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Studies on the prevention and resourcing of unintended early pregnancy in South Africa and Malawi

Literature review

20 January 2023 (final version)

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Acronyms

ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
AYFS	Adolescent and Youth Friendly Services
ASRH	Adolescent Sexual and Reproductive Health
ASRH&R	Adolescent Sexual and Reproductive Health and Rights Framework
CBO	Community-based organisation
CEO	Chief Executive Officer
CSTL	Care and Support for Teaching and Learning
CSNRG	Civil Society National Reference Group
CTOP	Choice of Termination of Pregnancy
CSO	Civil society organisation
CoPs	Communities of Practice
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DOH	Department of Health
DSD	Department of Social Development
DREAMS	Determined Resilient Empowered AIDS free Mentored and Safe
DRP	Developing Radio Partners
DWYPD	Department of Women, Youth and Persons with Disabilities
GBV	Gender-based violence
HCT	HIV Counselling and Testing
HP	Harmful practices
HIV	Human Immune Virus
INGOs	International non-governmental organisations
IPs	Implementing partners
ISHP	Integrated School Health Policy
JPGE	Joint Programme on Girls Education
KZN	KwaZulu-Natal
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, or questioning
LTSM	Learner and Teacher Support Material
MGGA	Malawi Girl Guide Association
MoEST	Ministry of Education, Science and Technology

MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MOH	Ministry of Health
MoLYSMD	Ministry of Labour, Youth, Sports, and Manpower Development
M&E	Monitoring and evaluation
NGO	Non-governmental organisations
NSP	National Strategic Plan
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
PSH	Partners in Sexual Health
RAP	Reducing Adolescent Pregnancy
SDC	Swiss Agency for Development Cooperation
SGBV	Sexual- and gender-based violence
SIDA	Swedish International Development Cooperation Agency
SYP	Safeguard Young People
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
STI	Sexual Transmitted Infection
SCI	Soul City Institute
SDHS	South Africa Demographic and Household Survey
SOPs	Standard Operating Procedures
TB	Tuberculosis
TPP	Teenage Pregnancy Prevention
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WITS	Witwatersrand University
WHO	World Health Organization
YOLO	You Only Live Once
YFS	Youth-friendly services

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1 Introduction

The Embassy of France in South Africa, Lesotho and Malawi has commissioned Southern Hemisphere to undertake two separate studies for evidence generation on the prevention and resourcing of unintended early pregnancy interventions in South Africa and Malawi. The two studies, which fall under the framework cooperation programme *"Strengthening of the prevention of unintended early pregnancy in South Africa and Malawi"* funded by the French Embassy[1], include:

- A study on the **relevance, effectiveness, coherence and adequacy** of interventions for the prevention of unintended early pregnancy in South Africa and Malawi (study one); and
- An **expenditure analysis/review** and **building of costing models** for the prevention of unintended early pregnancy interventions in South Africa and Malawi (study two).

This literature review is the first step towards evidence generation on the prevention and resourcing of unintended early pregnancy interventions in the two countries.

The next section of the report describes how we approached the literature review. Thereafter, we briefly define early, unintended pregnancy and prevention, summarise the prevalence of the problem, and detail the consequences of early, unintended pregnancy. The section that follows sets out the international and legal obligations that have been created to address the problem. This is followed by a review of existing literature on domestic policies, plans and strategies and related interventions focusing on early, unintended pregnancy in each country which informs recommendations for primary research in South Africa and Malawi.

2 Methodology for literature review

The main purpose of the literature review is to establish a **non-exhaustive inventory of prevention policies, plans and programmes** focusing on the prevention of early, unintended pregnancy in South Africa and Malawi.

During the virtual inception workshop (1st September 2022), invited participants had the opportunity to brainstorm **relevant projects or programmes** focusing on the prevention of early, unintended pregnancy in South Africa and Malawi. This provided a good starting point from which to continue gathering secondary, publicly available data on interventions.

- The document search incorporated the use of relevant search engines and databases, as well as key search words and a 'snowball' methodology[2].
- Citation tracking was also conducted; that is, back and forward referencing of the sourced documents, to identify additional texts / resources.
- The study team also considered previous evaluations focusing on teenage / early pregnancy prevention interventions in South Africa and Malawi, with a particular focus on those where there is evidence of success.

[1] For further information regarding the two studies, please see https://en.calameo.com/read/007205212d81cd50b1789.

[2] The 'snowball' sampling methodology refers to the development of an ever-increasing set of sample participants or information sources, building upon the input of initial research participants or data sources, followed by the sources indicated by these, and so forth.

A curated list of interventions was compiled and an analytical framework was compiled by the team to analyse each of the identified programmes (see annexures 1 and 2). This allowed for a meta-analysis of the identified interventions, the purpose of which was to identify key enablers and determinants of successful models – and where these possibly overlap.

1.1 Criteria for selection

Both published and grey literature were sourced and reviewed. The documents selected for the review were subject to several inclusion and exclusion criteria. The following list indicates the preliminary criteria, adopted for the **first scan** of all sourced documents.

- Published/ released between 2017/18-2022
- Pertain to one or more of the following:
    - The prevalence, causes and impact of early, unintended pregnancy in Malawi and South Africa;
    - The needs of young people in relation to sexual and reproductive health services and rights;
    - Policies, legislation, strategies, plans of action, and frameworks pertaining to services related to addressing early, unintended pregnancy;
    - Implementation of programmes or projects which have prevention of early, unintended pregnancy as either a) the primary objective or b) as a secondary objective; and/or
    - Promising/best practice examples related to the prevention of early, unintended pregnancy in South Africa and Malawi.

Where no information was available, we adopted a purposive approach and made direct contact with organisations providing such services to request any available reports and/or proposals detailing their activities. This enabled us to at least describe the service and its logic.

In addition, programmes that do not focus on unintended early pregnancy or state it explicitly as one of its key objectives in the programme logic model or theory of change were excluded from the study, as were programmes that focus on termination of pregnancy and provision of post-pregnancy care. Programmes that were implemented over a period earlier than the timeframes noted above (that is, 2017 – 2022) were also excluded.

2.1 Overview of available evidence of policies, plans, strategies, and interventions

Country	Number of policies, plans, strategies reviewed	Number of interventions reviewed
South Africa	10	21
Malawi	9	13
Total	**19**	**34**

3 Definition of terms

- The studies will focus on interventions that address the **prevention of early, unintended pregnancy.** This is understood as a pregnancy that occurs to an adolescent girl between 10-19

years old who was not planning to have any (more) children, or that was mistimed in that it occurred earlier than desired, and regardless of whether the pregnancy is carried to term or not (termination, miscarriage, etc).

- By **prevention**, one means a deliberate undertaking aimed at stopping early, unintended pregnancy from happening. As such, the study will not consider undertakings aimed at managing situations from the moment an adolescent girl has fallen pregnant. This will include any **current policies, plans, programmes and interventions** by government, civil society, or other development partners, **intentionally designed to contribute** to preventing early, unintended pregnancy in South Africa and Malawi.

4 Background and context for early and unintended pregnancy

4.1 Prevalence in South Africa and Malawi

Early and unintended pregnancy is considered both a social and public health problem across the globe. However, it is more prevalent in developing countries where an estimated 21 million girls (more than 90%) aged between 15 and 19 become pregnant and where 12 million give birth[3] [4]. In 2018, the estimated average adolescent birth rate globally was 44 births per 1000 girls aged 15 to 19 years. Malawi's birth rate is significantly higher at 141 births per 1000. According to the Malawi Demographic and Health Survey (DHS 2015-2016), adolescent girls aged between 15 to 19 years account for 29% of the total proportion of pregnancies. This is not surprising given that nearly two-thirds of women begin sexual activity before age of 18, while one in five has sex before age 15.

Malawi statistics

Nearly 1 in 3 adolescent girls 15–19 have begun child bearing

Of those, 46% gave birth before their 18th birthday

More than 1 in 3 pregnancies among women and girls aged 15–24 were mistimed

Teenage fertility is higher in rural areas (31%) than urban areas (21%)

The COVID-19 pandemic contributed to an increase in teenage pregnancy rates as Malawi is reported to have recorded 13 000 cases of child marriages and over 40 000 cases of teen pregnancies between March and July 2020[5]. This marked an 11% increase in teenage pregnancies compared to the same period in 2019.

Similarly, South Africa has also seen a staggering increase in teenage pregnancy rates in the past few years. A national study by Barron et al shows that the rate of pregnancies among girls aged 10-14 had

[3] Baruwa, O. J., Mkwananzi, S., Amoateng, A. Y., & Naidoo, N. (2020). Teenage pregnancy among unmarried teenagers in Malawi: Does sex of the household head matter?. *African Journal of Reproductive Health*, *24*(4), 51-57.

[4] World Health Organization. WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcome among Adolescents in Developing Countries. Geneva: WHO; 2011.

[5] UNICEF (2020) Malawi COVID-19 Situation Report. Available at https://www.unicef.org/media/84831/file/Malawi-COVID-19-SitRep-21-October-2020.pdf (Accessed on 24 November 2022)

increased by 48.7% from 2017-2021[6]. The Department of Basic Education (DBE) also reported the same indicating an annual increase in pregnancy rates for girls aged between 10-19 years, from 86,000 in 2017 to 136,000 in 2020.[7] Sharp increases in teenage pregnancy rates were recorded in 2020 and 2021 and have been attributed to the COVID-19 pandemic and associated lockdowns which limited access to contraceptives. For example, DBE reported that approximately 130, 000 babies were born to young girls aged 10 to 19 and this number increased to 136, 386 in 2020.[8] Save the Children (2021) also reported that in Gauteng province alone, more than 23 000 girls aged under 18 gave birth between 2020 and March 2021, of which 934 were aged under 14[9].

Unmet need for contraception in South Africa:

31% of sexually active women aged 15-19 years have an unmet need for contraception;

28% of sexually active women aged 20-24 years have an unmet need.

Adolescent birth rates in South Africa:

Females: 10 - 14 years: 1 per 1 000

Females: 15 - 19 years: 71 per 1 000

(South African Demographic and Health Survey, as cited in Jonas et al, 2019)

4.2 Factors contributing to teenage pregnancy in South Africa and Malawi

Numerous factors related to teenage pregnancy in Malawi and South Africa have been reported. These have been summarised in the table below under different categories or levels including health system, household, structural-behavioural and individual level.

It is important to note that most of the factors highlighted below are similar in both countries. However, there are some unique contextual characteristics, for example, child marriage in Malawi. According to UNICEF, child marriages are driven by cultural and religious traditions, as well as poverty[10]. Also, adolescents are exposed to harmful initiation ceremonies, intended to inform girls and boys about sex and sexuality from a young age.

Table 1 Factors contributing to teenage pregnancy

Level	Factors
Health system	• Barriers to adolescent and youth friendly services. • Judgmental attitudes or shaming amongst health service providers. • Lack of sexual and reproductive health care and information. • Insufficient contraceptive knowledge, low levels of use of contraceptives correctly and consistently, limited availability of contraceptives (31% of girls

[6] https://www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report accessed 25 November 2022

[7] https://www.dailymaverick.co.za/article/2021-09-07-schoolgirl-births-unacceptably-high-in-south-africa accessed 20 January 2023

[8] Ibid

[9] Save the Children, "Teen Pregnancies Increase During Covid -19", 14 October 2021, https://www.savethechildren.org.za/news-and-events/news/teen-pregnancies-increase-during-covid-19, accessed 26/01/22

[10] UNICEF, Child marriage Case study in Malawi. 2018 https://www.unicef.org/malawi/media/526/file/Child%20Marriage%20Factsheet%202018.pdf . Accessed 22 November 2022

	aged 15 to 19 are reportedly not getting the contraceptives they need) as well as limited knowledge about fertility and conception[11].
Household	• Lack of parental guidance and role models. • Reluctance of parents to engage in discussions about sex and sexuality education. • Reluctance of parents to permit their children to be exposed to sexuality education.
Structural	• Poverty (poverty can lead to transactional relationships and age disparate relationships, leading to unequal power relations and lack of condom negotiation and usage). • Gender inequalities, leading to gendered expectations of how teenage boys and girls should act; sexual taboos (for girls) and sexual permissiveness (for boys)[12]. • High levels of gender-based violence. • Harmful norms and stigma surrounding women controlling their own fertility and bodies. • Child marriages (high levels reported in Malawi).
Behavioural	• Risky sexual behaviour and multiple sexual partners. • Curiosity or experimentation.
Individual	• Low educational achievement. • Peer pressure. • Lack of information / education related to safe sex practices. • Early sexual debut, which was found to be high in males compared to females. For girls, this is prompted by high age differences between themselves and their partners.[13]

4.3 Impact of early, unintended pregnancy

Unintended teenage pregnancy causes serious health, social and economic consequences to individuals, families and communities. Studies show that early, unintended pregnancy contributes to increased risk of maternal depression and parenting stress in Malawi and South Africa as well as globally. Results from different studies showed that the overall effect of unintended pregnancy on maternal depression and parenting stress was statistically significant[14]. Social consequences of teenage pregnancy include the following:

- Increased burden of parenting – a child raising a child and the stigma associated with it;
- A continued cycle of poverty including early school dropouts, which further exacerbates low educational outcomes;

[11] SAMRC.2021. Herstory study. https://www.samrc.ac.za/intramural-research-units/HealthSystems-HERStory.Accessed 15 November 2022

[12] Barron et al.2022. *Teenage births and pregnancies in South Africa, 2017 - 2021 – a reflection of a troubled country*: Analysis of public sector data. SAMJ.

[13] National Adolescent Sexual Reproductive Health and Rights Framework, South Africa.

[14] UNFPA. https://esaro.unfpa.org/en/topics/adolescent-pregnancy. Accessed 15 November 2022

- Girls who become pregnant before the age of 18 years have been found to be more likely to experience violence within a marriage or partnership[15].

The UNFPA's *State of World Population* Report highlights the main challenges of teenage pregnancy and the substantial impact that it has on girls' education, health and long-term employment opportunities[16]. The report further highlights the consequences of teenage pregnancy include unsafe abortions, leading to future infertility; premature delivery (small/sick babies); still births; increased maternal deaths; obstetric fistulas; post-partum depression; potential to harm the baby and self (suicidal thoughts), amongst others. In addition, abortions are mostly done illegally, posing a huge risk to the adolescent's life expectancy and overall health.

The health burden resulting from adolescent pregnancies is significant in both countries. However, the burden is higher in Malawi with adolescent pregnancies accounting for 20% of maternal deaths while approximately 70,000 women have abortions every year[17].

4.4 The need for sexual and reproductive health (SRH) and pregnancy prevention interventions

Adolescence is a time of transition from childhood into adulthood, where biological, physical, psychosocial, cognitive and emotional changes occur (Toska, Hodes, Cluver, Atujunad, & Laurenzie (2019) (Jonas, Ramraj, Goga, Bhana & Mathews, 2019) (Engel, Paul, Chalasani, Gonsalves, Ross, Chandra-Mouli & Beadle, 2019). This is often a difficult time, particularly for adolescents who do not have the support of their community. Community norms around adolescent sexuality also make it challenging for adolescents to access SRH services (Jonas et al, 2019). Thus, for adolescents and young women to have their sexual and reproductive health rights realised, health services need to respond in unique ways, paying careful attention to creating an enabling environment for adolescent girls and young women (AGYW) to access quality, respectful and confidential services that are free of discrimination (Jonas, et al, 2019). There also needs to be an effort to improve the demand for services. Demand is influenced by the quality, acceptability and accessibility of services as experienced by AGYW, as well as community support for using such services (Jonas et al, 2019).

In the sections that follow we present the findings of our document and literature review on the prevention programmes and interventions tackling unintended and early pregnancy in South Africa and Malawi.

4.5 Concluding summary

Early, unintended teenage pregnancy is a global phenomenon with well-known causes and serious social, economic and health consequences, particularly among low-income individuals and younger women. Adolescent pregnancy is more likely to occur among those with less education and less economic means. Additionally, progress in reducing adolescent first births among these and other vulnerable groups is slower, contributing to increased inequity.

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[15] WHO. *Violence against women prevalence estimates-2018*. https://www.who.int/publications/i/item/9789240022256 Accessed 21 November 2022.

[16] UNFPA. https://esaro.unfpa.org/en/topics/adolescent-pregnancy. Accessed 15 November 2022.

[17] Malawi Health Sector Strategic Planning, 2017-2022.

Early, unintended pregnancy among teenagers is influenced by several factors. Among these are GBV in general. In both countries, adolescents are unable to access or use contraceptives to avoid unintended pregnancies. Because maternal depression and mortality pose a huge risk to pregnant and parenting adolescents, there is growing attention being paid to improving access to quality maternal care. Individuals, families, and communities face serious health, social, and economic consequences of early, unintended pregnancy. Therefore, collective effort must be made to prevent it and improve better access to adolescent sexual reproductive health (ASRH) services.

5 Findings on international and legal frameworks

Based on the document review, there is a high degree of synergy between international and national priorities in both Malawi and South Africa. Several international commitments have been identified that address the SRHR of women and girls, and both South Africa and Malawi have ratified all of them. Although these are not necessarily translating into change for women and girls on the ground, they do – nonetheless – play a critical role in applying pressure on governments, recognising SRHR as human rights, the development of monitoring and accountability tools for civil society and international agencies, and providing citizens with clear commitments and targets to aspire towards[18]. These international commitments and frameworks are firmly rooted in a human rights approach. A few of them are listed below.

- Convention on the Elimination of All Forms of Discrimination Against Women (1979)[19]
- United Nations Convention on the Rights of the Child (1989)
- International Conference on Population and Development Programme of Action (1994)
- Sustainable Development Goals (2000), particularly 3, 4 and 5
- Maputo Plan of Action (MPOA) on the Continental Policy Framework Strategy on Sexual and Reproductive Health and Rights (2006)
- Convention on the Rights of Persons with Disabilities (2006)
- The United Nations Special Assembly on HIV/AIDS (UNGASS, 2001); which considers how to implement SRHR and services in Africa
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa[20]
- Eastern and Southern Africa (ESA) Ministerial Commitment on sexuality education and sexual and reproductive health services for adolescents and young people - 2013, renewed in 2021. It includes a Target 6 to fast-track regional and country level actions

[18] Cathy Chames, Nana Davies and Brilliant Bhebhe, 2019. *Implementation Evaluation of the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy* (2014-2019).

