

SUMMARY OF FINDINGS

Youth Friendly SRH Services at Mnambithi TVET College

- The college has a low rate of pregnancies.
- STIs were the leading health challenge.
- Lack of awareness or information and poverty appear to be the driving force of health challenges.
- Young females in the district use TOP as a contraceptive method.
- College students usually use either the health services offered on campus or the nearby clinics to access services.
- Young females visit both the community and on-campus clinics more than young males.
- VMMC (mainly accessed by 12-15-year-olds in the community clinics) and STI treatment are the most common health services sought by males.
- Men in the community, including male students, are afraid of knowing their HIV status, thus, testing for HIV is a significant barrier to VMMC.
- There has been an increase in the uptake of contraceptives among female students, particularly Implanon.
- Access to SRH services for students at campus and community clinics was limited due to infrequent visits by healthcare workers; students are only able to use the clinic during lunch breaks; health services on campus ran out of drugs; there are too few staff members and a lack of privacy at the Ladysmith campus.
- The long-term solution proposed was the establishment of a fully-fledged clinic on each campus.
- Obstacles at community clinics included early closure, negative and judgemental attitudes on the part of healthcare workers, opening times that clash with classes, inconsistent opening times, and a lack of confidentiality and privacy.
- There is a need for values clarification training for healthcare workers to assist them in overcoming their personal prejudices.
- There is no clear follow up system to track the number of students referred, the services for which they were referred and the final outcome.
- Students cited staff friendliness, confidentiality, privacy and short waiting times as more important than structural changes such as youth rooms.
- An AYFS committee with a youth representative in implementing clinics is crucial in promoting the sustainability of youth friendly services.

The Peer Education Programme at Mnambithi TVET College

- Like the SLOs, the Peer Educators publicise upcoming campaigns and they also distribute condoms, T-shirts and pamphlets, and recruit students for HCT and VMMC, but don't have adequate training.
- Currently, there is no reporting system to track the impact of activities.
- Channels of communication between SLOs and Peer Educators are unclear and the programme is not part of the college calendar. Buy in of college management is needed.
- Peer Educators are not easily identifiable.
- Insufficient and untimely supply of IEC materials negatively affects mobilisation efforts.
- Posters were the least effective strategy and social media platforms such as Whatsapp and Facebook were proposed.
- Regular campus mobile clinics do not make use of any communication approaches and communicate the availability of services via the SLOs.

RECOMMENDATIONS TO IMPROVE THE PEER EDUCATION PROGRAMME AT THE COLLEGE

- Provide more training
- Increase identification and accessibility of Peer Educators
- Improve the structure of the Peer Education Programme
- Improve support for the programme
- Improve strategic communication efforts
- Strengthen referral systems
- Strengthen data reporting protocols

RECOMMENDATIONS TO IMPROVE SRH SERVICE DELIVERY AMONG STUDENTS

- Improve male students' uptake of SRH services
- Increase access to SRH services
- Alleviate hunger as a barrier to students' health
- Improve privacy and confidentiality
- Strengthen referral systems
- Strengthen data flow protocols
- Increase the number of awareness campaigns
- Integrate the AYFS quality improvement system at the college
- Improve access to information
- Ensure a sufficient supply of drugs during service delivery at the college
- Improve awareness of family planning methods
- Eradicate drug dealers

CONCLUSION

The progressive establishment of both SRH service delivery and peer education programmes at Mnambithi TVET College is required to improve students' health and well-being. It is clear that the Peer Education programme is a powerful, youth friendly strategy to promote behavioural change. The college should thus utilise this resource and capitalise on the endless opportunities it presents to increase students' access to SRH services.



