Research report for:

Adolescents and Youth Sexual and Reproductive Health and HIV prevention operational research of the Safe Guard Young People Programme intervention in Nzululwazi and surrounding community in Alfred Nzo District, Eastern Cape.

Prepared by:

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EXECUTIVE SUMMARY

This report is a presentation of an operations research that was undertaken at Nzululwazi Senior Secondary School (NSSS) and the surrounding community to identify and document interventions that were effective in implementing the Safe Guard Young People (SYP) project. The research entailed five elements, namely: (1) documenting the implementation process, (2) documenting the results achieved, (3) drawing and outlining the visual representation (and accompanying narrative) of the intervention model, (4) costing of the interventions, and (5) documenting at least 3 case studies of successes and/or promising practices. Emerging from these five research deliverables was the sixth one: (6) determination and development of a research and monitoring proposal for monitoring the interventions to ensure strengthening as well as generate further evidence to validate the model.

Research Methodology: Research data was collected using documents review, key informant in-depth interviews and focus group discussions while data analysis was done using a thematic approach.

Findings and conclusions

- **Implementation process:** The implementation of SYP at NSSS was presented in two ways – a step-by-step implementation process and discussion of actual interventions (activities). The step-by-step process indicated that SYP at NSSS was triggered by the Principals plea to the HIV Directorate within the Provincial Department of Basic Education, who visited the school in 2014 and presented the alarming cases of learner pregnancies. That was then presented to the inter-governmental meeting where the East and Southern Africa Commitment to Comprehensive Sexuality Education was discussed in November 2014 (which SPW-hereafter referred to a Restless Development) facilitated as part of the SYP Programme in 2014). From there, all government stakeholders agreed to prioritise an intervention at NSSS to see if the situation of high pregnancies could be reversed. The response to the situation was to establish interventions that addressed the challenge of high teenage pregnancies and poor Adolescent Sexual and Reproductive Health (ASRH) services at NSSS as guided by Integrated School Health Policy (ISHP) and Comprehensive Sexuality Education (CSE) frameworks. These developments on SYP initiation at NSSS provided important insights and lessons regarding: (1) the importance of communication and feedback between grassroots government officials (i.e. as done by the NSSS principal) and responsiveness by senior government officials (i.e. as also done by the Provincial Department of Education (DBE); (2) the need for on-going sharing and interaction spaces between grassroots officials and senior officials as done through accountability meetings, which resulted to response by senior government officials; (3) the importance of responsiveness by senior government officials to resolve issues that are brought to their attention; (4) the importance of joint stakeholder problem identification for prioritization and integrated service provision; and (5) the importance of coordination in bringing the various stakeholders together to manage processes.

The SYP implemented interventions from 2014 to 2016 were outlined in the three annual work plans (i.e. first annual work plan signed by Restless Development and United Nations Population Fund (UNFPA) that ran from 14 July 2014 – 31 December 2014, followed by the second plan that ran from 9 April to 31 December 2015, and the third one running from 1 March 2016-31 December 2016). The SYP interventions implemented from 2014-2016 focused on strengthening youth friendly services through services such as those provided at NSSS community centre and peer education. ASRH information and awareness to empower young people was provided through platforms such as campaigns, dialogues, and peer education. Information sharing also included building life skills through aspects such as HIV prevention, peer support, communication and negotiation skills. Peer support is being strengthened through activities such as peer education. The ASRH environment for young people (i.e. family, community, school and health centres) is being strengthened through activities such as dialogues, awareness meetings and ASRH coordination meetings. The implemented activities addressed ASRH issues at individual young person's level, interpersonal level, community level and organisational level. Further to this, there were activities that strengthened implementation of policy (e.g. ISHP, CSE).

The activity analysis revealed the following gap: the intervention strategies under which the activities are clustered, resulted in other intermediary interventions that are not carefully planned for and monitored. For instance, the training of young people in peer education to ensure meaningful involvement in ASRH raises the need to establish a proper monitoring of the young people's activities to ensure quality information. Another example noted was that the dialogues strengthened the environment for ASRH interventions in the community and the school, but the extent of this change needs to be determined and tracked. This situation therefore, challenges the respective stakeholders and implementers to develop additional activities to strengthen the intermediary steps to ensure achievement of the intended SYP outcomes.

- **Achieved results in implementing SYP project at NSSS and surrounding community:** The achieved results from SYP implementation coordination included the following:
    - Government provided significant support to ISHP at NSSS. The government committed to address the ISHP implementation gaps at NSSS;
    - Innovative approaches to resolving challenges were developed among government stakeholders; and
    - Government supported ISHP policy implementation and created an enabling environment for its implementation, resulting in increased awareness on ASRH challenges in the provincial areas where SYP interventions are being implemented.

The notable positive results achieved at the four levels of implementation are i.e. government, school, community and individual are:

- At government level, the achievements included: effective government support, increased efforts to support ISHP policy implementation, innovative approaches in ,addressing ISHP blockages, and provision of ASRH services.

- At school level, the achievements included: creation and strengthening of a supportive environment for ASRH, the creation of a critical dialogue space for government, learners, teachers and community, increased consciousness about ASRH at the entire school, resulting in the school getting an indirect benefit of high pass rate due to ISHP interventions, and the school indirectly benefiting on capacitating teachers on CSE integration in curriculum as well as policy implementation.

- At community level, the achievements included: increased awareness of adolescents and youth needs, and improved support to the school on ASRHR interventions.

- At individual young people's level, the achievements included: empowerment of young people on ASRH and HIV prevention, confidence building of young people, comprehensive understanding of ASRH issues, improved access to adolescent friendly SRH services, and supportive ASRH environment.

Notwithstanding the coordination achievements above, the following issues were noted:

- There was coordination dependence on individuals instead of it being institutionalised in government departments,
- Weak implementation of some decisions made in meetings,
- Overdependence on Restless Development for coordination,
- ISHP implementing partners' high expectations and enthusiasm that overlooked broad government responsibilities,
- Blurry and unclear role of Department of Social Development (DSD) in implementation of ISHP, and
- Government departments' vertical accountability hindering horizontal coordination and cooperation.

- **Visual representation (and accompanying narrative):** A SYP model that draws from international ASRH frameworks and relevant South African policies was developed. The international guidelines included: WHO AND UNFPA (2012), UNFPA Framework for Action on Adolescents & Youth, Interact Guide for Adolescent Sexual and Reproductive Health & Rights (ASRHR), UNICEF Effective Approaches to Reach Adolescents, and UNESCO Comprehensive Sexuality Education Framework, while the South African policies are Integrated School Health Policy (ISHP) (2012) and National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHR) (2014-2019). The model focuses on the following six dimensions: strengthening youth friendly services, information and awareness (empowerment with information and demand creation - information and awareness, training, etc.), skills building (personal/empowerment skills, peer support, communication and negotiation skills), strengthening peer support, strengthening adolescent

supportive environment (family), strengthening adolescent supportive environment (community), strengthening adolescent supportive environment (government systems), policy intervention and advocacy. The model was underlined by the complementing theory of change. Among other things, the model revealed the need to have ASRH champions who are able to observe ASRH challenges in the community and alert government officials. In turn, the alerted government officials should be responsive to the need. A major success factor of the intervention model is the integral role played by Restless Development in implementation, coordination and direct implementation.

- **Costing of interventions:** The cost of interventions analysis for 2015 revealed that provincial forums cost the highest amount to deliver an output (i.e. R4932) followed by SGBs workshops with R3502, 63. The lowest cost was partner meetings at R712, 40 per meeting. For 2016, the intervention that was highest in delivering an output was management and monitoring visits (including partner meetings), which cost R7881 per output (i.e. per quarterly meeting). The lowest cost for 2016 was ASRHR outreach activities linking YP to SRHR information and services at R173, 24. The reason for such a low cost is that the activity costing was based on actual beneficiaries rather than high level training of structures such as SGBs. The high activity costs result from the fact that intervention costing is done at the level of implementation structures (i.e. training) rather than the actual beneficiaries who are impacted by the interventions such as people attending awareness meetings.

- **Success stories and promising practices:** Six case studies of promising practices and stories of SYP impact have been noted. The promising practices are:
    - ASRH systemic (holistic) planning to address information sharing, demand creation and supply of services;
    - Inter and intra government coordination as a comprehensive coordination approach;
    - A learning approach to project implementation;
    - Integrated youth led interventions (participation) and youth leadership;
    - Creation of monitored youth led intervention space;
    - Creative recruitment of peer educators to ensure retention and optimize peer educator returns; and
    - Creation of open conversation space to create convergence among various stakeholders on ASRH activities through dialogues at NSSS.

  The impact stories indicated various effective aspects of the interventions that include young people's behaviour change.

- **Research and monitoring areas for next stages of the project:** The SYP interventions classified into three groups. The first category comprised intervention pathways that have shown considerable effectiveness. The second category of interventions pathway is the ones that have not matured. The third category of intervention pathways is interventions that are currently not very effective.

The interventions that require maturity are:

- Interventions contributing to joint planning and strengthening coordination;
- Interventions supporting ASRH prevention campaigns to strengthen youth leadership and participation; and
- Interventions supporting and strengthening ISHP at NSSS.

The interventions that require strengthening are:

- Interventions focusing on increasing ASRH knowledge through intergenerational dialogues through including more participants in the dialogues;
- Interventions focusing on monitoring and tracking SYP outcomes;
- Interventions contributing to ARSH access particularly ASRH products such as injectables that require specially trained medical personnel; and
- Interventions to increase youth led interventions through integrating a monitoring and tracking of youth led interventions such as peer education.

Recommendations

Coordination

- Maintain a dedicated organization or government office that effectively coordinate and manage stakeholders and processes as an exit strategy.
- Institutionalise coordination of SYP interventions by having the lead officials work with assistants or fellow officers rather than over depend on individual government officials.
- Appoint a government official within the coordinating department to work alongside Restless Development for transference of coordination skills.
- Develop a follow up mechanism in government departments to ensure that decisions made in meetings are implemented.
- Encourage and cascade cluster working system from higher government levels to lower levels in order to strengthen coordination and horizontal accountability.
- Provide coordination support across the various intervention levels and activities.

Monitoring & Evaluation

- Develop a monitoring system (or adapt UNFPA system) that measures SYP effectiveness at individual, school and community level rather than rely on the high level UNFPA indicator framework.
- Strengthen the monitoring system to track interventions that have not been implemented for a long time such as meaningful leadership and participation of young people (e.g. ASRH peer education in school and out of school).
- Nurture and sustain the project through on-going technical backstop to maintain momentum and ensure standardization of interventions (intervention quality assurance particularly youth led information sharing). This entails ensuring that the

content shared by peer educators is monitored to ensure accuracy as well as provide the peer educators with the support on the areas they may experience problems.

Activity quality

- Develop a theory of change for the project to determine intervention pathways including intermediary activities to ensure achievement of project outcome.
- Develop additional activities that strengthen the intermediary steps of the interventions.
- Maintain and broaden intergenerational dialogue to include more community people to broaden ASRH knowledge.
- Develop a minimum package of ISHP services for DSD to strengthen and ensure clarity of its role in ISHP implementation.

Intervention costs

- Cost interventions based on the actual beneficiaries to determine cost of reaching the actual beneficiary.

ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ASRH	Adolescent Sexual Reproductive Health
ASRHR	Adolescent Sexual Reproductive Health & Right
AYFS	Adolescent and Youth Friendly Services
BIG	Big Lottery Fund
CBOs	Community Based Organizations
CSE	Comprehensive Sexuality Education
CSTL	Care and Support to Teaching and Learning
CSOs	Civil Society Organizations
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
ESA CSE	Eastern and Southern African Commitment to Comprehensive Sexuality Education
EC	Eastern Cape
EC YAP	Eastern Cape Youth Advisory Panel
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HSRC AYFS	Human Sciences Research Council- Adolescent and Youth Friendly Services
IEC	Information, Education and Communication
ISHP	Integrated School Health Policy
ITTT	ISHP Technical Task Team
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MNCWH	Maternal, New-born, Child and Women's Health
MNCWH-N	Maternal, New-born, Child and Women's Health and Nutrition
NASRHR	National Adolescent Sexual and Reproductive Health and Rights Framework Strategy
NSSS	Nzululwazi Senior Secondary School
NSSS SYP	NSSS Safeguard Young People
PHC	Primary Health Care
RMCH	Reproductive and Maternal and Child Health
SBCC	Social Behaviour Change Communication
SGB	School Governing Body
STATS SA	Statistics South Africa
SPW	Student Partnership Worldwide (also known as Restless Development)
SRHR	Sexual and Reproductive Health and Rights
SYP	Safeguard Young People
UNFPA	United Nations Population Fund
UNFPA YAP ASRH	United Nations Population Fund, Youth Advisory Panel
VFM	Value for Money
WHO	World Health Organization
YAP EC	Young Adolescence Project in Eastern Cape

1. INTRODUCTION AND BACKGROUND

Almost 2000 new HIV infections occur among young women and adolescent girls (aged 15–24) in South Africa each week. This rate is two and a half times that of males of the same age[1]. The high infection is an indicator of risky sexual behaviour and poor sexual adolescent and sexual reproductive health response. The situation at Nzululwazi, a High School in Eastern Cape, illustrates the reality of this adolescents and youth sexual reproductive health situation. Nzululwazi Senior Secondary School (NSSS) had the highest level of teenage pregnancies in the province (70 pregnancies in 2014) in 2014.[2] Restless Development partnered with UNFPA to lead in the implementation of the Safe Guard Young People (SYP) Programme in three districts (OR Tambo, Amathole and Alfred Nzo) in the Eastern Cape. The goal of the SYP programme is to contribute towards the improvement of the Sexual Reproductive Health and Rights (SRHR) status of young people aged 10 – 24, with a special focus on HIV prevention. As part of the programme, a number of core activities were implemented from 2014 aimed at strengthening the capacity of government and non-government partners at the national, provincial and district levels to improve and expand HIV prevention, and Sexual Reproductive Health and Rights (SRHR) interventions and services for adolescents and youth. Programme activities have continued through to 2016.

The National SYP programme outputs entail strengthening quality, age appropriate and integrated ASRH & GBV services and increasing young people's knowledge and skills towards adoption of protective sexual behaviour for adolescents and youth. Restless Development, at the request of the Department of Basic Education (DBE), and in collaboration with the Department of Social Development (DSD) and Department of Health (DoH), agreed to focus on a selected site, Nzululwazi Senior Secondary School (NSSS) in Mount Frere (Alfred Nzo district of the Eastern Cape). The school had recorded an alarming rate of teenage pregnancies of learners, which resulted in the drop out of 70 learners due to pregnancies. Restless Development was requested to lead the coordination on implementation of a series of interventions aimed at addressing the indicated challenges through a number of integrated activities that include involvement of stakeholders (parents, community structures, government, and school leadership) as well as directly targeting young people themselves.

The purpose of this research was to identify the set of interventions that have shown to be effective, with concrete results, which together could form a model for strengthening quality, age appropriate and integrated ASRH & GBV services for adolescents and youth for possible replication and scale up.

[1] http://www.unaids.org/en/resources/presscentre/featurestories/2016/june/20160624_south-africa

[2] http://restlessdevelopment.org/file/school-health-programme-baseline-report-pdf

2. PURPOSE AND SCOPE OF THE OPERATIONS RESEARCH

2.1 Specific objectives and focus

The research objectives and research focus for the study and approaches used are indicated in the table 1:

Table 1: *Research objectives, research focus for the study and approaches*

Research objective	Research focus	Approach
1. Document the SYP implementation process	Activities (and interventions) implemented since 2015; partnerships and processes established to ensure intervention success; achievements; challenges; lessons learned; what has worked and what has not worked; recommendations for future interventions and replication potential and other project related aspects.	Project intervention analysis
2. Document the results achieved by the SYP project	The results achieved at individual, school, community and districts level; achievements, lessons learned, challenges and recommendations; limitations in the model in achieving the ideal or targeted outcomes; alternative solutions that could be implemented to strengthen the delivery model.	Results and process analysis
3. Outline a visual representation (and accompanying narrative) of the SYP intervention model	Visual and graphic representation of the model; narration and description of the model; impact of the current intervention approach (model) and its possible influence to future interventions.	Model development and description
4. Determine the cost of interventions	Determination of intervention costs.	Intervention costing
5. Document SYP case studies and some impact stories	Case studies of successes and/or promising practices noted from the project that should be documented	Case study profiling and documenting

2.2 Expected result of the research

The result of the study is a detailed report that outlines and addresses the five (5) dimensions indicated above (2.1) as outlined in the terms of reference (annex) and a sixth (6^{th}) dimension of M&E. The report is informed by significant input from the various stakeholders involved and linked to the delivery of the project (as outlined in the TOR annex).

3. RESEARCH METHODOLOGY

The research followed four phases. These were (1) research inception, (2) project documents and literature review (review of documents-table 2), (3) fieldwork (interviews with strategic stakeholders), and (4) analysis of research data and reporting.

Table 2: Reviewed documents

Type of document reviewed	Total number
SYP progress and narrative reports	12
Work plans and activity plans	6
Coordination correspondences	3
Training documents (manuals and handbooks)	5
ASRH relevant policy documents	4
Training schedules	5
Documentation report	1
Results framework	1
Total documents reviewed	**37**

3.1 Research inception

This entailed teleconference with Restless Development management and UNFPA and clarification of different research aspects through compilation of the inception report.

3.2 Review of project documents and literature

This entailed:

- Mapping and analysis of adolescents and youth sexual reproductive health (AYSRH) trends, theoretical frameworks, approaches, gaps and opportunities.

- Reviewing of international, regional and country policies as well as frameworks informing Restless Development's work. These included the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2014 – 2019) and ISHP (2012), Comprehensive Sexuality Education (CSE), and Care and Support to Teaching and Learning (CSTL).

- Review of Restless Development project documents (see side window for reviewed documents).

3.3 Conducting field work (interviews with strategic key informants)

This entailed conducting (fieldwork) interviews with key strategic informants. A total number of 28 interviews were conducted with different individuals representing their agencies and government departments (see table 3 for categories of interviewees).

3.4 Ethical considerations

The study observed a set of measures to comply with ethical standards before, during and after the research exercise. Permission to conduct the research was sought from provincial and district departments including the school authorities and local leadership. Informed consent was sought from all interviewees. Respondents were also informed of their right to refuse any participation in the study. The researchers guaranteed confidentiality regarding any information given and promised to use it exclusively for the SYP project. Respondents were also assured of safety during and after the research while anonymity was guaranteed where needed.

Table 3: List of key informants

Key informant category	**No**	**Level**
DoH	7	Province 1, District 4, NSSS support 2
DBE	2	District
HIV Director within DBE	1	Provincial
DSD	2	Province and District
UNFPA	2	Provincial & National
Restless Development	5	Director, Programme Manager, Research and Evaluation Senior Coordinator, SYP lead, and Youth Officer
NSSS Principal	1	Principal
SGB	3	Chairperson and two committee members
Councillor	1	Local Political Leader
Youth Leaders Today for Tomorrow Peer Educators	2	Peer Educators
Teachers	2	Teachers
Total interviews conducted	**28**	

3.5 Focus group discussions (FGDs)

A total number of 13 focus groups with project participants and intended beneficiaries were held. The total number of participants contacted during FGDs is 93. See table 4 for breakdown of FGDs conducted.

Table 4: Conducted FGDs

Category of FGDs	**Number of FGDs**	**Total participants**
Peer Educators (learners)	3	19
Learners	8	65
Parents	1	9
Total	**12**	**93**

3.6 Analysis of research data and reporting

The data was analysed using a thematic approach. The analysis themes were developed using a framework approach. Frameworks (priority - codes) were developed under the themes determined by the research objectives. Under each framework category, sub themes were developed using a grounded approach. The sub-themes helped to further dissect and delineate the project issues in order to provide detailed insight and understanding of the SYP intervention situation.

4. FINDINGS AND DISCUSSION

This section presents the research findings under six sections. Five (5) sections directly answer the research objectives as stated in the TOR while the sixth (6^{th}) section draws elements for tracking and monitoring the key aspects of the model for optimisation of the outcomes beyond this current period. As such, the sixth section presents areas for project implementation model monitoring in order to validate its efficacy as well as draw further lessons for strengthening.

4.1 Implementation process of the SYP in Nzululwazi and surrounding community in Alfred Nzo district

The SYP implementation process at Nzululwazi Senior Secondary School (NSSS) is presented in two sections. The first section provides a detailed step-by-step outline of the developments that resulted to focused SYP interventions at NSSS. This outline provides an understanding and insight into the developments that led to focused SYP interventions at NSSS further to the broad provincial SYP interventions. The second section focuses on the interventions that have been implemented from 2014- August 2016 (i.e. at the time of conducting the research).

4.1.1 SYP implementation process in Nzululwazi -step by step developments

The SYP activities focus on HIV prevention and sexual and reproductive health and rights (SRHR) for adolescents and youth aged between 10 and 24. The four (4) actors who were instrumental in establishing SYP at NSSS are the: NSSS Principal, Government departments (Department of Education, Department of Social development, Department of Health), Restless Development and UNFPA. The roles of the respective actors are described below.

- **Actor 1: NSSS Principal**
    - **Step 1: Background, observation of trends and changes:** NSSS was established in 2001 and officially opened in 2002. From around 2005 onwards the Principal started to notice increasing levels of pregnancies at the school. The number of pregnancies progressively increased to the extent that around seventy (70) learners were pregnant in 2014. The NSSS Principal stated that he has been at NSSS for over thirteen (13) years and observed the changes happening at the school and the surrounding community. He stated:

        > *"I have been at NSSS for a long time and I noticed these changes happening over time. Learners are becoming highly sexual active as we notice from high pregnancies"* (NSSS Principal).

    - **Step 2: From observations to action:** During the last quarter of 2014, at the Principal's' **accountability** meeting, the NSSS Principal shared the challenges he was experiencing at the school, and in particular the high level of learner drop-outs due to pregnancies i.e. to the extent that about 70 learners had fallen pregnant in 2014. The challenge of learner pregnancies at NSSS caught the attention of the Provincial Department of Education. The Principal made the following remarks:

> *"I openly shared my challenges without fearing that I would be viewed as an ineffective Principal. This then led to senior government officials taking responsive action"* (NSSS Principal).

- **Actor 2: Department of Education (DBE)**

  - **Step 3: From information to action:** Upon obtaining information on the challenge faced at NSSS during the accountability meetings, the DBE prioritized the need to respond to the situation through the Integrated School Health Policy (ISHP), and explored opportunities to develop an appropriate and relevant response. The HIV Director within Department of Education (DBE) confirmed that upon getting informed on the high pregnancy situation at NSSS, "*DBE was challenged to take action" (HIV Director within Department of Education).*

- **Actor 3: Restless Development**

  - **Step 4: Call from broad activities to focused intervention:** Restless Development has been implementing youth-led ASRHR interventions in Eastern Cape since 1998. In July 2014, Restless Development signed an agreement with UNFPA to implement Safeguard Young People (SYP) activities (work plan 14 July – 31 December 2014).

    > ***"****In July 2014, Restless Development was appointed as the Implementing Partner in the Eastern Cape to deliver the Safe Guard Young People (SYP) Programme in 2014" (SYP Quarterly Narrative Report – November to December 2014 pp. 4).*

    The activities aimed to strengthen the capacity of Government and Eastern Cape partners including at national level to improve and expand HIV prevention and Sexual Reproductive Health and Rights (SRHR) for adolescents and youth. The goal of the SYP programme is to contribute towards the improvement of SRHR status of young people aged 10 – 24, with a special focus on HIV prevention.

  - **Step 5: Convergence of forces - from multiple ASRH concepts and programmes of various stakeholders to a prioritized intervention at NSSS:** Restless Development, in conjunction with the Provincial Department for Social Development and Population Unit, convened a high level joint provincial forum (on 20 November 2014) to sensitise core government stakeholders on the East and Southern Africa (ESA) commitment on Comprehensive Sexuality Education (CSE), and to promote a discussion between the key coordinating departments responsible for CSE in the Province (i.e. Departments of Health, Social Development and Basic Education) on how the departments could improve collaboration, coordination and solutions to the barriers that currently prevent young people in the Province from

receiving high quality CSE (Nzululwazi SYP Programme documentation - The Journey So far – 2014 to 2016, pp. 2).