[19] CEDAW, 1979. *Convention on the Elimination of All Forms of Discrimination Against Women*.

[20] Gerntholtz et al., 2010; Bearinger, 2007; MIET; 2011. Rights of Women in Africa. *Protocol to the African Charter on Human and Peoples' Rights*.

to reduce EUPs among adolescents and young people aged 10-24 years by 40% by 2030.[21]

6 Findings on domestic policies, plans and strategies

6.1 South Africa

The document review identified a total of ten (10) policies, strategies, plans and standard operating procedures (SOPs) as *most relevant* for prevention of teenage pregnancy. These are summarised in the diagram below and discussed in detail thereafter.

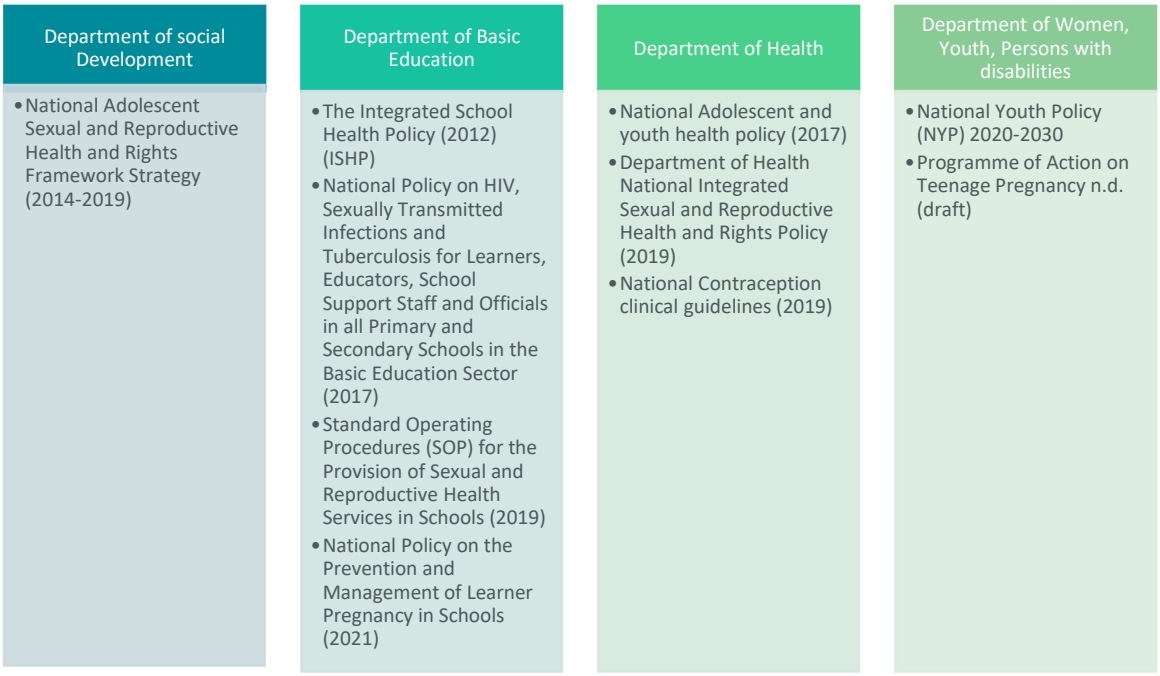

Figure 1 Summary of policies, strategies, frameworks and SOPs relevant to teenage pregnancy prevention

The tables below provide a summary of these documents *per lead government department* including the key policy objectives that are most relevant to teenage pregnancy prevention, and brief description of policy content in relation to teenage pregnancy.

6.1.1 Department of Social Development

National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2014-2019)	
	• The National Adolescent Sexual and Reproductive Health Rights Framework Strategy (2014-2019) was formulated because of the need to create and strengthen a responsive policy and planning environment to meet the sexual and reproductive health rights (SRHR) needs of adolescents. • It is closely aligned to the provisions of the South African Constitution and draws on many other national, regional and international treaties, guidelines, conventions and resolutions focusing on ASRH&R.

[21] https://www.youngpeopletoday.org/_files/ugd/364f97_b99daa2ed6c846bda782eb5c443130ee.pdf)

	• The framework strategy recognises that **adolescents** are a key population group with unique reproductive health needs, some of which may compromise their ability to realise their full potential if not adequately addressed. Therefore, investing in addressing the sexual reproductive health needs and concerns of adolescents was considered critical since South Africa has a very youthful population.
	• The framework strategy identifies five key cross-cutting priority areas, namely:
	  ○ Priority 1: Increased coordination, collaboration, information and knowledge sharing on ASRHR activities amongst stakeholders;
	  ○ Priority 2: Developing innovative approaches to comprehensive SRHR information, education, and counselling for adolescents;
	  ○ Priority 3: Strengthening ASRHR service delivery and support on various health concerns;
	  ○ Priority 4: Creating effective community supportive networks for adolescents;
	  ○ Priority 5: Formulating evidence-based revisions of legislation, policies, strategies and guidelines on ASRHR
	• Note that a specific objective stated under priority 3 is "**to reduced incidents of unplanned, unintended pregnancy"**

Brief description of policy content in relation SRHR and teenage pregnancy	• **Teenage pregnancy**: defined as teenage girls (15 – 19 years) who have ever been pregnant;
	• Adolescence: United Nations Population Fund (UNFPA) along with the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) defines adolescence between the ages of 10-19. The UNFPA breaks this age category down further by classifying early adolescence for the ages 10-14 years and late adolescence for the ages 15-19 .
	• Hence, the Framework Strategy aligns itself with the above defined age category of 10-19 as well as embracing the breakdown of this category for age appropriate SRHR interventions and education.
	• The framework strategy is largely informed by an in-depth review of three lead reports that identify and discuss different challenges and needs related to the sexual and reproductive health of adolescents. These reports include; a) **the National Report on Factors Associated with Teenage Pregnancy in South Africa** (2014), b) the Background Resource Document on the State of ASRH&R in South Africa (2012), and c) the Report on Consultative Workshop with Stakeholders on ASRH&R (2012).
	• The report on Factors Associated with Teenage Pregnancy in South Africa (2014) made the following **recommendations**:
	  ○ A multi-stakeholder, multi-sectoral approach is needed in preventing and managing teenage pregnancy.
	  ○ This should include key partners in schools, hospitals and clinics, traditional leaders, community-based organizations, family, caregivers, the community and government.

Evaluation of the ASRHR Framework Strategy

An external evaluation of the implementation of the ASRHR Framework Strategy was conducted using qualitative primary data collection with 29 government officials and staff from civil society organisations at national, provincial and district levels. This was complemented with an extensive desk review. The diagram below provides a summary of the key findings of the evaluation in relation to effectiveness, efficacy, sustainability, outcomes and impact of the ASRHR Framework Strategy[22].

[22] Cathy Chames, Nana Davies and Brilliant Bhebhe, 2019. *Implementation Evaluation of the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy* (2014-2019).

Effectiveness	Outcomes and impact	Efficacy and sustainability
•The Strategy was a good tool to convene stakeholders around ASRH&R. •It enabled improved horizontal coordination, information sharing and collaboration •Limited vertical coordination resulted in poor awareness of the Strategy and departments were unclear of their roles and expectations. •The Strategy did not have a clear Theory of Change. •There was and M&E plan for the Strategy but indicators were not being reported on.	•The number of adolescents visiting health care facilities and delivering in facilities has increased (2017-2020). •There has been a decline in new HIV infection rate amongst adolescents. •There has been an increase in the number of teenage pregnancies in some parts of the country and in particular during the COVID-19 Pandemic. •Teenage pregnancies have dropped where concerted efforts have been made by all stakeholders in teenage hotspot areas.	•Interventions were implemented within existing budgets of departments. •Limited budget allocation from Treasury led to poor scale up of promising interventions. •Sustainability can be improved by having a dedicated budget, clarification of roles and responsibilities of key players, and ensuring buy-in at provincial, district and municipality levels.

6.1.2 Department of Basic Education

The Integrated School Health Policy (2012) (ISHP)	
Lead Department	DOH and DBE (joint policy)
Key objectives	**Goal:** To contribute to the 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 **General Objective:** To guide the provision of a comprehensive, integrated school health programme which is provided as part of the PHC package within the Care and Support for Teaching and Learning (CSTL) framework. **Specific Objectives** ● 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 ● To support and facilitate learning through identifying and addressing health barriers to learning ● To facilitate access to health and other services where required ● To support the school community in creating a safe and secure environment for teaching and learning

Brief description of policy content in relation to SRHR and teenage pregnancy	The package of services for health education and promotion includes: • Life skills on a range of topics including: contraception, **teenage pregnancy**, Choice of Termination of Pregnancy (CTOP), PMTCT; HIV Counselling and Testing (HCT) and stigma mitigation; Mental health issues including drug and substance abuse, depression and anxiety and suicide • Learner assessment and screening where all learners should be counselled about **sexual and reproductive health**. For sexually active learners, this should include the offer of provision of **dual protection contraception** and HCT, and screening for STIs. Where required, the school health nurse can provide these services on-site or refer the learner to a health facility where he/she should receive the service. • Provision of on-site services including: Sexual and Reproductive Health services where indicated. These will focus on provision of **dual protection (to prevent pregnancy and STIs including HIV infection)** and provision of HCT.

Assessment of the Integrated School Health Policy (ISHP)

The ISHP is currently being viewed by many as an opportunity to ensure that sexual and reproductive health services and rights are addressed within schools. It provided the foundation for collaborating between key departments and addressing the health needs of learners with the aim of ensuring that a strong school health service operates according to clear standards across the country. With that, health education was incorporated into the school curriculum and provided through the Life Orientation learning areas. However, it was recommended that life skills teaching be supplemented with additional co-curricular/school-based activities especially in secondary schools where the time tabling may not provide adequate time to fully address issues related to sexual and reproductive health as well as other health and social issues. The ISHP has the potential to contribute substantially to improving health and learning outcomes for school-going children. However, this is highly dependent on factors such as the availability of resources as well as adequate referral and follow-up of learners who are identified as having health or other problems[23].

National Policy on HIV, Sexually Transmitted Infections and Tuberculosis for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector (2017)

[23] Willan, S., (2013), A Review of Teenage Pregnancy in South Africa, Partners in Sexual Health

Key objectives	**Policy goals:** • Improved coordination and mainstreaming of the Basic Education Sector response to HIV, STIs, TB and **unintended pregnancy**, to accelerate implementation of a comprehensive strategy for prevention, treatment, care and support. • Increased knowledge**, cognitive skills and information about safer sex**, life skills in general and HIV, STIs and TB in particular, to inform the life choices of all learners, educators, school support staff and officials and protect them from infection and disease. • Improved access to HIV, STIs and TB prevention, diagnosis, treatment and care and support services **to reduce the incidence and impact of HIV, STIs, TB and unintended** pregnancy amongst learners educators, school support staff and officials, and unintended pregnancy amongst learners. • Increased retention of learners, educators, school support staff and officials in a safe and protective education environment as well as improved reintegration of learners, to improve system efficiency, quality and output. The policy focuses on **6 themes** which cluster key issues to guide responses to HIV, STIs, TB and learner early and unintended pregnancy. The **policy objective for prevention** states the following: • All learners, educators, school support staff and officials in the Basic Education Sector have the skills, knowledge, information, materials, services and commodities to empower them to make informed life choices to protect themselves from HIV, STIs and TB as well as **unintended pregnancy.**
Brief description of policy content in relation to SRHR and teenage pregnancy	Details on achieving prevention include: a) Information, Awareness and Access b) Combination Prevention Approaches: The Policy will promote a multi-sectoral approach to prevention that employs a combination of measurable objectives on **informational, biomedical, behavioural, social and structural interventions** run by DBE, DOH, DSD, organised labour, School Governing Bodies and development partners and civil society. c)Integrated School Health Policy and Programming d) Curriculum development**: Comprehensive Sexuality Education (CSE**) will be a compulsory and timetabled subject in the curriculum, supported by appropriate Learner and Teacher Support Material (LTSM) and teacher training, development and support. Guidance is provided on the content and approach for CSE and linkages to life skills curriculum

Critique of the HIV, STIs and TB policy

South Africa became the first country in the world to have a policy on HIV and TB emanating from the education sector[24]. The Department of Basic Education (DBE) HIV, STIs and TB Policy applies to all learners, educators, school support staff and officials in the Basic Education sector at all public and independent primary and secondary schools, from Grade R to Grade 12 in South Africa. The policy is also aligned to the DBE's contribution towards the National Strategic Plan (NSP) on HIV, STIs and TB for South Africa, 2017-2022. The desktop review was unable to surface any thorough review or assessment of the effectiveness/outcomes of this policy. However, Section 27 highlights a number of concerns or gaps in the policy. Firstly, although the policy allows learners access to condoms and contraceptives, it is unclear who the policy is targeting as potential recipients of condoms because it describes this access to condoms as "dependent only on age of consent, inquiry and need". Secondly, although the policy highlights a zero tolerance for any form of sexual abuse directed at any learners, it does not outline a plan for preventing such abuse and does not mention abuse of learners by their

[24] See Department of Basic Education National Policy on HIV, STIs and TB (June 2017)

peers. Thirdly, although the inclusion of CSE as a compulsory subject in the curriculum is noted as an excellent aspect of the policy, concern was raised that there is insufficient mention of LGBTQIAP+ people and learners with disabilities and this could be a missed opportunity to address homophobic and transphobic hate crimes and GBV. Finally, the policy is vague on how it will be implemented as it lacks in detail, targets, timeframe and budget.[25]

Standard Operating Procedures (SOP) for the Provision of Sexual and Reproductive Health Services in Schools (2019)	
Key objectives	To guide the provision of comprehensive sexual and reproductive health and rights & social services offered in schools as part of the ISHP. Specific Objectives • To create an enabling environment which promote universal access to safe, effective, and good quality health services • To provide health education, health screening, onsite services, and referral where services are not available (further management) • To facilitate and promote the provision of comprehensive Sexual and Reproductive Health Rights • To strengthen the linkage networks between education, health, and social services
Brief description of policy content in relation to SRHR and teenage pregnancy	Describes **models for provision of SRHR services in schools**, namely: school-based model, school-linked model, health facility model. The SOP specifies the following 4 mechanisms for SRHR service provision in schools: • School Health Programme where health services are provided by school nurses through the ISHP. • Integrated Care and Support Operations where the services rendered during these events include application for birth certificates, identity documents, access to social grants, donation of school shoes, school uniform sanitary towels, food parcels and blankets. • Young Women and Girls Programme which includes a comprehensive package of services including health sessions, homework assistance, home visits, career guidance and peer education sessions. • Determined Resilient Empowered AIDS free Mentored Safe (DREAMS) programme providing linkages to Health and Social services in selected Primary and Secondary Schools in GP and KZN.

Process of developing the SOPs for the Provision of Sexual and Reproductive Health Services in Schools (2019)

The SOPs were preceded by a survey to determine perceptions of parents, learners and SGBs on the implementation of SRH services in schools and how they should be provided. The survey revealed that SRH services should be implemented in secondary schools and SGBs and parents should be orientated. These points are included in the SOP. Another achievement is that the SOPs were developed in consultation with the Department of Social Development (DSD) and the Department of Health (DOH). This process also led the departments to realise that the ISHP is outdated and the World Health Organization (WHO) is supporting the DBE to review this policy[26].

[25] https://www.spotlightnsp.co.za/2017/07/12/new-hiv-policy-schools-not-go-far-enough/ accessed 17/01/2023

[26] Cathy Chames, Nana Davies and Brilliant Bhebhe, 2019. *Implementation Evaluation of the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy* (2014-2019).

National Policy on the Prevention and Management of Learner Pregnancy in Schools (2021)	
Key objectives	The goal of the Policy on the Prevention and Management of Learner Pregnancy is **to reduce the incidence of learner pregnancy** through the provision of quality **comprehensive sexuality education** and access to **adolescent and youth-friendly sexual and reproductive health services**. **Policy objective for prevention:** Learners in the basic education system have access to sexual and reproductive health information and skills, accurate knowledge about delayed sexual debut, abstinence and contraception and information about the role of gender and power in relationships in order to make informed life choices and protect them from unintended pregnancy.
Brief description of policy content in relation to SRHR and teenage pregnancy	In order to achieve its objective of unintended pregnancy prevention the policy provides for: a) Information and Access to SRHR services including male and female condoms b) educator development and training c) SRH services via DOH and ISHP d) supportive education environment The guiding principle most relevant to pregnancy prevention are: • Access to **Comprehensive Pregnancy Prevention**: Every learner over the age of 12 years in the basic education sector has the Constitutional right to access the means to protect themselves from unintended pregnancy, before or after their pregnancy. • Access to **Comprehensive Sexuality Education**: Every learner in the basic education system from the end of its primary phase has the right to quality CSE appropriate to their age, gender, culture, faith, language and context, in order to make informed choices about their sexual health and safety. • Access to **Sexual and Reproductive Health Services**: Every learner in the basic education system has the right to access services as may be required for comprehensive sexual and reproductive health.

Summary of policy provisions for the prevention and management of learner pregnancy policy

Through this policy, DBE explicitly identifies teenage pregnancy as a key issue for learners and the education system.

This policy seeks to remove all barriers that have hampered the process of creating an enabling environment for learners within schools, to provide them with accessible provision of information on the prevention of early pregnancy as well options such as choice of termination of pregnancy; care, counselling, and support; frameworks to ensure the necessary impact mitigation.

It also provides for access to comprehensive pregnancy prevention information, counselling and care guidelines, as well as the setting up of policy management and coordinating structures.

As with the DBE National Policy on HIV, STIs and TB this policy also commits the basic education system to providing the required comprehensive sexuality education (CSE) to ensure that young people gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality.