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Sexual and Reproductive Health Services and Peer Education at Mnambithi TVET College: A Rapid Assessment



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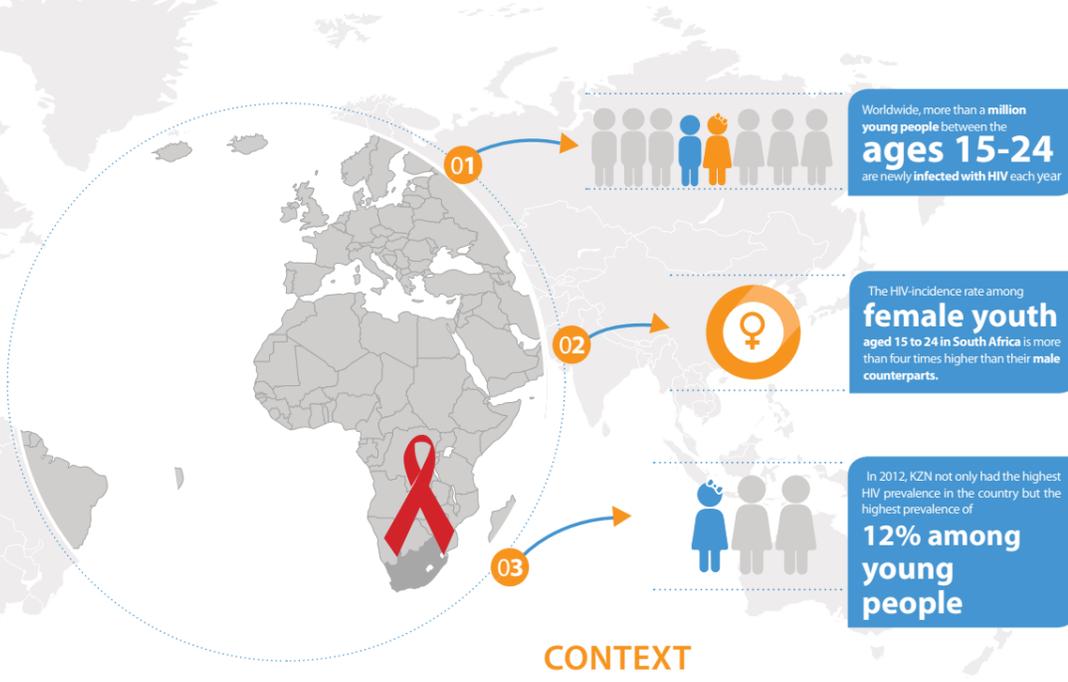
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A rapid assessment of the peer education programme and whether the SRH services at Mnambithi TVET College are adolescent and youth friendly



INTRODUCTION

The United Nations Population Fund (UNFPA) supports the South African Government's interventions to address sexual reproductive health and rights (SRHR) and HIV prevention for adolescents and youth aged 10 to 24 under the banner of the 'Safeguard Young People Programme' (SYP).

A peer education programme is being implemented in Mnambithi TVET College in uThukela District, and UNFPA contracted DramAidE (Drama in AIDS Education), to work with students, staff and healthcare workers to conduct a rapid assessment of the programme on three of the college campuses. The assessment also aimed to establish whether the sexual and reproductive health (SRH) services provided by the Department of Health are adolescent and youth friendly, guided by the 10 national standards for adolescent and youth friendly services (AYFS).

BACKGROUND: MNAMBITHI TVET COLLEGE

Mnambithi TVET College was established in 2002 following the merger of Ladysmith Technical College, Ezakheni Technical College, Ezakheni ex-College of Education and Ezakheni Skills Centre. The college currently has campuses in Ladysmith, Ezakheni and Estcourt. A new campus is planned in Bergville. The Ladysmith campuses, together with the central office, are both located in the Ladysmith Central Business Area (CBD). The Ezakheni campuses are located in Ezakheni Township about 25km from Ladysmith CBD. With an enrolment of 5 556 the college is positioned to service those from the rural communities of Estcourt, Bergville, Pomeroy, Msinga, Mooi River and Ladysmith. Therefore the student population mainly consists of those from rural parts of the province. Nonetheless, the college no longer has boarding facilities. Many students rent apartments in nearby towns or pay to board in the homes of locals. Although the college phased out N1-N3, a new curriculum known as National Certificate Vocational (NCV) was introduced in 2007. The Nated course is also offered at the college and students who are part of this programme attend classes from 3pm.

