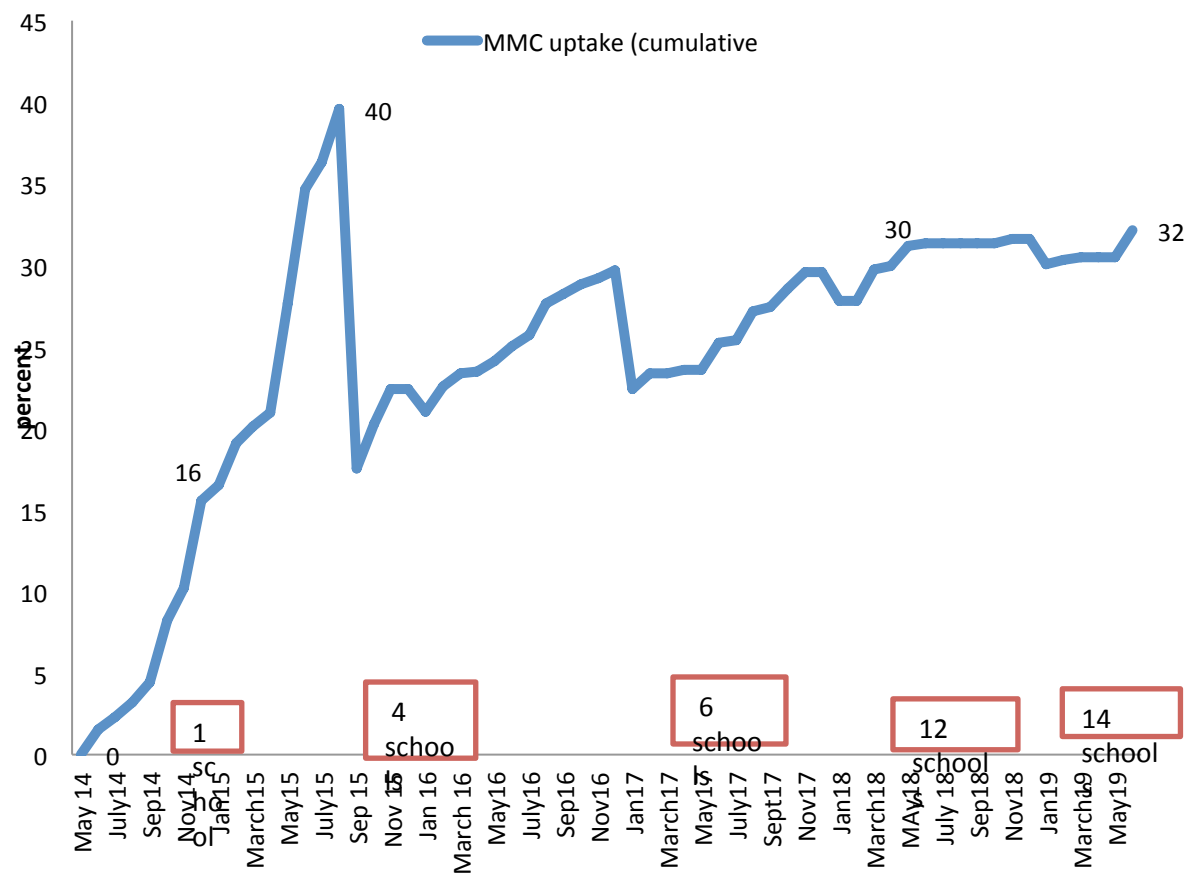
Post-Intervention



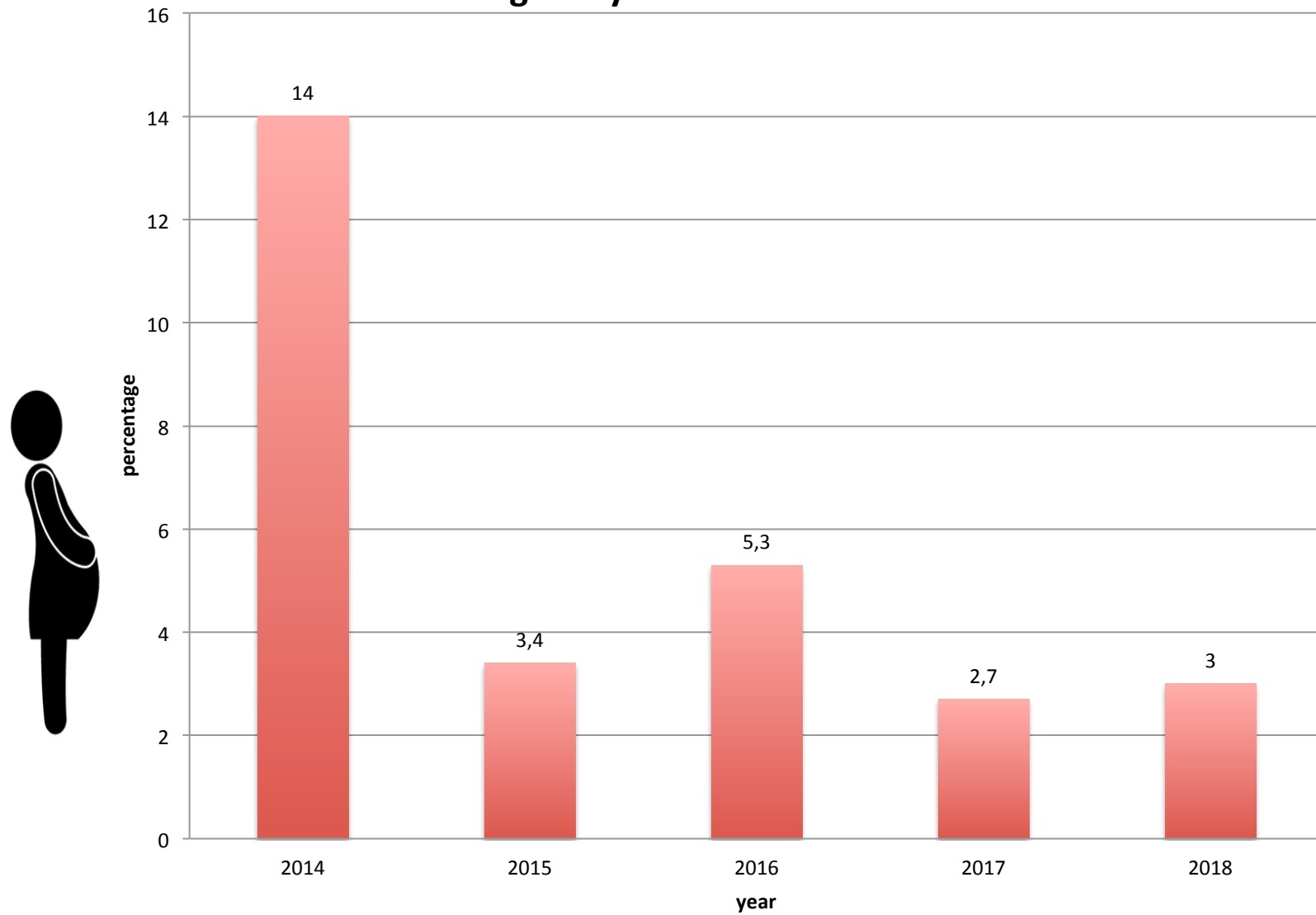
$p < 0.05$



■ KNOW WHERE TO ACCESS MMC



Pregnancy Rate-2014-2018



What are the factors that influence Condom use at last sexual Intercourse

Variable	Odds ratio	95% Confidence Interval	P value
Female	0.5	0.31- 0.99	0.05*
Age <15	0.44	0.24-0.80	0.01*
15-19	0.82	0.55-1.21	0.32
20+	Referent		—
Condoms a sure method to prevent HIV	0.44	0.08-2.22	0.32
Partner age No difference	Referent		
Younger	1.23	0.82-1.84	0.31
Older	0.66	0.47-0.99	0.05*
Attended clinic for Contraceptives	0.93	0.69-1.25	0.06
Reported Clinic was Youth Friendly	1.85	1.31-2.60	0.00*
One partner	Referent		
Multiple partners 2	1.08	0.74-1.57	0.69
3-5	0.58	0.32-1.05	0.07
>5	0.59	0.38-0.91	0.00*

"I can make wiser decisions"

"I have learnt that I can report if someone forced me to have sex."

"I'm able to protect myself and others."

"I have now tested for HIV."

"I am not afraid about HIV, adults make me so afraid."

"HIV is not a death sentence, I have hope."



Interventions Leveraging off the School and Clinic as a Platform: Reaching Households

Jamborees (WFP)

Key intervention for reaching marginalised households of learners through the school

17 service providers enable access to services –private sector, state, CBOs and community structures