6.1.3 Department of Health

National Adolescent and youth health policy (2017)

Key objectives	**Goal:** To provide guidance to departments and organisations working with the Department of Health on how to respond to the health needs of young people. This requires an integrated approach that is not just problem-oriented, but with focus on promotion of healthy life-styles, mitigation of risk factors and puts in place 'safety nets' for prevention, early detection and intervention. In the policy logic framework/TOC, the policy impact statement to "improve health status of young people" includes "**decrease in teenage pregnancy rates**". It also includes the following as an outcome: "reduction in sexual risk behaviour in young people" and related output: "young people reached by CSE and innovative youth SRHR programmes". The overall purpose of the policy is to respond to the health needs of young people aged 10-24 years through the improvement of the health care delivery system by focusing on the accessibility, efficiency, quality, and sustainability of adolescent and youth-friendly health services. **Three of the six policy objectives and associated interventions are relevant to prevention of early and unintended pregnancy**. **Objective 1:** Use innovative, youth-oriented programmes and technologies to promote the health and wellbeing of adolescents and youth. Interventions include: • Health promotion programmes, which include digital health tools to advance health education, information and support and in school and out-of-school classes (supported by DBE), with interactive methodologies. • Through the Integrated School Health Policy, review and revise school-based programmes to actively promote health through evidence-based programming. • Social protection interventions for 10-24 year olds, using combined social and economic empowerment strategies, (led by DSD, SASSA and the Department of Basic Education) **Objective 2:** Provide comprehensive, integrated sexual and reproductive health & rights services integrated with HIV & AIDS & TB. Interventions include: • Expand and improve the **contraceptive method mix**, including interventions for dual protection and safe conception (including school-friendly opening times). • Led by DSD, SASSA and DBE, implement **social protection interventions for 10-24 year olds** that include both 'cash' and 'care' elements (i.e. cash transfers/ free school meals and parenting support) **Objective 6:** Empower adolescents and youth to engage with policy and programming on youth health. Interventions include: • Establish **youth-friendly spaces** within health facilities, and operationalize clinic hours that accommodate learners' timetables. • Work with mobi-health innovations to create application-based programmes that **promote youth engagement with services**. This will follow the concept of the "Happy Hour" programme implemented in KZN.
Brief description of policy content in relation to SRHR and teenage pregnancy	The policy describes a package of interventions that operate within and across four domains: individual; household; community; and society.
Department of Health National Integrated Sexual and Reproductive Health and Rights Policy (2019)	
Key objectives	1. Equip all people to make informed decisions about their SRHR and ensure that their SRH rights are respected, protected, and fulfilled 2. Increase the quality of and access to comprehensive and integrated SRHR care and treatment services across all life stages

	3. Ensure access to respectful and non-judgemental SRHR services for priority groups. Note: this objective specifies Adolescents and young people (10-24 years) as a priority group 4. Strengthen the health system to **deliver integrated SRHR services** at the lowest feasible level in the health care system. 5. Promote multi-sectoral engagement and shared accountability for sustainable and rights-based service delivery.
Brief description of policy content in relation to SRHR and teenage pregnancy	This policy defines the package of SRHR services that young people have access to, and consolidates numerous guidelines on aspects of SRHR into one document. Key focus area of the policy: "…**comprehensive sexuality education and friendly services for youth**, community, and individual education on and support for cultural values that foster SRHR, and positive health seeking behaviours" were identified as some of the guiding programmes of this policy. **Relevant definitions:** **AYFS**: Health services that are both responsive and acceptable to the needs of adolescents and youth and which are provided in a non-judgmental, confidential, and private environment, in times and locations that are convenient for adolescents and youth. **CSE:** This refers to the provision of age-appropriate, culturally relevant, scientifically accurate, realistic, non-judgmental information about sex and relationships. Sexuality education provides opportunities to explore one's values and attitudes and to build decision-making, communication, and risk-reduction skills about many aspects of sexuality. **Unwanted pregnancy:** Unwanted pregnancies are pregnancies that are not desired for myriad reasons, including relationship status, economic hardship, mistiming, unplanned or unintended at the time of conception. Unwanted pregnancies may result from lack of contraception, contraception not being effective or not being used correctly, or from non-consensual sex such as rape and sexual abuse.
National Contraception clinical guidelines (2019)	
Key objectives	The guidelines support the implementation of the National Integrated SRHR Policy. **Section 6** of the guidelines note that certain vulnerable individuals, including young people, face barriers to accessing contraceptive services, which can result in compromised quality of care and method utilisation**, unintended and unwanted pregnancies, teenage pregnancies**, unhealthy pregnancies (for either mother or baby), and increased vulnerability to STIs and HIV.
Brief description of policy content in relation to SRHR and teenage pregnancy	The guidelines stress the importance of **AYFS to prevent teenage pregnancy**, HIV, and STIs because contraceptive services are very often the only entry point for a young person into the health care system. It thus provides guidelines on: a) providing services sensitive and responsive to the needs of young people; b) contraception provision for young people; and c) recommended contraceptive methods for young people.

The gap between policy and implementation

Although much progress has been made to improve availability of contraceptives, there are still challenges with the supply as some health care facilities still run out of stock (commodity insecurity). Furthermore, the high adolescent birth rate and unmet need for contraception indicate that these services are inadequate to meet current demand (Jonas et al 2019)[27].

[27] Jonas, K., Ramraj, T., Goga, A., Bhana, A., & Mathews, C. (2019). Achieving universal health coverage for adolescents in South Africa: health sector progress and imperatives. South African Health Review, 2019(1), 155-165.

6.1.4 Department of Women, Youth and Persons with Disabilities (DWYPD)

National Youth Policy (NYP) 2020-2030	
Key objectives	The NYP 2020 – 2030 is a cross-sectoral policy aimed at effecting change for the youth at local, provincial, and national levels. The policy proposes interventions that enable positive development for young people as individuals and as members of families, communities, and the South African society. It centrally places the youth as key players in their own development and in advancing development of their communities, the nation, the continent and globally by outlining tangible actions, commitments, resourcing, and accountability by all stakeholders working together and in partnership with the youth[28]. The policy is organised according to five policy priority areas: quality education, skills and second chances; economic transformation, entrepreneurship and job creation; **physical and mental health promotion including COVID-19**; social cohesion and nation building; and effective and responsive youth development machinery.
Brief description of policy content in relation to SRHR and teenage pregnancy	A key intervention under the health pillar, (6.3.5) is to **promote sexual and reproductive health and rights** to be supported by both schools and families to enable youth to have access to necessary information, to seek health care when necessary, and to practice positive behaviours. This includes, amongst others, "**access to adolescent and youth-friendly health services** and information related to sexual and reproductive health and rights needs to be availed and expanded through mobile clinics, in public and private health facilities, as well as in schools, and other venues."
Programme of Action on Teenage Pregnancy n.d. (draft)	
Key objectives	The purpose of the POA is to provide a multi-sectoral, coherent strategic national response to the crisis of teenage pregnancy.
Brief description of policy content in relation to SRHR and teenage pregnancy	The POA notes the following: • That **effective prevention programmes** are critical to addressing the drivers of teenage pregnancy. • The prevention of teenage pregnancy should include community programs that seek to improve **social development, responsible sexual behavior education, and improved contraceptive counselling** and delivery. • Prevention programmes must Include **SRH information** as part of prevention. • That **abstinence** is the best way to prevent pregnancy amongst teens but that it is important to provide broad information on responsible decision-making including access to contraception.

Summary of policy provisions for DOWYPD

The National Youth Policy (2020-2030) acknowledges the prevalence and intensity of teenage pregnancy, SGBV and HIV despite the range of interventions and progress made against its policy priorities. The Policy thus includes the promotion of SRH rights and strengthening access to youth friendly services as key interventions under its health pillar that are required to address these issues. In addition, the Plan of Action on Teenage Pregnancy is a good starting point for comprehensively and strategically responding to teenage pregnancy with a specific focus on girls below the age of 18 years. It also attempts to map out government and stakeholder interventions/measures on teenage pregnancy.

[28] National Youth Policy 2020/30: DWYPD briefing with Minister and Deputy Minister, 11 November 2020.

6.2 Malawi

A set of domestic policies, strategies, and guideline documents related to the prevention of early, unintended pregnancy in Malawi were reviewed. The diagram below shows an outline of the nine (9) reviewed documents. A summary of each of these documents is provided below, including the key policy objectives that are most relevant to teenage pregnancy prevention. A brief description of policy content related to teenage pregnancy is also included.

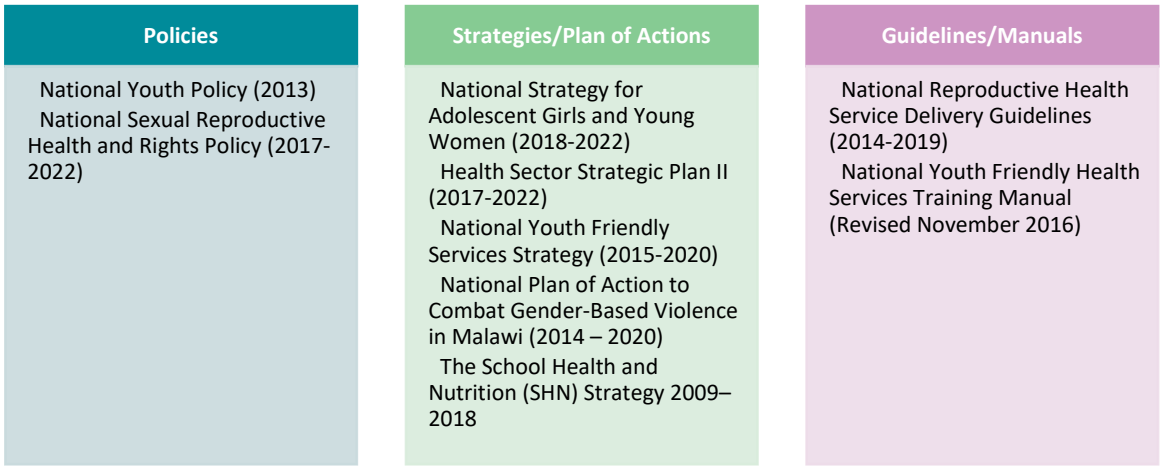

Figure 2 Reviewed policies, strategies, and guideline documents (Malawi)

6.2.1 Ministry of Labour, Youth, Sports, and Manpower Development (MoLYSMD)

The MoLYSMD is the principal ministry for youth and therefore has the responsibility to champion the development, co-ordination, and implementation of youth interventions in Malawi.[29]

National Youth Policy (2013)

The adoption of the National Youth Policy (2013) was considered a significant policy development in efforts to empower young people, encourage their developmental processes, and support realisation of their full potential[30].

Revised National Youth Policy (2013)	
Key objectives	**Goal**: • The goal of the National Youth Policy is to create an enabling environment for all young people to develop to their full potential in order to contribute significantly to personal and sustainable national development. **Overall objective:** • The overall objective of this policy is to provide a framework that guides youth development and implementation of all youth programmes that contribute to the improvement in the welfare of the youth in Malawi. **Specific objectives:**

[29] OECD (2018) Youth Wellbeing Policy Review of Malawi. Available at https://www.oecd.org/countries/malawi/Youth-well-being-policy-review-Malawi.pdf (Accessed 23 November)

[30] OECD (2018) Youth Wellbeing Policy Review of Malawi. Available at https://www.oecd.org/countries/malawi/Youth-well-being-policy-review-Malawi.pdf (Accessed 23 November)

	• Guide policy makers on issues relating to young people; • Mainstream youth development agenda in all national development programmes; • Provide guidance on minimum standards for the design of programmes for youth; • Guide the adequate allocation and prudent use of resources (financial, human, and material) to youth programmes; • Provide guidance for the protection of young people; • Advocate for the active participation of young people in the formulation of legislation and policies affecting the youth at all levels; • Mainstream gender equity and equality in all youth programmes; • Provide guidelines for monitoring and evaluation of youth programmes and ensuring youth are included as active participants; and • Provide for the establishment of multi-sectoral and multi-disciplinary institutional framework for coordination and implementation of youth programmes.
Brief description of policy content in relation SRHR and teenage pregnancy	The policy notes that the high level of adolescent fertility in Malawi is both a social and policy concern, compared to other countries in sub–Saharan Africa. The policy provides broad guidelines from which youth programmes and services can be developed to promote general health and access to SRHR services for young people. The following policy objectives are related to **Section 3.6 (the Youth Health and Nutrition policy priority area)** of the policy. **Goal**: Ensure healthy and productive generations of young people. **Specific objective**: In complementary operation with the Health and Population Policies, the Youth Policy shall promote general health, and non-discriminatory sexual reproductive health and rights of young people. The following policy statements speak to the policy framework in relation to prevention of early unintended pregnancies. • Full involvement of youth in identifying their reproductive and health needs and designing programmes that respond to these needs with special attention to vulnerable and disadvantaged youth; • Provision of comprehensive sexuality education that promotes abstinence, mutual faithfulness and condom use, uptake of family planning services amongst the youth is advocated; • Adequate and accessible youth friendly health services among all youth is provided; • Comprehensive SRHR and HIV prevention information, services and life skills to in and out of school youths is promoted and sustained; • Sexual and cultural practices that promote the spread of STIs including HIV and AIDS, early marriages and teenage pregnancies are discouraged; • Advocate for increase in the legal age of marriage, regulations and enforcement of laws that advance youth reproductive health including sexual violence.

National Strategy for Adolescent Girls and Young Women 2018 – 2022

The MoLYSMD serves as the coordinating ministry for the National Strategy for Adolescent Girls and Young Women 2018 – 2022. Other core ministries include; Ministry of Education Science and Technology (MoEST), Ministry of Health and Population (MoHP), and the Ministry of Gender, Children Disability and Social Welfare (MoGCDSW).

National Strategy for Adolescent Girls and Young Women 2018 – 2022

Key objectives	The strategy has four inter-connected and reinforcing strategic objectives: • **Health**: Increase access to and uptake of a core package of comprehensive, integrated health services (nutrition, sexual and reproductive health and HIV) for adolescents and young people aged 10 to 24. • **Gender Equality and Protection**: Remove cultural barriers and negative gender stereotypes for men and women that contribute to gender-based violence (GBV) and discrimination against AGYW. • **Education**: Increase access to and completion of inclusive quality primary and secondary education and improve access to informal and formal learning for out of school adolescent girls and young women. • **Youth Development**: Enhance opportunities and meaningful participation in social, economic and political processes for adolescents and youth (with a focus on AGYW).
Brief description of policy content in relation to SRHR and teenage pregnancy	The strategy provides a clear articulation of the Ministry of Health's role in **increasing access to and uptake of comprehensive sexual reproductive health (including HIV) services through scale- up of the Youth Friendly Services** initiative for adolescents 10-24 with a focus on adolescent girls and young women. Three key strategic objectives are listed in relation to this overall objective: • Ensure all existing policies, strategies, and government action plans comply with YFHS guidelines. • Increase adherence to national standards on YFHS at service delivery and expand access to YFHS nationwide • Increase uptake of SRH services through AGYW and community mobilisation The Strategy's Monitoring and Evaluation Framework/Theory of Change also outlines the following key outputs and outcomes related to teenage pregnancy prevention **Outputs** • Increased enrolment of AGYW in integrated skills training, leadership and entrepreneurship programmes • Increased number of youth service delivery points providing YFHS, SRHR, and HIV Services • Increased access to social protection, violence prevention and GBV services • Promote positive gender social norms and strengthen the implementation and of child protection and violence prevention laws **Outcomes** • Reduced rates of early pregnancy and HIV infections amongst AGYW • AGYW are free from violence, early marriage (10-18), GBV and harmful cultural practices

6.2.2 Department of Health

National Health Sector Strategic Plan II (2017-2022)

The National Health Sector Strategic Plan II emphasises the importance of improving young people's health including sexual reproductive health.

National Health Sector Strategic Plan II (2017-2022)

Key objectives	• **Objective 1**: Increase equitable access to and quality of health care services • **Objective 2**: Reduce environmental and social risk factors that have a direct impact on health • **Objective 3**: Improve the availability and quality of health infrastructure and medical equipment • **Objective 4**: Improve availability, retention, performance and motivation of human resources for health for effective, efficient and equitable health service delivery • **Objective 5**: Improve the availability, quality and utilization of medicines and medical supplies • **Objective 6**: Generate quality information and make it accessible to all intended users for evidence-based decision-making, through standardized and harmonized tools across all programmes • **Objective 7**: Improve leadership and governance across the health sector and at all levels of the health care system **Objective 8**: Increase health sector financial resources and improve efficiency in resource allocation and utilization
Brief description of policy content in relation to SRHR and teenage pregnancy	The situation analysis shows that adolescent health indicators in Malawi remain poor with a high proportion of teenage pregnancies. According to the analysis, an approximated 29% of adolescents aged 15-19 years have begun child bearing.[31] Adolescent pregnancies account for 25% of all pregnancies annually.[32] The HSSP II M&E Framework identifies adolescent fertility rate (age-specific fertility rate for women aged 10-14 and 15-19) as a key performance indicator. It also establishes baselines and three-year targets for the 15-19 fertility rates, however, no baselines and targets were set for age 10-14 because this was a new indicator for this age group.

National Sexual Reproductive Health and Rights Policy (2017-2022)

The Sexual and Reproductive Health and Rights Policy and Strategy underpin Malawi's commitment to achieve universal access of services by young people regardless of sex, religion, race and marital status. They seek to provide both policy direction and guidance to the implementation of SRH services for all young people countrywide, so as to achieve the highest possible level of quality integrated services[33].

[31] MDHS 2016

[32] MoH (2015) *National Youth Friendly Health Services Strategy 2015-2020.*

[33] Ibid

National Sexual Reproductive Health and Rights Policy (2017-2022)	
Key objectives	**Policy Goal** • To provide a framework for provision of accessible, acceptable and affordable, comprehensive SRHR services to all women, men, and young people of Malawi through informed choice to enable them attain their reproductive rights and goals safely. **Policy Objectives** • Provide direction to decision makers and programme managers for effective implementation of SRHR services. • Provide guidelines for capacity building for provision of quality SRHR services. • Attain equivalence, harmonization, and standardization of guidelines for provision of SRHR services • Inform and guide stakeholders and partners on SRHR issues
Brief description of policy content in relation SRHR and teenage pregnancy	The purpose of the SRHR Policy is to address SRHR problems (maternal and neonatal health, family planning, teenage pregnancies and domestic violence) that are prevalent in different age groups. The SRHR policy is linked to the Malawi National Youth Policy and the Youth Friendly Health Services National Standards. It acknowledges that young people in Malawi are faced with challenges such as early marriages, early and unwanted pregnancies, unsafe abortions, high new HIV infections, early child bearing, drug and alcohol abuse, high illiteracy rate, poverty, and HIV and AIDS pandemic. The policy identifies **prevention of unplanned and unwanted pregnancy** as the highest priority in the development and implementation of the family planning services. The policy has set a family planning goal as a way of dealing with high fertility rates particularly for adolescents. The family planning goal is "*to reduce unmet need for family planning services through provision of voluntary comprehensive family planning services at all levels to all men, women and young people of reproductive age."* Below are some of the family planning policy strategies: • Provide accurate and timely family planning information to all groups of people • Strengthen the availability, access to, and utilization of family planning services at both facility and community level. • Increase coverage of family planning services among the young people • Strengthen the integration of family planning in community-based health care package. • Strengthen the integration of family planning services into the other EHP components. • Broaden the range of family planning methods offered at both health facility and community levels. Another key policy goal is to *"reduce the incidence of HIV and AIDS, STI's,* ***unplanned and unwanted pregnancies****, their complications, drug and alcohol use among young people*." To support this, the following strategies are identified; a) improving availability of and access of youth friendly health services (YFHS), b) strengthen behavioural change interventions in the YFHS, and c) strengthen research on SRHR knowledge, and attitudes among young people.