CONTEXT

The most common health challenges in the Mnambithi TVETs range from HIV infections to unwanted pregnancies, STIs, sexual and gender-based violence cases and alcohol and drug abuse. In areas where poverty is rife, there is a high prevalence of transactional sexual relationships, which increase the likelihood of unplanned or unwanted pregnancies as well as HIV infection.

Lack of awareness or information and poverty appear to be the driving forces behind these challenges. Female students are said to engage in transactional sex in order to purchase food and clothes and pay for accommodation and tuition. Hunger prevents treatment adherence among students on chronic medication. Substance abuse, especially of alcohol, and dagga, also surfaced as a significant challenge. Another is the use of termination of pregnancy (TOP) by young females in the district as a contraceptive method.

Access to Services

The college students usually use either the health services offered on campus or nearby clinics to access STI treatment, contraceptives (especially Implanon), TOP, pregnancy tests, minor ailments (especially influenza and stomach cramps), treatment of injuries, Voluntary Medical Male Circumcision (VMMC), HCT and pap smears. Young females visit both the community and on campus clinics more than young males. Men are afraid of knowing their HIV status; testing for HIV emerged as a significant barrier to VMMC. There has also been an increase in the uptake of contraceptives among female students, particularly Implanon.

Although the levels of awareness of the services offered on the three campuses are relatively high, students who are part of the Nated course are not aware of these services as they attend classes from three in the afternoon when such services are not available. Furthermore, access to SRH services for students at both the campus and community clinics was limited by a number of factors, including the low frequency of visits by healthcare workers and the fact that students are only able to use the clinic during the lunch break. Furthermore, the campus health services on campus often run out of drugs and there is not enough staff to service students. A lack of privacy and confidentiality and negative attitudes on the part of health workers were also raised. The long-term solution proposed was the establishment of a fully-fledged clinic on each campus.

Community Clinics

These limitations drive students to seek SRH services at nearby community clinics. However, the challenges in relation to these clinics include early closure, negative and judgmental attitudes on the part of healthcare workers, opening times that clash with classes, inconsistent opening times, and a lack of confidentiality and privacy.

Student Liaison Officers

It was also found that the college Student Liaison Officers (SLOs) are not fully utilised in relation to the delivery of health services and that healthcare workers do not share statistics on the services delivered on campus, making it difficult for the student support office to construct a detailed health profile of their students to inform interventions.

Capacity Building

The study's most significant finding was that, similar to studies conducted in Soweto, Kenya and Zimbabwe, students cited staff friendliness, confidentiality, privacy and short waiting times as more important characteristics of youth friendly SRH services than structural changes such as youth rooms. This suggests that the success of AYFS implementation largely lies in capacity building among primary healthcare staff as well as those providing services on campus to render services that embrace these characteristics.

THE PEER EDUCATION PROGRAMME AT MNAMBITHI TVET COLLEGE

Peer Education can be described as a programme that uses individuals who share certain characteristics with their target audience, i.e., age, background, social orientation etc., to promote behaviour change.

The Peer Education programme was established in 2014 and currently has 29 Peer Educators who volunteered to participate in the programme. They publicise upcoming campaign activations, distribute condoms, T-shirts and pamphlets, and recruit students for HCT and VMMC. In their role as lay counsellors, Peer Educators are the first point of contact for students seeking advice on health and other social issues.

Having run for almost a year, the Peer Education Programme at Mnambithi TVET College is fairly new and therefore still faces many challenges. These include:

1. Structure, goals, objectives, roles and integration with other services need to be better defined;
2. A reporting system to report on activities will improve data collection to use for programmes;
3. Not all peer educators have been part of training;
4. Peer educators are currently not identifiable and have also suggested that an identifiable room on campus would make them more accessible; and
5. Lack of IEC materials for peer educators to distribute and utilise.

Resolving these issues will require the support and buy in of college management. Communication could be improved employing social media platforms, especially Facebook, which was favoured by most students.