The meeting brought together the Departments of Health, Basic Education and Social Development at a Provincial level to reflect and gain understanding on the Eastern and Southern African Commitment to Comprehensive Sexuality Education (ESA CSE) as well as exploring linkages with priority ASRH activities in the Eastern Cape. The meeting also aimed to clarify concerns, questions and challenges identified within the CSE in order to develop approaches to unblock the potential blockages preventing implementation. This also served as a space to plan for further CSE dissemination. In attendance were 15 participants including representatives from the Department of Basic Education (DBE) including the Eastern Cape Director of HIV and AIDS, a GIZ technical expert, Beyond Zero ASRH Expert, UNFPA, Reproductive and Maternal and Child Health (RMCH), Restless Development, and the Department of Social Development; Population Unit, Office of the Premier and Department of Health.

- **Step 6: From general discussion to an agreed focused approach to ASRH at NSSS:** At this (above) high level joint provincial forum, the HIV Director within the DBE (Ms Sharon Maasdorp) shared the DBE's huge concern due to the high number of teenage pregnancies amongst learners at the NSSS, and highlighted the adolescent and sexual reproductive health (ASRH) needs at NSSS. During her presentation, Ms Maasdorp requested support from the various stakeholders in addressing the challenge, and presented the opportunity for all government stakeholders to work together for practical implementation of CSE and ISHP.

The outcome was that focused CSE and effective implementation of the ISHP were identified as urgent priorities for NSSS in order to address the high incidence of teenage pregnancy and resultant school drop-outs. Stakeholders at this meeting agreed to focus on NSSS as a great opportunity to develop and pilot a model and multi-sectorial, intra-governmental approach for CSE in schools and effective implementation of the ISHP. Restless Development was requested to include the NSSS intervention in its 2015 SYP annual work plan.

The decision made is stated in the report as follows

> *"At this meeting, Sharon Maasdorp, the HIV Director within the DBE presented the concern that a recent field visit to a school in Nzululwazi in Umzimvubu within Alfred Nzo district had presented a hugely concerning case of exploding number of teenage pregnancy amongst learners at the school, and pleaded for support as an opportunity to present all government stakeholders with an opportunity to see the*

practical implementation of CSE and the Integrated School Health Programme (ISHP) urgently in the school to reverse the increasingly worrying trend. ***All agreed that this was a great opportunity, and to be included in the new Annual Work plans designed and developed for the upcoming year*** *2015"* (**bold** for emphasis, Nzululwazi SYP Programme documentation - The Journey So far – 2014 to 2016, pp. 3).

- **Step 7: From high-level joint meeting to National AIDS Day public pledge at NSSS:** At national level, the DBE selected the Eastern Cape as a Province to host the National AIDS Day 2014 event. Within the Eastern Cape, Alfred Nzo District was selected and then NSSS as the ultimate venue for the event. At this event a resolution and pledge was made to address the problem of teenage pregnancies and poor ARSH services. The event further sensitized stakeholders of the acute problem at NSSS, strengthened ASRH awareness and reinforced the decision made at the high level meeting (20 November 2014) to prioritise NSSS.

The above step-by-step processes that were followed in initiating SYP at NSSS was triggered by the NSSS principal's presentation during the accountability meeting in the last quarter of 2014. The response to the situation was to establish interventions that address the challenge of high teenage pregnancies and poor ASRH services at NSSS. The above developments on SYP initiation at NSSS provide important insights and lessons regarding the following:

- **Importance of communication and feedback loop between grassroots government officials and senior level officials:** It is important for institutional leaders (such as Principals) at the grassroots level to effectively communicate and provide information that is pertinent to policy and decision makers (such as Provincial Education Leaders) in order to make relevant decisions that address the needs on the ground. The NSSS Principal shared the challenges he was experiencing (high teenage pregnancy and consequent drop-out of girls) at the school, which triggered a positive response from senior government officials at provincial level. The information shared by the Principal didn't downplay the reality of the situation fearing to be viewed as ineffective.

- **Need for on-going sharing and interaction spaces between grassroots officials and senior officials:** The reality of unmet ASRH needs at NSSS came to the attention of the provincial officials through sharing at Principal's accountability meetings. Such spaces for reflection and sharing should be strengthened to enable senior government officials to remain connected to the reality on the ground and within communities.

- **Responsive government officials:** Upon getting information regarding the teenage pregnancy situation at NSSS, the relevant government officials made significant effort to ensure that responsive actions were taken to address the problem. The HIV Director

within the DBE advocated for actions to address the teenage pregnancy issues that were experienced at NSSS.

- **Joint stakeholder problem identification is critical for prioritization and integrated service provision:** The high level joint stakeholder meeting paved the way for a consensus and prioritization of NSSS. This resulted in joint commitment by all government departments to provide their support.

- **Coordination is critical to bring the various stakeholders together and manage processes:** It is noted that Restless Development, in conjunction with DSD and Population Unit, was instrumental in convening the first meeting at which all stakeholders identified, agreed and focused on NSSS as a priority. This indicates the importance of having a coordinating organization to ensure smooth processes.

The above observations indicate that, among other things, it is important for CSOs to plan and invest in resources to address nationally and locally prioritized needs. Working in partnership with government and beneficiaries is critical for the sustainability of interventions, particularly regarding services that are provided by government such as ASRH. Thus the cooperation and coordination of Restless Development, government and other stakeholders in SYP is commendable as a model for implementing interventions that are aligned and support national policies and frameworks such as ISHP, CSE, Care and Support to Teaching and Learning (CSTL) and the National Development Plan 2030. This reflects hope, possibility and applicability of CSO and government partnership.

4.1.2 Implementation of SYP activities at NSSS

The first annual work plan signed by Restless Development and UNFPA ran from 14 July 2014 – 31 December 2014, the second ran from 9 April to 31 December 2015, and the third ran from 1 March 2016-31 December 2016.

4.1.2.1 Activities conducted in 2014

The SYP activities in 2014 were implemented at selected sites in Amathole, Alfred Nzo and OR Tambo. These activities were not focused on NSSS. It was only at the end of 2014 (November 2014) where the case of NSSS was highlighted and then in 2015 activities started.

- **Increased collaboration and cooperation amongst stakeholders:** The activities conducted to meet this output were: intergenerational dialogues on ASRH, GBV and HIV Prevention issues in OR Tambo, Alfred Nzo and Amathole; compiling and publishing one intergenerational dialogues article based on community engagements in ASRH and HIV issues; **c**onvening Eastern Cape provincial ASRH stakeholder's forum; and attending national ASRH fora convened by DSD.

- **Increased knowledge around protective sexual behaviours among young people:** The activities conducted to meet this output were: developing integrated SRHR/HIV prevention

Social Behaviour Change Communications Strategy for Eastern Cape higher educational institutions; conducting a rapid assessment on adolescents and youth living with HIV in two selected districts; and compiling an article on engagement of men and boys in GBV.

- **Quality, age appropriate and integrated ASRH, HIV and GBV services for adolescents and youth strengthened:** The activities conducted to meet this output were: convening one high level joint DoH and DBE provincial forum to sensitise stakeholders on ESA commitment on Comprehensive Sexuality Education (CSE); conducting advocacy workshops with School Governing Boards (SGBs) in identified local municipalities within the three selected districts; conducting ISHP advocacy workshops with Life Orientation Educators in identified local municipalities within three selected districts; and documenting and publishing one article on the role of SGBs and School Health Teams (SHTs) in promoting youth friendly SRH information as part of ISHP.

- **Meaningful participation of young people in leadership on SRH/HIV**: The activity aimed to meet this output was convening provincial youth led Civil Society Organisations (CSOs) SRHR/linkages capacity building workshop.

- **Increased knowledge sharing and management amongst stakeholders:** The activities conducted to meet this output included: providing technical support to EC province to disseminate findings of the Maternal, New-born, Child and Women's Health and Nutrition (MNCWH-N) midterm review, and Human Sciences Research Council- Adolescent and Youth Friendly Services (HSRC AYFS) study; technical support to DoH to initiate inter-departmental primary health care (PHC), MNCWH, youth programme coordinators district AYFS forums; and technical support to DoH to compile and submit three district AYFS reports to national.

4.1.2.2 Activities conducted in 2015

- **Increased collaboration, cooperation and knowledge sharing and management amongst stakeholders:** The activity aimed to meet this output was convening quarterly inter-sectoral coordination meetings on ASHR and HIV prevention in EC.
- **Increased knowledge around protective sexual behaviours among young people:** The activities conducted to meet this output were: supporting intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues in three districts in EC; supporting ‘dual protection’ campaigns within higher institutions of learning in EC; convening a workshop to identify gaps in the delivery of ASRH and HIV prevention education in higher institutions in EC; enhancing skills of curriculum developers and life orientation teacher advisors to address ASRH and HIV prevention in the curricula in EC; and finalising and disseminating the rapid assessment on the needs of adolescents and youth living with HIV, in four selected districts in EC. The DBE facilitated an online course on CSE where participants included those from NSSS while the other activities didn’t focus on NSSS.

- **Quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth:** The activities conducted to meet this output were: conducting a rapid assessment of AYFS within institutions of higher learning in EC and developing an action plan to address the identified gaps in the EC; and implement integrated school health program in one selected school in the one district in the EC. These were general SYP activities that didn't particularly focus on NSSS.
- **Meaningful participation of young people in leadership on SRH/HIV:** The activity aimed to meet this output was supporting the implementation of United Nations Population Fund Youth Advisory Panel (UNFPA YAP) ASRH advocacy plan and support the establishment of provincial YAP EC. Similar to the above, this was a general SYP activity that didn't focus on NSSS.
- **Effective program management including monitoring and evaluation:** The activity aimed to meet this output was project visits and monitoring.

4.1.2.3 Activities conducted in 2016

- **Strengthen youth leadership and participation skills (strengthened young people, especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes):** The activity aimed to meet this output was supporting implementation of EC YAP advocacy plan[3].
- **Increase young people's knowledge Social and Behaviour Change Communication (SBCC) and CSE) (increased young people's knowledge and skills towards adoption of protective sexual behaviour):** The activities conducted to meet this output were: training youth networks and Community Based Organisations on intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues in the EC; supporting trained CBOs and youth networks to scale up inter-generational dialogues to implement community action plans in the two sub districts in EC; supporting implementation of selected interventions from the SBCC plan targeting young people in higher institutions of learning in the EC[4]; program monitoring and related travel; technical assistance costs to support implementation of the work plan; and implementing partner support costs.
- **Strengthen CSOs & SBCC to promote safe sexual behaviour (strengthened capacity of civil society organizations to improve social and behaviour change communication to promote safe sexual behaviour among key populations):** The activities conducted to meet this output were: technical support to strengthen CBOs to ensure sustainability of 2015 GBV prevention interventions through mentoring, stakeholder mapping and assessment of Local Action Plans implementation process; and development of monitoring tools for evaluating progress and implementation of CBO action plan delivery.

[3] This activity didn't focus on NSSS.
[4] This activity didn't focus on NSSS.

- **(1) Strengthen youth leadership and participation skills (strengthened young peoples', especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes), and (2) scale up youth friendly Services for young people (scaling up youth friendly and integrated SRH and HIV Services for adolescents and young people through both static and outreach services):** The activity aimed to meet these two results was about continuing to support the implementation of the ISHP "Nzululwazi model" in the EC by focusing on: supporting the implementation of the ISHP "Nzululwazi model" through institutionalisation of peer education, training of SGBs, conducting 'one man' can training to address the role of men and boys in SRHR, supporting implementation of ISHP.

  Institutionalisation of peer education activities focused on developing a peer education training module aligned to international CSE standards and knowledge gaps that were identified in the baseline assessment, training peer educators and LSAs on CSE and peer education, developing peer education plan with targets that are in line with the SYP 2016 indicators, on-going capacity building and monitoring of implementation of peer education, documentation of the process and lessons learned, conducting periodic surveys to improve peer education and keeping it relevant as well as assessing knowledge levels and behaviour change of learners.

  Training of SGBs included identifying SGB members from the surrounding schools and sub-districts to be capacitated, conducting a 3 day workshop on the implementation of ISHP and identifying how SGB can work with other departments to integrate CSE and improve the overall performance of selected schools, developing a plan for SGBs to work with the school management, DOH, DSD and parents to address CSE and supporting implementation of the plan by adopting one more school with the support of Nzululwazi SGB member.

  Conducting the "one man can" campaign to address the role of men and boys in SRHR included the following activities: assessing if Restless Development has the capacity to undertake the 3 day training, identifying participants for the training (traditional leaders, CBOs, youth networks, ward councillors, community leaders, SGBs, principals, teachers and peer educators), conducting a 1 day advocacy workshop to integrate interventions focusing on men and boys and SRHR/HIV in existing programmes of stakeholders and action plans, and integrating actions from the workshop in the community action plans.

  Supporting implementation of ISHP focused on coordinating task team meetings, which entailed developing TORs and a standing agenda. This included establishing a minimum package of care to be provided to young people, reporting back on Restless Development activities, services provided including identified challenges and how to address them, providing feedback on various reports including the baseline and service provision data, and developing a concept that include a graphic presentation of the 'Nzululwazi' model.

4.1.2.4 Theory of change and analysis of implemented SYP activities 2014-2016

The SYP activities conducted from 2014 to 2016 focused on five strategies namely: (1) strengthening stakeholder collaboration, cooperation and knowledge sharing and management; (2) increasing knowledge around protective sexual behaviours among young people; (3) strengthening quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth; (4) ensuring meaningful participation of young people in leadership on SRH/HIV; and (5) programme management. The five strategies are presented in figure 1 showing the SYP theory of change. The theory of change indicates the complex intermediate steps and processes, pathways, relationships and intermediary accomplishments that the SYP project followed to reach the intended goal.

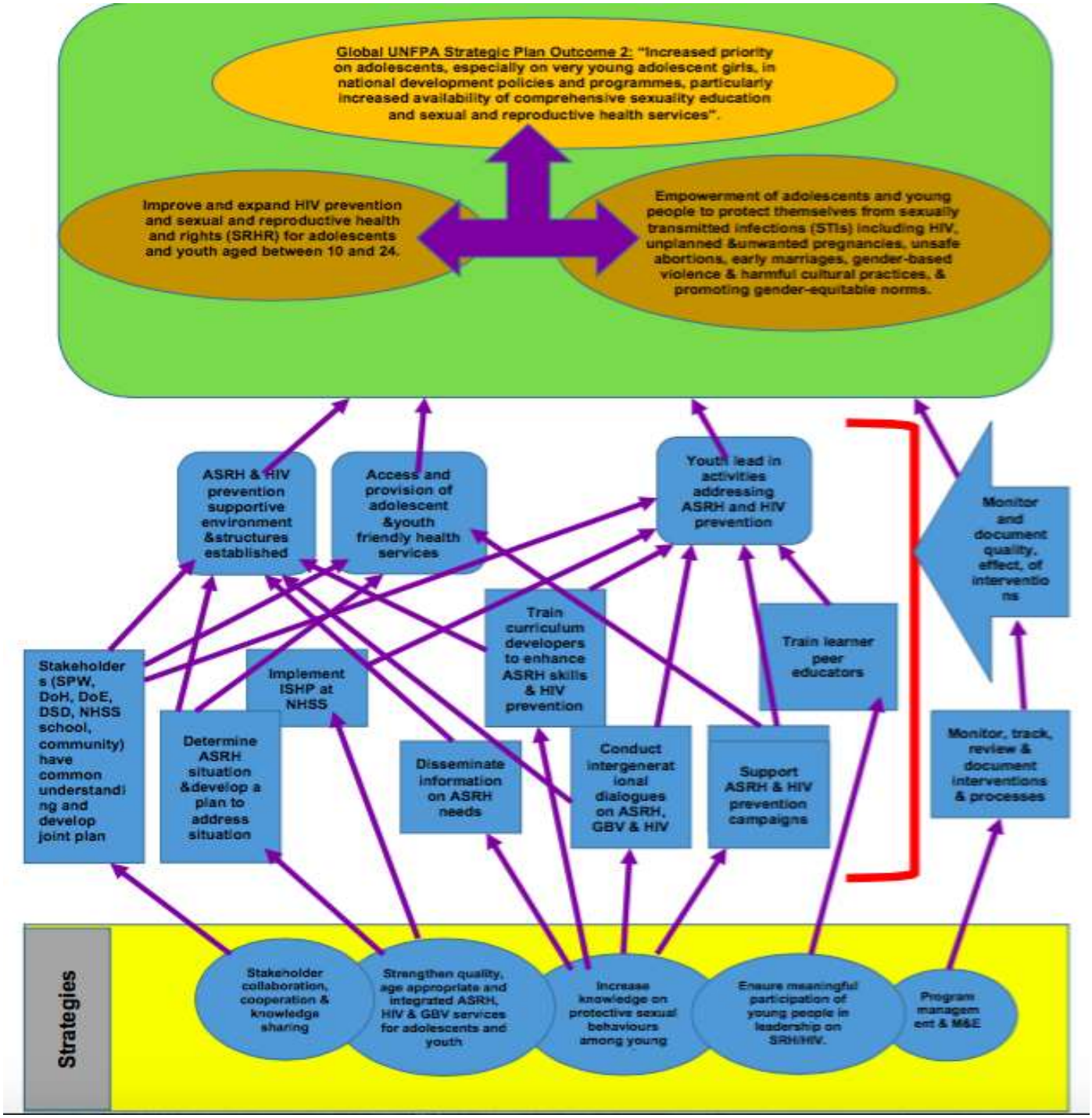


Figure 1: SYP theory of change at Nzululwazi Senior Secondary School

I. **Stakeholder collaboration and coordination:** Stakeholder collaboration focused on holding stakeholder meetings to facilitate implementation of the SYP activities. The meetings were facilitated by Restless Development with the support of the respective government departments and UNFPA. The participants included government departments (DoE, DoH, and DSD), UNFPA, NSSS, NGOs and community members.

For instance, the meeting where a decision to focus on SYP interventions at NSSS was held on 20 November 2014. Upon prioritization of NSSS as target for SYP focused interventions, Restless Development facilitated numerous meetings to facilitate implementation of the SYP interventions. On 15 June 2015 Restless Development held the Eastern Cape Provincial ASRHR Forum at the Eastern Cape AIDS Council's offices in East London. The event was attended by representatives from the Department of Basic Education (including the Director of HIV and AIDS Unit), the Department of Health, the Department of Social Development, as well as CSO representatives that included Beyond Zero, Lovelife, GIZ, UNFPA Youth Advisory Panel, and Skills Factory. The meeting introduced the National ASRHR Strategic Framework (Quarterly narrative report, April – June 2015, pp. 2)**.** High level meetings to clarify roles and address blockages on SYP implementation included the 18 June 2015 high level meeting to initiate the support of the ISHP intervention formally, and an ISHP Technical Task Team (ITTT) establishment to facilitate effective project implementation. The ITTT consists of agencies responsible for ISHP delivery: Department of Basic Education, Department of Health, Department of Social Development, Restless Development, UNFPA, and SAPS. The ITTT met on 21 July 2015. Restless Development also facilitated a high level clarification meeting on 31 of July 2015. A further DBE clarification meeting was held on 26 August 2015. In February 2016, Restless Development and UNFPA met with Eastern Cape Provincial and District government representative & visited NSSS in order to get feedback from the field on the implementation of the ISHP at the school and the broader SYP programme (NSSS and the SYP programme – the journey so far 2014-2016). Restless Development also facilitated an ITTT on 25 - 26 August 2016 where discussions that resulted in the establishment of a Community Task Team (CTT) were held. The CTT was established to complement the ITTT that was not holding frequent meetings as it should.

As indicated in the above theory of change, these various meetings aimed to contribute to creating a conducive and supportive SYP implementation environment and more broadly a supportive policy implementation environment. The SYP activities included implementation of CSE and ISHP. This also contributed to strengthening access to and provision of ASRH services by DoH in a youth friendly environment.

II. **Increasing knowledge around protective sexual behaviours among young people[5]:** The activities contributed to ASRHR & HIV prevention campaigns, intergenerational dialogues on ASRH, dissemination of ASRH information and other associated activities that increase exposure and awareness to ASRHR. A provincial ASRH stakeholders' forum, inter-generational dialogues, literature review of provision of SRHR services and a behaviour change communication (BCC) strategy, and interviews on the engagement

[5] The 2014 activities and a significant number of 2015 and 2016 activities did not focus on NSSS but on other areas and aspects.

of men and boys in gender based violence were conducted in 2014. The activities in 2015 entailed supporting inter-generational advocacy and capacity building workshops on ASRH, GBV and HIV issues, supporting 'dual protection' campaigns within higher institutions of learning in EC, convening a workshop to identify gaps in the delivery of ASRH and HIV prevention education within higher institutions in EC, and enhancing skills of curriculum developers and life orientation teacher advisors to address ASRH and HIV prevention in the curricula in EC. The 2016 activities focused on training youth networks and community based organisations on intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues in the EC; supporting trained CBOs and youth networks to scale up inter-generational dialogues to implement community action plans in the two sub districts in EC; supporting implementation of selected interventions from the SBCC plan targeting young people in higher institutions of learning in the EC; program monitoring and related travel; and technical assistance costs to support implementation of the work plan; and implementing partner support costs. These activities aimed to contribute to increase ASRH awareness, reduced teenage pregnancies and overall empowerment of young people on ASRH matters.

III. **Strengthening quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth:** In 2014, the activities under this area included holding advocacy workshops with School Governing Bodies, joint DoH and DBE provincial officials on ESA commitment on Comprehensive Sexuality Education (CSE), and ISHP advocacy workshops. The 2015 activities included scoping the integrated youth-friendly HIV prevention, and SRHR services in post-schooling institutions in the Eastern Cape, action planning on provision of youth friendly SRHR, training volunteer in-school peer educators in Comprehensive Sexuality Education and deliver ASHR sessions in and out of school youth, assisting the Integrated School Health Policy (ISHP) Task team meeting held. The 2016 activities focused on scaling up youth friendly and integrated SRH and HIV Services for adolescents and young people through both static and outreach services. This entailed continuing to support the implementation of the ISHP Nzululwazi interventions in the EC. These activities contribute to age appropriate SRH interventions, which reduces teenage pregnancies. Activities conducted in 2016 further aimed to strengthen capacity of CSOs to improve social and behaviour change communication (SBCC) to promote safe sexual behaviour among key populations. These entailed providing technical support to strengthen CBOs/CATs to ensure sustainability of 2015 GBV prevention interventions through mentoring, stakeholder mapping and assessment of Local Action Plans implementation process; and development of monitoring tools for evaluating progress and implementation of CBO action plan delivery.

IV. **Meaningful participation of young people in ASRH:** The activities entailed supporting young people so that they participate in leadership of activities about young people. In 2014, a workshop focusing on Adolescent Sexual Reproductive Health (ASRH) and advocacy with seven Provincial Civil Society organisations based in the Eastern Cape was held at the Premier Regency hotel in East London. The workshop aimed to assist to

pave way to advocate for the sexual reproductive health and rights of young people. In 2015, an establishment of the provincial YAP EC was facilitated. In 2016, the activities focused on strengthening young peoples, especially adolescent girls' leadership and participation in programme planning, implementation and evaluation. Peer education training was provided for youth to lead in-school and out-of-school ASRH activities. The youth led interventions aimed to strengthen and empower young people to disseminate, raise awareness and overall ensure that ASRH interventions are youth friendly, sensitive and led by themselves.

V. **Programme management and M&E:** This entailed on-going M&E of the programme, review and documentation. Restless Development documented, reflected and participated in reviews of the project. For instance, in February 2016 Restless Development and UNFPA met with Eastern Cape Provincial and District government representative & visited NSSS in order to get feedback from the field on the implementation of the ISHP at the school and the broader SYP programme. Restless Development documented the developments and processes followed from the start of stakeholder discussions in November 2014 to 2016 (NSSS and the SYP programme – the journey so far 2014-2016).