National Reproductive Health Service Delivery Guidelines (2014-2019)

National Reproductive Health Service Delivery Guidelines (2014-2019)	
Key objectives	The purpose of the Reproductive Health Service Delivery guidelines is to assist service providers at all levels to deliver high-quality, comprehensive, and up-to-date reproductive health services based on sound and acceptable principles of practice. These Malawi National Reproductive Health Service Delivery Guidelines are intended to equip reproductive health service providers with the tools required to maintain consistently high-quality care in a professional manner while keeping in mind clients' needs and operating within the legal and reproductive health policy framework of the country. **The guidelines identify the following standards and criteria for youth friendly health services** • Health services are provided to young people according to existing policies, procedures and guidelines at all service delivery points • Young people are able to obtain health services that include preventive, promotive, curative and rehabilitative health services appropriate to their needs • All young people are able to obtain health information (including SRH and HIV) relevant to their needs, circumstances and stage of development • Service providers in all delivery points have the required knowledge, skills and positive attitudes to effectively provide YFHS • Health information related to Young People is collected, analysed and utilised in decision making at all levels
Brief description of policy content in relation to SRHR and teenage pregnancy	**Definition of adolescent/young people/youth:** • Adolescents are individuals aged 10-19 years (WHO). • Young people are individuals aged 10–24 years, irrespective of marital status (WHO). • Youth are individuals aged 10–29 irrespective of marital status (WHO). • Youth-friendly health services: A combination of high-quality services that are relevant, accessible, attractive, affordable, appropriate, and acceptable to the youth. (Refer to the Malawi Youth-Friendly Health Services Training Manual 2007.) The guidelines recognise that young people are a special group because of their vulnerability to unwanted pregnancies and therefore require safe and effective contraception because they are at increased obstetric risk should they become pregnant. The role of the health worker in providing youth-friendly health services • Ensure a friendly, non-judgemental and welcoming approach. • Counsel and provide a wide range of SRH services such as: • Family planning including emergency contraception (EC) • Counsel youth on life planning skills • Promote peer-to-peer education among youth. • Conduct outreach clinics for SRH services at youth clubs.

National Youth Friendly Services Strategy (2015-2020)

National Youth Friendly Services Strategy (2015-2020)	
Key objectives	**Strategic objectives** • Enhance the enabling environment for planning, programming and delivery of YFHS information and services to young people. • Increase adherence to national standards on YFHS in service delivery, improve access to comprehensive age-appropriate sexual and reproductive health (YFHS) information and promote utilisation of quality services by young people through informed choice. • Strengthen ownership, coordination and collaboration among MOH-RHD, other line ministries, district structures, and key stakeholders at the national and district level, including community leaders and young people. • Mobilise parents, community leaders and young people to actively advocate and support YFHS uptake. • Mobilise resources to adequately support the effective management and implementation of the national YFHS programme.
Brief description of policy content in relation to SRHR and teenage pregnancy	The NYFS strategy provides a list of key definitions related to SRHR and teenage pregnancy: • **Adolescence**: The period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the critical transitions in the life span and is characterised by a tremendous pace in growth and change that is second only to that of infancy (World Health Organisation). • **Categories of youth**: Early adolescents: 10–14 years; Late adolescents: 15–19 years; Young people: 10–24 years (United Nations). • **Youth-friendly health services**: High-quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to the young people. The services are provided in line with the minimum health package and aims to increase acceptability and use of health services by young people (National Standards– YFHS, 2007) • **Sexual and reproductive health rights (SRHR)**: Implies that people should have a satisfying and safe sexual life and that they shall be assisted to have the capacity to reproduce and the freedom to decide if, when and how often to do so. SRHR in this Strategy is inclusive of adolescent sexual and reproductive health. The YFHS strategy seeks to provide direction in how to make health services more relevant, attractive, acceptable, accessible and affordable to young people. The strategies include: advocacy, capacity building, outreach and alternative spaces, comprehensive sexuality education, youth participation, and social behavioural change communications amongst others. The strategic objectives contribute towards achieving a reduction in the following overall SRH indicators (relevant to teenage pregnancy prevention): • Contraceptive prevalence rate among 15–24-year-olds (Source: DHIS II, MDHS) • Percentage of teenage pregnancies (Source: DHIS II, MDHS) • Percentage of schools, teacher training institutions providing CSE (Source: ESA report) • Access to Youth Friendly Health Services (Source: DHIS II)

National Youth Friendly Health Services Training Manual (Revised November 2016)

National Youth Friendly Health Services Training Manual (Revised November 2016)	
Key objectives	The Malawi Youth-friendly Health Services (YFHS) Training Manual aims to improve the way service providers respond to the needs of young people and improve providers' ability to communicate with other stakeholders to improve young people's health. **Expected Outcomes for participants trained using this training package** • Become more knowledgeable about the characteristics of young people, their needs, and aspects of youth health and development • Gain skills in effective communication with young people; challenge their own attitudes affecting their capacity to deliver services to young people; and acquire an understanding of laws, policies, and standards for YFHS delivery • Be better equipped with facts and figures to argue for increased investment in young people's health and development • Be better able to provide health services that respond to young people's needs and be sensitive to their preferences • Prepare a personal plan to carry out the changes they will make in their work with and for young people
Brief description of policy content in relation to SRHR and teenage pregnancy	**Key definitions** • **Contraceptive use**: The percentage of all women and men ages 15–19 who are using any form of contraception. "Modern" methods are pills, intrauterine contraceptive devices, injectables, implants, female and male condoms, emergency contraception, and female and male sterilisation. "Any" methods include not only modern but also traditional methods, such as rhythm/periodic abstinence and withdrawal (Ministry of Finance, Economic Planning and Development, 2013, Malawi Youth Data Sheet). • **Sexual Reproductive Health and Rights**: SRHR entails the rights of all individuals to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence. On issues of access to SRHR, therefore, individuals are able to choose whether, when, and with whom to engage in sexual activity, to choose whether and when to have children, and to access the information and means to make these choices. This training operationalises the National Youth Friendly Health Services Strategy 2015–2020. It was developed in line with the World Health Organization (WHO) recommendations of YFHS competency for providers in three domains: • basic concepts in adolescent health and development, and effective communication; • law, policies, and quality standards; and • critical care of adolescents with specific conditions. Through this manual, the MOH expects that service providers will be able to re-examine and re-orient their work to address the needs and problems of youth, as clearly reported in the 2014 YFHS evaluation study for Malawi. This manual is intended to help service providers associated with the government, the Christian Health Association of Malawi, nongovernmental organisations, and all other stakeholders review, redesign, and develop programmes and policies focusing on the promotion of health services that are friendly to young people in Malawi.

6.2.3 Ministry of Gender, Children, Disability and Social Welfare

National Plan of Action to Combat Gender-Based Violence in Malawi (2014 – 2020)

National Plan of Action to Combat Gender-Based Violence in Malawi (2014 – 2020)	
Key objectives	The National Plan of Action against GBV had five key priority areas: • Prevention of GBV by addressing the root causes and promoting transformation of harmful social norms. • Promotion of an early referral system that identifies violence and thus reduces its impact and continuation. • Creation of an effective response mechanism supporting the survivors of GBV. • Coordination, implementation and sustainable financing of the NPA. • Research, data collection, monitoring and evaluation.
Brief description of policy content in relation to SRHR and teenage pregnancy	The Plan of Action does not explicitly outline actions to prevent teenage pregnancy but has a strong focus on ending child marriage as well as provision of SRH services. Below are some of the key actions: • Produce, translate in local languages and disseminate including through social media various IEC materials on human rights, and GBV (with a specific focus on ending child marriage and domestic violence) • Lobby for the provision of SRH, puberty, menstrual hygiene services and management education to boys and girls in primary and secondary schools • Review policies regarding sexual misconduct of teachers so that teachers that are guilty of sexual misconduct are not allowed to continue teaching • Support traditional leaders in ending harmful traditional practices (ending child marriage) and supporting girls education

6.2.4 Ministry of Education, Science and Technology

The School Health and Nutrition (SHN) Strategy 2009–2018

The School Health and Nutrition (SHN) Strategy 2009–2018	
Key objectives	**The 2009-2018 Strategic Plan sought to contribute to the following outcomes:** • Improve the health and lifestyles of school-aged children aged 2-18 • Improve the nutrition of school-aged children aged 2-18 • Improve the management and coordination of SHN at all levels • Establish an effective capacity building framework • Increase public awareness, knowledge and competitiveness of SHN at all levels
Brief description of policy content in relation to SRHR and teenage pregnancy	The strategy identified the provision of sexual reproductive health services as essential. The following services were regarded as crucial: • Equipping school age children with knowledge and skills that enable them to deal with life challenges; negative peer pressure, early sexual activities, teenage pregnancy, unwanted pregnancies and their consequences, unsafe abortions, HIV and AIDS, STIs, female genital mutilation, sexual assault, rape, defilement, and incest if they encounter them. • Encouraging learners to form social clubs such as *Edzi Toto* Clubs in which learners could encourage each other to delay sexual activity to avoid some of these problems.

	• Provision of safe and effective contraception to sexually active learners. As such this involved integrating school health services with youth friendly health services for optimum benefit of the intended beneficiaries. • Encouraging sexually active school aged children to utilize the YFHS available at their nearest health facility.

6.3 Concluding summary

The review of the policy frameworks related to prevention of unintended, early pregnancy indicates that there are several policies and related plans, guidelines and SOPs that have been put in place to address the SRHR needs of young people in Malawi and South Africa. Most of these were developed over the last decade and provide an enabling environment for the implementation of pregnancy prevention interventions in both countries. However, there is no record of any evaluations or reviews undertaken of the policies and strategies in Malawi, and only a small number of the South African policies/strategies have been or are currently being evaluated/reviewed. This gap needs to be filled to determine the extent to which policy objectives are being met and to identify what can be done to strengthen them going forward.

In both Malawi and South Africa, these policy and strategic documents have been developed individually by the four focal ministries, (health, education, social development/welfare and youth), reflecting the need for a multi-pronged and multi-stakeholder approach to address SRHR and pregnancy prevention. This is embodied in the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2014-2019) in South Africa which has been a useful tool for convening key stakeholders around adolescent SRHR at national level although it has not been particularly effective at promoting a coordinated response at local, programme level.

It is further concluded that, the multitude of policy and strategic documents both within and across ministries, runs the risk of duplication of efforts. For example, the DBE in South Africa has three policy documents and one SOP dealing with the health and SRHR of learners and learner pregnancies; and the issue of CSE and life skills is mentioned separately in each of these documents. This presents an important opportunity for streamlining of the documents going forward.

7 Summary of findings on interventions focusing on prevention of unintended early pregnancy in South Africa

7.1 Programmes and interventions

A total of 21 South African programmes/interventions were reviewed thus far. The sections that follow present the overall findings extracted from the programme documents and websites. The first section provides a broad overview of these programmes according to the sector, target population and reach, intervention design, and whether any innovative approaches were identified. The sections that follow present the findings (where available) regarding programme effectiveness, outcome/impact, coherence, relevance, sustainability, lessons learnt and recommendations.

7.1.1 Lead institution

The table below captures the non-exhaustive list of programmes/interventions organised per lead institution (government; NPO/INGO; UN agency). The lead institution is almost equally split between

government and NGO/INGOs with most of the NGO/INGO and UN interventions implemented in close partnership with three key government departments; namely, DSD, DBE and DOH.

Table 2 List of programmes/interventions

Lead government department	**Programme/intervention name**	**Total = 9**
DSD	Yolo, Chommy, Intergenerational dialogues, Isibindi	4
DOH	DREAMS, BWise, Youth Zones, Adolescent and Youth Friendly services	4
DBE	Integrated School Health Programme (ISHP), CSE in school	2
Lead NGO/INGO	**Programme/intervention name**	**Total = 10**
Soul City Institute	Rise, Soul Buddyz	2
LoveLife	Groundbreakers	1
Restless Development	Intergenerational dialogues	1
SANAC	She Conquers (successor is Khala Kanjani? Total youth empowerment)	1
AFSA, Beyond Zero, NACOSA, Soul City Institute, Khet'Impilo	Her Story	1
Save the Children	ASRHR project (Free State)	1
Partners in Sexual Health (PSH)	Range of SRHR project interventions for 'in school' and 'out of school' youth	1
Genderlinks	14th Voice and Choice	1
Lead UN agency	**Programme/intervention name**	**Total = 2**
UNFPA (in partnership with DSD, DBE, DOH)	Safeguard Young People (SYP) programme – Nzululwazi Model to tackle teenage pregnancy	1
UNESCO (in partnership with Ministry of Science, Education and Technology and the Norwegian Embassy in Lillongwe)	Our Rights, Our Lives, Our Future (O^3) programme	1

7.1.2 Sector

The review also attempted to organise the programmes/interventions **per sector** including health, social development/social welfare, education, youth development and cross-sector. The findings reveal that:

- Over half of the programmes (12/21) are cross sectoral in nature (combination of two or three of the following: health, social development, education);
- The remaining 10/21 are located within one sector only, namely health (6), social development (2) and education (1);
- The health sector was the most frequently represented sector across all programmes / interventions (17/21).

7.1.3 Intervention timeframes

In terms of programme timeframes, most of the programmes/interventions were initiated over the last 10-year period (2012-2022) with a small handful being initiated prior to that but still operational (e.g. Soul Buddyz and Isibindi).

Whilst most programmes/interventions are still operational, unsurprisingly the donor funded programmes/interventions have closed out in the last two years (e.g. DREAMS and Her Story) although some have a follow on phase (e.g. the Youth HIV Prevention Campaign run by SANAC is the successor to She Conquers).

7.1.4 Targeted population

Most programmes/interventions (17/21) target both adolescent girls and young women (AGYW) *and* adolescent boys and young men (ABYM) aged 10-24 years although two of these (Her Story and PSH) have AGYW as their primary target group. The remaining three target only AGYW, namely DREAMS, She Conquers and Rise Women's Clubs.

Isibindi, DREAMS, She Conquers and PSH include vulnerable groups as key target populations including sex workers, persons with disabilities, child and youth headed households and rural youth.

7.1.5 Geographical coverage and reach

Only one intervention (14th Voice and Choice Gender Barometer) has a geographical focus of seven African countries, whilst 9/21 programmes/interventions have a national footprint. The remaining 4/21 target specific provinces only (e.g. PSH targets Western Cape, Eastern Cape, and Northern Cape) and the remaining 6/21 work in targeted districts which are purposively selected to include the most vulnerable young people in the country. These include: Her Story, DREAMS, Nzululwazi (SYP), Rise Women's Clubs, Soul Buddyz and the Ezabasha Dialogues.

There is limited data available on the number of young people targeted or reached by the various programmes. The table below captures the information we were able to access from reports and websites.

Table 3 Geographical coverage and numbers reached

Name of programme/ intervention	Coverage	Number reached
Her Story	12 districts	In Year 1 (Y1) of the programme (01 April 2019 – 31 March 2020), a total of 80 321 AGYW were reached with core services and 68% of the target was met. In Year 2 (Y2) of the programme (01 April 2020 – 31 March 2021), a total of 201 812 AGYW were reached and 86% of the target was met.
PSH	WC, EC, NC	Teenage pregnancy & teen parenting 6 692 reached; 123 854 in school youth reached; 17 909 youth reached in our youth friendly clinics; 50 241 out of school youth reached (PSH Annual Report, 2019)
DREAMS	Five high burden districts	117,865 AGYW reached (FY19)

Name of programme/ intervention	Coverage	Number reached
Rise young women's clubs	10 high HIV prevalent districts	61 136 young women reached
Soul Buddyz	10 high HIV prevalent districts	435 626 young people reached
Ezabasha dialogues	7 provinces	100 training sessions reaching more than 4 000 adults; 74 dialogues were held with 3 317 individuals from 2014-2018[34]
Our Rights, Our Lives, Our Future (O^3) programme	National	Number and percentage of primary and secondary schools that provided life skills-based HIV and sexuality education = 25 170 (2020) Number and percentage of learners reached by life skills-based HIV and sexuality education = 13,216,472 (2020) Number of in-service teachers trained in CSE (disaggregated by number of teachers trained through in-person and online training) = In-person: 19,955 Online: 161 (2019) Number of community members reached with efforts to keep girls in school (an intervention aimed at addressing EUP, child marriage, GBV, and promoting retention of girls in school) = 404 (2020)

7.1.6 Funding source

Data on funding source was available for 15/21 interventions (see table below). Most programmes are funded by donors, with USAID through the PEPFAR initiative being the funder for most programmes which are focused on HIV prevention. Information on funding amounts is not readily available.