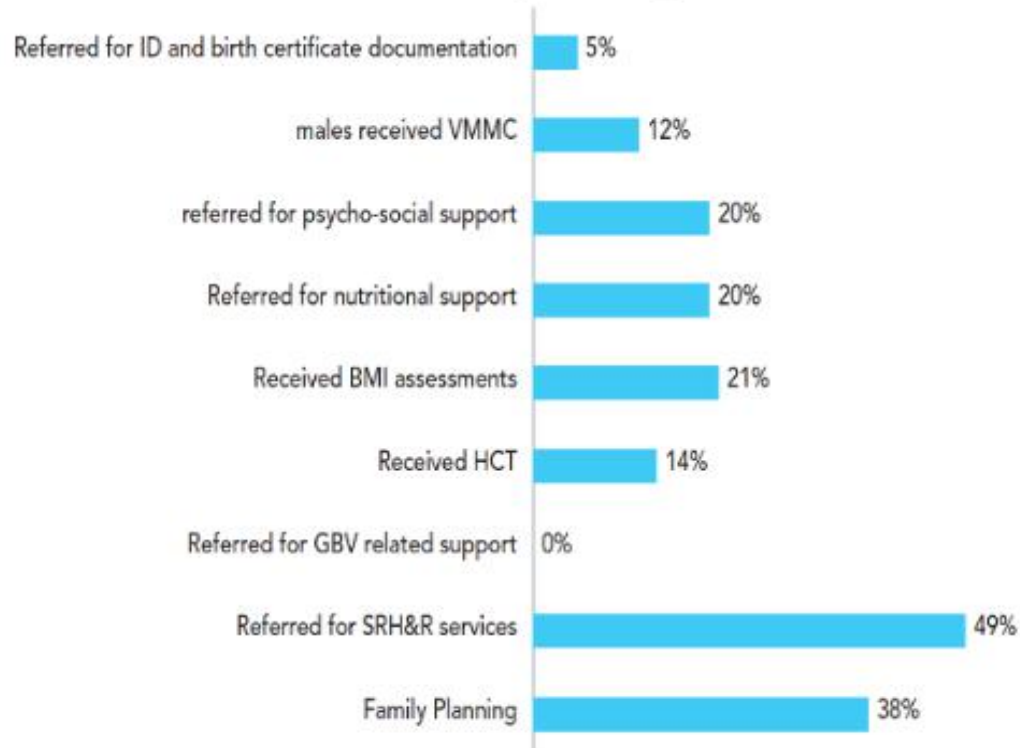
A cultural component of drama, debates is lead by learners on SRHR

14000 reached in recipients (0-97 years)

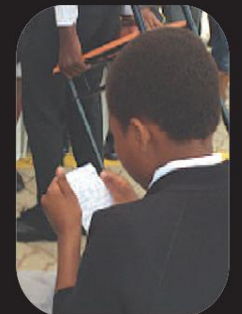
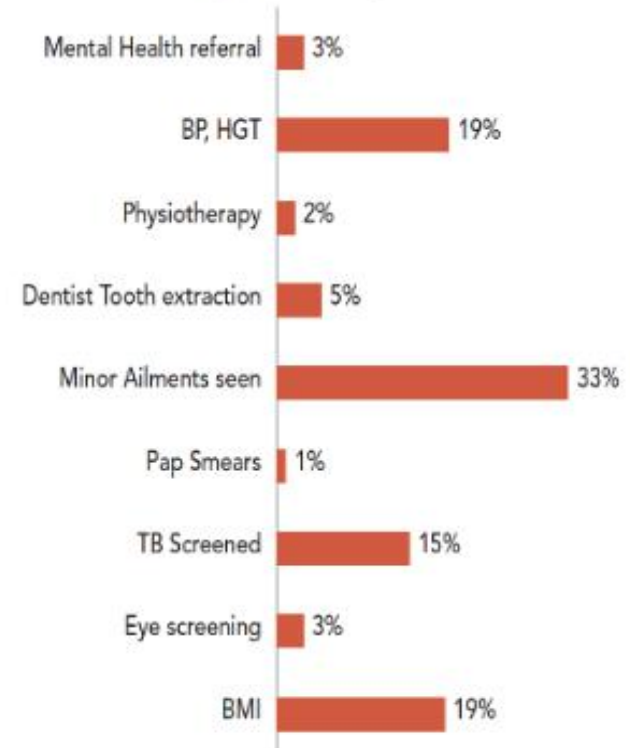


Community Outreach Reaching Learner Households

Adolescents by Service Uptake



Adults by Service Uptake



Key Lessons

- Despite experiencing **structural challenges** such as nutritional, ses, service uptake increased-, 95% self initiated- suggesting the unmet needs
- **Sexual experience** reported to occur in a context of sexual coercion for both male & females
- Significant **improvement in knowledge** on HIV prevention, care and treatment although myths & stigma remain.
- Youth Friendly Services – important not only for service uptake but can play an important role in behavior change
- Significant decline in **teenage pregnancy** from 14% to 3%- with education and SRHR services available
- **Leveraging off the program** by strengthening inter-sectorial linkages community partnerships - improves, educates & enables service uptake by marginalized communities.

Take Home Message

Even in resource-scarce environments, there is the capacity to benefit from an integrated SRHR school-based service linked program- work with what you have and build partnerships

Leveraging off school as a platform allows one to reach the hard-to- reach adolescents.

Work within a National policy framework, co-create and co-deliver programs with the adolescent at the center of it.

Engage with recipients in what they would like, how and where they would like services

THANK YOU