4.1.2.5 Discussion of theory of change (SYP activities 2014-2016)

The SYP activities implemented from 2014-2016 focused on strengthening youth friendly services through services such as those provided at NSSS community centre and peer education. ASRH information and awareness to empower young people was provided through platforms such as campaigns, dialogues, and peer education. Information sharing also included building life skills through aspects such as HIV prevention, peer support, communication and negotiation skills. Peer support is being strengthened through activities such as peer education and youth advocates. The ASRH environment for young people (i.e. family, community, school and health centres) is being strengthened through activities such as dialogues, awareness meetings and ASRH coordination meetings. The implemented activities addressed ASRH issues at individual young person's level, interpersonal level, community level and organisational level. Further to this, there were activities that strengthened implementation of policy (e.g. ISHP, CSE).

Notwithstanding the holistic ARSH interventions being implemented, the observed gap is the five strategies under which the activities are clustered, result in some intermediary interventions that are not carefully planned for and monitored. For instance, the training of young people in peer education to ensure meaningful involvement in ASRH raises the need to establish a proper monitoring of the young people's activities to ensure quality. Another example that could be noted is that the dialogues strengthening the environment for ASRH interventions in the community and the school. However, the extent to which the ASRH environment is being strengthened needs to be determined and tracked. This situation therefore, challenges the respective stakeholders and implementers to develop additional activities that strengthen the intermediary steps to ensure achievement of the intended SYP outcome indicated above.

4.2 Results achieved from implementing the SYP project in Nzululwazi and surrounding community in Alfred Nzo district

This section presents SYP results achieved at NSSS and in the surrounding community. The results will be presented and analysed through a logframe that incorporates a results framework. A logframe analysis provides clear, concise and systematic information about a project through a framework. It shows the link between the various components of a project such as goals, objectives, activities, results and indicators. It helps in connecting all these components in one framework, presenting the clear relationship between them. The results will be presented and analysed at the levels of the individual youth, school, community and to a lesser extent, district.

4.2.1 Restless Development and UNFPA activities (2014-2016)

The clustered SYP activities from 2014 to 2016 as drawn from planning and monitoring documents are presented in the table below. The interventions with explicit focus on NSSS are in bold text in the table.

Table 5: Comparison of SYP interventions from 2014 – 2016

	2014	2015	2016
Result	Increased collaboration, cooperation and knowledge sharing and management amongst stakeholders.	Increased collaboration, cooperation and knowledge sharing and management amongst stakeholders	Strengthen youth leadership and participation skills (Strengthened young peoples', especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes)
Activities	Conduct intergenerational dialogues on ASRH, GBV and HIV Prevention issues in OR Tambo, Mount Frere and Amathole.	Convene quarterly inter-sectoral coordination meetings on ASHR and HIV prevention in EC.	Support implementation EC YAP advocacy plan
	Compile and publish one intergenerational dialogues article based on community engagements in ASRH and HIV issues.		
	Convene Eastern Cape provincial ASRH stakeholder's forum.		
	Attend national ASRH fora convened by DSD.		
Result	Increased knowledge around protective sexual behaviours among young people.	Increased knowledge around protective sexual behaviours among young people.	Increase young people's knowledge (SBCC and CSE) (Increased young people's knowledge and skills towards adoption of protective sexual behaviour)
Activities	Develop integrated SRHR/HIV prevention Social Behaviour Change Communications Strategy for Eastern Cape higher educational institutions.	Support intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV	Train youth networks and community based organisations on intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues in the

		issues in three districts in EC.	EC.
	Conduct a rapid assessment on adolescents and youth living with HIV, in two selected districts.	Support 'dual protection' campaigns within higher institutions of learning in EC.	Support trained CBOs and youth networks to scale up inter-generational dialogues to implement community action plans in the two sub districts in EC
	Compile an article on engagement of men and boys GBV.	Convene a workshop to identify gaps in the delivery of ASRH and HIV prevention education in higher institutions in EC.	Support implementation of selected interventions from the SBCC plan targeting young people in higher institutions of learning in the EC.
		Enhance skills of curriculum developers & life orientation teacher advisors to address ASRH and HIV prevention in the curricula in EC.	Program monitoring and related travel.
		Finalise and disseminate the rapid assessment on the needs of adolescents & youth living with HIV in selected districts in EC.	Technical assistance Costs to support implementation of the work plan
			Implementing Partner Support Costs
Result	Quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth strengthened	Quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth (	Strengthen CSOs & SBCC to promote safe sexual behaviour (Strengthened capacity of civil society organizations to improve social & BCC to promote safe sexual behaviour among key populations)
Activities	Convene one high level joint DoH and DBE provincial forum to sensitise stakeholders on ESA commitment on Comprehensive Sexuality Education (CSE).	Conduct a rapid assessment of AYFS within institutions of higher learning in EC and develop an action plan to address the identified gaps in the EC.	Technical support to strengthen CBOs/CATs to ensure sustainability of 2015 GBV prevention interventions through mentoring, stakeholder mapping and assessment of Local Action Plans implementation process
	Conduct advocacy workshops with SGBs in identified local municipalities within the three selected districts.	**Implement integrated school health program in one selected school in the one district of the of EC.**	Development of monitoring tools for evaluating progress and implementation of CBO action plan delivery
	Conduct ISHP advocacy workshops with SHT, FHT, and Life Orientation Educators in identified local municipalities within three selected districts		
	Document and publish one article on the role of SGBs and School Health Teams in		

	promoting youth friendly SRH information as part of ISHP.		
Result	Meaningful participation of young people in leadership on SRH/HIV.	Meaningful participation of young people in leadership on SRH/HIV.	Strengthen youth leadership and participation skills (Strengthened young peoples', especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes)
Activities	Convene provincial youth led CSOs SRHR/linkages capacity building workshop.	Support the implementation of UNFPA YAP ASRH advocacy plan and support the establishment of provincial YAP EC.	**Continue supporting the implementation of the ISHP "Nzululwazi model" in the EC**
Result	Increased collaboration, cooperation and knowledge sharing and management amongst shareholders	Effective program management including monitoring and evaluation	Scale up youth friendly Services for young people (Scaled up youth friendly and integrated SRH and HIV Services for adolescents and young people through both static and outreach services)
Activities	Technical support to EC province to disseminate findings of the MNCWH-N midterm review and HSRC AYFS study.	Monitoring and program related travel	**Continue supporting the implementation of the ISHP "Nzululwazi model" in the EC**
	Technical support to DoH to initiate inter-departmental (PHC, FHT, SHT, AYFS, MNCWH, HAST youth programme coordinators district AYFS Forums.		Conduct an operations research on the implementation of 'Nzululwazi model'
	Technical support to DoH to compile and submit three district AYFS reports to national.		

The above activity analysis shows a slight shift of SYP interventions in 2015 and 2016 from 2014 activities that broadly focused on provincial and a number of districts in the EC. After a decision was made on 20 November 2014 to include SYP interventions focusing on NSSS, the 2015 and 2016 interventions had NSSS focused activities. In 2015, the interventions directly targeting NSSS was to "Implement integrated school health program in "one selected school in the one district of EC" (activity 3.2) (SYP Annual Work plan 2015 pp.6). The 2016 SYP interventions increased focus on NSSS to three explicit interventions: continue supporting the implementation of the ISHP Nzululwazi model in the EC (x2) and conducting an operations research on the implementation of Nzululwazi model in the EC (SYP Annual Work plan 2016 pp. 6-7). The 2016 activities relating to the support of the implementation of the ISHP "Nzululwazi model" in the EC included:

"Training of SGBs

4.2.1. Identify SGB to be capacitated- from the surrounding schools and sub districts.

4.2.2. Conduct a 3 day workshop on the implementation of ISHP and identify how SGB can work with other departments to integrate CSE and improve the overall performance of selected schools.

4.2.3. Develop a plan for SGBs to work with the school management, DOH, DSD and parents to address CSE and improve overall performance of the school.

4.2.4. Support implementation of the plan- adopt one more school with the support of Nzululwazi SGB member" (Activity description - 2016 SYP activities, Q3 July – September 2016, pp. 3-4).

Restless Development Country Director's explanation confirmed the shift of some SYP activities from a broad EC provincial focus to NSSS, as indicated above. He stated that:

> *"Prior to 2015 and 2016, the SYP interventions broadly focused on the province. However, this changed when a decision to focus on NSSS was made in November 2014. From 2015 the SYP activities started to focus on NSSS. This focus was much stronger in 2016" (*Restless Development *Country Director).*

4.2.2 SYP logframe

The logframe is based on the five SYP intervention areas focusing on: (1) increasing collaboration, cooperation and knowledge sharing and management amongst stakeholders; (2) increasing knowledge around protective sexual behaviours among young people, (3) providing quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents; (4) strengthening meaningful participation of young people in leadership on SRH/HIV; and (5) effective program management including monitoring and evaluation. The logframe draws from the annual work plans of the three years (2014-2016) but the topics are drawn from 2015 work plan that incorporates the different interventions as shown in table 6.

Table 6: The Safeguard Young People logframe

Inputs	Objectives	Activities	Outputs	Outcomes	Indicators
● Financial resources ● Leaders & officials from the involved actors (Restless Development, DoH, DSD, DoE, school Principal and teachers) ● Activity meeting spaces (community hall, school environment, Restless Development offices) ● Human resources (e.g. trainers, peer educators, community facilitators) ● Training materials (e.g. ISHP, CSE, peer educator manuals)	To increase collaboration, cooperation and knowledge sharing and management amongst stakeholders	Convene quarterly inter-sectoral coordination meetings on ASHR and HIV prevention in EC.	Participation and cooperation between government and CSOs and youth leaders.	Increased collaboration, cooperation and knowledge sharing and management amongst stakeholders	Availability of an intersectoral plan addressing ASRH and HIV prevention education and services (target 1)
	To increase knowledge around protective sexual behaviours among young people.	Support intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues in three districts in EC.	Intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues held	Increased knowledge around protective sexual behaviours among young people.	# (of community action plans on ASRH, GBV and HIV developed (target 3)
		Support 'dual protection' campaigns within higher institutions of learning in EC.	Support 'dual protection' campaigns within higher institutions of learning held		# of higher institutions of learning launched 'dual protection 'campaigns (target 2)
		Convene a workshop to identify gaps in the delivery of ASRH and HIV prevention education in higher institutions in EC.	Convened workshops to identify gaps in the delivery of ASRH and HIV prevention education in higher institutions in EC.		Availability of an action plan addressing ASRH and HIV prevention education, information and skills within schools and institutions of higher learning (target 1)
		Enhance skills of curriculum developers and life orientation teacher advisors to address ASRH and HIV prevention in the curricula in EC.	Life orientation teacher advisors trained to address ASRH and HIV prevention in the curricula		# of LO teacher advisors and Curriculum developers trained on addressing ASRH and HIV prevention in schools

		Finalise and disseminate the rapid assessment on the needs of adolescents and youth living with HIV, in four (again is it four districts of three) selected districts in EC.	Disseminated rapid assessment reports on ASRH needs in EC.		# here) of reports on rapid assessment and dissemination on the needs of adolescents and youth living HIV developed. # (what does this sign or symbol mean) of reports on rapid assessment and dissemination on the needs of adolescents and youth living HIV developed.
	To strengthen quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth	Conduct a rapid assessment of AYFS within institutions of higher learning in EC and develop an action plan to address the identified gaps in the EC.	Rapid assessment of AYFS within institutions of higher learning in EC conducted and development of action plan to address the identified gaps in the EC done.	Quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth strengthened	Availability of a rapid assessment report with recommendations on AYFS within higher institutions of higher learning.
		Implement integrated school health program in one selected school in the one district in the EC.	Integrated school health program in one selected school in the one district in the EC implemented		# (what does this symbol represent) of learners reached with integrated school health program in EC (target 300).
	To ensure meaningful participation of young people in leadership on SRH/HIV.	Support the implementation of UNFPA YAP ASRH advocacy plan and support the establishment of provincial YAP EC.	Support of implementation of UNFPA YAP, ASRH advocacy plan and support of the establishment of provincial YAP EC done.	Meaningful participation of young people in leadership on SRH/HIV.	# of young people reached through social media platforms created and managed by trained youth (target 2500) # of YAP initiatives involving youth led organisations (target 2)

	Effective program management including monitoring and evaluation	Monitoring and program related travel	Monitoring and program related travel done	Effective program management including monitoring and evaluation	

4.2.3 Results achieved by the SYP project in Nzululwazi

4.2.3.1 Increased collaboration, cooperation and knowledge sharing and management amongst stakeholders

Coordination of stakeholders has been a key activity since the start of SYP project. While there were some notable achievements in 2014, a detailed discussion will be done on 2015 and 2016 after the decision to focus ASRH efforts at NSSS to support effective implementation of the ISHP, which was aimed to reduce teenage pregnancy and poor ASRH services. The 2014 achievements will be briefly highlighted and discussed.

2014: Numerous coordination meetings were successfully held in 2014 to ensure that the core partners in the implementation of SYP in EC is fully supported. The meetings were held after the appointment of Restless Development by UNFPA as implementing partner in EC. These meetings included the following:

- 30 July 2014 Provincial SYP Coordination Forum meeting convened by the DSD and chaired UNFPA to introduce Restless Development as the implementing partner (IP).

- 14 August 2014 Provincial Coordination Forum Meeting in Mthatha to present SYP to the Provincial DSD, DBE and Health.

- 12 September 2014 the Restless Development Country Director meeting with the Provincial Department of Health in Bhisho to affirm support for the provincial level activities (i.e. ASRH stakeholders' forum, district level AFYS forums, and getting feedback on the modalities for running provincial activities) (Quarterly Narrative Report, 22 July – 30 September 2014).

- 27 October 2014 meeting attendance by Restless Development Country Director and Programme Manager of the Safe Guard Young People Coordination Forum meeting at the invitation of UNFPA and the Department of Social Development. This meeting aimed to provide a platform for presenting the progress made in the SYP programme to the relevant

government departments, as well as identifying cross-departmental solutions to some of the common challenges being faced in the programme in the Province.

- On 28 – 29 October, 2014 meeting attendance by Restless Development Country Director and Programme Manager of the National Coordination Forum on the UNFPA Country Programme for South Africa to present the progress reports on the AWP for 2014 and to shape the AWP's for 2015 and 2016 with a specific focus on the working group of Adolescents and Youth (Additional narrative report addendum, 1– 31 October 2014).

- 19 November 2014 first Eastern Cape ASRHR Forum in East London to strengthen youth advocacy groups to work in partnership with the Department of Health to achieve adolescent and youth friendly services in the three targeted districts in the province (Quarterly Narrative Report, November and December 2014).

The immediate results of the held meeting included the general *"excitement and support for the SYP programme"* by the core stakeholders (Quarterly Narrative Report, 22 July – 30 September 2014). The meetings were also well attended, which indicated buy-in by stakeholders. *"A significant achievement was the buy-in from the Department of Basic Education, Mrs Maasdorp, Director of HIV and AIDS"* **(**Additional Narrative Report addendum, 1 October – 31 October 2014). Regarding attendance, the Eastern Cape ASRHR Forum held in East London on 19 November 2014 was attended by a total of 43 representatives from 16 organisations, which was a *"success that exceeded expectations"* (Quarterly Narrative Report, November and December 2014). These various meetings provided a common understanding regarding ASRH within the province and stimulated interest to support ARSH interventions.

- **2015 achievements:** A number of achievements were noted from coordination efforts in 2015. A Provincial Stakeholders' ASRH forum was held on 15 June 2015. The important outcome of this meeting was the establishment of the Provincial HIV Prevention Technical Task Team Cluster. On 18 June 2015 another high level meeting took place at NSSS, at which an ISHP implementation plan was developed to kick start project implementation at NSSS. On 21 July 2015 an ISHP Technical Task Team meeting was held at NSSS with representatives from provincial and district DoH, DSD, DoE UNFPA, Restless Development.

  The meeting focused on ISHP implementation programming. A further sensitisation dialogue at NSSS was done on 30 July 2015 on World Population Day. The meeting affirmed the previous decisions to intensify ISHP interventions at NSSS. At the meeting it was agreed that young people should be allowed access to SRH services and that they need to have a platform to communicate openly about sexual and reproductive health and rights. As a way forward:

  > *Parents, together with School Governing Bodies, Department of Health, Department of Social Development, the Department of Education and* Restless Development *will now work together to make sure that services are*

provided to learners. Restless Development *will facilitate an intergenerational dialogue on Adolescent Sexual and Reproductive Health and Rights from the 11th to the 13th of August. As part of* Restless Development*'s contribution, volunteer peer educators will be leading peer education in classes with the students of Nzululwazi Senior Secondary School (Nzululwazi and the SYP programme- the journey travelled thus far pp. 10).*

Furthermore, a pledge was signed on this day as shown in figure 2.

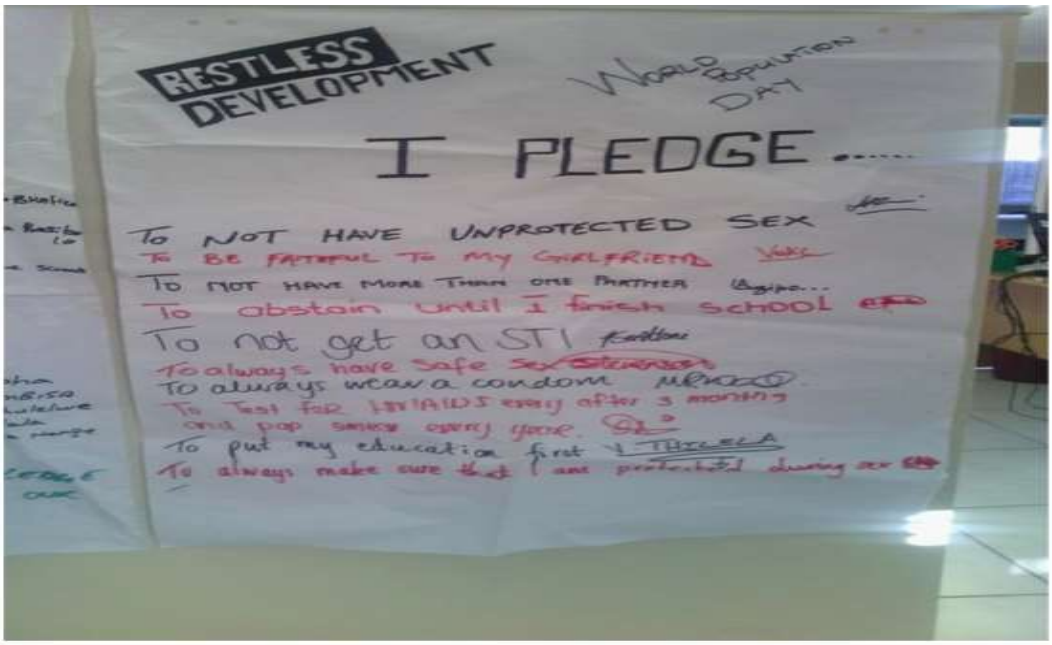


Figure 2: Pledge by young people

A further high level clarification meeting on provision of services and ISHP delivery was held on 31 July 2015 with Provincial DBE and DoH. The meeting clarified and reaffirmed provincial support on the policy relating to provision of ASRH information and services. The meeting updated all partners on the draft implementation plan developed. The meeting also noted the policy confusion emanating from the national level (where the draft HIV policy was not in line with the ISHP).

The meeting indicated that the issue was being addressed by DBE with their national colleagues. However, despite this confusion, it was clarified at the meeting that the district DBE officials must not be a barrier to the provision of information and services to young learners in the district which was the case at present (as presented by Restless Development following the ISHP Task Team Meeting). As a result, the Provincial DBE allocated a point person within the DBE, Ms. Nolitha Tyamzashe, to accompany a small team to discuss the challenges and address the issue with colleagues at the district level as a matter of urgency.

Following from the 26 August 2015 meeting, a Provincial DBE clarification meeting was held at NSSS to address obstacles in the implementation of ISHP within the district particularly at NSSS. The meeting noted that despite dedication and efforts to clear the confusion, it was clear that the confusion persisted hence through the meeting, it was agreed that whilst the department still needs to clarify what the policy says about onsite services across the province in its schools, services for Nzululwazi learners will be offered in the community structure offered by the community. It was agreed at this meeting that a further high level provincial panel discussion where DoH, DSD, and DBE will be present to clarify policy issues surrounding provision of services onsite should be held.

The coordination activities from November 2014 to August 2015 outlined above focused on meetings to sensitise, clarify, establish a common framework and consensus on ISHP. Each meeting discussed issues that informed the next steps of implementation. For example, the 20 November 2014 meeting agreed that to have focused ASRH interventions at NSSS:

> "*All (stakeholders present) agreed that there should be focused interventions at NSSS for the Annual Work plans designed and developed for the upcoming year - 2015"* (Nzululwazi SYP Programme documentation - The Journey So far – 2014 to 2016, pp. 3).

This decision led to interventions that are focused at NSSS in 2015-2016. Each meeting's decisions informed the next meetings. The list of coordination meetings is presented in table 7.

Table 7: *Coordination meetings indicating one meeting leading to the next after a decision was made to have focused SYP interventions at NSSS (in reverse order)*

Meeting date	Major meeting outcome
26 August 2015	DBE intra (inside department clarification) and consciousness of confusion areas to manage during ISHP.
31 July 2015	Clarification meeting resulting in appointment of contact person in DBE
30 July 2015	Further sensitisation at NSSS, commitment of implementers and ASRH pledge
21 July 2015	Implementation programming after planning was done on 21 July 2015
18 June 2015	Implementation planning and plan
15 June 2015	Provincial forum resulting in establishment of Provincial HIV Prevention Technical Team Cluster reporting to Provincial AIDS Council.
20 November 2014	Stakeholder meeting resulting in decision to focus on NSSS as ISHP modelling site

ACHIEVEMENTS OF COORDINATION EFFORTS

The direct and indirect achievements of SYP coordination at NSSS are summarized in the thematic diagram (figure 5) and discussion below. These achievements included the following:

a. **Government commitment to address ISHP challenge:** Through efforts to coordinate various stakeholders to implement ISHP described above, there has been increasing awareness and unravelling of ASRH implementation challenges particularly ISHP. Government effectively explored ways to address the bottlenecks as noted from one meeting to the next addressing successive challenges affecting ISHP implementation. The HIV Director within DBE and DoH official indicated that:

> *"The coordination meetings and on-going sharing and feedback increasingly made the government officials understand the reality of the ASRH need. The coordination meetings keep on assisting people to have clarity about the ASRH situation"* (HIV Director within DBE and DoH).

b. **Government support to ISHP at NSSS:** Despite the persisting challenges experienced by government departments (e.g. DoH limited staffing and transport, DoE policy internal confusion), the respective government departments have consistently tried to support NSSS. This support and commitment from provincial to district level is commendable. A DoH District Nurse responsible for ISHP stated that:

> *"Despite our challenges as DoH, we always make effort to attend ASRH sessions when we are invited at NSSS. This is our mandate hence we try to support by all means"* (DoH District ISHP Nurse).

c. **Innovative approaches to resolving challenges:** Due to persisting confusion DoE had to hold an internal clarification meeting regarding ISHP. This assisted in ensuring that the provincial and district officials have a common understanding regarding ISHP at NSSS. For example, to ensure implementation challenges are addressed, on 31 July 2015 High level meeting was held:

> *"The Provincial DBE allocated a point person within the DBE, Ms Nolitha Tyamzashe, to accompany a small team to discuss the challenges and address the issue with colleagues at the district level as a matter of urgency. A meeting was scheduled for 26 August 2015. On 26 August meeting at Nzululwazi; the Department of Basic Education at the District level accompanied by Provincial DBE staff from the HIV directorate discussed the major obstacles to the implementation of the ISHP within the district. Participants included UNESCO representatives, and National and Provincial Department of Basic Education and district based support teams, accompanied by* Restless Development*. It was noted that the challenges and confusion remained significant. However, DBE needs to clarify further what the policy says about onsite services across the Province in its schools. This*

discussion was to be taken further to a High level panel discussion at provincial level". (Nzululwazi and the SYP programme- the journey travelled thus far pp. 11, 13).

d. **Supportive government ISHP policy implementation environment:** Through the various coordination efforts the DBE openly assisted and facilitated the implementation of ISHP at NSSS. The SGB, principal and teachers all agreed to create an environment for effective ISHP implementation. The SGB members, peer educators, and some teachers were trained on CSE and there was integration of ASRH into the curriculum (Life Orientation)**.** This embracing of the ISHP was a result of a prolonged period of sensitisation and training that clearly resulted in a positive supportive ASRH implementation environment. The NSSS principal explained the situation as follows:

> *"I see that the DBE,* Restless Development *and the other stakeholders are very supportive of ISHP. DBE is supportive because this addresses our challenges and contributes to our goal as DBE"* (NSSS Principal).

e. **Increased awareness on ASRH challenges in the province:** The various coordination meetings led to heightened awareness amongst key government representatives of the challenge of poor ASRH services in rural communities in the Eastern Cape and in Nzululwazi in particular. Both the UNFPA provincial official and DoH officials observed that the ISHP at NSSS had increased ASRH awareness.