Funding source	Interventions
Donor funding	
USAID, PEPFAR	Yolo, Chommy, DREAMS, B-Wise, She Conquers
Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria	Her Story, She Conquers, Rise Young Women's Clubs
Centre for Disease Control	Rise Young Women's Clubs
Bill and Melinda Gates Foundation	DREAMS
German Development Bank	She Conquers
Swiss Agency for Development Cooperation (SDC) funding to UNFPA	SYP interventions including Nzululwazi model, intergenerational dialogues/Ezabasha Dialogues, AYFS
Multiple funders	PSH, loveLife
Norwegian and French governments, together with funding from the Swedish International Development Cooperation Agency (SIDA) and the Irish government (Irish Aid countries are Ethiopia, Uganda,	Our Rights, Our Lives, Our Future (O^3) programme

[34] See Presentation for SRHR Strategy Planning meeting NPU and PPUs (2020)

Zambia, Zimbabwe); plus the Packard Foundation	
Government funding	
DSD, DBE, DOH	ISHP, Isibindi, AYFS
The HIV and Aids/Life Skills conditional grant	CSE in schools

7.2 Intervention design

A review of the programme objectives reveals that prevention of unintended early pregnancy is **not a primary focus** for any of the 21 interventions. Instead, it is included as *one of a broader set of objectives* tackling HIV, GBV and access to SRHR services.

Although the design of each intervention varies by implementer and by specific model, they can be categorised into one of six broad groups depicted in the diagram below and described in detail thereafter.

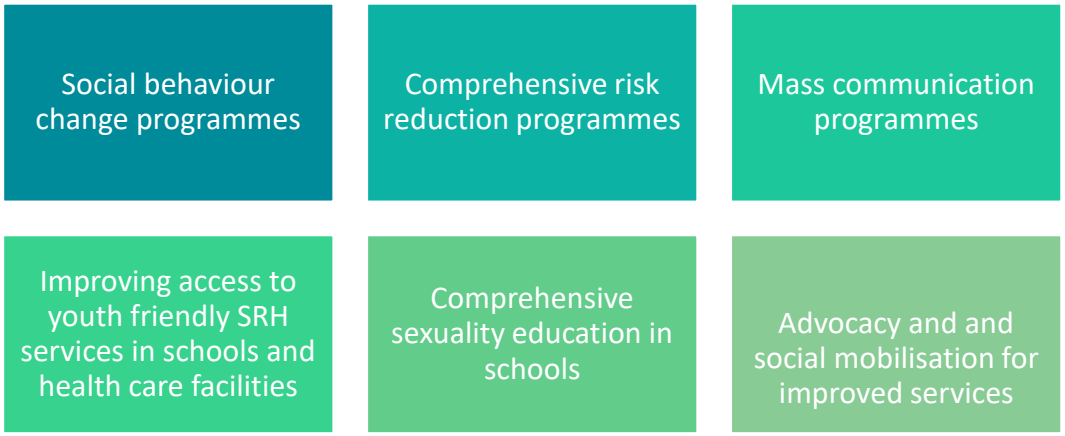

Figure 3 Categories of intervention types

- **Social behaviour change (SBC) programmes** that target both youth in order to build self-belief, resilience, self-efficacy, and social integration (e.g., YOLO); and the communities in which they live (e.g., intergenerational dialogues) – 6 interventions;
- **Comprehensive risk reduction programmes** which focus on the layering of:
  - biomedical interventions, including access to SRHR services including contraception and emergency contraception;
  - socio-behavioural interventions including SBC, community mobilisation, access to clubs and peer groups;
  - structural interventions that respond to the social and structural drivers of teenage pregnancy including access to social services, social security, education, economic or employment opportunities;
  - Examples include: DREAMS, Her Story, She conquers, SYP Nzululwazi model – 7 interventions.
- **Mass communication programme** - digital communication programme with a youth focus on sexual health (e.g., B-Wise) – 1 intervention;

- **Improving access to youth friendly primary health care services** - including SRH services in school setting (e.g., ISHP) and clinic setting (e.g., youth zones, AYFS) – 3 interventions;
- **Comprehensive sexuality education in schools** – 2 interventions;
- **Advocacy and social mobilisation for improved services** (e.g., 14th Voice and Choice) – 2 interventions.

7.2.1 Evidence based

Our review found that most of the interventions (15/21) either report that the model is evidence based or they have been the subject of an evaluation or research study.

- **YOLO** is a revision of the former social and behaviour change Gold Model programme which focused on orphans and youth. In June 2018, LiveMoya was appointed by Pact, on behalf of DSD and other key stakeholders to conduct an evaluation on the design and implementation of the YOLO Programme.
- A team of scientists at the South African Medical Research Council, together with colleagues from Brown University School of Public Health, the University of Cape Town, the National Institute for Communicable Diseases, and other institutions, have led the **HERStory** 1 and 2 studies which evaluate the AGYW programme[35].
- **PSH** states on their website that their intervention models are evidence based. Their **"Leaving No One Behind"** intervention is the subject of a feasibility case study to understand the feasibility, barriers and facilitators of implementing the 'Break the Silence' approach to CSE during the COVID-19 epidemic in two South African special schools.
- **DREAMS** has been evaluated and two studies have been conducted on the uptake of services by AGYW and the impact of the programme on social support and self-efficacy amongst AGYW[36].
- **She Conquers** was the subject of an applied research using a case study approach to explore the nature of the intersectoral collaboration within She Conquers, highlighting the success factors, limitations, and challenges as well as the lessons learnt[37].
- For **B-Wise**, Aidsfonds Nederlands, together with the Netherlands National Institute for Public Health and Environment, have successfully built up the Stepped Care Model in the Netherlands. Building upon 10 years of experience from Sense in the Netherlands, Aidsfonds has taken the initiative to scale the model internationally. Currently they are contextualizing and implementing Stepped Care in South Africa, Kenya, Mozambique and Indonesia.
- No large-scale evaluation has been conducted on the **ISHP** although UNICEF has commissioned an evaluation in October 2022. The programme has been the subject of a number of small scale University Master's level studies.

[35] https://www.samrc.ac.za/intramural-research-units/healthsystems-herstory

[36] Gourlay A, Floyd S, Magut F, et al. Impact of the DREAMS Partnership on social support and general selfefficacy among adolescent girls and young women: causal analysis of population-based cohorts in Kenya and South Africa. BMJ Global Health 2022;7:e006965. doi:10.1136/ bmjgh-2021-006965

[37] Tackling HIV by empowering adolescent girls and young women: a multisectoral, government led campaign in South Africa, BMJ 2018; 363 doi: https://doi.org/10.1136/bmj.k4585 (Published 07 December 2018)

- The **Nzuluwazi model (SYP)** has been evaluated and included qualitative research with 28 key informant respondents and 12 focus group discussions with peer educators, other learners and parents.[38]
- The process review of the **Rise Women's programme** and an outcome evaluation of the Raising Voices of young women project has been undertaken in three provinces[39].
- An impact evaluation of the **Soul City Buddyz Club**[40] from 2016 included a retrospective cohort sample of Soul Buddyz Club members between 2004-2008.
- An evaluation of the implementation of the **Intergenerational Communication on ASRHR training course** was conducted in 2018[41].
- The **loveLife programme** has reportedly been evaluated but we were unable to access any report at the time of writing this literature review.
- A formative evaluation has been undertaken on the **Isibindi programme** in 2015 which explored the programme effects on service delivery and community capacity to care for orphans and vulnerable children in South Africa[42]. It is possible that further evaluations have been conducted but we were unable to access these.
- A cross-sectional assessment of **AYFS** was carried out in 14 healthcare facilities in a sub-district of Gauteng Province and 16 in a sub-district in North West Province, South Africa. Data on adolescent care and service management systems were collected through interviews with healthcare providers, non-clinical staff and document review. Responses were scored using a tool based on national and World Health Organisation criteria for ten AYFS standards.
- **CSE in schools** was based on a benchmarking study from Sweden. Furthermore, an Evaluation of the SRHR framework strategy conducted in 2022 also assessed the implementation of CSE in South Africa.

7.3 Innovation

The review of interventions found that, while six out of the 21 interventions explicitly report that they are using innovation in their programming, all of them are using elements of innovation. This includes the use of either a) innovative technology solutions or b) innovative modalities, methods or techniques. Below are some of the examples we extracted from the documents.

[38] 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.

[39] Soul City Institute for Social Justice (SCI). Rise Young Women Clubs: program highlights. Johannesburg: 2020.

[40] Genesis and Soul City Institute for Health and Development Communication (2016) *"Impact evaluation of Soul City Buddyz Clubs*

[41] Quest Research Services and the Department of Social development (2018) *"Evaluation of the Implementation of the Training Course: Intergenerational Communication on Adolescent Sexual and Reproductive Health and Right."*

[42] Kvalsvig, J.D., Taylor, M., (2015). "The programme effects on service delivery and community capacity to care for orphans and vulnerable children in South Africa", USAID and Child Development Research Unit

Innovative technology solutions

PSH is implementing an internet-based talk radio station (PSH Radio) that features interviews and discussions on Sexual and Reproductive Health and Rights (SRHR) topical issues across Africa. The radio station will also include documentaries and magazine programs that are of interest to young people. Listener participation will be encouraged through telephonic "call-ins" and WhatsApp calls and messages to the radio host[43].

B-Wise is described as a "digital health ecosystem" facilitating collaboration among stakeholders and integrating online and offline services for young people, and "services that are non-judgmental, age-appropriate and sex-positive"[44]. A particularly innovative aspect of this B-Wise app is **the clinic finder** which connects young people to adolescent friendly healthcare facilities, while the rating system enables them to give anonymous feedback on the services they receive, and view other user-generated clinic ratings. This new feature also enables the NDOH to identify high and low-performing facilities in order to improve adolescent and youth friendly services throughout South Africa[45].

Innovative modalities, methods, or techniques

The **'layering' of services** by the comprehensive risk reduction programmes such as DREAMS and She Conquers is an innovative approach to strengthening each AGYW's access to a package of biomedical, socio-behavioural and structural interventions.

Similarly, BWise uses a '**stepped-care' model** or approach to ensure that the right information at the right time is implemented by the right digital solution or person to meet the specific needs of young people. A guideline document on the stepped-care model has been produced and shared online for for implementers, researchers, policy-makers and donors to reduce fragmentation, stimulate cooperation between health providers and support young people to lead healthy sexual and reproductive lives[46].

The **Breaking the Silence approach** applied to the Leaving No One Behind project from Partners in Sexual Health is an evidence-based 'curriculum-implementation approach' that focuses on providing CSE that is accessible to learners with disabilities. It draws on social learning theory and offers a structure for group-based learning, participatory methods and a whole school approach including community, parent and peer support[47].

Evidence on what works in reducing teenage pregnancy shows that SRH education, counselling and provision of contraceptives are effective in increasing adolescent's knowledge of sexuality and health, contraceptive use and subsequently decreasing teenage pregnancy (Smith et al, 2018; Pillay et al, 2017; Jonas et al, 2016; Macloed et al, 2010; Wood et al, 2006; Geary et al, 2014).

Source: Microsoft Word - OT-2020-12 HerStory Evaluation R2 ADS 30July2020_clean.docx (samrc.ac.za)

Inter-generational dialogues is an innovative method involving interactive participatory forums that bring together older and younger generations and are intended to create shared knowledge and meaning and a collective experience. The goal is to gain a better understanding

[43] https://www.psh.org.za/pshradio accessed 20/11/22

[44] https://aidsfonds.org/work/b-wise-south-africa-stepped-care-model accessed 20/11/22

[45] http://www.wrhi.ac.za/uploads/files/m-Health_Youth_Communication_Platform_(2)_(SA_AIds_2017_-_13_June_2017).pdf accessed 20/11/22

[46] https://aidsfonds.org/assets/resource/file/Stepped_Care_Guidelines_WEB_spread.pdf accessed 19/11/22

[47] https://www.samrc.ac.za/intramural-research-units/breaking-silence accessed 19/11/22

of each other and ultimately address challenges or barriers that youths face concerning their access to reproductive health information and services[48].

Our Rights, Our Lives, Our Future (O³) programme: One of the programme's focus areas includes including engagement with young key populations at community, national, and regional levels. The Young People Today website, along with other partner initiatives, such as Safeguard Young People led by the UNFPA, provided practical platforms for youth engagement and mobilization. Deliberate steps were also taken at the planning and implementation stages to ensure that the voices and aspirations of young people inform this work.[49]

There were also **COVID-19 adaptations and innovations**. For example, the review found that DREAMS adapted to the COVID-19 pandemic and lockdown restrictions in South Africa where implementing partners managed to integrate their services through the co-location of DREAMS interventions to reduce movement of participants from one service point to another. For those participants who could not be reached through in-person group sessions due to lockdowns, implementing partners continued to engage with them by using WhatsApp and other social media platforms. DREAMS mentors continued to link participants to relevant services and followed up on service completion with similar online platforms. Participants who did not complete sessions were prioritized and welcomed back (during relaxed lockdown levels) to the sessions to ensure that the layering of other interventions was continued and the program was stabilized[50].

7.4 Effectiveness

Where evaluation reports were available, we extracted the findings related on the strengths and challenges of implementation. These have been categorised into common themes emerging across interventions and are summarised in the table below.

Table 4 Summary of strengths and challenges across interventions

Thematic area	Strengths	Challenges
Leadership support and buy-in	Gaining support from high level leadership (including deputy president and inter-ministerial committee) through advocacy activities stimulates a sense of responsibility, political buy-in and collective commitment from diverse stakeholders working on programmes for AGYW.	Limited leadership at provincial and district level which is often not consistent (across provinces and districts).
Stakeholder coordination and collaboration	This includes functional platforms and forums at all levels for stakeholder consultation, engagement, collaboration. Ensures coordination of layered services.	Not all government departments are fully engaged resulting in lack of coordinated action on some key issues e.g. GBV Some key district level staff are motivated to push the agenda as part of their work whilst others are not (inconsistent).

[48] https://kimstg.wpengine.com/wp-content/uploads/2021/03/TCI-Philippines-Intergenerational-Dialogue.pdf accessed 19/111/22

[49] https://unesdoc.unesco.org/ark:/48223/pf0000380370

[50] https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/dreams accessed 19/11/22

Thematic area	Strengths	Challenges
		Limited coordination between DBE, DSD, DOH. Coordination dependence on individuals/champions instead of being institutionalised in government departments. Government departments' vertical accountability hindering horizontal coordination. Weak implementation of decisions made in various conducted meetings
Adequate financial resources	Obtaining a reliable source of financial resources from donors/funders which is also sufficient to support all programme activities was highlighted as a programme strength.	Insufficient allocation of human and financial resources (e.g. School Health teams make limited visits to schools for the ISHP). Government lacks dedicated, core funding for particular services.
Adequate and skilled human resources	Strong capacity building and support for staff Coupled with mentorship and user-friendly materials for the target group (i.e. educators and CYCWs) working with young people	Resistance to some of the content of CSE materials including assumption educators and social workers would successfully set aside personal beliefs related to sex and provide CSE. Inadequate training of implementing staff. High emotional burden of the work. Social workers are overwhelmed with high case loads. High staff turnover exacerbated by lack of incentives and no remuneration policies.
Results-based M&E and data management	Ensures evidence generation and learning, and informs planning.	M&E frameworks being heavily weighted towards one department (e.g. DOH). Absence of a specific monitoring and tracking system to measure outcomes at pilot site level. No standardised M&E system, no data management system or centralised data repository. Poor staff training on management and collection of disaggregated sex and age data. Inconsistencies noted on data collection tools.
Strong implementing partner	A strong partner on the ground with administrative resources to contribute and tasked to drive, manage, and coordinate programme activities is key to successful implementation.	Overdependence on implementing partners for coordination with no succession plan for government assuming this role.

Thematic area	Strengths	Challenges
Demand creation	Reaching out and educating young people about SRH services (e.g whatsapp groups)	Inadequate ability to reach older and out of school AGYW; and males (for example, in relation to GBV, condom and connection to pa triarchy). Social norms that result in it being taboo to talk about SRHR. Community resistance to adolescent rights e.g. access to contraception, belief by parents that CSE is sex education. Geographic location and vast territories covered leads to challenges in accessing hard to reach groups.
Peer to peer education and youth engagement	Young people relate well to their peers; thus, interventions should include training youth to provide information to their peers and engaging with their peers in supportive group settings	Shortage of strong youth networks and common platform for young people.

7.5 Outcome/impact (adequacy)

In a recent implementation evaluation of the National ASRHR Framework Strategy (2014-2019)[51] there were four pockets of evidence of changes for adolescents in the period where the Framework Strategy was implemented. These are the evaluation/research on the Nzuluwazi model, the Soul City's Soul Buddyz Club and Rise Women's Club evaluations, and the evaluation of the intergenerational dialogue training.

- Based on qualitative research with 28 key informant respondents and 12 focus group discussions with peer educators, other learners and parents, a research report was produced on the **Nzuluwazi model** implemented at the Nzuluwazi Secondary School[52]. The main outcomes for the **adolescents** were that they felt empowered on ASRH and HIV prevention; they gained confidence; they have a comprehensive understanding of ASRH issues; they have an improved access to adolescent friendly SRH services, and supportive ASRH environment.

The main outcomes at **school level** were the 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.

The main outcomes at **community level** were an increased awareness of adolescents and youth needs, and improved support to the school on ASRHR interventions.

[51] Chames, C., Davies, N., Bhebhe, B., (2022) "Implementation Evaluation of the National ASRHR Framework Strategy (2014-2019), Southern Hemisphere, UNFPA, Department of Social Development

[52] 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.

The main outcomes at **government level** were effective government support, increased efforts to support ISHP policy implementation, innovative approaches in addressing ISHP blockages, and provision of ASRH services.

The Nzuluwazi model was also replicated at the **UMkhanyakude District** and saw achievements such as the introduction of youth friendly hours at the Msiyane Clinic and the reduction of teenage pregnancy at Msiyane High School and the Ubombo Circuit. The programme made an indirect impact in Matric pass rate of 2018/19 where the district took third position in the province.