> *"While the meetings have been going on for a long time, this ISHP initiative at NSSS has encouraged government departments to clearly see the acute ASRH need and hence develop a coordinated response"* (DoH official).

The summary of the coordination achievements is indicated in figure 3.

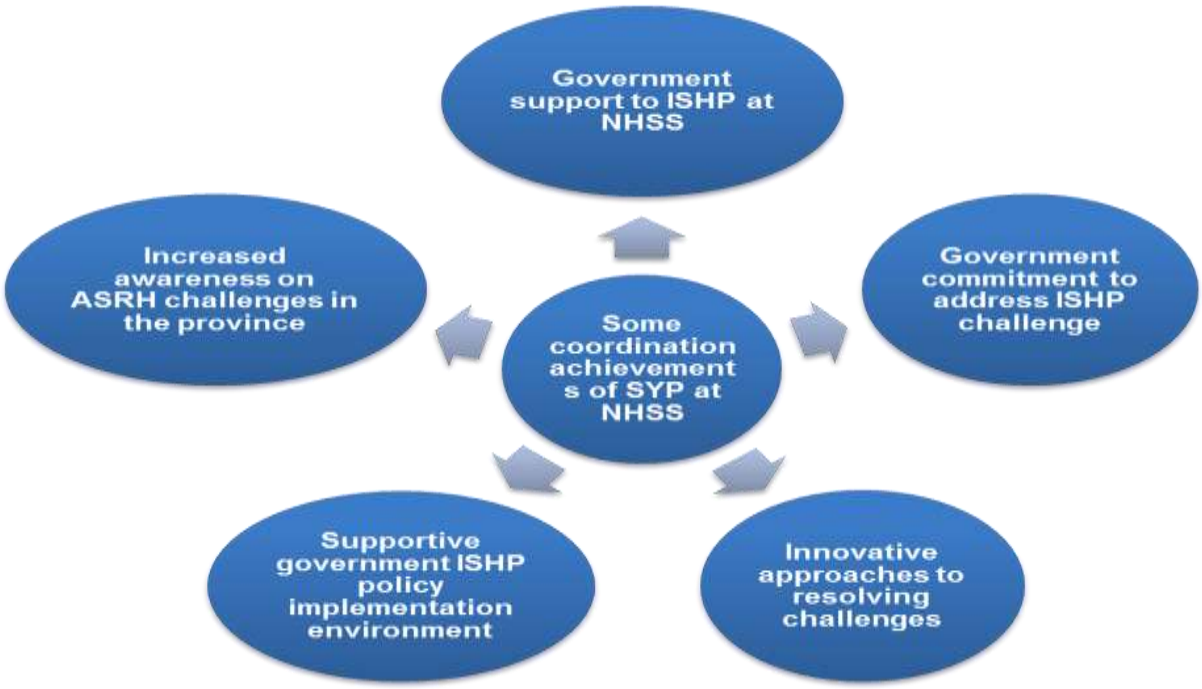


Figure 3: *Summary of coordination achievements of SYP at NSSS*

CHALLENGES OF COORDINATION EFFORTS

While there are a considerable number of positive results achieved through the coordination processes, there are some challenges that were noted. A summary of the coordination challenges are indicated on the thematic map diagram (figure 3) and discussion below.

a. **Coordination dependence on individuals instead of being institutionalised in government departments:** It was noted that some contact officials in their respective governments are very supportive of ISHP at NSSS but it is unclear whether this passion and support is shared by all department members. In the event of these officials being transferred or leaving their government positions, there is threat of slowing down of interventions and loss of institutional memory. The Director of Restless Development and UNFPA Provincial Officer in separate interviews illustrated this concern vividly using the example of the fundamental role played by DoH Official, Mrs Gwiji. They stated that:

> *Mrs Gwiji in DoH is extremely supportive of ISHP and she goes out of her way to make sure ISHP is successful at NSSS. However, it is unclear whether her passion is shared by the entire department. While her support and work is remarkable there is a threat that there seems to be no other officials in the same department showing the same commitment and passion (*UNFPA Provincial Officer).

This challenge was reflected in a nuanced way in the Quarterly Narrative Report, November and December 2014. The report states that there is:

> *"Lack of awareness of Department of Social Development at a district level – not aware of the great work happening at provincial level with the coordination of the intergenerational dialogues. We had assumed that discussion at the district level on these activities would have been from a vantage point of already having an understanding of the activity, but this has not been the case and has required more sensitization than originally anticipated"* (Quarterly Narrative Report, November and December 2014).

b. **Overdependence by Restless Development for coordination:** Restless Development has been coordinating stakeholders implementing ISHP at NSSS. While this is certainly going on well, there are no indications that government is preparing to take over the coordination role. The coordination of ISHP will likely be affected if Restless Development runs short of coordination funds. Restless Development's report clearly highlights this point:

> *"The government departments have to be pushed to drive interventions" (Good practices document, pp. 1).*

This challenge was also indicated in the (Quarterly Narrative Report, November and December 2014). The report indicated that:

> *"Despite the desire to put ownership of provincial activities in the hands of the Provincial government authorities (and not make activities be seen to be 'led' by the Implementing partner for example), there is a need to reflect on how partners and other government stakeholders can leverage their ability to push for greater leadership and accountability in the future"* (Quarterly Narrative Report, November and December 2014).

c. **Weak implementation of decisions made in meetings:** The decisions made in meetings seem not to be followed through by some government departments. For instance, DSD is supposed to provide a Social Worker at Nzululwazi community resource centre but until now the officer has not been provided. One government official that:

> *"While the government departments are generally working well together, DSD has been a challenge. There is no joint systematic planning across the departments, which weakens the agreed work to be done"* (Government official X – name withheld).

d. **ISHP implementing partners' high expectations and enthusiasm overlooking broad government responsibilities:** While NSSS has been prioritised by DoH, DoE and DSD as the ISHP modelling school that should be prioritised; focus on one school should be

balanced with other areas requiring similar interventions. DoH district official responsible for ISHP stated this fact very clearly as highlighted:

> *"Indeed, as DoH we prioritise NSSS and we will never say no when they invite us. But our mandate and responsibility is broader than one school. We have a responsibility on other schools as well. The work at NSSS should not result in disadvantaging other communities. For instance, we have one vehicle covering 58 points. This needs to be taken into account in people's expectations. Our expectations of DoH should be moderated by realities of limited resources"* (DoH District ISHP official).

The management of expectations by the partners implementing SYP interventions was also noted in Narrative report of July – September 2015. The report indicated that there is a challenge of: *"Balancing limited resources for research consultancy work with significant expectations that often misalign and are not always matching"* (Narrative report, July – September 2015, pp. 12).

e. **Blurry role of DSD in implementation of ISHP at NSSS:** The roles of the government departments in implementing ISHP are: for DSD to facilitate transport to the school/Health Resource Centre, providing social services at the same day as the Health services, support community based interventions; for DoH to provide consistent health services; and for DoE to provide an environment for service provision, strengthen life skills education, and enhance the skills of educators to deliver CSE. The UNFPA Provincial Official stated that:

> *"The service packages of DoH and DoE in implementing ISHP seems much clearer than DSD. As a result, DSD interventions seem unclear. Therefore, by default, DoH is leading ISHP interventions at NSSS in spite of the fact that DSD owns the provincial coordination role. Therefore, DSD should consider developing a clear ISHP package to be implemented at NSSS centre. This can take the form of preventive interventions for learners to prevent ASRH risks such as preventive peer pressure counselling, etc."* (UNFPA Provincial Official).

f. Government departments' vertical accountability hindering horizontal coordination: Because government department staff account vertically to their supervisors, they find accounting to some other structures (horizontally) such as ISHP coordinating team unnecessary and at times confusing. At provincial and national levels, horizontal coordination through clusters is practiced much more while at district levels inter-government accountability and coordination is much more difficult. It was reported that:

> *"Lack of communication and integration between Department of Health and Department of Basic Education, which is crucial for integrated leadership and coordination in activities like the School Governing Bodies advocacy work and*

delivery of the Integrated School Health Programme which rely on both sectors" (Narrative report, July – September 2015, pp. 12).

The DoH provincial official further explained that:

> *"When we started it was difficult to work across departments (coordinating ourselves) but now we work well with DoE and DSD at provincial level but at district level this structure is not functioning effectively"* (DoH provincial official).

Figure 4*: Some coordination challenges*

4.2.3.2 Increased knowledge around protective sexual behaviours among young people

> *"3 intergenerational community workshops held with 72 people: 1 in OR Tambo (Qaukeni) on 17, 18 and 19 September attended by 28 people for all 3 days; 1 in Bizana (Alfred Nzo) on 3, 4 and 5 September, attended by 22 people for all 3 days; 1 in Butterworth (Amathole) on 22 – 24 October, attended by 22 people for all 3 days"* (SYP July – December 2014 Narrative Report pp. 2).

The participants highly rated the workshops in their evaluations, which indicated activity effectiveness. However, these activities were not linked to NSSS. An article was written and published on the key lessons and discussion points relating to community leadership of ASRHR

issues. The article shown in figure 5 was a direct result of engagement of men and boys in Gender based Violence (GBV) activity held on 8 – 9 September 2014.

What makes a man a man

ALICE CLARFELT

"IN THE society that we grow up in we have been told by our parents that men need to be strong, the man is the provider of the family, men don't cry if they feel the pain, they cry

jury, infection or other medical problems.

The consequences are severe. A man who is not traditionally circumcised will not be considered "a real man". He is likely to face discrimination in the form of

us to address and to radically transform them.

Efforts to address gender-based violence must reach out and engage with young people on this issue, supporting them to challenge harmful social norms

Figure 5: Article on Gender Based Violence

A successful ASRH forum was also held in East London (November 2014) while a high level panel discussion that resulted in the prioritisation of NSSS as a site for modelling ISHP through coordinated efforts of different stakeholders (DoH, DSD, DBE and Restless Development) was held on the 20 November 2014 (SYP July – December 2014 Narrative Report pp. 2).

Restless Development trained 4 youth facilitators' to deliver inter-generational dialogues in Amathole, Alfred Nzo and OR Tambo. Four experienced youth facilitators were selected to work alongside Restless Development Programme Manager. The intergenerational discussions were highly rated by participants (more than 80%). The activities conducted under this category of interventions in 2014 included a BCC strategy within institutions of higher learning, rapid assessment on adolescents and youth living with HIV, men and boys, gender based violence. However, these activities were not only targeted at NSSS.

In **2015**, intergenerational advocacy workshops focused on the communities that had been visited the previous year (i.e. 2014) to further strengthen the conversations that had been held the previous year. On 11th – 13th August 2015 community dialogues were held at NSSS and attended by 34 participants including learners; teachers, School Governing Bodies, health promoters, Department of Health representative, Nurse from gateway clinic, Learner Support Agents, peer educators, youth and community members leading to a community action plan on ASRH, GBV and HIV developed for the community.

The overall objective of the dialogues held as indicated on the activity plan was to build individuals' capacity to respond to the ASRHR issues affecting them within the Nzululwazi community where the implementation of the Integrated School Health Policy (ISHP) was to be focused. Due to increased awareness and ASRH need. The DoH official reported that:

> *"A commitment was made by the health promotion team to provide ASRHR services, information and support for the learners at NSSS. A rondavel was*

identified to serve as a health promotion unit to provide onsite services for all learners, and out of school youth" (DoH ISHP official).

Restless Development supported direct engagement with learners focusing on ASRHR, GBV and HIV in the school through a trained peer educator programme delivering Comprehensive Sexuality Education (CSE) curriculum during the life orientation lessons.

During World Population day at NSSS on 30 July 2015, a dialogue was held. The dialogue resulted in an agreement on the importance of allowing young people access to sexual health services and to have open communication about it. Parents, together with School Governing Bodies, Department of Health, Department of Social Development, the Department of Education and Restless Development – then agreed to work together to make sure that services are provided to learners are effectively delivered.

Furthermore, on 27 August 2015 a peer education programme on prevention of teenage pregnancy campaign in selected schools and communities in the three districts (Amathole, OR Tambo, Alfred Nzo – NSSS) targeted by Restless Development was launched. While this activity broadly targeted the three districts; NSSS was one of the targeted sites where peer educators were invited.

In 2016, training of youth networks and CBOs on intergenerational advocacy and capacity building workshops on ASRH, GBV and HIV issues in the EC took place. The aim of the activities was to further increase ASRH awareness. The youth networks and CBOs also received support training to scale up inter-generational dialogues and implement community action plans in the two sub districts in EC.

The level of ASRH awareness among parents, SGB, and learners at NSSS had increased. The SGB members and parents self-reported that they are now aware of the connection of the various ASRH factors. They stated:

"*Through dialogues and discussions we are now aware of the various factors within our community that expose our children to poor sexual reproductive health issues"* (Parents at NSSS).

Increase in knowledge was further confirmed by the learners at NSSS during FGDs. The learners revealed significant level of awareness. They were able to identify the root causes of risk behaviours and the connections to HIV and threats to their sexual health.

"The learners stated that they have changed their behaviour to avoid being sexually active, having older boyfriends and any other sexual related issues that also compromise their education" (NSSS learners in FGD).

4.2.3.3 Quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth strengthened

Restless Development was involved in CSE regional activities that aimed to promote age appropriate ASRH services, HIV and GBV. "On 26th and 27th August 2015, Frank Harle, the Country Director, attended the regional consultative meeting on the status of teacher training in Sexuality Education for Eastern and Southern Africa (ESA)" (Quarterly Narrative Report, 22 July – 30 September 2014). In November 2014, a Provincial CSE high level dialogue involving the DBE and DoH was held. Advocacy workshops with School Governing Bodies (SGBs) were also held in Alfred Nzo and OR Tambo. The advocacy workshops were positively rated by participants (91% of participants rated the 29 August 2014 workshop as very useful, 92% on 10-11 September 2014, and 96% on 12 September 2014).

In 2015, a rapid assessment of AYFS within institutions of higher learning in EC was conducted and an action plan was developed. The assessment entailed scoping exercise of comprehensive and integrated youth-friendly HIV prevention and SRHR services at post-schooling institutions in the Eastern Cape Province. The findings of the research were disseminated to stakeholders. The scoping research recommended four (4) broad themes for planning: youth-friendly clinical services at every post-schooling institution, investing in youth-led peer education programmes, capacitating staff and management on youth SRHR and HIV prevention, and encouraging institutions to heed socio-economic and academic needs.

Implementation of an integrated school health programme at NSSS was also started in 2015. Restless Development trained 4 volunteer peer educators on 27th August 2015 in Comprehensive Sexuality Education (CSE) and the SYP. The CSE training aimed to facilitate implementation of ASHR sessions in and out of school youth at NSSS. A high level provincial meeting with the HIV Directorate within the Department of Basic Education was held in East London to clarify the concerns arising and way forward for the ISHP in the Province and district. This meeting noted the policy confusion – emanating from the national level where the draft HIV policy was not in line with the ISHP. The meeting to address the policy confusion on ISHP implementation was done on 26 August with the Department of Basic Education (DBE).

The result of the meetings and discussions to promote age appropriate ASRH services, HIV and GBV resulted in clarifying confusion and challenges regarding implementation of the ISHP policy at NSSS. The DBE is now supporting the implementation of ISHP. The NSSS school principal stated "*even if there was resistance when we started, but now everything is progressing smoothly"* (NSSS principal). The HIV Director within DBE stated that:

> *"Indeed, it was not easy to reach where we are at NSSS. We worked very hard to make ourselves as government officials understand the CSE and ISHP policies to find ways of ensuring effective implementation. Even though we still have coordination challenges, we are clear about ISHP implementation and we support it at NSSS"* (HIV Director within DBE).

4.2.3.4 Meaningful participation of young people in leadership on SRH/HIV.

Restless Development supported the implementation of UNFPA YAP ASRH advocacy plan as well as the establishment of provincial YAP EC. However, to strengthen and support NSSS to implement NSSS, in-School peer educators were trained from 27 June 2016. The peer educator training was done to institutionalise peer education at NSSS to ensure meaningful youth participation and leadership in ASRH. SYP peer education focused on building the internal capacity of school learners at NSSS as peer educators to deliver and drive CSE sessions. This is a cost effective approach that is replicable and has considerable sustainability potential.

The peer educators were trained on CSE and peer education in order to empower then to deliver in-school sessions to their peers, and out of school youth on CSE, to develop their own peer education plan with targets, in line with the SYP 2016 indicators; and to plan to conduct 3 ASRHR Outreach activities linking YP to SRHR information and services following the training in 2016.

Participants were selected from grade 9 and 10 based on:

> *"(1) Their current active involvement in extra-curricular activities and demonstrable commitment to the peer education programmes led in the school by* Restless Development *in 2015. (2) Their availability - being in the school for the next 3 years - to maximise their potential to sustain the intervention over the next 3 years. (3) References from Life Orientation Teachers and in discussion with the Learner Support Agent based in the community"* (SYP Narrative Report April – June 2016).

While the ASRH services are provided by DoH, Restless Development's presence and facilitation contributed to improved ASRH access at NSSS. The DoH official reported that:

> *"SRHR services for young people (In and out of school) were provided through three outreach activities in June and two in May 2016. The Health Promoter at the Gateway Clinic confirmed that HIV Counselling and Testing was made available. Different types of contraceptives (pill, injection, male condoms and female condoms) were provided. In May, 13 girls received injectable contraceptives, 18 (12 girls and 6 boys) tested for HIV and over 100 condoms were distributed. In June 2016, 21 tested for HIV (15 girls: 10 in school and 5 out of school) and 6 boys and all in school. Five (5) girls in school received pills and 8 girls also in school received other contraceptives"* (DoH ISHP Official).

Further to the training of peer educators and supporting of ASRH access, Restless Development provided:

> *"A water tank, chairs, tables, paint, ceiling, tiles, carpet and renovated the toilet facilities to ensure that the centre is providing a better enabling*

> *environment for service provision for young people. A lack of water and toilet provisions were the main obstacles that both the Department of Social Development and the Department of Health from providing services at the Centre and therefore it is hoped that these upgrades will provide a new turning point for service provision to young people in a location just outside the school"* (Narrative report April to June 2016 pp. 5-6).

The positive results achieved from the above interventions were evident through other schools seeking assistance from NSSS and Restless Development to address teenage pregnancy and other ASRH related issues. NSSS and the surrounding people in the community attested to the positive results and progress being made through ISHP. The NSSS Principal stated:

> *"The teachers and SGB as well as community leaders are giving us feedback that NSSS has changed in ethos and character through ISHP and* Restless Development*'s work. The school principals in some nearby schools are coming to learn how they can do it in their schools"* (NSSS Principal).

The other notable result at NSSS through ISHP is the indirect impact of ASRH interventions. By addressing ASRH issues through ISHP, other issues are addressed. NSSS had the highest pass rate of 97%, which the school leadership, surrounding community and DBE are partly attributing to SYP project. The various interventions at NSSS of intergenerational dialogues, accessibility of services and focused attention to avoid pregnancy strengthened the learning environment, which could have contributed to the school's sharp improvement. However, the causal link between ASRH and educational performance remains somewhat unclear. The causal link between ARSH interventions and school performance requires further investigation to gain understanding of this causal relationship.

4.2.3.5 Summation of interconnected SYP results at NSSS

The ISHP implementation as a platform for SYP at NSSS created a supportive environment to enable young people to be empowered and access the critical ASRH services. These results shown in figure 6 should be considered at the following levels that provide either supportive ASRH environment or direct ASRH services: government, school (NSSS), community and individual. The summation of the SYP results achieved at the four levels at NSSS are summarised in a thematic map (figure 6) and discussions below. These results complement the ones discussed above based directly on planning indicators.

At government level

- As discussed earlier, at government level, the interventions strengthened government support to the implementation of ISHP as well as provision of ASRH services.

At school level

- **Creation and strengthening of ASRH supportive environment:** The Principal has been central to the ASRH consultations while some teachers have been trained on integrating

ASRH interventions in the curriculum. There has been significant exposure to CSE. Students have been roped in to provide ASRH peer education in Life Orientation classes. Thus the school environment has been supportive. The SGB and community have been supportive of the ASRH activities at NSSS as well. The SBG members stated that:

> *"We don't leave the Principal to do it alone. We are always present to support him"* (SGB members).

- **Creation of critical dialogue space for government, learners, teachers and community:** As an additional dimension to creation of a supportive school environment to ASRH, the school has become an important convergence and conversational space on ASRH issues through dialogues. This indirect benefit is critical to policy makers and community people as well as learners. The Restless Development Programme Manager and SGB members observed that the dialogues create an important open conversational space hence it has to be extended to include more parents and learners.

> *"We are going to increase the number of dialogue participates from just a few students and SGB members to include additional learners and parents. This will broaden participation"* (Restless Development Programme Manager).

- **Increased consciousness about ASRH at the school:** There is a general prevailing environment of consciousness about ASRH at the school which promises to be a positive wave that will positively influence learners' sexual behaviour. The learners showed openness and willingness during FGDs. They indicated:

> *"The ASRH information we are getting has helped to understand ourselves better as well as how to make the right choices and support one another"* (NSSS learners FGDs).

- **School harvesting indirect benefits of high pass rate due to ISHP interventions:** Even though ISHP focuses on ASRH, the indirect positive effect reported by NSSS is high pass rate of 97% that could be attributed to ISHP implementation. While the causal link between high pass rate and ASRH interventions is unclear, there is a general feeling among learners that increased information on ASRH has helped them to focus and avoid some risk activities e.g. They cited the 'NOT TO BE PREGNANT' pledge as changing their mind-set.

- **School indirectly benefiting from skills development of teachers on CSE integration in curriculum and policy implementation:** By undergoing training on CSE integration in the curriculum and other ASRH initiatives, the SYP is providing skills to teachers to be more holistic in dealing with learners on sexuality matters.

At individual level

- **Empowerment of young people on ASRH and HIV prevention:** The training and provision of information on ASRH has empowered young people to seek ASRH services and avoid risky sexual activities. The peer educators showed in depth understanding of ASRH issues while the other learners interviewed also showed considerable understanding of ASRH. The youth clearly demonstrated that they have been strongly empowered. The learners indicated that they:

  > *"are now aware of sexual risks and have knowledge on where to get services and support"* (NSSS learner FGDs).

  The empowerment on ASRH issues was reported by both the Principal and DoH ISHP official. They stated that:

  > *"One can see that these learners are really aware of sexual risks. The way we used to see them behave in the surrounding communities has really changed. There is a sense of restraint"* (NSSS Principal).

- **Confidence building of young people:** ASRH information sessions and negotiation skills have boosted confidence of young people on ASRH and other things. The learners stated the following:

  > *"We have it within ourselves to stand the challenges around us. We cannot be fooled by sweets and get destroyed by sugar daddies. We are now empowered"* (NSSS learners' FGDs).

- **Comprehensive understanding of ASRH issues:** Young people have developed insight into the complex factors that expose young people to vulnerability and risky sexual behaviours. The learners connected the various factors of ASRH risks and how the cycle is broken.

- **Improved access to ASRH friendly services:** Through the various ASRH interventions (e.g. counselling and provision of contraceptives such as condoms), young people are accessing ASRH services in a friendly environment. Youth are getting services at the community centre. The learners reported that they are getting

  > *"Counselling services being provided by the counsellors at the centre"* (NSSS learners FGDs).

  The DoH official stated that: As DoH

  > *"We are busy building capacity of the peer counsellors so that they provide very accurate information. This will result in many youth accessing improved services"* (DoH ISHP official).

- **Supportive ASRH environment:** Through awareness and supportive structures established at the school, young people are openly sharing and discussing ASRH issues with one another. The interviewed learners indicated that they are:

  "Feeling more comfortable to discuss sexuality issues now after ASRH interventions unlike before" (NSSS learner FGDs).

At community level

- **Increased awareness of adolescents and youth needs:** The open dialogue and conversations on ASRH between parents and learners has made community and parents aware of young people's needs. The SGB and parents reported that they used not to speak about sex issues with their children but after the ASRH dialogues and conversations:

  "We are increasingly opening up to have discussions with our children regarding sexual issues" (NSSS SGB and parents).

- **Improved support to the school:** Through open conversations, coordination meetings and strengthening the role of SGBs in ASRH through ISHP, there is increased support to the school by the community. The support includes coming to the school to attend activities, participate in ASRH discussions and assist with counselling among other things. The community members (parents) and SGB stated:

  "The community and SGB now understand their complementary role in ISHP to the Principal" (SGB members).

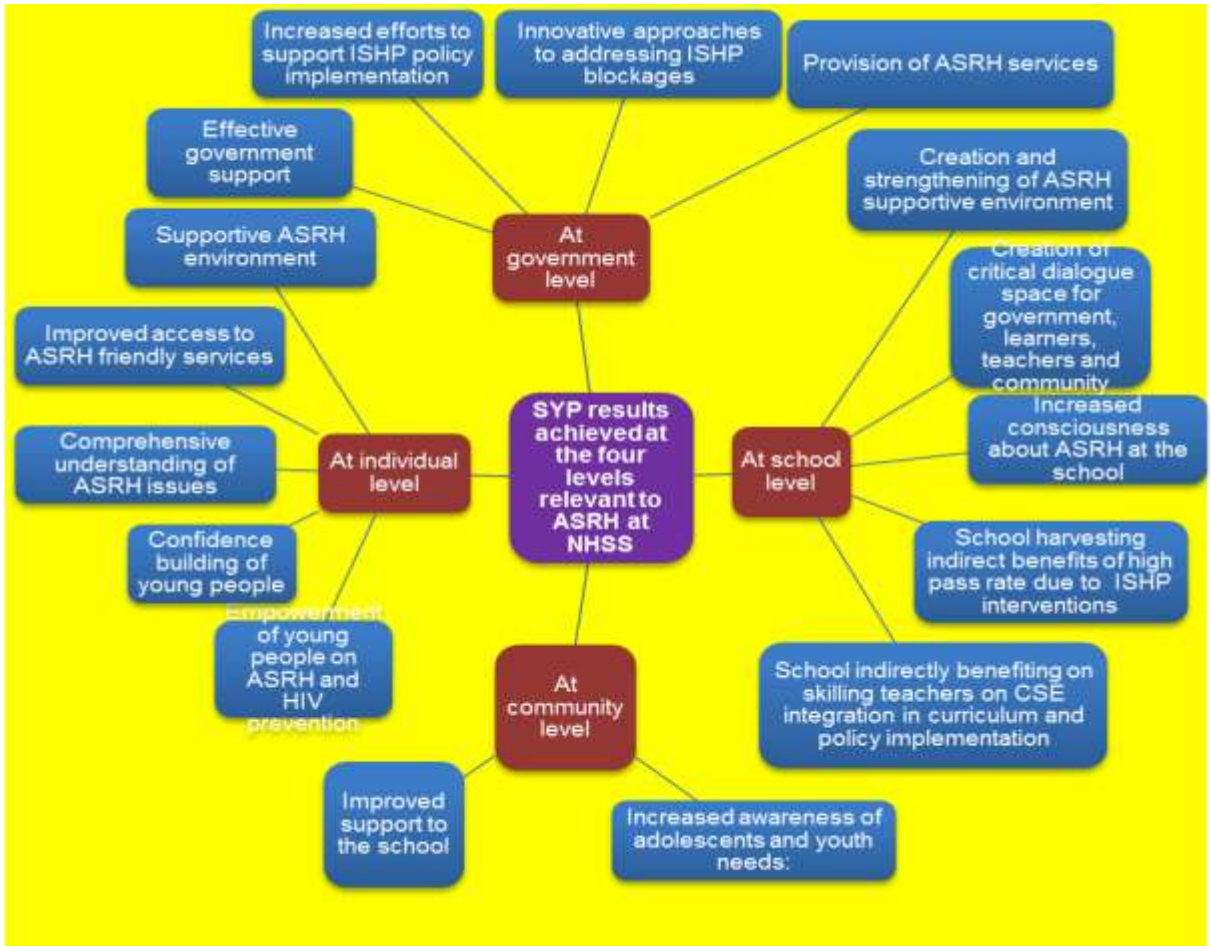


Figure 6*: SYP results achieved at the four levels relevant to ASRH at NSSS*

4.2.4 Some lessons learnt from implementing SYP at NSSS

A number of lessons have been learnt during the period that SYP interventions have been implemented at NSSS. The lessons shall be summarized below:

- Processes take a long time to effect change and yet they are critical for effective project implementation. From 2014 to mid-2016, Restless Development invested significantly in coordination of ISHP processes. These processes resulted in tangible direct supportive interventions to peer educators after several months (e.g. started peer training only in June 2016).

- Effective policy implementation does not occur automatically but through a properly planned and coordinated process. Implementation of ISHP took significant time to plan and clarify misunderstandings and confusions. These clarifications resulted in considerable success in ISHP implementation at NSSS.

- It is important to bridge policy prescription with community awareness to ensure implementation support and buy in from parents and guardians. At the start of implementing ASRH interventions at NSSS, some parents and community members were sceptical about the interventions. However, the scepticism was addressed through on-going consultation meetings and dialogues. This helped community members to understand and then support ISHP implementation at NSSS.

- It is important for coordination efforts to target both inter-government department officials and officials at different levels and geographical locations within the same department in order to achieve optimum coordination results. It was noted that while intergovernmental ISHP implementation collaboration was clarified, within DoE there was internal confusion. To overcome this challenge, DoE held internal clarification meetings to clarify internal departmental issues. Thus coordination should focus on both inter and intra government department levels.

- There is need to have a dedicated lead organization or individuals to coordinate ASRH processes in order to keep track of progress and issues. This role has been performed well by Restless Development. Grassroots organisations can be identified to play the coordination role as part of an exit strategy. This will ensure that various stakeholders and implementing agencies are followed up.

- It is important to allow considerable project implementation time between interventions' implementation and assessment of results in order to meaningfully determine project efficacy. Due to limited implementation time of direct ISHP interventions to young people, the effect of interventions such as youth participation and leadership could not be ascertained.

- It is important when assessing results to differentiate process results and direct beneficiary results. Process interventions refers to activities that are implemented to intermediary structures as a means to reach the actual beneficiaries. These take considerable time and yet the results are intangible 'i.e. fluid' e.g. meetings. This understanding will provide a useful framework to determine interventions' value for money on intangible results from processes. Significant investments were made by Restless Development from 2014 to 2016 in coordination efforts and the results cannot be quantified as the results are processes. Therefore, value for money determination should consider this dynamic.

4.3 Intervention model of SYP in Nzululwazi and surrounding community in Alfred Nzo district

A model is a graphical representation or simplified version of a concept, phenomenon, relationship, structure, system, or an aspect of the real world. A model serves (1) to facilitate understanding by eliminating unnecessary components, (2) to aid in decision making by simulating 'what if' scenarios, (3) to explain, control, and predict events on the basis of past observations. Since social phenomena such as ASRH are very complex i.e. have numerous dimensions that are too interconnected to comprehend in their entirety, a model contains only those features that are of primary importance in understanding the key features. Accordingly, the focus of this section is to outline a visual representation and the accompanying narrative of the ASRH interventions through ISHP approach (model) at NSSS and the surrounding community.

4.3.1 Benchmarking NSSS ASRH interventions model

In order to assess and determine the adequacy of an ASRH model, it is important to benchmark with international ASRH best practices and relevant national policies. The model should also integrate national ASRH policy elements. The international ASRH frameworks include the following: WHO AND UNFPA (2012), UNFPA Framework for Action on Adolescents & Youth, Interact Guide for Adolescent Sexual and Reproductive Health & Rights (ASRHR), UNICEF Effective Approaches to Reach Adolescents, and UNESCO Comprehensive Sexuality Education Framework[6]. Within South Africa, the policy that directly deals with ASRH with

[6] WHO (2014), Health for the World's Adolescents A second chance in the second decade, www.who.int/adolescent/second-decade, WHO/FWC/MCA/14.05.

UNICEF, 2000. Reaching the Youngest Adolescents with Sexual Reproductive health programmes, January, 2000

WHO and UNFPA (2012) PREVENTING EARLY PREGNANCY and poor reproductive outcomes among adolescents in developing countries: what the evidence says, WHO/FWC/MCA/12.02

Interact (2012) Adolescent Voices: Experiences in Implementing Youth Sexual and Reproductive Health and Rights Programmes, www.interactworldwide.org

UNFPA Framework for Action on Adolescents & Youth Opening Doors with Young People: 4 Keys, UNFPA Framework for Action on Adolescents & Youth (N.D)

Save and UNFPA (2009), Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.

particular focus on schools is the Integrated School Health Policy (ISHP) (2012). While the ISHP focus is on schools, the policy targeting broader South African young people is the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHR) (2014-2019). Importantly, these policies indicate that ASRHR interventions should address the diverse factors that affect the health of adolescents. The numerous factors that protect or undermine adolescents' health are at: (1) individual level, (2) family and peer level, (3) community level, (4) level of organisations that provide adolescents with services and opportunities, (5) level of cultural practices and norms through the mass media and digital interactive media, and through social determinants, and (6) level of policies and political decisions about the distribution of resources and power as well as the exercise of human rights (WHO 2014)[7].

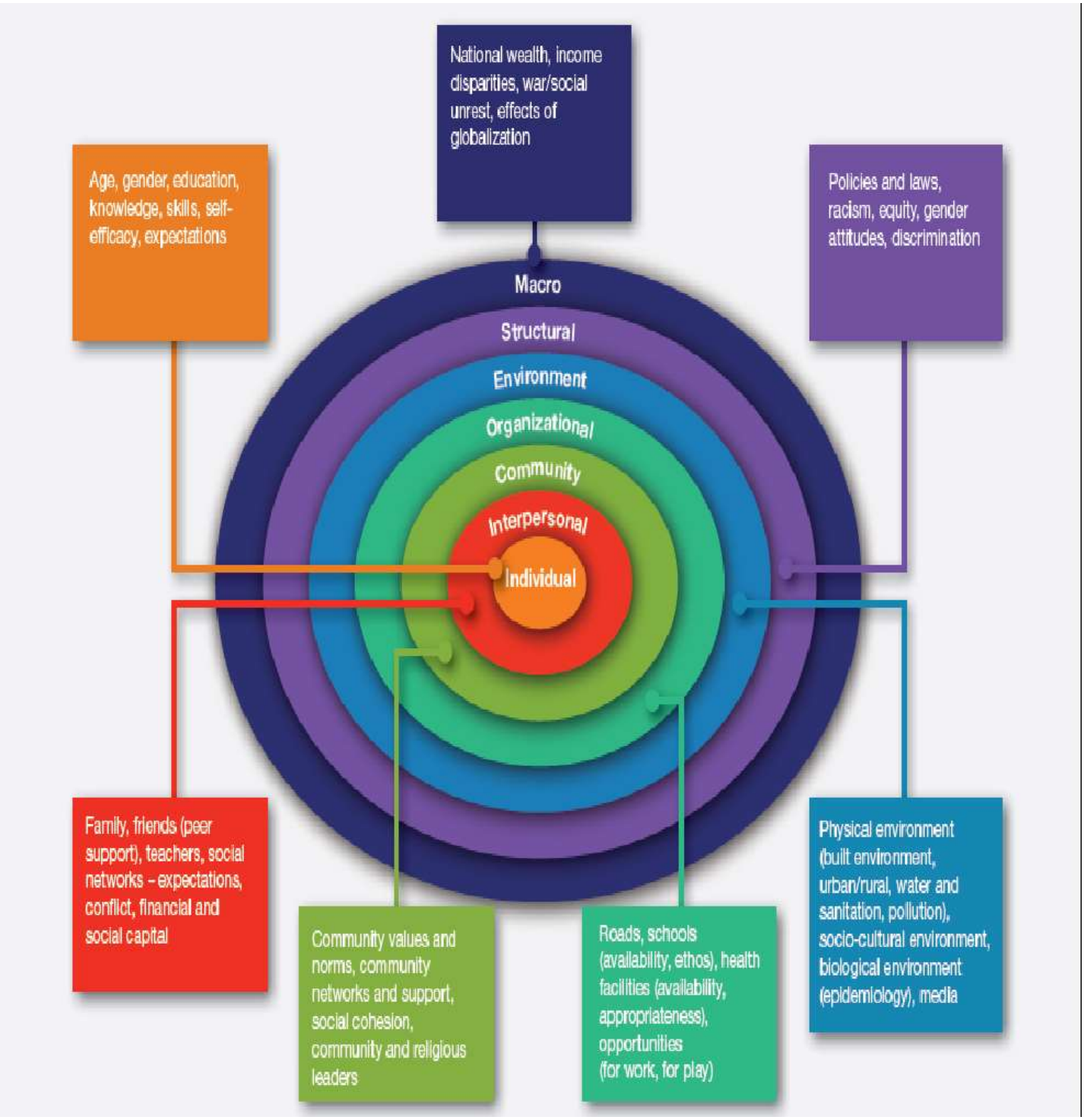
It is imperative, therefore that interventions target the various levels of adolescent and youth health determining factors at the policy-level (policy makers); individual adolescents (empowerment and skills situation), strengthening and creating supportive and conducive families and communities' environment; promote and facilitate user friendly and adolescent sensitive health systems; and conduct research to continuously provide evidence based ASRHR interventions[8]. The ASRHR interventions and activities should target the dimensions indicated above and shown in figure 7.

Save and UNFPA (2009), Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings

[7] WHO (2014), Health for the World's Adolescents A second chance in the second decade, www.who.int/adolescent/second-decade, WHO/FWC/MCA/14.05.

[8] UNICEF, 2000. Reaching the Youngest Adolescents with Sexual Reproductive health programmes, January, 2000.

Figure 7: *Dimensions for ASRHR intervention targeting*



The ASRHR interventions and activities as indicated above should target policy-makers, individual adolescents, families and communities, systems, research institutions and programme implementers. This means ASRHR interventions should be holistic and comprehensive. The above intervention focus areas are comparable to the Integrated School Health Policy (ISHP) (2012) and the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHR) (2014-2019). The SYP project is aligned to these frameworks. An analysis of the frameworks to be employed in developing NSSS model is presented in the table 8.

Table 8: Analysis of SRHR frameworks

International Intervention ASRH category	**Activities implemented under invention category**	**ISHP (2012)**	**NASRHR (2014-2019)**
Strengthening youth friendly services	Edutainment provision (sports, movies, drama etc.), Youth friendly clinics, Youth and school based clubs, Involving young people in the design, implementation and evaluation of services, and Art performances involving the youths	To facilitate access to health and other services where required	Priority 3 Strengthening ASRH&R service delivery and support on various health concerns
Information and awareness (empowerment with information and demand creation - information and awareness, training, etc.)	Information Education Communication (IEC materials e.g. books, pamphlets, dummy reproductive objects), Mass media for message broadcasting (radio, TV, SMS), Youth information centres, In and out of school education; Public education, Research and publications, Health care services (ASRHR service delivery) and Care and support.	To provide preventive and promotive services that address the health needs of school going children and youth with regard to both their immediate and future health	Priority 2 Developing innovative approaches to comprehensive SRHR information, education and counselling for adolescents
Skills building (personal/empowerment skills, peer support, communication and negotiation skills)	Life skills development, Vocational training, Business and communication skills development and capacity building	To support and facilitate learning through identifying and addressing health barriers to learning	
Strengthening peer support	Peer education training, youth advocates, training of outreach workers and teachers, and mentorship	To support the school community in creating a safe and secure environment for teaching and learning.	Priority 4 Creating effective community supportive networks for adolescents
Strengthening adolescent supportive environment	Family oriented programmes and parental education		

(family)			
Strengthening adolescent supportive environment (community)	Campaigns and outreaches in communities, guidelines and by-laws establishment at community level, support facilities e.g. in different social groups (church etc.), raising awareness of village, district and state level stakeholders, and formation of networks for support at community level		Priority 1 Increased coordination, collaboration, information and knowledge sharing on ASRH&R activities amongst stakeholders
Strengthening adolescent supportive environment (government systems)	Political support, Youth organisations in ministries raising awareness of district and state level stakeholders		
Integrated entrepreneurship or income generating activities	Income generating projects and fund raising projects		
Policy intervention and advocacy	Policies, guidelines, standards for advocacy and youths' participation in policy development and implementation		Priority 5 Formulating evidence based revisions of legislation, policies, strategies and guidelines on ASRH&R

The goal of South Africa's ISHP (2012) is to contribute to improvement of the general health of school-going children as well as the environmental conditions in schools and address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement at school. The NASRHR (2014-2019) Framework is an action guide to address the gaps and challenges that adolescents face in order to ensure full realization of their sexual and reproductive health and rights. The NASRHR (2014-2019) provides the complete ASRH framework while the ISHP (2012) guides how such interventions could be implemented within a school context.

In view of the above, in order for the SYP interventions at NSSS to be effective and comprehensive in reducing teenage pregnancies and ensuring access to ASRH services and HIV prevention, they should be aligned to the global ASRH best practices. As indicated above, the national guiding policies (ISHP 2012 & NASRHR 2014-2019) are aligned with these global best practices. Therefore, a model of ASRH intervention such as the SYP at NSSS should incorporate and be informed by those indicated ASRH intervention dimensions.

It is important to understand the basic theory of change for SYP at NSSS when developing an intervention model. To move from the various NSSS ASRH interventions to a visual intervention model, a theory of change for the SYP should first be visually presented and described. The theory of change will form the basis for the SYP model.

4.3.2 Theory of change of SYP interventions at NSSS and surrounding community

The SYP theory of change at NSSS indicates the basic relationships and steps amongst the five (5) intervention areas and the intermediate accomplishments to be met before reaching the intended goal of reducing teenage pregnancy and access to ASRH services.

An illustration of the SYP theory of change is shown above (section 4.1, figure 1). ASRH interventions at NSSS fall under five intervention strategies. These are: collaboration and cooperation for effective implementation, increase in knowledge around protective sexual behaviours among young people, strengthening quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth, meaningful participation of young people in leadership on SRH/HIV and program management (monitoring and evaluation). These interventions are a reflection of what took place at NSSS during SYP implementation as well as indicate the elements that comprise the promising model. The theory of change indicates the complex intermediate steps and processes, pathways, relationships and intermediary accomplishments that the SYP project followed to reach the intended goal. The SYP model at NSSS should account for the various elements of ASRH interventions as benchmarked by global approaches indicated above. This however, does not mean that NSSS model has to be identical to models elsewhere but rather it has to demonstrate how the various elements that make an ASRH model adequate are included.

4.3.3 Visual presentation of SYP model NSSS and narrative

4.3.3.1 Visual presentation of SYP model

The outline of NSSS model presented in figure 8 incorporates the international best practices and the aligned national policies described above. The model accounts for implementation of activities at the various ASRH implementation levels, the facilitation of processes, and success factors. The explanatory narrative is provided below the visually presented model.

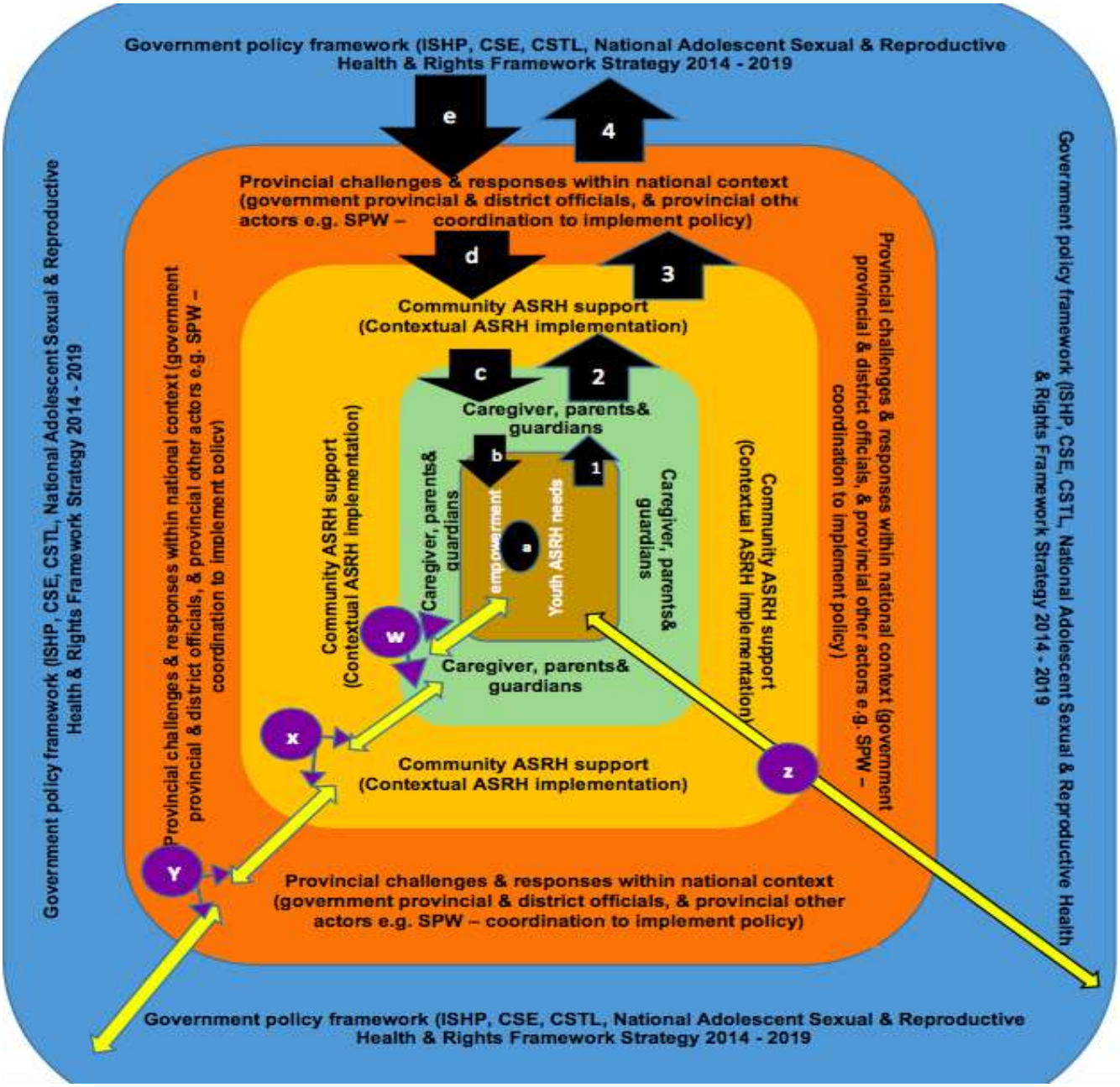


Figure 8: *SYP intervention model at NSSS*

4.3.3.2 Narrative description of the model elements

The description of the elements of the model are classified into five categories (A-E) below. The model elements are the structural elements (A & B), implementation dynamics (C), outline of core service packages implemented (D), and the roles played by the core players (E) in delivering the ASRH services at NSSS. The structural elements (A&B) describe the triggers and response mechanisms required to stimulate actions (interventions). The implementation dynamics (C) outline the interplay of the various factors and players responsible for implementing ASRH at NSSS particularly under the facilitation of a coordinated structure. The detailed outline of intervention package of ARSH services (D) spells out the dimensions of holistic ASRH interventions as implemented at NSSS. The responsibilities of the key players in the implementation of the NSSS model are indicated under section E.