- The **impact evaluation of the Soul City Buddyz Club**[53] from 2016 conducted a retrospective cohort sample of Soul Buddyz Club members between 2004-2008. The impact evaluation showed that ex-buddyz were more likely to have completed Grade 12, be involved in community activities and to have used condom at first sex than their peers. They were less likely to have sex before 15 years, to have more than one partner in the past 12 months and have had multiple sexual partners in the past month. Female ex-Buddyz were less likely to be HIV positive than the control group. The results of the study will be used to determine whether school-based programmes have any lasting impact on HIV – an area where there is not much evidence.
- The process review of the **Rise Women's programme** and an outcome evaluation of the **Raising Voices of young women** project in 3 provinces found that participation in RISE is associated with: reduced odds of Teenage Pregnancy; high odds of high HIV Knowledge; and awareness of Thuthuzela Care Centres as a support service in context of high GBV rates[54]. Furthermore, the evaluations demonstrated that RISE is meeting its objectives among YWGs and that exposure to the Rise program is associated with HIV testing, negotiating condom use, and awareness of GBV support services after controlling for age, province, education, exposure to other media and other programs[55]. It is worth noting that Rise clubs were implemented to include an economic strengthening component in 10 high HIV prevalent districts in South Africa between 2016 and 2019, with the aim to provide young women with socio-economic development support and opportunities to enable them to become economically active, and as a consequence, lower their vulnerability.
- An **evaluation of the implementation of the Intergenerational Communication on ASRHR training course** was conducted in 2018[56]. The findings revealed that 346 out of 347 participants perceived the training course as relevant to them. Participants developed awareness and knowledge that allowed them to be able to talk to people about SRHR issues. There was general consensus that the knowledge gained will be useful in the participants' personal lives and in their communities. Participants perceived that intergenerational communication between parents and their children is important to the alleviation of challenges such as teenage pregnancy, STIs and STDs, and gender-based violence. This is because intergenerational

[53] Genesis and Soul City Institute for Health and Development Communication (2016) *"Impact evaluation of Soul City Buddyz Clubs*

[54] PPT, Progress in implementing an HIV prevention intervention that empowers young women: qualitative insights and lessons from the Rise clubs, (2019), Soul City Institute

[55] Soul City Institute for Social Justice (SCI). Rise Young Women Clubs: program highlights. Johannesburg: 2020.

[56] Quest Research Services and the Department of Social development (2018) *"Evaluation of the Implementation of the Training Course: Intergenerational Communication on Adolescent Sexual and Reproductive Health and Right."*

conversations can raise awareness and knowledge to promote sexual and reproductive health and rights amongst young people, and encourage responsible sexual behaviour.

An important outcome of the training course is that many of the participants shared that they would like to start their own organisations that will assist their own communities when it comes to intergenerational engagements about ASRHR. Some have started the process by developing proposals informed by the training course tool in the process of establishing their own initiatives. Ultimately, the training course left a lasting impression on the participants and the trainers. The evaluation revealed that there is a heightened interest for the training to take place on a continuous basis.

Some additional evaluation and research studies were reviewed and the section below provides a summary of the outcomes and impact findings extracted from the documents:

DREAMS: A research study on DREAMS concluded that over time, DREAMS reached high proportions of AGYW in all settings, particularly younger AGYW. Participation in combinations of interventions improved but uptake of the complete primary packages remained low. DREAMS also led to increased social support and self-efficacy amongst AGYW in both South Africa and Kenya[57].

Her Story: In an evaluation AGYW stated that through participating in intervention components such as Keeping Girls in School, Rise clubs and Teen Parenting components, they learned self-respect, improving self-esteem and self-worth. They expressed enhanced emotional coping strategies and improved communication with parents/caregivers, improvements in sexual and reproductive health knowledge, and increased prioritisation of education over romantic relationships. Young women who had participated in the intervention also described ways in which their participation had improved their self-esteem and self-worth. There was a sense of young women feeling stronger and more empowered not to give into peer pressure, especially in relation to partying and substance use. Additionally, young women described improved mental health and wellness, through learning how to communicate feelings and emotions[58].

She Conquers: Progress on *She Conquers* interventions (1 July 2016-31 December 2017)[59]

- More than 700 000 adolescent girls and young women have had an HIV test
- 26 000 adolescent girls and young women who tested HIV positive were linked to care
- Over 560 000 adolescent girls received life skills and sexual education
- More than 90 000 adolescent girls and young women received post-violence care
- Nearly 19 000 young boys and girls participated in violence prevention programmes
- More than 72 000 adolescent girls received support to remain in school
- More than 19 000 adolescent girls and young women attended economic strengthening programmes
- Over 6 000 completed a parenting programme (including teen parents)

57

ttps://journals.lww.com/aidsonline/Fulltext/2022/06151/Awareness_and_uptake_of_the_Determined,_Resilient,.4.aspx

58 Duby, Z. (2020) "HERStory: An evaluation of a South African combination HIV prevention intervention for adolescent girls and young women", Health Systems Research Unit, South African Medical Research Council

59 She Conquers Campaign. Joining the dots progress report 2018

Mobi site BWise: According to the 2017 progress report to the IMC, registration numbers on the B-Wise application have increased.[60] A quick desktop review found that the B-Wise is site is still in operation (see text box below), however, there is no publicly available data on the actual use of the platform.

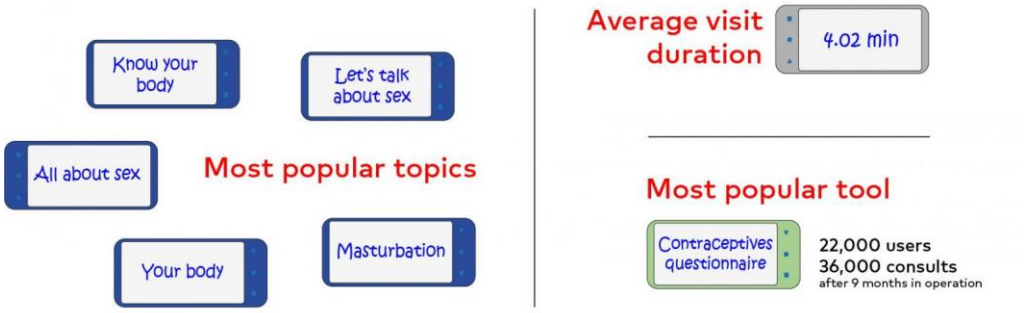

Figure 4 BWise - most popular topics, visit duration, most popular tool[61]

CSE in schools: CSE was piloted in seven provinces in South Africa and is now being rolled out country-wide. The provision of quality Comprehensive Sexuality Education has been identified as a game changer to accelerating prevention. DBE reviewed its sexuality education curriculum and strengthened that through the CSE materials including training of SGBs and SMTs. The training of educators was piloted and the curriculum is now being rolled out. School governing bodies and school management teams were also orientated on CSE which was considered a strength of the programme. An achievement is that South Africa is being recognised in SADC and Africa for spearheading CSE in schools. They have showcased their work at the Eastern and Southern Commitment (ESA). They have also hosted the World Association for Sexual Health[62].

Our Rights, Our Lives, Our Future (O³) programme has implemented a Multi-pronged approach - focussing on schools, development and review of CSE content, teacher capacity building, government policy frameworks and evidence generation; as well as community outreach to encourage CSE buy-in and support - often amongst opponents of CSE eg religious and traditional leaders. There is no evaluation report available online and a final evaluation of the programme was planned for July - December 2022.

Training and implementation of youth friendly services at health care facilities: Training of health workers in adolescent and youth friendly services is a long-standing indicator for the DOH. The annual report to the IMC in 2017 reported the following:

- Validation of Primary Health Care (PHC) facilities implementing AYFS was conducted in all provinces in the FY2016/17, most facilities were found to be initiating AYFS according to the five minimum standards.
- Access is being improved though: dedicated times for ASRH service provision, special services on Saturdays and after schools, prioritising young people in uniforms at clinics[63].

[60] See Progress report: Inter-Ministerial Committee on Population Policy: 11 May 2017

[61] https://aidsfonds.org/work/b-wise-south-africa-stepped-care-model accessed 20/01/2

[62] Chames, C., Davies, N., Bhebhe, B., (2022) "Implementation Evaluation of the National ASRHR Framework Strategy (2014-2019), Southern Hemisphere, UNFPA, Department of Social Development

[63] Ibid

There has been considerable effort made by DOH to train health care workers in youth friendly services and then supporting the rollout of these services. The annual report to the IMC in 2017 reported the following had been undertaken by March 2017:

- 200 School Health Nurses trained on sexual reproductive health and rights through the ISHP training.
- Over 600 professional nurses trained on SRH&R service provision.
- Values clarification training conducted for health care professionals on service provision of the adolescents and young people[64].

In addition to the above, the recent implementation evaluation of the National ASRHR Framework Strategy (2014-2019)[65] found that there are many initiatives being undertaken to strengthen youth friendly services at facility level. During interviews the following was reported by respondents:

The UNFPA in partnership with DOH and implementing partners is supporting AYFS champions at health care facilities in KwaZulu-Natal and Eastern Cape to ensure they meet AYFS standards. A total of 67 facilities are being supported with capacity building, mentoring and roll out of youth zones and provision of integrated services including SRH, HIV and GBV. In addition, UNFPA has supported review of AYFS guidelines and capacity building on the guidelines has also been undertaken.

Umthombo WeMpilo is an implementing partner for UNFPA, which mentors 30 health care facilities in three districts in the Eastern Cape. Their work includes supporting nurses with skills that enable them to provide services and creating demand for services in their communities. The focus is on GBV, SRHR and HIV issues and ensuring integration of services (Semi-structured interview (SSI), civil society organisation). The organisation has managed to help targeted facilities to reach the minimum standards for service provision of YFS.

Youth Zone Sessions at a local community hall organised by health centre workers. In some health centres the Youth Zone is marketed to learners as a place where they can get assistance with their homework and so this makes most of them feel free to visit the clinics. Once they are at the Youth Zone they are able to get assistance with homework and the AYFS Champion at that centre also takes time to speak to them about SRH services.

(Source: Implementation of Adolescent and Youth Friendly Services in KwaZulu-Natal and Eastern Cape, UNFPA, n.d.)

Since 2020 **Soul City,** a partner of the DOH, has done capacity building of health service providers and supported these facilities to roll out youth friendly services. This includes having a dedicated nurse (champion) at facilities, placing Soul City volunteers in facilities, organising dedicated days for youth access services, organising mobile facilities to visit schools. This is an ongoing programme being implemented in all nine provinces.[66]

[64] See Progress report: Inter-Ministerial Committee on Population Policy: 11 May 2017

[65] Chames, C., Davies, N., Bhebhe, B., (2022) "Implementation Evaluation of the National ASRHR Framework Strategy (2014-2019), Southern Hemisphere, UNFPA, Department of Social Development

[66] Exact numbers targeted by Soul City was not available at time of writing this report.

Other partners mentioned include **Lovelife and Wits Reproductive Health and HIV Institute (Wits RHI)** [67], responsible for rolling out training, facility assessments and implementation of youth friendly services at facilities and creating demand for services by young people.

The implementation of **Youth Zones** at clinics was also mentioned frequently by government interviewees where young people are prioritised when seeking access to services and there are also dedicated times set aside for youth to visit facilities. During 2021/22 financial year, the National Department of Health **HIV, AIDS and STI sub-**programme established 1 264 youth zones intended at reducing HIV and AIDS and teenage pregnancy amongst the youth.[68]

In Eastern Cape, DOH is working together with key departments to provide transport for adolescents to access services at a number of facilities; sometimes screening includes up to 250 learners in one day; and provides sanitary towels for learners (Semi-structured interview, provincial government official).

In KwaZulu-Natal, DOH is targeting both in and out of school youth with ASRH services; youth zones champions and Mpintshis (peer mentors) are available in a number of facilities; and there is good coordination with teachers to ensure they fast track services for learners who need to go to school (SSI, provincial government official).

7.6 Coherence

This section explored 3 questions: a) has the model made effort to converge and/or integrate services? b) What are the links with other government or non-government sectors/programmes/services (health, education, welfare, youth development)? and c) is there evidence that the programme is well-aligned to relevant policies, strategies and frameworks?

Based on the review of documents, the findings show that all the programmes have made effort to converge and integrate services. As aforementioned, the programmes are not a standalone intervention focusing only on teenage pregnancy prevention however they have integrated services such as HIV, GBV, STIs, contraceptives and a broader focus on ASRH&R. For example, programmes such as Lovelife, integrates the following services: Comprehensive Sexuality Education, Integrated School Health Programme, Adolescent Youth Friendly Services, Youth Zones and Youth Care Clubs, Youth Health Festivals, Health Talks and Focused Group Discussions, Born Free Dialogues, Health Campaigns, Condom distribution and demonstration all of which help increase the uptake of HTS by young people in communities[69].

Furthermore, programmes such as PSH, DREAMS, Isibindi, She Conquers, Nzululwazi model, YFS, LoveLife, Youth Zones provide referrals to a range of services which further supports programme implementation, utilisation and coherence. This also helps strengthen the linkages and coordination between the governmental departments such as DBE, DSD and DoH as well as other developmental partners such as UNFPA and USAID in the sectors related to youth development, education and mostly health. Isibindi model, She Conquers, and PSH programmes further show linkages with a range of stakeholders that are inclusive of civil society, municipalities and the private sector. Coordination

[67] http://teampata.org/wp-content/uploads/2018/12/RMafojane_DSD-for-adolescents_WitsRHI.pdf accessed 24/01/22

[68] National Department of Health Annual Report, 2021/22 https://www.health.gov.za/annual-reports/ accessed 18/01/23

[69] Lovelife. Annual Report 2021. http://lovelife.org.za/wp-content/uploads/2022/11/loveLife-Annual-Report-2021.pdf Accessed 21 November 2022.

across programmes has shown to foster a targeted, coordinated, and evidence-based response to the needs of the youth in the promotion of SRHR and ultimately the prevention of unintended teenage pregnancy[70].

Based on the review, it was further found that most of the programmes are well aligned to domestic policies namely National Youth Policy 2015-2020 and the National Adolescent and Health policy 2017 and National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHR) (2014-2019). All of which have an objective to create and strengthen a responsive policy and planning environment to meet the SRHR needs of adolescents in South Africa. CSE programmes that have been implemented in and out of schools are aligned to the Integrated School Health Policy (ISHP) (2012). The Integrated School Health Policy is supported by "top-down" legislation that coordinates and integrates school health at a national level, thus strengthening the existing integrated school health services through the following legislative framework: the Constitution, the Children's Act, the South African Schools Act[71].

The review also found that all the programmes are well aligned to regional and international frameworks. These frameworks were inclusive of the 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. Although these frameworks have been somewhat adopted and integrated into local policies to strengthen and promote SRRH, their translation on the ground has been slow.

7.7 Relevance

This section reviewed whether the identified programmes are relevant in addressing the challenges and needs of the targeted groups. The review found that all the programmes are relevant and have been tailored primarily to the needs of adolescent girls and boys. Moreover, it was found that the programmes target both boys and girls as well as young women. The programmes were initiated with specific objectives related to addressing HIV, access to sexual and reproductive health information and service as well as the prevalence of unintended teenage pregnancy. Through their developmental approach and evidence-based approach, the programmes offer either psycho-social support and guidance; or access to health services and appropriate SRH information and education to better increase the chances of girls and boys to make better decisions related to sexual and reproductive health for optimal health.

Networks like Siyakwazi and movements like Because We Can from the PSH programme further provide platforms for young people to ensure policies, programmes and services are relevant to their needs by a) participating in decision making around their SRHR b) contributing to positive changes in SRHR and CSE policies and laws and d) defending progressive policies and laws from attacks at African Union, Southern African Development Community and national levels in the mentioned Southern

[70] SYP. 2016. Nzululwazi Operations Research Report. 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.

[71] Department of Basic Education. Integrated School Health Policy South Africa.

African countries. Also, intergenerational communication provides the platform for community members to raise awareness and knowledge surrounding SRRH.[72]

The enabler of relevance for most programmes was the understanding of the prevalence of unintended pregnancy and the need to address the factors associated with it. For example, programmes such as She Conquers held youth consultations across all nine provinces through the Offices of the Premier, enabling the specific concerns of young people to be identified in each province[73]. It is worth noting that despite the programmes being relevant, they fall short of effectively addressing some of the vulnerabilities that continually increase the risk and prevalence of early teenage pregnancy.

7.8 Sustainability

This section looked at whether there was evidence of any sustainability mechanisms built into the programmes. 18 out of 21 programmes did not have any data sufficient to respond to this question. However, She Conquers reported that working through existing structures had improved its sustainability and has been a lesson for its other organisational efforts. And Love Life trains adults (coaches, teachers, parents) from the community to assist in sustaining the changes through their daily engagements and role modelling with athletes and youth participants in general. However, the annual report also highlighted that financial sustainability threaten the outcomes because the programme has been highly dependent on government assistance which has dwindled over the years[74]. Therefore, there is a need for the programme to investigate different ways of funding its programmes. In summary, capacity building and coordination of programmes through existing structures are the mechanisms that have been utilized to sustain community level outcomes.

7.9 Lessons learnt

The following lessons learnt have been extracted across programmes and categorised according to thematic areas captured in the table below.

Table 5 Summary of lessons learnt across interventions

Theme	Lessons
Stakeholder Engagement	An enabling stakeholder environment with clearly defined roles and responsibilities is essential to translate SRHR prevention policies and guidelines into well implemented and sustainable programmes. To continue supporting young people at community level, it is critical that more partnerships with community-based grassroots CSOs are formed as they proved to be useful in a time of crisis. Working with youth-based CSOs is also important for the linkages to SRH services for young people in communities, while strategic partnerships need to be sought with

[72] Quest Research Services and the Department of Social development (2018) *"Evaluation of the Implementation of the Training Course: Intergenerational Communication on Adolescent Sexual and Reproductive Health and Right."*

[73] Hasina et al.,2018. Tackling HIV by empowering adolescent girls and young women: a multisectoral, government led campaign in South Africa. BMJ.

[74] LoveLife. Annual report 2021. http://lovelife.org.za/wp-content/uploads/2022/11/loveLife-Annual-Report-2021.pdf Accessed 20 November 2022.

Theme	Lessons
	other development partners that are working in the CSE and SRH spaces to ensure success in implementation. Although South Africa is making great strides in the implementation of CSE and access to SRH services for AYP, it is important that advocacy and mobilization of all stakeholders is done on an ongoing basis. The recent experience of CSE opposition has shown the importance of keeping parents engaged in developments and progress of school-related programmes, and highlighted the importance of inter-generational dialogue on the need for CSE.[75]
Human resources	Employment of young people or staff with an interest in working with young people supports the implementation of youth related intervention programmes.
Good coordination	The success factor of most of the programmes has been coordination. The provision of support and management of activities across all processes to ensure implementation, monitoring and tracking of interventions was done successfully through a designated stakeholder i.e. Restless Development.

The table above highlights the importance of leadership, programme coordination, stakeholder management to ensure the utilization of resources to carry out the interventions in a way that will ensure its effective implementation for the benefit of its targeted beneficiaries.