A. ASRH needs path and response trigger

A1. Affected young people at centre affecting families and community

- At the centre of the model are the young people who are directly affected by teenage pregnancy, high school dropout, and poor ASRH services (1). While girls are generally more affected than boys and the issues are complex, for simplicity, the young people will be treated as homogenous.
- The young people's ASRH problems and challenges exist within the immediate family, guardians and caregivers who will be forced to care for the young people and their children when they become pregnant and drop out of school (2).
- The combined effects of young people and their families' problems are a community challenge (3). For instance, when a young girl becomes pregnant, her future will be shattered, which causes a chain of community and household challenges such as unemployment.
- These ARSH issues are also located within district, provincial and national challenges (4) that policies (ISHP 2012 & NASRHR 2014-2019) seek to address. For instance, poor ASRH and HIV prevention services result in problems such as teenage pregnancies and sexually transmitted diseases, which put pressure on the social and health care systems.

A.2 ASRH response triggers

- At each level, particular actions had to be taken to trigger the next action.
- There is need to have a leader (2) who identifies the need (at (1)). In the NSSS approach this leader was the school principal.
- The leader should be sensitive enough to notify the outside structures ((3 & 4). The NSSS principal shared his observations and concerns about high teenage pregnancy and learner drop-out during the accountability meetings in the fourth quarter of 2014.
- The interplay of the events was one important aspect of the NSSS model. The principal (2) identified the needs of young people at NSSS (1) and openly shared the high pregnancy concerns at the provincial accountability meeting (3 & 4), which then triggered a response by the Department of Education.

Model success factor at ARSH needs and response trigger

The success factor of the model at this was the presence of an observant ASRH champion, the NSSS principal. He identified challenges and alerted relevant government officials. He openly shared the stark reality of the situation.

B. ASRH response and intervention path

B.1 Intervention (response) mobilization

- Upon being alerted to ASRH needs, the Department of Education explored ways to address the problem (e). A meeting was held on 20 November 2014 where the HIV Director within DBE persuaded participants to consider intervening at NSSS as a pilot ISHP implementation site.
- The Provincial Department of Education and other partners working in Alfred Nzo district prioritized addressing the identified ASRH needs at Nzululwazi (e & d). The partner (Restless Development) organization working in the area was identified and requested to lead implementation of ASRH interventions at the prioritized site of NSSS (interventions encompassing from d to a).

B.2 Interplay of ASRH needs trigger and response

- Intervention response path (e to a) indicates efforts by respective government departments (DoE, DoH, DSD) and their partner Restless Development to provide interventions that address the identified ASRH needs at NSSS. The needs identification loop (1-4) acts as an ASRH intervention trigger while the intervention response loop (e to a) act as action to address the need. However, for the identified ASRH need to be addressed, government should be willing and take initiative to address the situation. That is, upon DoE being notified of the high pregnancies and learner drop-out at NSSS, they explored ways to address the problem, which resulted to prioritisation of NSSS.

Model success factor at response and intervention path

The model success factors at this stage were:

i. Responsive government officials who got information and positively acted on it (e.g. Mrs Maasdorp and Mrs Gwiji)
ii. The availability of a funder to provide funds for implementation of the programme
iii. The availability of a development partner (Restless Development) to work with government to assist in addressing coordinating issues that arise.

C. ASRH Intervention connectors

- For ASRH interventions to be effectively implemented, there should be connecting mechanisms at each intervention level (w, x & Y).
- There should be a structure to facilitate (connect) the ASRH needs of young people, their immediate families and the community (w).
- At the same time, there is need to facilitate and connect what is happening among young people and their surrounding environment with government and other outside partners (x & Y).
- The connector as a facilitator ensures that the various players and structures surrounding young people are ASRH sensitized, mobilized, capacitated, have common understanding, are supported, and are stirred to appropriate action.
- The facilitator should also ensure that the interventions are implemented within relevant government policy.
- The role of a facilitator in the implementation of SYP at NSSS was played by Restless Development. Restless Development connected the government ASRH players (DoE, DSD, DoH) through a persistent coordination processes. They held meetings to sensitize stakeholders on ASRH needs (baseline research and other meetings), shared and disseminated the relevant ASRH policies guiding SYP (i.e. ISHP, NASRHR 2014-2019, CSE, and CSTL) - (y).
- In addition to stakeholder coordination (y), Restless Development facilitated community dialogues in Nzululwazi community ((x) and implemented youth-led and youth-focused activities with learners and peer educators (w).
- This model indicates that the presence and facilitation of Restless Development at the various activity levels served as a connection across the various interventions.

Model success factor at ASRH intervention connector

The model success factor at this level was the presence of Restless Development (a facilitator) to coordinate, support and manage the implementation of activities.

D. Core ASRH services package

The core interventions at NSSS across the spectrum (z) (w, x & Y) directly target young people and their environment (i.e. parents, Life Orientation teachers, policy implementers, community leaders, and School Governing Bodies) as well as coordination and management processes for effective interventions. The interventions embedded in the implemented five SYP strategies include:

D.1 Direct services to young people

- Access to services
    - Strengthening youth friendly ASRH services;
    - Strengthening access to pregnancy prevention (i.e. birth control services)- contraceptives, family planning (FP) Counselling and Pregnancy Testing; and
    - Strengthening access to HIV prevention and treatment services (e.g. condoms, HIV Counselling and Testing, Antiretroviral Therapy- ART).

- Information and awareness
    - Empowerment with information on available ASRH services; and
    - Information and awareness on holistic ASRH issues.

- Skills building and empowerment
    - Personal/empowerment skills;
    - Peer support; and
    - Communication, decision-making and negotiation skills.
- Youth leadership
    - Peer education;
    - Dialogue participation and leadership;
    - Mentoring of young people to lead in activities; and
    - Advocacy.

D.2 Indirect services to young people

- Strengthening ARSH supportive environment
    - Family and community members - campaigns, outreaches, intergenerational dialogues on ARSH;
    - School environment – (support ISHP implementation, provision of CSE and integration into Life Orientation, provision of peer education through the LSA, training and supporting the LSA on ASRHR, strengthening skills of Life Orientation teachers on CSE, ASRH integration into the curriculum, training of SGBs, dialogues, supporting CSE Peer Educators at Nzululwazi); and
    - Government systems - coordinate support of government departments to support ASRH (DBE, DoH, DSD), facilitating ISHP implementation.

- Facilitating access to services
    - Advocating for ASRH friendly services with DoH.

D.3 Research and evidence based interventions

- Baseline situation analysis and operational research; and
- Monitoring and evaluation

D.4 Collaboration, coordination and implementation management of ASRH interventions

- Process management – development of implementation plans, implementation monitoring, documentation of implementation processes;
- Implementation support - establishment of complementary interventions and on-going technical and process backstop); and
- Implementation roll-out support – facilitation of ASRH processes on sites, empowerment and capacity development of direct implementers.

E. Roles and responsibilities of core ASRH players in SYP

The SYP interventions require multiple stakeholders for effective implementation through a multi-sectoral approach. The government departments at different levels (national, provincial, district, community) are involved in various ways. The key players involved in implementing SYP interventions are DSD, DBE, DoH, UNFPA, and Restless Development.

- **Department of Social Development (DSD):** Despite not actively performing the functions currently, DSD is expected to facilitate transport to the school/Health Resource Centre, provide social services the same day as the health services on a monthly basis, support community based interventions at the centre, provide follow up counselling for the pregnant learners, and contribute to demographic profiling of the NSSS community.

- **Department of Basic Education -** ensure access to comprehensive sexuality education to all learners, support LO teacher to attend CSE training and support integration to lesson plans, LO teacher to collaborate more closely with the LSA to support learners to apply CSE knowledge in their everyday life.

- **Department of Health –** consistently provide minimum package of health services to young people, strengthen provision of health services through approaches that include: adopting Nzuluwazi community resource centre by DOH, facilitating Nzululwazi resource centre to be used as a health post, identifying and contracting a retired nurse in Nzululwazi to ensure presence of a skilled person at the centre, monitoring and documenting as well as publicising results achieved at Nzululwazi. Strengthening the referral system for young people to feeder clinics and social services.

- **UNFPA –** facilitating and supporting: possible collaboration with other ASRH partners, integration of interventions to address the role of men and boys in championing SRH agenda within Nzululwazi, input on the training package for LSA to sustain peer education programme, contribute to the SGB training package, training plans and their implementation and integrate elements from the UNFPA/ Restless Development package, disseminate findings of research and strengthen M&E.

- Restless Development **-** provide overall SYP process management, implementation and roll-out support.

Overall model success factor

The continuous ASRH support across all interventions is a critical success factor of the NSSS model. This was done by a partner organization (Restless Development) that provided support across all processes to ensure implementation, coordination, monitoring and tracking of interventions was done. This was invaluable in ensuring ASRH interventions' success. Restless Development was a critical catalyst for interventions to be well implemented and managed across all levels of implementation.

4.4 Cost of SYP interventions

This section presents the cost of interventions for 2015 and 2016 based on the provided information. As shown in table 9 and 10, the administration costs (communication, stationery, office rent, etc.) were calculated at 12% of the activity cost. The Human Resources (HR) costs were calculated at 25% of activity costs in 2015 and 30% of activity costs in 2016. The administration costs calculation excluded individual activity stationery and printing. The 12% administration costs calculation base is taken from the activity cost to determine the costs associated with the overall administration done to ensure an activity gets implemented successfully. The total cost of delivering the activity is the sum of the cost of the activity (base cost), cost of administration (12%) and HR cost (25% for 2015 and 30% for 2016). HR amount was calculated as a percentage of the base activity cost NOT contribution based on salary of staff (as this information is confidential).

Table 9: The 2015 activity costs

Activity	**Activity cost**	**Admin cost (12% of activity costs)**	**HR cost (25% of activity cost)**	**Total cost of delivering activity (including HR & Admin)**	**Outputs # of participants**	**Cost of delivery/ participant**
Support Intergenerational advocacy and capacity building workshops on ASRH, GBV, and HIV issues in EC	36800	4416	9200	50416	15	3361,07
Provincial Forums	10800	1296	2700	14796	3	4932
Partner Meetings (DoH, DBE, CSO, DSD etc.)	5200	624	1300	7124	10	712,40
Modelling of Best Practice	39000	4680	9750	53430	Distribution of various IEC materials	
SGBs workshops & follow up - Mt Frere	76700	9204	19175	105079	30	3502,63

The provincial fora cost the highest amount to deliver an output at R4932 followed by SGBs workshops with R3502, 63 training. The lowest cost was partner meetings at R712, 40 per meeting. The high activity costs seem to result from the fact that interventions costs focus at developing implementation structures (i.e. training) rather than the actual beneficiaries who should be impacted by the project. Hence, it is critical to cost interventions at actual beneficiary level.

Table 10: The 2016 activity costs

Activity	**Activity cost**	**Admin cost (12% of activity costs)**	**HR cost (30% of activity cost)**	**Total cost of delivering activity (including HR & Admin)**	**Outputs # of participants**	**Cost of delivery/ participant**	**Cost of delivery/ beneficiary**
Male Leadership "One Man Can" Training	36800	4416	11040	52256	30	1741,87	
1-day Advocacy workshop focusing on men and boys and SRHR interventions	12500	1500	3750	17750	20	887,50	
Training In-School Peer Educators and LSA's on CSE and Effective Peer Education	82900	9948	24870	117718	20[9]	5885,90	
In-school peer educators review training	19860	2383,20	5958	28201,20	20[10]	1410,06	
In-school peer educators debrief training	15080	1809,60	4524	21413,60	20[11]	1070,68	
ASRHR Outreach activities linking YP to SRHR information and services	36600	4392	10980	51972	300		173,24
Nzululuwazi SGB	39300	4716	11790	55806	30	1860,20	

[9] This number is based on actual participants as determined from printing and stationery.
[10] This number is based on actual participants as determined from printing and stationery
[11] ibid

Workshops							
Mt Frere SGB's Training	55850	6702	16755	79307	30	2643,57	
Nzululuwazi Technical Task Team Meetings	48800	5856	14640	69296	20	3464,80	
Management and Monitoring Visits (including partner meetings)	22200	2664	6660	31524	3 (quarter)[12]	10508	
Youth Centre & IEC Materials	10000	1200	3000	14200	1 (once off cost)	14200	

The activity that cost the highest to deliver an output in 2016 was management and monitoring visits (including partner meetings), which cost R10508 per output (i.e. per quarterly meeting for three quarters as one quarter is used for preparation). This is followed by training of in-school peer educators and LSA's on CSE and effective peer education that cost R5885, 90 per individual person's training. The Nzululuwazi Technical Task Team meetings costing R3464, 80 was third. The high cost of R14200 towards the Youth Centre was a once off cost. The lowest cost was for ASRHR outreach activities linking YP to SRHR information and services at R173, 24. The reason for such a low cost is that the activity costing was based on actual beneficiaries rather than high level training of structures such as SGBs. This implies that it is important in future to consider costing at beneficiary level.

The above activity costing indicates that the intervention investments in 2015 and 2016 largely focused on structures (e.g. SGB, teachers, government, etc.) and participating implementing individuals such as peer educators and teachers. This resulted to high cost per output since the number of people reached were low. In view of this observation, there is need to focus on direct beneficiaries i.e. young people to determine exactly the cost of delivering one young person.

4.5 Case studies of some successes and promising practices

A best practice refers to a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. To determine whether a practice meets a best practice standard, it should at least have been implemented for a significant length of time deemed adequate to effectively learn from it. Considering the short time that SYP has been implemented in Nzululwazi, it may be an over assumption to characterize some aspects of it as best practice but rather promising practices. Therefore, this section identifies and briefly

[12] Visits are done in 3 quarters as one quarter was used for preparation.

describes some promising practices emerging from the implementation of SYP at NSSS. The section also provides some impact stories.

4.5.1 Promising practices

- **ASRH systemic (holistic) planning to address both demand creation (ASRH awareness) and supply of services:** In planning and designing SYP interventions in Nzululwazi, Restless Development and the respective government departments considered the three major determinants of effective ASRH interventions, namely (1) knowledge and understanding of ASRHR by young people and relevant adult gatekeepers (parents, teachers, SGB, community leaders, etc.); (2) awareness of and demand creation for ASRH services; and (3) provision of adolescent friendly SRH services. While Restless Development had limited resources, it partnered with the DoH and the community to facilitate access to ASRH services at the community centre and by means of a mobile clinic and providing community volunteers. Therefore, Restless Development in collaboration with DoH implemented a well-considered comprehensive ASRH intervention in limited resource settings by ensuring that interventions target the three dimensions of knowledge & understanding, demand for services and supply of services.

- **Inter and intra government coordination as a comprehensive coordination approach:** Government coordination in project management is generally perceived as being an inter (i.e. across) government departmental task, necessary to improve cooperation and synergy in order to improve service delivery. However, this thinking often overlooks intra (internal) departmental blockages to effective implementation. Although it arose as an innovation to address internal confusion within DoE (between province and district), it was clearly evident that focusing on internal misunderstandings and blockages as well as having a common understanding helped to facilitate one department's effective engagement with other departments. DoE did not completely clear the confusion but at least agreed on a way forward to manage the confusion. They agreed to take the issue forward to provincial level to explore lasting solutions. Thus coordination should ensure that cross department efforts are complemented by internal coordination for effective and efficient synergistic functioning.

- **A learning approach to project implementation:** At each step of implementation, different challenges arose, and implementation was adapted to respond to the challenges and lessons learned. For example:
  i) During inter government coordination, it was realized that there was internal confusion within DoE. The department resolved to hold internal clarification meetings to address the confusion.

  ii) The established Technical Task Team that was found to be not functioning effectively, and the subsequent formation of the Community Task Team to provide additional complementary support to activities.

iii) Most meetings held sought to address the issues that had been raised in the previous meeting.

iv) Successive interventions were informed by lessons from previous activities.

This approach indicates that Restless Development was constantly learning from interventions. Adopting a learning approach is important when implementing projects to ensure continuous intervention improvements.

- **Integrated youth led interventions (participation) and youth leadership:** Selected school learners were recruited as peer educators. They were trained in adolescent sexual and reproductive health and rights, lifeskills, and peer education techniques. They were trained to plan and implement ASRH lessons using non-formal education techniques during Life Orientation classes with their peers. These peer educators are also expected to reach young people who are out of school. This gradual progressive approach to peer educators' leadership from in school to out-of-school helps the peer educators to first develop some level of confidence among their close peers at school and later to target out of school youth. Although the activities are not necessarily planned in this systematic rationale, this evolving approach is a positive approach. This is an important skills transfer and a transformative exit strategy.

- **Creation of monitored youth led intervention space:** Peer educators conduct peer education sessions during Life Orientation class time. This ensures that interventions are conducted in an appropriate and safe environment. Often times there are no formal spaces and platforms that are created for young people's peer education. This is usually caused by weak assumption that young people will find each other in their spaces without necessarily creating formal spaces. This tends to weaken peer educator programmes, which is not the case at NSSS where clear delivery times are allocated.

- **Creative recruitment of peer educators to ensure retention and optimize peer educator returns:** Restless Development and the teachers used creative approaches to select in-school peer educators. Young people tend to be highly mobile, especially those in the 15-24 age group. Immediately after high school many young people migrate to urban centres in search of work or higher education opportunities, which results in loss of trained peer educators. This results in incurring recurrent costs by training new peer educators annually to maintain the project. However, in the NSSS project, one of the criteria for being selected as a peer educator was that the learner intends to be in the school for the next three years. This should result in the majority of the trained peer educators remaining in the school SYP project for a period of at least three years. This creative way ensures optimum utilization of peer educators as well as transfer of skills, coaching and mentoring of the next cohort of peer educators.

- **Creation of open conversation space to create convergence among various stakeholders on ASRH activities through intergenerational dialogues in Nzululwazi:** At the start of SYP project in Nzululwazi, parents were sceptical about ASRH interventions. The school, with the facilitation and support from Restless Development, opened a space for dialogue on ASRH at NSSS. The dialogue was held among the various players: young people, teachers, community members and government officials. These non-threatening dialogues helped parties to understand each other resulting in effective support of interventions. The dialogues also increased knowledge and understanding, addressed negative attitudes and harmful practices, introduced a rights based approach, and created a supportive environment through a non- threatening participatory process.

4.5.2 Case studies from Nzululwazi

Story 1: SYP dismantling a wall of mother and daughter poor communication and unhealthy silence in the home (testimony of a mother within NSSS community)

I have a 16-year-old daughter who was no longer interested in going to school. She spent a large part of the day in the streets with her friends and suspicious looking men. I suspected that she was sexually involved with these men. I tried to ask her about it but could not find the right words. We would fight over the issue and she would close up even more. I felt the more I tried to talk about the issue the more I was pushing her away. As a mother, I was worried about my daughter but could not express my feelings to her.

When the project at Nzululwazi started I was not really convinced that it would work. My daughter seemed very interested in the project and what was being done. My daughter talked to me about it. I opened up to her and we talked about the activities of the project. In the process we started talking about her sexuality and sexual behaviour. It was really hard for me to have these conversations especially when we talked about her first sexual encounter. However, as we talked I became increasingly prepared to assist her. My daughter began to trust me. I would hide my disappointment at some of the things she said and told me about her and her friends. I am now able to advise her and teach her as well as help her to understand what they were learning about sex and sexuality at school.

Her behaviour and attitude towards boys and men has changed significantly. She no longer spends time in the streets with men and if she spends time with people of the opposite sex it's her age mates at school or when they are socialising.

Story 2: SGB supporting SYP interventions – successful engagement and changing parents' attitude on ARSH interventions (story of SBG role in supporting ASRH interventions)

At the inception of the project we experienced some resistance from the parents. The biggest issues they had with the programme were fuelled by a misconception of the project and a wrong

perception about their children's sexual behaviour. The parents thought that their children were not sexually active and the programme was exposing the children to sexual material and promoting sexual activity by teaching them means of having sex in a safe way.

The parents believed that it was improper to expose children to sexual issues as this will do more harm than good. We conducted meetings and awareness campaigns with parents and provided them evidence from statistics that their children are sexually active and are at high risk of pregnancy and contracting sexually transmitted diseases. We explained that teaching about safe sex is not the complete story but the project is about a holistic approach to sexual reproductive health, sexual rights and responsibilities. Over time the parents have bought into the idea and are now supportive of the programme.

The parents now allow their children to come to school on weekends to attend sexual reproductive health lessons taught by the educators of the project. As the SGB we are seeing good results and we will continue to support the project even though some parents are still resisting the project. Some of the results we have seen are the fall in the pregnancy rate, less reports of school children being seen drunk and reduced crime in the communities we live.''

Story 3: Transforming risky and unsafe sexual behaviour to being responsible and be a focused girl (testimony of a learner at NSSS who changed behaviour)

''I used to date a much older man (sugar daddy) because he would give me things I could not get at home like money for chocolates, sweets and food for lunch at school. I was always at the Spaza enjoying his money. Of course these things did not come for free because I would have sex with him in return for all these favours. I was in a sexual relationship with this man for about 6 months. This was now my life and I could not see an alternative. Since the programme started, I can see the risks I am taking with my life for food. I realised that I could get pregnant, drop out of school, and contract STDs and HIV. I realised that it was not worth sacrificing my life. I tried to stop the relationship with the sugar daddy and he threatened me demanding his money back. I told him I was going to tell the school authorities and he backed off. I went for HIV testing and was glad that was HIV negative. I made a commitment to myself that I will never find myself in that situation again and that I would wait until the right time to engage in sexual activities. Since then, my concentration at school has improved, so I am grateful to this programme and will support it. My desire is to share the information I am getting with other students at school and other youth that are out of school so they too can benefit from this programme.''

Story 4: Bearing the torch of ASRH through peer education - peer educator's vision, resolve and commitment (testimony of a peer educator)

''I am grateful that I am an active participant of the project. This project has raised our awareness on our sexual reproductive health needs and rights and has even changed our behaviour as learners at Nzululwazi Senior Secondary School. Before the project was launched we (learners) were not able to share our problems with one another. Additionally, when

someone had a problem, instead of helping him or her, we used to laugh at the person. This programme has made us (learners) aware that we have to be supportive of one another as youth. For example, if another learner tells you about engaging in unprotected sexual intercourse we have to tell him/her that it is wrong because he/she is exposing him/herself to many dangers such STIs and unplanned pregnancy (if she is a girl). We teach each other about the dangers of risky sexual behaviour.

If a peer engages in unprotected sex, we have to refer them to voluntary counselling and testing, we advise our peers on the importance of knowing one's status, but it becomes even more important for those who are sexually active regardless of whether they are practicing safe sex or not.