7.10 Recommendations

The following recommendations for future interventions have been outlined below. These have been extracted mainly from evaluation reports and annual reports (where available):

- **Integration of mental health services:** Evidence suggests that addressing underlying mental health risks may be an important additional strategy to promote sexual risk reduction. Further, behavioural interventions which can improve mental health are also more effective in preventing negative sexual health outcomes such as HIV infection and unintended teenage pregnancy.
- **Leveraging of ecosystem**: Strong principal buy- in & support from teachers to better provide the psychosocial and academic support that AGYW need. There is a need to leverage AGYW ecosystems to support prevention and risk reduction by addressing the disconnect between AGYW and their teachers to ensure avenues of key support such as integrated health delivery in schools.
- **Multi-stakeholder approach and Intersectoral collaboration:** Intersectoral collaboration is essential for ongoing and expanded support to accomplish the outcomes thus more should be done to foster linkages between programme, its partners and beneficiaries.
- **Dissemination of information:** Soul City Institute messaging and programming should use the most easily accessible platforms to drive this messaging to young women such as social media to re-enforce messaging and continue conversations raised. Also, the messaging should try to de-glamourise relationships that continue to elevate young women's vulnerability to HIV in society.
- **Coordination:** Provision of coordination support should be across the various intervention levels and activities**.** To further strengthen coordination and horizontal accountability, there has to be an encouragement and cascading of cluster working systems from higher government levels to lower levels.

[75] Annual report, 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000380370, accessed 18/01/23

- **Monitoring and Evaluation system:** Develop and strengthen the monitoring system to track interventions that have not been implemented so that additional activities can be employed to strengthen the intermediary steps and interventions.

8 Summary of findings on interventions focusing on prevention of unintended and early pregnancy in Malawi

The section below presents the findings of the document and literature review on programmes and interventions tackling unintended and early pregnancy in Malawi.

8.1 Programmes and interventions

A total of 13 Malawian programmes/interventions have been reviewed to date. The sections that follow present the overall findings extracted from programme documents and websites. The first section provides a broad overview of the programmes according to the sector, target group/s and reach, as well as intervention design and the inclusion of innovative practices where relevant. The sections that follow present the findings (where this information was available) regarding programme effectiveness, outcomes achieved/impact, coherence, relevance, sustainability, lessons learnt and recommendations.

8.1.1 Lead institution

The table below captures the non-exhaustive list of programmes/interventions organised per lead institution. Despite the research team's knowledge of the existence of government-led programmes aimed at preventing unintended early pregnancy (for example, the provision of comprehensive sexuality education (CSE) in schools by the Malawian Ministry of Education), limited information has been accessed regarding such government programmes - that is, the research team found that there was limited documentation available online and has, to date, received no response to direct, emailed requests to identified government stakeholders requesting relevant programme information.

Just under half of the programmes identified during the literature review were conducted by UN agencies in close partnership with government. These included the Ministry of Education, Science and Technology; the Ministry of Health; the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW); the Ministry of Agriculture; and the Ministry of Youth and Sports. Less frequent mentions were made of collaboration with the Ministry of Information and Communications Technology and the Ministry of Local Government and Rural Development (which includes Chiefs Administration); the Ministry of Homeland Security, Ministry of Labour, the Ministry of Justice and Malawi Police Services.

Table 1 List of programmes/interventions

Lead government ministry or department	**Programme/intervention name**	**Total = 1**
Ministry of Health (MOH)	National Youth Friendly Health Services[76]	1
NGO/INGO	**Programme/intervention name**	**Total = 6**

[76] Documentation available to the research team indicates programme timeframes as 2015–2020.

Amref Health Africa	Stand Up for Adolescents	1
EMMS International	Teenage Pregnancy Prevention (TPP) Programme	1
Women's Campaign International	Reducing Adolescent Pregnancy (RAP) Programme	1
Developing Radio Partners	Health Policy Plus	1
Tackle Africa	Levelling the Field	1
Jhpiego (supported by other international and national NGOs and by the MOH)	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS)	1
UN agency	**Programme/intervention name**	**Total = 6**
UNFPA	Safeguard Young People (SYP) programme	1
UNESCO	Our Rights, Our Lives, Our Future (O^3) programme	1
UNFPA	Scholarship Programme	1
UNDP, UNFPA, UNICEF and UN Women	Spotlight Initiative	1
UNFPA	Comprehensive Sexuality Education (CSE) programme for learners with disabilities[77]	1
UNFPA	Joint Programme on Girls Education (JPGE)	1

8.1.2 Sector

The review also attempted to organise the programmes/interventions **per sector** including health, social development/social welfare, education, youth development and cross-sector.

The findings reveal that the **education sector** was the most frequently represented sector across the programmes/interventions (seven of the 13 reviewed programmes), while only one of the programmes was located solely in the health sector (the MOH's National Youth Friendly Health Services programme). The remaining five programmes are cross sectoral; for example, while the SYP and EMMS International's Teenage Pregnancy Prevention (TPP) programme focus on health, education and youth development, the Spotlight Initiative worked across multiple pillars including strategic litigation (laws and policies), institutional strengthening; interventions to transform harmful attitudes, behaviour and norms; access to quality and essential SGBV and SRHR services; improvement of police and judiciary information systems to enable greater availability of data on SGBV and evidence-based responses; and women's movement building.

Similarly, the O^3 programme included multiple focus areas. These ranged from research and evidence-generation to advocacy initiatives; the design and delivery of good quality CSE programmes; and the formulation and implementation of in-school child protection interventions. Tackle Africa's Levelling the Field programme focuses on health and youth development.

[77] It is unclear if this programme forms part of the SYP programme. The available documents note that this was a pilot programme with a view to scale it from 2022.

8.1.3 Intervention timeframes

Based on available information, it appears as though most of the programmes/interventions were initiated within the last eight years (2014-2022). For example, Development Radio Partners has been operating in Malawi since 2014 and DREAMS was launched in the same year. The JPGE commenced in 2015 as did the MOH's National Youth Friendly Health Services programme. Implementation of the O³ programme began in 2018. However, the official launch of this programme only took place in Malawi in October 2019.

Available documents indicate that a number of the identified programmes have / are due to end; that is, Tackle Africa's Levelling the Field programme was implemented from 2018 to 2021, while both the O³ programme and the Spotlight Initiative were due to end in 2022.

8.1.4 Targeted population

Of interest is that, like South Africa, most of the reviewed programmes/interventions (11/13) target both adolescent girls and young women (AGYW) *and* adolescent boys and young men (ABYM). Targeted age groups varied across the reviewed programmes with the most frequently noted age groups being 10-24 years and 15-19 years.

The UNFPA's Spotlight Initiative, CSE and scholarship programmes, as well as UNESCO's O³ initiative, all include vulnerable groups as key target populations. These include youth with disabilities, youth living in remote and hard to reach areas, and disadvantaged youth.

8.1.5 Geographical coverage and reach

Based on available information, it appears as though six of the reviewed interventions (the SYP and O³ programmes, DREAMS, Tackle Africa, JPGE and the Spotlight Initiative) have a multi-country focus, while the remaining programmes have a national footprint. The selection of target districts appears to be based on the prevalence of teenage pregnancy and early child marriage as well as HIV infection rates.

The most frequently mentioned districts targeted by the reviewed programmes are Machinga, Mangochi, Zomba, Nkhata Bay, Dedza, Mchinji, Chikwakwa, Chiradzulu, and Salima.

There is limited data available on the number of young people targeted or reached by the various programmes. The table below captures the information that the study team managed to access.

Table 2 Geographical coverage and numbers reached

Name of programme/ intervention	Coverage in Malawi	Number reached
The Spotlight Initiative	10 districts (not identified)	Not indicated
Health Policy Plus	7 districts (Nkhotakota, Nsanje, Blantyre, Nkhata Bay, Zomba, Mzimba North, Mangochi)	Not indicated
SYP programme	6 districts (Dedza, Chikwakwa, Mangochi, Mchinji, Nkhata Bay, Chiradzulu)	446 117 youth reached with CSE; 1 064 668 adolescents reached with SRH services via static and mobile clinics

Name of programme/ intervention	Coverage in Malawi	Number reached
Stand Up for Adolescents	6 districts (Mzimba, Nkhata Bay, Ntchisi, Dowa, Nsanje and Machinga)	Not indicated
CSE programme for learners with disabilities	3 districts (Dedza, Mangochi, Salima)	628 teachers and school management committee members participated in the programme
JPGE	3 districts (Dedza, Mangochi, Salima)	30 456 youth (23 923 girls and 6 528 boys) were sensitised on SRH related issues, including HIV / AIDS; 18 406 girls were targeted via their participation in the Girl Guide clubs; 250 000 youth accessed YF services via health facilities and outreach services; 12 309 girls and boys participated in empowerment programmes; and community awareness campaigns reached 20 000 people
UNFPA Scholarship programme	2 districts (Dedza and Mchinji)	45
Reducing Adolescent Pregnancy (RAP) programme	Not indicated	Not indicated
DREAMS	8 districts (Blantyre, Chikwakwa, Machinga, Mangochi, Mulanje, Phalombe, Zomba, and Thyolo)	Implementing partners report a reach of 33 000 to 57 368 adolescent girls and young women (AGYW) in relation to the provision of a comprehensive package of HIV prevention services; while a fact sheet on the Gateway Project – implemented under the DREAMS initiative – reports that 670 000 AGYW were reached with family planning education.
Teenage Pregnancy Prevention (TPP) programme	1 district (72 villages in Mulanje district)	Not indicated
National Youth Friendly Health Services programme	Nation-wide	Not indicated
Levelling the Field	2 districts (Mangochi and Mchinji)	3319 (2802 AGYW and 517 ABYM)
O^3 programme	Not indicated	15 408 young people in and out of school reached with CSE through multiple media platforms (2020)

Name of programme/ intervention	Coverage in Malawi	Number reached
		4 113 863 (M:2 036 759 and F:2 077 103) or 79,6% learners reached by life skills-based HIV and sexuality education (2020) 16 929 primary and 1 083 secondary school in-service teachers trained in CSE (2018 - 2020) 27 408 community members reached with efforts to keep girls in school (an intervention aimed at addressing EUP, child marriage, GBV, and promoting retention of girls in school); (2018 - 2020)

8.1.6 Funding source

Data on funding sources is provided in the table below. As the table demonstrates, information on funding amounts is not readily available.

Programme	Donor funding
DREAMS	Funded by PEPFAR through the United States (US) Centers for Disease Control and Prevention (CDC), and by the Bill and Melinda Gates Foundation, USAID and the United States (US) Department of Defense; the Malawi DREAMS overview sheet notes country level funding as $14 035 581[78]
National Youth Friendly Health Services Programme	MOH (budget information could not be sourced)
Tackle Africa	Comic Relief: £149 896
JPGE	United Nations and Government of Norway (Norwegian Ministry of Foreign Affairs): JPGE 1 (2014-2017) USD 19 million; JPGE ll (2018-2020) USD 21.1 million (Norwegian Government); UN agency contribution to education sector USD 40 million annually to all districts
The Spotlight Initiative	European Union and UN agencies (budget information could not be sourced)
Safeguard Young People programme	Swiss Agency for Development and Cooperation (SDC) (budget information could not be sourced)
UNFPA Scholarship programme	UNFPA and Korea International Cooperation Agency (budget information could not be sourced)
CSE programme for learners with disabilities	UNFPA (budget information could not be sourced)
Stand Up for Adolescents	Amref Health International (budget information could not be sourced)
Teenage Pregnancy Prevention (TPP) Programme	EMMS International: £30,000

[78] See https://reliefweb.int/report/malawi/malawi-dreams-overview; accessed 14 December 2022.

Reducing Adolescent Pregnancy (RAP) Programme	United States Department of State's Citizen Diplomacy Action Fund (budget information could not be sourced)
Health Policy Plus	US Agency for International Development (budget information could not be sourced)
O^3 programme	Norwegian and French governments, together with funding from the Swedish International Development Cooperation Agency (SIDA) and the Irish government (Irish Aid countries are Ethiopia, Uganda, Zambia, Zimbabwe); plus the Packard Foundation (budget information could not be sourced)

8.2 Intervention design

A review of the programme objectives reveals that the prevention of unintended and early pregnancy is **not a primary focus** for most of the interventions; that is, 11 of the 13 interventions. Instead, it is included as *one of a broader set of objectives* tackling HIV, GBV, awareness-raising regarding SRHR, and access to SRH services.

Six of the Malawi interventions fall under the category of **comprehensive risk reduction programmes**, which focus on the layering of multiple interventions as summarised in the diagram below.

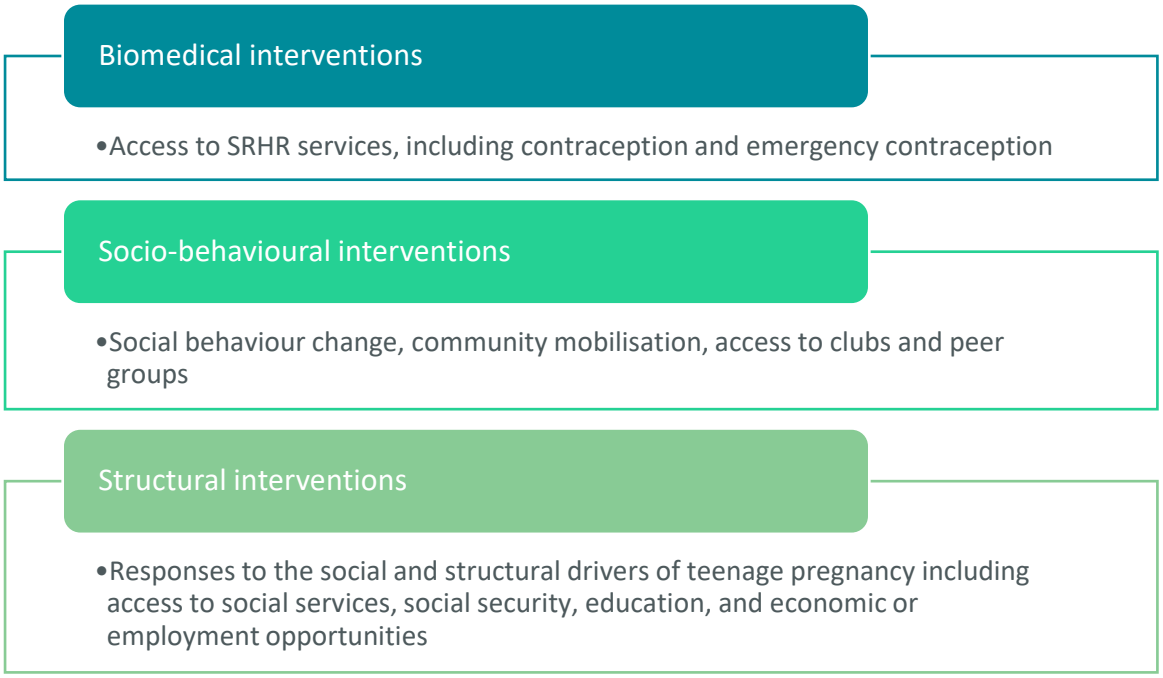

Figure 5 Layering of multiple interventions

Examples of comprehensive risk reduction programmes include the UNFPA Scholarship programme; the SYP Programme, the Spotlight Initiative, the JPGE, the Teenage Pregnancy Prevention (TPP) programme, and DREAMS.

One of the Malawi programmes fell under the category **mass communication programme**, which includes communication programmes with a focus on youth and sexual health (Developing Radio Partners' Health Policy Plus). Similarly, one of the programmes (the MOH's National Youth Friendly Health Services Programme, fell in the category of **improving access to youth friendly primary health care services** (with a focus on clinics).

Three of the interventions; that is, Amref Health Africa's Stand Up for Adolescents programme, Tackle Africa's Levelling the Field, and Women's Campaign International's Reducing Adolescent Pregnancy (RAP) programme fall under the category **social behaviour change** programmes. This category includes interventions that target youth in order to build self-belief, resilience and self-efficacy, and enable social integration.

In Malawi, two programmes fall within the **comprehensive sexuality education in schools** category; namely, the UNFPA CSE programme that focuses on learners with different abilities and disabilities and the multi-country O³ programme.

8.2.1 Evidence based

Available documents referred to evaluations of only three of the identified Malawi interventions as outlined below:

- Available documents indicate that a **mid-term review** was conducted of the Spotlight Initiative.
- **Evaluations** were conducted of the SYP programme following phases I and II of its implementation. An evaluation is currently being undertaken of phase III, which includes Malawi as a focus country for case study development purposes. The evaluation report is due early 2023.
- An **evaluation** was conducted of EMMS International's Teenage Pregnancy Prevention programme[79] and a copy of the report was shared with the research team.

A fact sheet outlining the Ana Patsogolo or Children First intervention under the DREAMS initiative refers to the provision of a "…layered package of multi-sectoral, **evidence-based** interventions to address the overlapping factors that make AGYW vulnerable to HIV."[80]

8.3 Innovation

The document review found that none of the interventions explicitly report that they are using innovation in their programming. However, available resources indicate that several of the programmes are using elements of innovation. This includes the use of either a) innovative technology solutions or b) innovative modalities, methods, or techniques. Examples are presented below.

Innovative technology solutions

- **UNFPA CSE programme for learners with special needs:**

Online documents indicate that the programme made use of a digitalised application designed specifically for the teaching of CSE. This was uploaded to 810 tablets in 27 schools in the programme target districts to enable the delivery of CSE to students (both girls and boys) from grades 6-8[81].

Innovative modalities, methods, or techniques

The **'layering' of services** by the comprehensive risk reduction programmes such as the SYP programme, DREAMS and the Spotlight Initiative is an innovative approach to strengthening each AGYW's access to a package of biomedical, socio-behavioural and structural interventions. DREAMS,

[79] Mbuna, J. *Year 1 evaluation of TPP programme* (unpublished evaluation report).
[80] *Implementing DREAMS Programming in Malawi*: Preventing new HIV infections among adolescent girls and young women, the Ana Patsogolo Activity.
[81] Source: https://malawi.unfpa.org/sites/default/files/pub-pdf/unfpa_malawi_annual_report_2021.pdf

for example, provides what is termed a "full package of services"[82] including economic strengthening (especially for older and out-of-school AGYW), financial literacy, violence prevention, family planning to avoid early, unwanted pregnancy, PrEP, psychosocial support, education support (school fees, uniforms, textbooks), HIV screening/testing and counselling, and referrals for post-violence care.