As in-school peer educators, we were trained by Restless Development staff and Peer Educators so that we can conduct sexual reproductive health training sessions at the community hall (Resource Centre) and at school. We have started the training at school, but are yet to start at the community. It is proving very difficult to mobilise people from the community but we are coming up with different strategies to enable us to start the training''

Story 5: From exclusion to inclusion - transformation of youth unfriendly clinic to a youth friendly one (testimony of peer educators)

''Before the project was launched, the nurses at the town clinic were not youth friendly. Usually, when we (the learners) visited the town clinic, the nurses were judgmental of us. They would gossip about us visiting the hospital to get contraceptive pills, condoms and implants to prevent unplanned pregnancy and STIs. We assumed they behaved like that because they believed we are too young to be seeking such services. As learners we would go alone to the clinic but when we come back to our community people at home or in the community at large would mention to us that they heard we were at the clinic testing for HIV or accessing contraceptives. We lost all trust in the nurses and no longer visited the clinic to access the services. After the project was started, we can now go to the clinic with confidence since the nurses at the clinic are now youth friendly. Instead of judging us for going to the clinic for testing or acquiring contraceptives, the nurses are now more professional and encourage learners to visit the clinic to check their health status often. There is no gossiping anymore.''

Story 6: From nothing to something -facilitation of ASRH access through community centre (testimony of NSSS learners during FGDs)

''There are no nearby clinics at Nzululwazi. People from this community have to travel long distances to the town clinic and this costs money that most people cannot afford. Some members of the community that have physical challenges or have restricted mobility because of disability or age and even ill health found it extremely strenuous to travel to the clinic. Restless Development in an attempt to strengthen the project facilitated the opening of a resource centre where a mobile clinic comes once a month to offer health services to the learners and community. This clinic does not only assist children and youth within the community but it also

assists old people who cannot travel to the town clinic. Even children who do not have transport money to get to the town clinic for sexual health services can now access these services. There is however still scope to further strengthen the project by setting up a permanent clinic to serve the learners and the community at large. The structure that is currently being used is a small 4 roomed building. This building does not offer privacy during consultation and is poorly ventilated as it was initially built as a storeroom and tool shed. However, we are grateful that there is something for us as youth".

4.6 Monitoring of model elements for results optimisation – tracking progress and learning points for model strengthening

4.6.1 Assessment of current interventions and determination of areas for strengthening

The SYP intervention model at NSSS and the surrounding community presented in section 4.3 indicated that there are various factors that contributed to its success in reducing teenage pregnancy and other related ASRH outcomes. The interventions focused on increasing collaboration, cooperation and knowledge sharing and management of stakeholders; increasing knowledge around protective sexual behaviours among young people; providing quality, age appropriate and integrated ASRH, HIV & GBV services for adolescents and youth; ensuring meaningful participation of young people in leadership on SRH/HIV, efforts to scale up youth friendly services; strengthening CSOs & SBCC to promote safe sexual behaviour; and programme management including monitoring and evaluation.

The interventions implemented to achieve the above ARSH outcomes fall under the core ASRH service packages presented above (section 4.3). Progress made on implementing the services and areas that require improvement are indicated in table 11.

Table 11: Progress of activities

Category	Services	Current situation	Areas for strengthening and tracking
Direct services to young people	Access to services	Efforts to strengthen youth friendly services at the Nzululwazi community centre and by DoH are commendable. Provision of contraceptives and other birth control services are still limited. Condoms are the most readily available contraceptive and HIV prevention. Young people still experience limitation in accessing other family planning services such as injectables, etc.	Continue lobbying DoH and exploring ways to provide wide range of services in a youth friendly manner.
	Information and awareness	ASRH information shared through the various platforms is reaching young people. Prevention information and service provision sites is being shared.	There is need to develop an M&E system that assesses the increase in knowledge, improvement of skills and

		Individual youths are getting empowering information and practical skills such as communication and negotiation skills that are reinforced and supported through peer support.	overall empowerment. This can be in the form of regular cross sectional rapid assessments.
	Skills building and empowerment		
	Youth leadership	Young people have been trained to be peer educators. Some young people have successfully participated in intergenerational dialogues as well as advocacy activities. Young people are also being mentored to share ASRH information to in-school and out-of-school youth as well as utilise Life Orientation time.	● Youth led activities such as peer education and facilitating ASRH in Life Orientation classes has not been implemented for a long time to determine the effectiveness and understand the emerging challenges. Research on peer education indicates that it is usually the peer educators who tend to benefit more than the rest of other young people. Therefore, there is need to develop a monitoring and tracking system to ensure that interventions effectively reach other young people. ● Few young people are participating in intergenerational dialogues. It is important to increase the number of young people participating in dialogues to broaden young people's voice.
Indirect services to young people	Strengthening ASRH supportive environment	Successful interventions targeting family and community members to strengthen ASRH environment have been implemented. These include campaigns, outreaches and intergenerational dialogues on ARSH. The school environment has been strengthened through activities that include supporting ISHP implementation, provision of CSE and integration into Life Orientation,	● There is need to extend community participation beyond SGBs and few members to include many other community members in intergenerational dialogues. ● While training has been done among SGBs and Life Orientation teachers,

		provision of peer education through the LSA, training of LSA on ASRHR, supporting the LSA, strengthening skills of Life Orientation teachers on CSE, ASRH integration into the curriculum, training of SGBs, dialogues, supporting CSE Peer Educators at Nzululwazi). Government departments have been coordinated to support ASRH (i.e. DBE, DoH, and DSD) and facilitating ISHP implementation.	the extent to which CSE and other activities are implemented at the school needs to be monitored. ● Restless Development has been performing the coordination role. Hence, there is need to strengthen efforts to have government take over the coordination role.
	Facilitating access to ASRH services	There are commendable efforts by Restless Development to coordinate, facilitate and advocate for youth friendly SRH services with DoH.	There is need to continue lobbying and advocating for availability of youth friendly services.
Research and evidence based interventions	Baseline situation analysis and operational research	UNFPA, Restless Development and other partners have been involved in conducting assessment studies to ensure interventions are informed by research evidence. M&E framework that measures outputs has been developed.	● The current M&E system needs to be strengthened to measure second level outputs of implementation i.e. after first level interventions. For instance, further to measuring and reporting on level one outputs such as the number of trainings and number of peer educators trained, there is need for measuring second level outputs such as the direct delivery work of peer educators e.g. number of females and males reached with lifeskills sessions ● There is also a need to develop systematic review and reflection meetings as recommended in the next section.
	M&E		
Collaboration, coordination and	Process management	Restless Development has been involved in managing SYP process management (i.e. development of	While Restless Development has done exceptionally well in coordinating SYP

implementation management of ASRH interventions		implementation plans, implementation monitoring, documentation of implementation processes), supporting SYP implementation (i.e. establishment of complementary interventions and on-going technical and process backstop), and supporting entire roll-out of activities (i.e. facilitation of ASRH processes on site, empowerment and capacity development of direct implementers).	interventions, there is need to strengthen efforts to have government take over the coordination role.
	Implementation support		
	Implementation roll-out		

4.6.2 Current interventions and reflection for future ASRH strengthening

The areas requiring strengthening indicated above (4.6.1) are represented in the theory of change below and the corresponding future research questions to reflect and learn from current SYP interventions. The questions aim to strengthen future SYP interventions. The first category on the theory of change comprises intervention pathways indicated by a purple solid arrow. These interventions have shown considerable effectiveness thus far as described in the table above and based on feedback from SYP project participants. The second category of interventions pathway is the ones indicated by a grey solid arrow. These interventions have not been implemented over a long period of time; hence they should be monitored to maturity in order to determine their effectiveness. These include interventions such as youth leadership through peer education, where training was done in June 2016 and the peer educators had not yet significantly started conducting the activities on their workplans at the time of conducting the research. The category of intervention pathways indicated by a black broken line are interventions that are currently somewhat weak and requiring strengthening. For instance, while dialogues have been useful, only a few young people and parents participated in the dialogues.

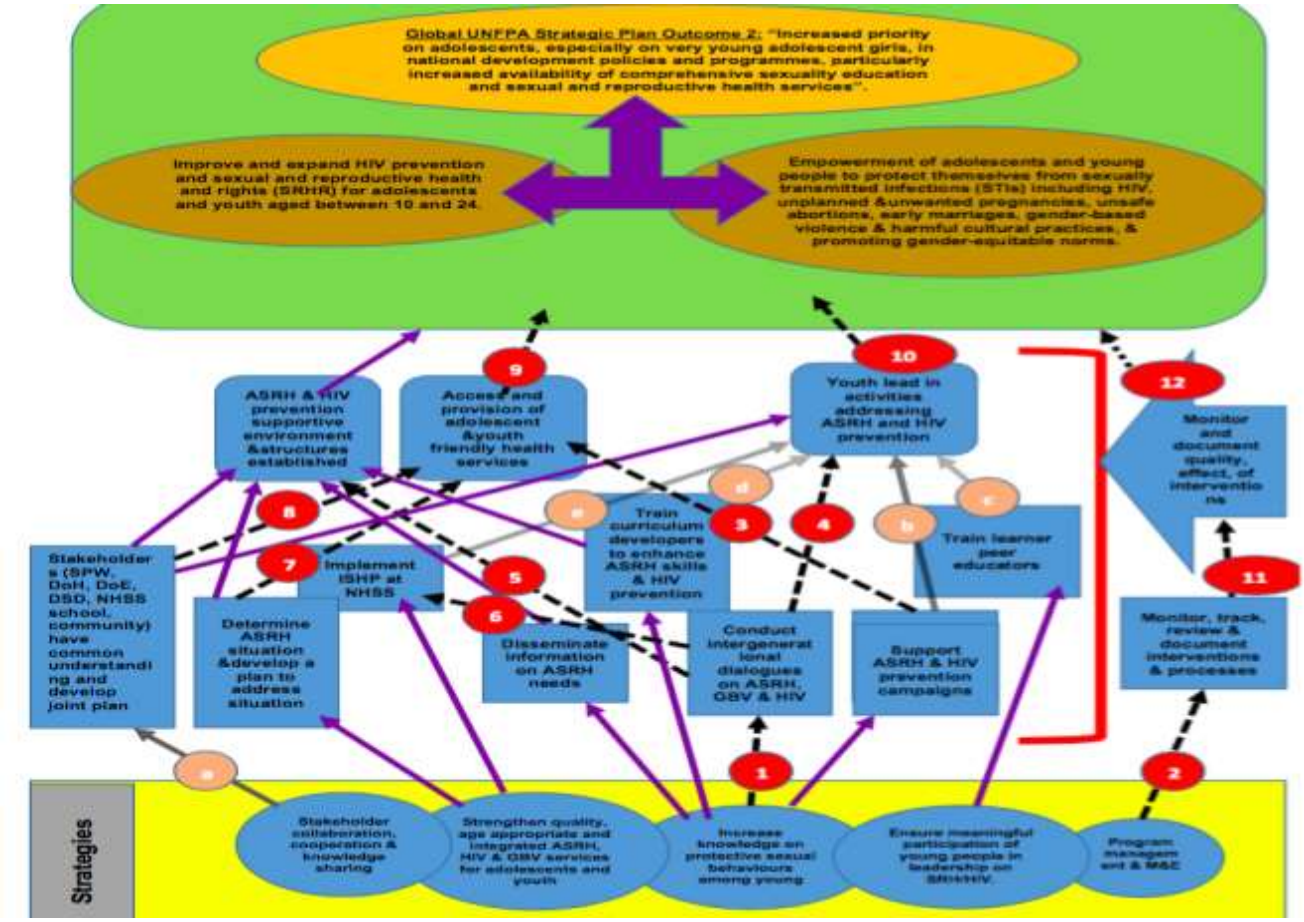


Figure 9: SYP theory of change indicating areas for monitoring and tracking

- **Research, learning reflection and monitoring questions for interventions that are effective (solid pink lines)**
  This category represents interventions that are being implemented well and effectively. The interventions should be maintained and lessons emerging during their implementation reflected upon.

  i. What are the lessons regarding ASRH that are emerging from the interventions that are working well at this point of implementation?
  ii. What is making the above interventions successful?

- **Research, learning reflection and monitoring questions for interventions that require maturity to determine efficacy (solid grey lines)**

  a. Intervention contributing to joint planning and strengthening coordination: This arrow indicates interventions focusing on coordination of implementing agencies and government departments responsible for ISHP at NSSS. Restless Development has been

performing an effective coordination role but there are persisting challenges that still need to be addressed.

i. What actions are being taken by government departments and Restless Development to handover coordination role to government since the last meeting/quarter?
ii. What steps are taken by government departments particularly DSD to strengthen its coordination role at all levels at this stage?
iii. What are the persisting coordination challenges across and within government departments at this stage?
iv. What steps have been taken to address the coordination challenges being experienced since the last reported challenges?

b & c. Interventions supporting ASRH campaigns to strengthen youth leadership and participation: This entails interventions that strengthen ASRH awareness among young people with a focus on contributing to increased youth participation and leadership in ASRH awareness activities. The peer educators who were trained in 2016 should share ASRH information with their peers at school. The peer educators are also expected to share ASRH information with young people who are out of school. These initiatives focus on strengthening youth participation and leadership at NSSS. However, since training of peer educators was done in June 2016, the next step should be supporting and monitoring peer educators' implementation.

i. How many sessions is each peer educator conducting in a month (for in school and out of school)?
ii. What are the issues of common concern that young people are expressing to peer educators?
iii. What challenges are the peer educators experiencing in performing their role?
iv. What kind of support do peer educators require?
v. How could the role of peer educators be strengthened?

d & e. Interventions supporting and strengthening ISHP at NSSS: Interventions such as training of curriculum developers and other supportive interventions at NSSS are yet to develop to maturity. While CSE training material has been provided, its integration and implementation during Life Orientation sessions needs to be monitored.

i. What is the kind of training received by curriculum developers at NSSS?
ii. How has the training been translated to strengthen ISHP at NSSS and what are the challenges being experienced?
iii. What are the recommendations for overcoming the challenges?

- **Research and learning reflection and monitoring questions for interventions that are relatively ineffective in reaching many young people and require improvement (broken black lines**

1 & 5. Coverage of interventions focusing on increasing ASRH knowledge through intergenerational dialogues: The dialogues have been successfully conducted. However, these dialogues have focused on a very small number of learners and community members. This has excluded many other people who would benefit from such non-threatening ASRH conversations. This intervention should be broadened and planned to include many more participants than the current few. The contents and issues arising from these dialogues need to be reflected upon and properly documented.

i. How many dialogues have been held at NSSS?
ii. How many people have attended the ASRH dialogues?
iii. What is the percentage of the people who attended dialogues against the total targeted population?
iv. What is the plan and actions implemented to make as many young people and community members as possible to participate in the ASRH dialogues?
v. What are the recurring themes during dialogues?
vi. What challenges are experienced in arranging and conducting dialogues at NSSS?
vii. How could these challenges be addressed to optimize dialogue outcomes?

2, 11 & 12. Interventions focusing on monitoring and tracking SYP outcomes: There is currently no particular monitoring and tracking system focusing on SYP outcomes at NSSS as a pilot site. The M&E framework being used is the UNFPA high level framework. However, this framework doesn't capture the low level outcomes at a focused implementation site such as NSSS. Considering that NSSS is an ISHP pilot site, it is imperative to have an M&E framework that measures outcomes at the site in order to develop deep insight and understanding of the model.

i. What are the low level interventions at NSSS that should be monitored during the SYP interventions (e.g. quality of information passed from peer educators to other learners, success of sessions, challenges during sessions, etc.)?
ii. How are these monitored elements contributing to understanding the SYP model at local level?
iii. How do these monitored elements contribute to district, provincial and national understanding of ASRH in the country?

3, 7 & 8. Interventions contributing to access to ASRH services: Although there is increased information on ASRH (demand creation) and considerable effort by DoH to provide ASRH services, accessibility to services is still low. DoH is constrained by transport and staff limitations, which weakens service provision.

i. What efforts are being made by all relevant players to jointly address the challenge of transport and limited staff by DoH?
ii. What are the results of these efforts?

4 & 6. Interventions to increase youth led interventions: Intergenerational dialogues and peer education need to be carefully planned to include many other young people as well as ensure that they are youth led.

i. How are intergenerational dialogues involving other young people who used not to participate?
ii. How are young people involved in leading intergenerational dialogues?

5. CONCLUSIONS AND RECOMMENDATIONS

This study aimed to identify a set of interventions that have been proven to be effective, with concrete results, which together form a model for strengthening quality, age appropriate and integrated ASRH and GBV services for adolescents and youth for possible replication and scale up. The focus was on SYP interventions as implemented at NSSS. The research addressed five (5) elements namely (1) documenting the implementation process, (2) documenting the results achieved, (3) drawing and outlining the visual representation (and accompanying narrative) of the intervention model, (4) basic costing of interventions, and (5) documenting at least 3 case studies of successes and/or promising practices. Further to these five areas is (6) determination of monitoring areas for next stages of the project.

5.1 Conclusion

5.1.1 Implementation process

- **Step-by-step implementation process:** The implementation of SYP at NSSS was presented in two sections. The first section described the step-by-step processes followed in implementing SYP focused interventions at NSSS while the second discusses the actual interventions (activities). The step-by-step analysis revealed the four (4) actors who were instrumental in establishing SYP at NSSS who are the: NSSS Principal, Department of Education, Restless Development and UNFPA. The principal observed high number of learners becoming pregnant to the extent that over 70 learners had fallen pregnant in 2014. He shared the situation at the provincial accountability meeting. This situation of high learner pregnancies at NSSS caught the attention of the Provincial Department of Education (DBE). The DBE responded to the situation through implementation of Integrated School Health Programme as part of SYP interventions. The UNFPA partner organization in EC i.e. Restless Development, which has been implementing youth-led ASRHR interventions in the province was tasked to coordinate the implementation of ASRH interventions. The policy framework used for SYP interventions within the school to drive ASRH interventions was the Integrated School Health Programme (ISHP) and Comprehensive Sexuality Education (CSE). All government stakeholders agreed to work together for practical implementation of Comprehensive Sexuality Education (CSE) and the Integrated School Health Programme (ISHP).

  The above step-by-step processes that were followed in initiating SYP at NSSS were triggered by the NSSS principal's presentation during the accountability meeting in the last quarter of 2014. The response to the situation was to establish interventions that address the challenge of high teenage pregnancies and poor ASRH services at NSSS as guided by ISHP and CSE frameworks. These developments on SYP initiation at NSSS provided important insights and lessons regarding: (1) the importance of communication and feedback between grassroots government officials (i.e. as done by the NSSS principal) and responsiveness by senior government officials (i.e. as also done by the Provincial DBE); (2) the need for on-going sharing and interaction spaces between grassroots officials and senior officials as done through accountability meetings, which resulted to response by

senior government officials; (3) the importance of responsiveness by senior government officials to resolve issues that are brought to their attention; (4) the importance of joint stakeholder problem identification for prioritization and integrated service provision; and (5) the importance of coordination in bringing the various stakeholders together to manage processes.

- **Implementation of SYP interventions at NSSS:** The SYP implemented interventions from 2014 to 2016 were contained in the first annual work plan signed by Restless Development and UNFPA that ran from 14 July 2014 – 31 December 2014, followed by the second plan that ran from 9 April to 31 December 2015, and the third one running from 1 March 2016-31 December 2016.

  The 2014 interventions were organized under five (5) areas that aimed to: (1) increase collaboration, cooperation and knowledge sharing and management amongst stakeholders; (2) increase knowledge around protective sexual behaviours among young people (3) provide quality, age appropriate and integrated ASRH, HIV and GBV services for adolescents (4) provide meaningful participation of young people in leadership on SRH/HIV; and (5) increase collaboration, cooperation and knowledge sharing and management amongst shareholders. The 2015 interventions followed the same themes but with particular interventions focusing on NSSS unlike the 2014 interventions that did not have a particular focus on NSSS. The 2016 interventions were slightly differently stated but focusing on the same themes. The 2016 interventions had much stronger focus on NSSS than the 2014 and 2015. The interventions aimed to (1) strengthen young people, especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes; (2) increase young people's knowledge and skills towards adoption of protective sexual behaviour; (3) strengthen capacity of Civil Society Organizations to improve social and behaviour change communication to promote safe sexual behaviour among key populations; (4) strengthen young people - especially adolescent girls' leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes; (5) scaling up youth friendly and integrated SRH and HIV services for adolescents and young people through both static and outreach services.

  Overall, the SYP interventions implemented from 2014-2016 focused on strengthening youth friendly services through services such as those provided at NSSS community centre and peer education. ASRH information and awareness to empower young people was provided through platforms such as campaigns, dialogues, and peer education. Information sharing also included building life skills through aspects such as HIV prevention, peer support, communication and negotiation skills. Peer support is being strengthened through activities such as peer education and youth advocates. The ASRH environment for young people (i.e. family, community, school and health centres) is being strengthened through activities such as intergenerational dialogues, awareness meetings and ASRH coordination

meetings. The implemented activities addressed ASRH issues at individual young person's level, interpersonal level, community level and organisational level. Further to this, there were activities that strengthened implementation of policy (e.g. ISHP, CSE).

The activity analysis revealed the following gap: the intervention strategies under which the activities are clustered, resulted in other intermediary interventions that are not carefully planned for and monitored. For instance, the training of young people in peer education to ensure meaningful involvement in ASRH raises the need to establish a proper monitoring of the young people's activities to ensure quality information. Another example noted was that the intergenerational dialogues strengthened the environment for ASRH interventions in the community and the school, but the extent of this change needs to be determined and tracked. This situation therefore, challenges the respective stakeholders and implementers to develop additional activities to strengthen the intermediary steps to ensure achievement of the intended SYP outcomes.

5.1.2 Achieved results in implementing SYP project at NSSS and surrounding community

The study revealed the following results that were achieved during implementation of SYP through coordination:

- Government provided significant support to ISHP at NSSS. The government committed to address the challenge of ISHP implementation at NSSS;
- Innovative approaches to resolving challenges were developed among government stakeholders; and
- Government supported ISHP policy implementation and created an enabling environment for its implementation, there was increased awareness on ASRH challenges in the province.

The notable positive results achieved at the four levels of implementation are i.e. government, school, community and individual are:

- At government level, the achievements included: effective government support, increased efforts to support ISHP policy implementation, innovative approaches in addressing ISHP blockages, and provision of ASRH services.

- At school level, the achievements included: creation and strengthening of ASRH supportive environment, creation of critical dialogue space for government, learners, teachers and community, increased consciousness about ASRH at the entire school, school indirectly benefiting on skilling teachers on CSE integration in curriculum as well as policy implementation, and huge increase in pass marks perceived by the Principal as partly attributable to Restless Development and the work in NSSS, created momentum and support for continued engagement support and leadership at the community level in 2016

- At community level, the achievements included: increased awareness of adolescents and youth needs, and improved support to the school.

- At individual young people's level, the achievements included: empowerment of young people on ASRH and HIV prevention, confidence building of young people, comprehensive understanding of ASRH issues, improved access to ASRH friendly services, and supportive ASRH environment.

Notwithstanding the coordination achievements above, the following issues were noted:

- There was coordination dependence on individuals instead of being institutionalised in government departments,
- Weak implementation of some decisions made in meetings,
- Overdependence on Restless Development for coordination,
- ISHP implementing partners' high expectations and enthusiasm that overlooked broad government responsibilities,
- Blurry and unclear role of DSD in implementation of ISHP, and
- Government departments' vertical accountability hindering horizontal coordination and cooperation.

5.1.3 Visual representation (and accompanying narrative): A SYP model that draws from international ASRH frameworks and relevant South African policies was developed. The international guidelines included: WHO AND UNFPA (2012), UNFPA Framework for Action on Adolescents & Youth, Interact Guide for Adolescent Sexual and Reproductive Health & Rights (ASRHR), UNICEF Effective Approaches to Reach Adolescents, and UNESCO Comprehensive Sexuality Education Framework, while the South African policies are Integrated School Health Policy (ISHP) (2012) and National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHR) (2014-2019). The model focuses on the following six dimensions: strengthening youth friendly services, information and awareness (empowerment with information and demand creation - information and awareness, training, etc.), skills building (personal/empowerment skills, peer support, communication and negotiation skills), strengthening peer support, strengthening adolescent supportive environment (family), strengthening adolescent supportive environment (community), strengthening adolescent supportive environment (government systems), policy intervention and advocacy. The model was underlined by the complementing theory of change.

Among other things, the model revealed the need to have ASRH champions who are able to observe ASRH challenges in the community and alert government officials. In turn, the alerted government officials should be responsive to the need. A major success factor of the intervention model is the integral role played by Restless Development in coordination and direct implementation.

5.1.4 Costing of interventions

The cost of interventions analysis for 2015 revealed that provincial forums cost the highest amount to deliver an output (i.e. R4932) followed by SGBs workshops with R3502, 63. The lowest cost was partner meetings at R712, 40 per meeting. For 2016, the intervention that was highest in delivering an output was management and monitoring visits (including partner meetings), which cost R10508 per output (i.e. per quarterly meeting). This was followed by training of in-school peer educators and LSA's on CSE and effective peer education that cost R5885, 90 per individual person's training. The Nzululuwazi Technical Task Team meetings costing R3464, 80 was third. The lowest 2016 cost for 2016 was ASRHR outreach activities linking young people to SRHR information and services at R173, 24. The reason for such a low cost is that the activity costing was based on actual beneficiaries rather than high level training of structures such as SGBs. The high activity costs result from the fact that intervention costing is done at the level of implementation structures (i.e. training) rather than the actual beneficiaries who are impacted by the interventions such as people attending awareness meetings.

5.1.5 Success stories and promising practices: Seven case studies of promising practices and stories of SYP impact have been noted. The promising practices are:

- ASRH systemic (holistic) planning to address information sharing, demand creation and supply of services;
- Inter and intra government coordination as a comprehensive coordination approach;
- A learning approach to project implementation;
- Integrated youth led interventions and youth leadership;
- Creation of monitored youth led intervention space;
- Creative recruitment of peer educators to ensure retention and optimize peer educator returns; and
- Creation of open conversation space to create convergence among various stakeholders on ASRH activities through dialogues at NSSS.

The impact stories indicate various effective aspects of the interventions that include young people's behaviour change.

5.1.6 Research and monitoring areas for next stages of the project: The SYP interventions classified into three groups. The first category comprised intervention pathways that have shown considerable effectiveness. The second category of interventions pathway is the ones that have not matured. The third category of intervention pathways is interventions that are currently not very effective.

The interventions that require maturity are:

- Interventions contributing to joint planning and strengthening coordination;
- Interventions supporting ASRH prevention campaigns to strengthen youth leadership and participation; and

- Interventions supporting and strengthening ISHP at NSSS.

The interventions that require further strengthening despite the current strengths are:

- Interventions focusing on increasing ASRH knowledge through intergenerational dialogues through including more participants in the dialogues;
- Interventions focusing on monitoring and tracking SYP outcomes;
- Interventions contributing to ARSH access particularly ASRH products such as injectable that require specially trained medical personnel; and
- Interventions to increase youth led interventions through integrating a monitoring and tracking of youth led interventions such as peer education.

5.2 Recommendations

Coordination

- Maintain a dedicated organization or government office that effectively coordinates and manages stakeholders and processes.
- Institutionalise coordination of SYP interventions by having contact people work with assistants or fellow officers rather than over depending on individual government officials.
- Appoint a government official within the coordinating department to work alongside Restless Development for transference of coordination skills.
- Develop a follow up mechanism in government departments to ensure that decisions made in meetings are implemented.
- Encourage and cascade cluster working system from higher government levels to lower levels in order to strengthen coordination and horizontal accountability.
- Provide coordination support across the various intervention levels and activities.

Monitoring & Evaluation

- Develop a monitoring system (or adapt UNFPA system) that measures SYP effectiveness at individual, school and community level rather than relying on the high level UNFPA indicator framework.
- Develop a monitoring system to track interventions that have not been implemented for a long time such as meaningful leadership and participation of young people (e.g. ASRH peer education in school and out of school).
- Nurture and sustain the project through on-going technical backstop to maintain momentum and ensure standardization of interventions (intervention quality assurance).

Activity quality

- Expand on the presented theory of change for the project to determine further intervention pathways including intermediary activities to ensure achievement of project outcome.

- Develop additional activities that strengthen the intermediary steps of the interventions.
- Maintain and broaden intergenerational dialogues to include more community members to broaden ASRH knowledge.
- Develop a minimum package of ISHP services for DSD to strengthen and ensure clarity of its role in ISHP implementation.

Intervention costs

- Cost interventions based on the actual beneficiaries to determine cost of reaching the actual beneficiary.

ANNEX 1: TERMS OF REFERENCE

Request for Proposals for a service provider to conduct an Adolescents and Youth Sexual and Reproductive Health and HIV prevention operational research of the Safe Guard Young People Programme intervention in Nzululwazi and surrounding community in Alfred Nzo District, Eastern Cape

SPW South Africa Trust (also known as Restless Development) is an implementing Partner of UNFPA leading the implementation of Safeguard Young People (SYP) Programme in three districts (OR Tambo, Amathole and Alfred Nzo) in the Eastern Cape. The goal of the SYP programme is to contribute towards the improvement of the Sexual Reproductive Health and Rights (SRHR) status of young people aged 10 – 24, with a special focus on HIV prevention. As part of the programme, a number of core activities began to be delivered in 2014 aimed at strengthening the capacity of Government and Eastern Cape partners including at the national level, to improve and expand HIV prevention, and Sexual Reproductive Health and Rights (SRHR) interventions for adolescents and youth. This has continued through to 2016.
As part of the National SYP programme outputs: Strengthening quality, age appropriate and integrated ASRH & GBV services and increasing young people's knowledge and skills towards adoption of protective sexual behaviours for adolescent and youth; the organisation, at the request of the Department of Basic Education, and in collaboration with the Department of Social Development and Department of Health, agreed to focus on a selected site – Nzululwazi Secondary School, just outside Mount Frere in Alfred Nzo district of the Eastern Cape (which had recorded an alarming rate of teenage pregnancies of learners within the school), to pilot a series of interventions aimed at addressing this challenge through:

- Improved coordination, collaboration and leadership of core stakeholders responsible for provision of Adolescents Sexual and Reproductive Health and Rights (ASRHR) information and services within the context of the Integrated School Health Programme.
- Improved access to ASRHR information, leading to an increased demand for ASRHR services
- Availability of appropriate ASRHR services to young people in the school and surrounding community
- A community owned and led intervention that is sustainable beyond the initial pilot funding to ensure that core stakeholders on the ground are able to take the successes forward through their own resources and leadership (rather than externally driven). As part of this initiative, Restless Development sourced an external consultant team through competitive recruitment in 2015 to undertake a situation analysis and baseline at Nzululwazi and the surrounding area to better understand the current status of young people's knowledge and skills on SRHR and HIV prevention and the implementation of

the Integrated School Health Programme (ISHP) and its effectiveness at Nzululwazi Senior Secondary School and the surrounding community prior to intervention by the Safe Guard Young People Programme. The report is available here: http://restlessdevelopment.org/file/school-health-programme-baseline-report-pdf

In 2015, Restless Development's initial interventions in Nzululwazi included:

- Supporting training the School Governing Body (SGB) at Nzululwazi on the Integrated School Health Programme and their role as SGB's in the oversight of its implementation;
- Launching an ASRHR peer education programme led by trained leaders from the district;
- Facilitating community inter-generational dialogues on ASRHR;
- Convening ISHP policy clarification meetings with provincial and district level representatives from the Department of Basic Education;
- Creating a technical multi-sectoral governmental agency team to form a team responsible for overseeing delivery, management oversight and direction of the pilot in the community. 2016 will see a continued focus on the intervention site including:
- Overseeing a task team consisting of provincial and district based government stakeholders leading oversight and implementation of the intervention at Nzululwazi
- Piloting a peer education programme focusing on Comprehensive Sexuality Education (CSE) delivered through learners within Nzululwazi Senior Secondary School – including the Learner Support Agents onsite.
- Strengthening the capacity of the School Governing Body to respond to the ASRHR needs of the learners and driving change at school.
- Support to a near-by Youth Resource Centre for learners as well as the wider community with onsite provision of SRHR information and services
  Undertaking outreach activities (linking young people to ASRHR information and services) for young people of Nzululwazi and surrounding community.

The first year of the pilot has seen some extremely encouraging results relating to the intervention – including significant results reported by the School Principal and Department of Basic Education at a Provincial level concerning reduction of school learner pregnancy, improved matriculation pass-rate results, among others. The successes have garnered interest within core government departments, as to the true potential for results when all the stakeholders involved in providing access to services and information related to ASRHR. There is recognition across all sectors of the importance of documenting the implementation process, learning from the processes, and building a rigorous case grounded in evidence prior to presenting a model for potential replication and scale-up. This call for proposals therefore requests a service provider for technical assistance in undertaking operations research in Nzululwazi, Mt Frere District, Eastern Cape. The term 'operations research' is used here to refer to the process of applying analytical methods to help make better decisions. It is the process of trying to arrive at optimal or near-optimal solutions to complex decision making problems. In operations research, problems are broken down into basic components and then solved in defined steps by systematic analysis. The purpose of conducting the proposed research is to identify the set of interventions that have been shown to be effective, with concrete results that together could form a model for strengthening quality, age appropriate and integrated ASRH & GBV services for adolescents and youth for possible replication and scale up. The selected service provider is expected to provide the following deliverables within and at the end of the

study:
http://en.wikipedia.org/wiki/Operations_research
http://whatis.techtarget.com/definition/operations-research-OR

i. Documentation of the implementation process through the Nzululwazi intervention since the project started in 2015 – including all activities, partnerships and processes, including achievements, lessons learned, what has worked, what has not worked, challenges and recommendations for future interventions and replication potential – including other aspects as recommended by the applying consultancy firm.
ii. Documentation of the results achieved: What are the results that have been achieved at the level of the individual, school, community and districts. What achievements, lessons learned, challenges and recommendations can be identified. The consultant is encouraged to identify limitations in the model towards achieving the ideal or targeted outcomes, providing (possibly alternative) solutions to strengthen the delivery and the model.
iii. Visual representation (and accompanying narrative) of the intervention model as delivered from the outset to end of October, 2016. The narrative should demonstrate how any observed impact of the current intervention would influence subsequent interventions.
iv. Analysis of the extent to which the model demonstrates Value for Money[13] (effectiveness and efficiency) in meeting its objectives – recommending other alternatives and costing (if applicable) - including other areas as recommended by the applying consultancy firm. The analysis should highlight synergies between interventions; which activities / interventions are effective by themselves and which depend on supporting interventions / activities by other partners – i.e. if resources are constrained, which activities should be prioritised, and which must be implemented together
v. (A minimum of) 3 Case studies documenting successes and/or promising practices uncovered through the research process

The detailed report should include significant input from the following stakeholders (Note: This is a minimum, the consultant is encouraged to suggest more as appropriate to enrich the study and note this in their proposal as added value):

- Teachers within the School – including the Principal
- Department of Basic Education – district and Provincial
- Department of Health – district and Provincial
- Department of Social Development – district and Provincial
- Parents of learners from the schools
- School Governing Body (SGB) representatives
- Learners at Nzululwazi Secondary School and the primary school
- Providers of Health services at the two local clinics and main hospital in Mount Frere
- UNFPA (funding partner who has visited the site)
- Restless Development South Africa staff
- Peer educators working in Nzululwazi
- Civil society organisations that work in the area
- Local community leaders: NB Restless Development will be able to assist in facilitating

[13] This was changed to costing after the presentation of the first draft at UNFPA.

these meetings.

Time Period: June - September (field work) to October (final report submission).Interested parties are requested to submit a proposal to Restless Development through the email address below stating clearly the e-mail and phone number of the person to be contacted. Bids must include:

ToR release date	20 May 2016
Proposal due date	8 a.m. SA Time 13 June 2016
Interview with top three bidders	15/16 June 2016
Anticipated contract award	17 June 2016
Completion of assignment	30 October 2016

- Outline of the steps proposed to be taken by the applicant demonstrating how the proposal will be delivered (methodology), tools to be utilised, a timeline for activity implementation, a report outline breaking down the components of report research compilation and submission on the timelines above
- There is an estimated indicative budget allocated of approximately 100,000 ZAR for this research. Applicants must provide a detailed Proposed Budget. This should be in South African Rand and inclusive of all fees (incl. VAT) and expenses, including the cost of field based research.
- CVs and evidence of health impact evaluation/ operations research and experience for the person or people that will conduct the research and write the report - outlining demonstrable evidence of working in the field of Adolescents Sexual and Reproductive Health (ASRHR) and in conducting operational research with the core varied range of stakeholders as identified in the list above.
- Example of 2 completed reports demonstrating previous experience of successful completion of quality work with a similar scope (where relevant).
- Proposals must be submitted before 8 a.m. SA Time 13 June 2016
- Please state 'Operational Research for Nzululwazi') in the email title and submit proposals to: frank@restlessdevelopment.org
- Restless Development does not charge a fee at any stage of the recruitment process. If you have any questions concerning persons or companies claiming to be recruiting on behalf of these offices and requesting the payment of a fee, please contact the above.

ANNEX 2: INTERVIEW GUIDE FOR GOVERNMENT OFFICIALS

SECTION A: INFORMED CONSENT

Introduction

My name is Prof Vhumani Magezi and I am carrying out a research on behalf of Restless Development South Africa. The research is titled "Adolescents and Youth Sexual and Reproductive Health and HIV Prevention Operational Research of the Safe Guard Young People Programme Intervention in Nzululwazi and Surrounding Community in Alfred Nzo District, Eastern Cape". You are being invited and requested to take part in this research project.

What is this research study all about?

The research entails five (5) elements namely (1) documenting the implementation process, (2) documenting the results achieved, (3) drawing and outlining the visual representation (and accompanying narrative) of the intervention model, (4) analysis of the extent to which the model demonstrates Value for Money (effectiveness and efficiency), and (5) documenting at least 3 Case studies of successes and/or promising practices of the SYP project.

Why have you been invited to participate?

The project concerns AYSRH which is a joint responsibility of all people – from families to government. The project is also implemented through mechanisms that include that involve you.

What will be your responsibility?

Your role is to share your experiences, thoughts, and views about the SYP project.

Are there risks involved in your taking part in this research and how will these be managed?

There are no risks in this study. Al discussions will be confidential and will not be discussed outside the research discussion environment.

What will happen to the data?

The information will form part of the report that will be used by Restless Development to improve the SYP project in the community.

Will you be paid to take part in this study and are there any costs involved?
You will not be paid to take part in the study. There will be no costs involved.

How will you know about the findings?
The general findings of the research will be shared with you through Restless Development work in the district. The final report will be published on Restless Development's website and a copy will be provided to you or focal point person.

Is there anything else that you should know or do?
You can contact: Vhumani Magezi at 0829210847 or Talent Mathuthu, (Senior Coordinator: M&E and Research) and Sithembele Zondeka (Programme Manager) on +27437210260

Consent
Do you agree to participate in this research? Yes |___| No |___|
Signature of interviewee: _____
Date: _____

SECTION B: QUESTIONS

1. What do you see as the most important aspects of the SYP project?

2. What are the outstanding elements or stand out elements of SYP within AYSRH

   interventions in South Africa?

3. What do you see as the most important contribution of SYP within the district?

4. What do you see as key lessons from SYP that could be shared nationally?

5. What kind of support do you render to the SYP project?

6. What are the strengths and limitations of SYP project?

7. What recommendations can you give to improve the SYP project?

ANNEX 3: FOCUS GROUP DISCUSSION GUIDE (LEARNERS)

SECTION A: INFORMED CONSENT

Introduction

My name is Prof Vhumani Magezi and I am carrying out a research on behalf of Restless Development South Africa. The research is titled "Adolescents and Youth Sexual and Reproductive Health and HIV Prevention Operational Research of the Safe Guard Young People Programme Intervention in Nzululwazi and Surrounding Community in Alfred Nzo District, Eastern Cape". It entails documenting the programme's implementation process, results and case studies.

What will be your responsibility?

Your role is to share your experiences, thoughts, and views about the SYP project.

Are there risks involved in your taking part in this research and how will these be managed?

There are no risks in this study. All discussions will be confidential and will not be discussed outside the research discussion environment. Your name will not appear in the report.

What will happen to the data?

The information will form part of the report that will be used by Restless Development to improve the SYP project in the community. The findings of the research will be shared with you through Restless Development's work in your area.

Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in the study. There will be no costs involved.

Consent

Do you agree to participate in this research? Yes |___| No |___|

Signature of interviewee: _____ Signature of parent/guardian_____

Date: _____ Date:_____

SECTION B: QUESTIONS

1. In what ways do you participate in the SYP project?
2. What changes did you notice among school children regarding SRH issues when the SYP project started?
3. What are the things that used to happen but now are no longer happening because of the SYP project?
4. What changes were seen in the community when the SYP project started i.e. at clinics, school and general community spaces?
5. What do you see as the good and things about the project?
6. What are the most valuable things that have happened in the community regarding children's SRH as a result of the project?
7. What are things that should be improved to make the project more effective?
8. What ways can your contribution be strengthened in ensuring effective AYSRH activities

ANNEX 4: FOCUS GROUP DISCUSSION GUIDE (COMMUNITY MEMBERS AND TEACHERS)

SECTION A: INFORMED CONSENT

Introduction

My name is Prof Vhumani Magezi and I am carrying out a research on behalf of Restless Development South Africa. The research is titled "Adolescents and Youth Sexual and Reproductive Health and HIV Prevention Operational Research of the Safe Guard Young People Programme Intervention in Nzululwazi and Surrounding Community in Alfred Nzo District, Eastern Cape". It entails documenting the programme's implementation process, results and case studies.

What will be your responsibility?

Your role is to share your experiences, thoughts, and views about the SYP project.

Are there risks involved in your taking part in this research and how will these be managed?

There are no risks in this study. All discussions will be confidential and will not be discussed outside the research discussion environment. Your name will not appear in the report.

What will happen to the data?

The information will form part of the report that will be used by Restless Development to improve the SYP project in the community. The findings of the research will be shared with you through Restless Development's work in your area.

Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in the study. There will be no costs involved.

Consent

Do you agree to participate in this research? Yes |___| No |___|

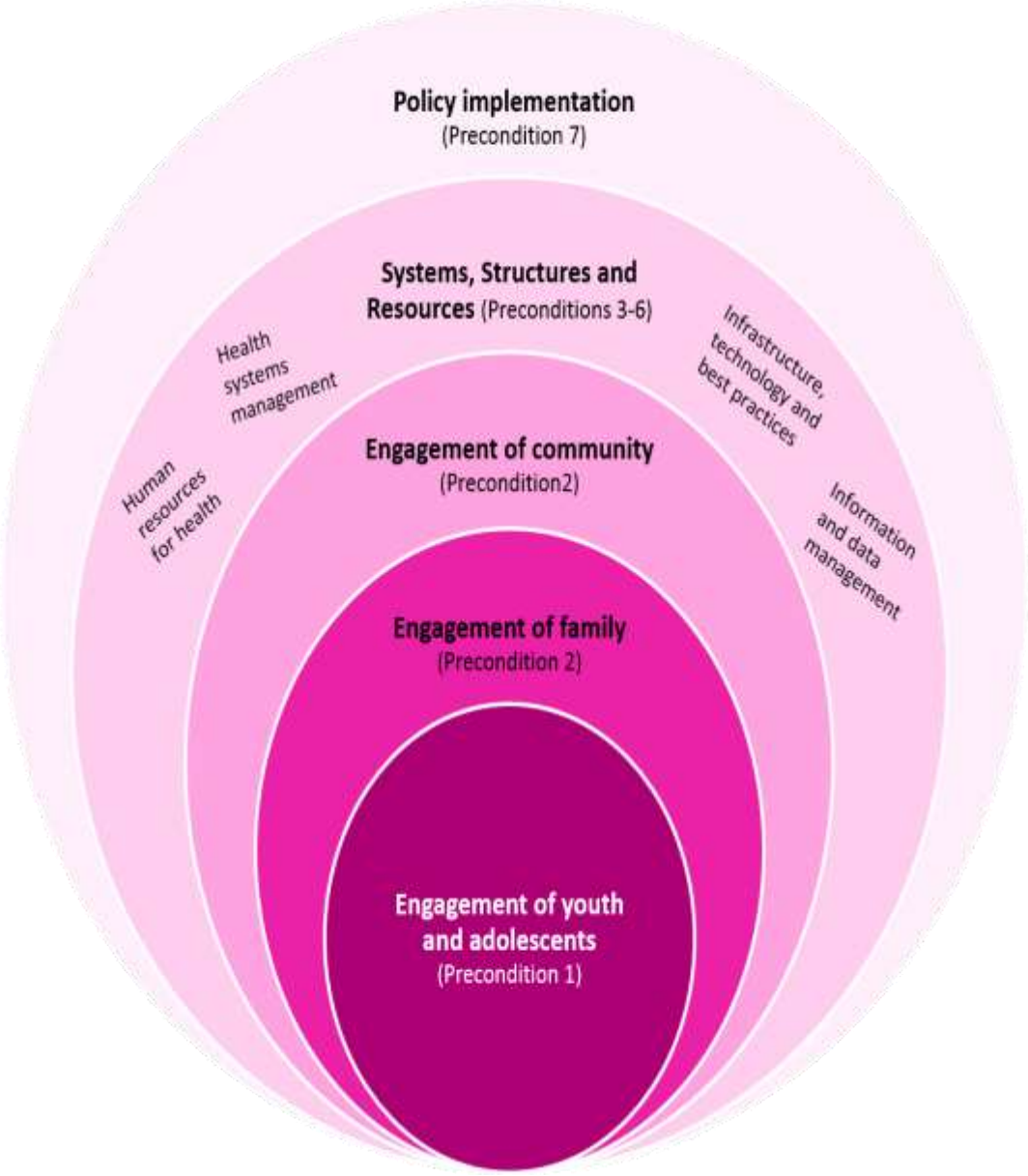
Signature of interviewee: _____

Date: _____

SECTION B: QUESTIONS

1. What changes did you notice among children regarding SRH issues when the SYP project started?
2. What do you see as the good and things about the project?
3. What are the most valuable things that have happened in the community regarding children's SRH?
4. What are things that should be improved to make the project more effective?
5. What ways can your contribution be strengthened in ensuring effective AYSRH activities?

ANNEX 5: RESTLESS DEVELOPMENT STAFF INTERVIEW DISCUSSION GUIDE



1. In a nutshell, what does the SYP project entail?
2. How could you summarise the SYP approach?
3. What does the SYP compare with other AYSRH interventions that are familiar to you?
4. What activities (interventions) have been implemented since 2015?
5. Indicate where each of the activities fall under within the concentric circle of AYSRH intervention and reasons for implementation.

Intervention category	Name of activity	Reason for implementing activity
Direct adolescents and youth		
Family engagement		
Community engagement		
Systems and structures (local clinic, school, data monitoring)		
Policy implementation		

6. What partnerships were established to facilitate implementation of AYSRH activities to ensure success?
7. What are the visible results that have been achieved through this project thus far?
8. What has worked well and not well in implementing this project?
9. What are the greatest achievements of the project?
10. What are the positive and negative things you learnt on AYSRH from this project?
11. How would these good things be improved?
12. How could these the negative things be avoided in future?
13. What are the stories that you feel are outstanding to share with the outside world regarding the project successes?
14. If this project was a product to be sold, what are the important points you would highlight to convince the buyer?
15. What do you see as the cost effective elements of the SYP project in comparison to other AYSRH?

16. Which activities are the most effective?
17. Which activities can be implemented by themselves?
18. Which activities are strengthened through being complemented by others?
19. What synergies exist among projects?
20. What is the kind and level of support do you get from parents and community members?
21. What is the kind and level of support do you get from government?

Report produced by:

Contact: Prof V. Magezi [PhD, MA (DevHealth), MBA, BPhil (ComDev), BA]

Address: 12 Nazareen Centre, 17 Botes Street, Florida North, Johannesburg South Africa
Phone: Tel: +27829210847
Email: vhumani15@yahoo.com

Report produced for:

Address: 9 Lancaster Road, Vincent, East London, South Africa
Phone: +27 43 721 0260
Email: infosouthafrica@restlessdevelopment.org
Website: www.restlessdevelopment.org/south-africa

@Restless_SA Restless Development South Africa