The use of **mother's and father's groups/clubs** is an innovative method for two reasons; namely, a) these groups provide interactive forums that bring together older and younger generations to share knowledge and experiences and build understanding and networks of support for AGYW and ABYM; and b) the groups can play a support role, assisting in addressing challenges or barriers that youth face regarding their access to reproductive health information and services and / or interceding with local or traditional authorities to advocate for youth rights. For example, a fact sheet prepared for the JPGE notes that mothers' groups often engage with community leaders and enlist their support to follow up with girls who may have dropped out of school or who are about to enter early marriage[83]. The Developing Radio Partners Health Policy Plus programme included the establishment of father's clubs to support SRHR and awareness-raising in target communities[84].

The SYP programme provides several examples of innovative methods; for example:

- The **Breaking the Silence Approach** to CSE supports teachers and facilitators to provide CSE to learners with different abilities and learners with disabilities. It draws on social learning theory and offers a structure for group-based learning, participatory methods and a whole school approach including community, parent and peer support.
- The programme included a 40-hour **online CSE course**; hosted on a platform of the Foundation for Professional Development, to provide foundational content for youth friendly CSE delivery.
- The SYP programme also worked with **youth community distribution agents** who conducted door to door outreach and provision of family planning services to ensure that the intervention could reach youth in hard to reach or remote areas[85].
- In addition, the programme supported **mobile clinics**, which provide family planning services in remote communities. Resources indicate that these clinics were key in ensuring that SRH services could be accessed even during the COVID-19 related national shut down, when clients were reluctant to make long trips to static clinics[86].

Tackle Africa's Levelling the Field programme recruited and trained AGYW, including young mothers, to **coach football and utilise the sport** as a means of disseminating SRHR messaging and SRH information to their peers. Tournaments are also held and used as a means of disseminating information regarding SRHR to the wider community. In addition, the programme included the production and broadcast of radio programmes on SRHR, plus distributed radios, during the COVID-19 pandemic when national lockdowns prevented programme implementation.

The O³ programme emphasised **engagement with young key populations** at community, national, and regional levels; for example, the *Young People Today* website was established to provide a platform for youth engagement and mobilisation. In addition, the annual programme report for 2020

[82] *Implementing DREAMS Programming in Malawi*: Preventing new HIV infections among adolescent girls and young women, the Ana Patsogolo Activity.
[83] *A Group of Mothers in This Malawi Community Helped Keep Girls in School During COVID-19 and Fighting teen pregnancies to keep girls in school*; Fact Sheet for UNJPGE - Malawi
[84] Developing Radio Partners Field Report; July 01 2021 – September 10, 2021
[85] Source: https://esaro.unfpa.org/en/topics/safeguard-young-people-programme ; SYP Programme Report 2021
[86] Source: https://malawi.unfpa.org/sites/default/files/pub-pdf/unfpa_malawi_annual_report_2021.pdf

indicates that steps were taken at the programme planning and implementation stages to ensure that the voices and aspirations of young people were included and informed the work of the programme.

8.4 Effectiveness

Where information was available, findings related to the strengths and challenges of implementation were extracted. These have been categorised into common themes emerging across interventions and are summarised in the table below.

Thematic area	Strengths	Challenges	Examples
Stakeholder coordination and collaboration	This includes setting up functional platforms and forums for stakeholder consultation, engagement, collaboration, thus enabling the coordination of interventions.	Not noted	A civil society National Reference Group (CSNRG) was set up with 14 experts on SGBV and harmful practices (HP) and SRHR for the Spotlight Initiative. This included representatives from LGBTIQ community, traditional leaders, and female sex workers. At district level, the implementing partners established communities of practice (CoPs) as a primary district coordination mechanism. The CoPs included all IPs operating in the area as well as key district government officials. Meetings were held at least once per month to exchange information regarding upcoming activities and to identify areas of programmatic and operational collaboration.[87]
Partnering with national NGOs, including community-based organisations	Enables access to required support for implementation of programme activities, local ownership and sustainability of the intervention.	Wide variations in levels of capacity can lead to differing impacts of the same intervention across districts. Challenges were also experienced with literacy levels, lack of financial management skills and low capacity on monitoring and evaluation (M&E).	The Spotlight Initiative worked closely with national organisations including 13 NGOs and 11 CBOs / grassroots organisations. Resources indicate that the programme implementing partners received 40% of the 2020 programme budget.[88]
Inclusion of local / traditional leadership	Ensures that awareness-raising and sensitisation efforts are being effected within communities - and by stakeholders that are		EMMS International worked closely with traditional authorities and some of the leaders planned and implemented their own,

[87] Source: *Malawi Annual Narrative Programme Report* (01 January 2020 - 31 December 2020).
[88] Ibid

	respected and trusted by many of the community members. Also supports sustainability of the programme outcomes – local oversight.		community level initiatives to support the programme; for example, one of the targeted traditional leaders developed a set of community guidelines regarding early child marriage.[89]

8.5 Outcomes/impact (adequacy)

The following findings regarding intervention outcomes related to early, unintended pregnancy were uncovered during the review.

- **The Spotlight Initiative**:
  - 68 960 women and girls accessed services through the programme's safe spaces, including SRH services. As a result of the discussions held within the safe spaces, 709 child marriages were followed up resulting in 60% of these being annulled. The UNFPA Malawi Annual Report 2021[90] also notes that negative trends such as early school drop outs, teenage pregnancy, and child marriage were reversed amongst the safe space programme participants.
- **The JPGE:**
  - One of the key implementation partners of the JPGE, the Malawi Girl Guides Association (MGGA), reports[91] that the programme has made a significant contribution towards increasing young people's knowledge and skills towards adoption of protective sexual behaviours. Programme activities increased knowledge and understanding of sexuality issues amongst boys and girls – and promoted healthy behaviour and health seeking behaviour. It was reported that more adolescents girls and boys were accessing SRH services at the youth centres in Mangochi district, including family planning.
  - The same report notes an increase in school attendance and a decline in school drop outs. Higher levels of school re-enrolments were also reported; for example, the MGGA report indicated that 345 girls were readmitted to school over the period 2015 – 2017, while the Chapita Primary School registered an increase in girls' enrolment from 751 in 2019 to 803 in 2020. The school also recorded zero pregnancies and related school drop out for girls since the 2017/ 2018 school calendar. At Mpapa Primary School in Machinga, the annual drop-out rate for girls was 26% in 2017. By 2020, it had dropped to just 6%. School attendance for adolescent girls increased from 73% in 2014 to 87% in 2019.[92]
- **Prevention of Teenage Pregnancy (TPP) Programme:**
  - The evaluation report of EMMS International's programme for the prevention of teenage pregnancy notes that the number of teenage pregnancies dropped from 1,136 to 601, a 48% reduction. In addition, an increased uptake in the use of adolescent and youth friendly SRH services was noted in the programme target areas.

[89] Mbuna, J. *Year 1 evaluation of TPP programme* (unpublished evaluation report).
[90] UNFPA Malawi Annual Report 2021: Accelerating the Three Zeroes; SI Malawi - Annual Narrative Programme Report (2020)
[91] Malawi Girl Guides Association - Significant change stories for the UN Joint Program on Girls Education (September 2017)
[92] Source: https://malawi.unfpa.org/en/news/fighting-teen-pregnancies-keep-girls-school

- Awareness of issues surrounding teenage pregnancy reportedly increased, particularly amongst the targeted traditional leaders who reported that the programme had led to a higher level of knowledge and awareness regarding teenage pregnancy amongst them.

- **Developing Radio Partners' (DRP) Health Policy Plus Programme:**
  - Resources provided by the organisation's CEO to the study team indicates that the DRP has provided more than 250 youth with journalism skills that have led to more than 1,200 weekly radio programmes at nine community-based radio stations. These programmes have aimed to empower young radio listeners to become self-reliant and well-informed, leading to fewer teen pregnancies and child marriages, and a reduction in school dropouts.
- **Tackle Africa's Levelling the Field Programme:**
  - Documents provided by Tackle Africa report increased levels of knowledge amongst AGYW targeted by the programme regarding HIV and SRHR. In addition, an increase in the uptake of SRH services by AGYW is reported in programme-targeted areas.
  - The provided documents also note that 62 girls were withdrawn from child marriage, 140 girls returned to school, 150 accessed family planning services, while 1450 were referred / linked to SRH services. Other outcomes include improved communication between AGYW involved in the programme and traditional / community leaders
- **DREAMS initiative:**
  - The **Gateway project**, implemented as part of the DREAMS initiative, reached 33 000 AGYW with a comprehensive package of services aimed at the prevention of HIV. In addition, sourced documents note that 108 community-based distribution agents provided youth friendly family planning education to more than 670 000 AGYW.
  - The **Ana Patsogolo Activity**, also implemented under the DREAMS initiative, contributed to the following outcomes:
    - Of the 13,063 AGYW who completed the DREAMS programme in 2021, 99.99% (13,045 girls) remained HIV free.
    - 99% of the same cohort delayed marriage and, of the 1% who did get married, all were aged 18 years or older.
    - 98.9% of the 2021 cohort did not have any additional children while participating in the programme.

8.6 Coherence, relevance and sustainability

As a result of the low levels of access to programme evaluations of the Malawi interventions, there is limited data on programme coherence, relevance and sustainability. However, the following information was extracted from available documents:

Coherence

It appears the Spotlight Initiative, the O^3 programme, JPGE, DREAMS and EMMS International's Teenage Pregnancy Prevention (TPP) Programme, have all made concerted efforts to link their programmes with similar interventions being implemented by government structures as well as local NGOS, CBOs and traditional / local leadership. In addition, the study team's current engagement on an evaluation of the SYP programme indicates that the UNFPA focuses on collaboration with national

government and aims to work in alignment with national policies, strategies and plans related to SRH, CSE and youth empowerment.

Relevance

Although none of the resources gathered for this study specifically refer to programme relevance, it is clear from a reading of available documents that the majority of the reviewed interventions attempt to address multiple, key drivers of unintended early pregnancy, including early child marriage, limited access to SRH services and information, and barriers to accessing education as well as post-school learning opportunities. It is assumed that the extent to which a comprehensive approach can be adopted depends on available resources and capacity. However, the adoption of a multipronged approach - to greater and lesser degrees - emerged as key theme across all of the Malawi-based interventions. Only one of the programmes was located in in a single sector; namely, the MOH's National Youth Friendly Health Services programme.

Sustainability

Reporting on sustainability objectives, mechanisms and achievements was limited across the sourced documents. However, a report on the Spotlight Initiative's Safe Spaces and Safe Space Mentoring programme notes that the positive SRH behavioural changes demonstrated by girls completing the six month long programme may not be maintained once they leave the programme unless they have access to social and economic opportunities to enable their active participation in wider society. The report highlights the need to develop opportunities for the girls to participate in, once they leave the programme.[93]

Of concern is that the majority of the programmes covered in this literature review are funded by development partners or international NGOs. This presents a considerable risk in terms of sustaining programme activities aimed at addressing unintended, early pregnancy. It is hoped that continued investigation will enable access to information regarding programmes funded by the Malawian government.

8.7 Lessons learnt and recommendations

As outlined above, limited information on programme evaluations was sourced by the study team. The sections below presents what was available:

- Reporting on the Spotlight Initiative's Safe Spaces and Safe Space Mentoring Programme[94] indicates that the provision of direct support to AGYW through specific forums enables them to practice their knowledge and skills in safe spaces, thus building confidence and the ability to apply innovative ideas to tackle challenges as a group or individually. This also highlights young people's ability to act as social change agents. The recommendation is thus that increased support should be targeted at AGYW to increase their empowerment and ability to act as agents of change within their communities.
- In addition, the report recommends the forging of partnerships with a wide range of state and non-state actors to ensure that opportunities are available for AGYW graduating from support

[93] Source: https://malawi.unfpa.org/sites/default/files/pub-pdf/unfpa_malawi_annual_report_2021.pdf
[94] Source: https://malawi.unfpa.org/sites/default/files/pub-pdf/unfpa_malawi_annual_report_2021.pdf

programmes. This will ensure that they have continued access to social and economic opportunities – and can maintain the gains achieved. Similar observations and recommendations were made in the evaluation report of the Preventing Teenage Pregnancy programme; that is, that girls graduating from vocational skills training should be linked to potential employers or income generation opportunities and, where possible, should receive some form of support (e.g. equipment or tool boxes) to assist them in setting up their own ventures.

- The same evaluation report highlights the effectiveness of youth clubs as a means of sharing SRH information and referrals to service providers.
- The provision of family planning and other SRH services via mobile clinics (as implemented by the SYP programme) works well as a mechanism of expanding reach, particularly in remote communities and particularly for young women.
- The UNFPA Malawi Annual Report (2021)[95] notes a need for community-based health interventions as a means of bringing SRH (particularly family planning) services to target populations and suggests that this may be undertaken via various methods, including the use of portable digital devices and the delivery of expanded service packages by community-based health care workers and local distribution agents.
- The Malawi Annual Narrative Report for 2020 notes a number of key lessons learnt in relation to the Spotlight Initiative. These include engaging grassroots organisations as implementing partners as a key means of enabling programme sustainability. The report also highlights the benefits of setting up CoPs at district level to serve as an essential coordination mechanism.
- The Ana Patsogolo Fact Sheet[96] highlights a number of future focus areas in relation to the DREAMs initiative. These include:
    - The deliberate inclusion of AGYW in the design, implementation, and monitoring of interventions to enhance relevance, uptake and effectiveness;
    - The identification and use of innovative models to enable the delivery of services beyond static facilities and in target communities;
    - The expansion of access to self-care strategies, such as HIV self-testing, and
    - Mainstreaming psychosocial support and mental health throughout SRH programming.

9 Concluding summary

The research team reviewed 21 South African interventions which are equally led by both government and NGOs/INGOs. Over half of the programmes are cross-sectoral in nature (combination of two or three of the following: health, social development, education) with the health sector being represented across almost all the interventions (17/21). Most of the interventions are donor funded; have been implemented within the last ten years; and are targeting both AGYW and ABYM.

Prevention of unintended early pregnancy is not a primary focus for any of the 21 interventions but is included as *one of a broader set of objectives* tackling HIV, GBV and access to SRHR services. In terms of intervention design, most interventions fall under the categories of a) social behaviour change (SBC)

[95] Ibid
[96] *Implementing DREAMS Programming in Malawi*: Preventing new HIV infections among adolescent girls and young women, the Ana Patsogolo Activity.

programmes that target both youth in order to build self-belief, resilience, self-efficacy, and social integration and b) comprehensive risk reduction programmes which focus on 'layering of services'.

Our review found that most of the interventions (15/21) either report that the model is evidence based or they have been the subject of an evaluation or research study and there is evidence of positive outcomes and impact for several of the interventions. Whilst six out of the 21 interventions explicitly report that they are using innovation in their programming, all of them are using elements of innovation particularly in relation to innovative methods such as layering of services, breaking the silence approach and intergenerational dialogue methodology.

Where evaluation reports were available, we extracted the findings relating to the strengths and challenges of implementation. Unsurprisingly, the common themes that emerged reflect the systemic elements required to enable programme implementation, namely: strong leadership support and buy-in, strong coordination and collaboration with stakeholders, adequate financial and skilled human resources, results-based M&E, and inclusion of demand creation in programming.

Finally, the review uncovered positive findings in relation to programme relevance and coherence. Most interventions are well aligned to international, regional, and domestic frameworks and have been tailored to the needs of adolescent girls and boys with some including platforms for youth to influence decision making on their SRH rights. It was further found that all interventions have made efforts to converge and integrate services. The limited evidence that is available on sustainability points to capacity building and coordination of programmes through existing structures as the main mechanisms utilized to sustain community level outcomes.

Thirteen (13) Malawi-based programmes have been reviewed to date, with only one programme being government-led. However, seven of the reviewed programmes were /are conducted by UN agencies working in collaboration with the Malawian government. The education sector was the most frequently represented across the programmes with five of the remaining interventions being cross-sectoral. All of the reviewed programmes have been implemented within the last eight years and 11 of the 13 programmes target both AGYW and ABYM. Targeted age groups varied across the programmes, but the most frequently noted age groups were 10 – 24 years and 15 – 19 years. A number of vulnerable groups have been included in the programmes, including youth with disabilities, youth living in hard to reach and remote areas, and disadvantaged youth.

Six of the reviewed programmes had a multi-country focus, while the remaining seven have a national footprint. The selection of target districts appears to be based on the prevalence of teenage pregnancy and early child marriage as well as HIV infection rates, with the most frequently mentioned target districts being Machinga, Mangochi, Zomba, Nkhata Bay, Dedza, Mchinji, Chikwakwa, Chiradzulu, and Salima. Funding sources varied across the programmes, while the review found that information on funding amounts and budget allocations is not readily available.

A review of the programme objectives reveals that the prevention of unintended and early pregnancy is not a primary focus for the majority of the interventions; that is, 11 of the 13 interventions. Instead, it is included as part of a broader set of objectives tackling HIV, GBV, awareness-raising regarding SRHR, and access to CSE and SRH services. Just under half of the Malawi interventions (six) fall under the category of comprehensive risk reduction programmes, while the remainder cut across mass communication interventions, improving access to youth friendly primary health care services, social behaviour change programmes and CSE in schools.

None of the interventions explicitly report that they are using innovation in their programming. However, the review found that a number of the programmes are using elements of innovation. This includes the use of innovative technology solutions (as demonstrated by the UNFPA CSE programme for learners with different abilities or disabilities) or innovative modalities, methods or techniques. The SYP and DREAMS programmes in particular demonstrate a number of innovative methods and practices.

Evidence of programme evaluations was sourced for only three of the identified Malawi interventions. This made reporting on effectiveness, outcomes, coherence, sustainability and relevance of the Malawi interventions challenging. However, available data indicates that a number of the interventions are achieving their objectives and are thus addressing ASRH priorities in the country. A key strength is that the overwhelming majority of the reviewed programmes adopt a comprehensive approach and focus on addressing multiple, key drivers of unintended, early pregnancy. Of concern is that the majority of the programmes covered in this literature review are funded by development partners or INGOs, which presents a considerable risk in terms of sustainability.

10 Theory of change for prevention of early and unintended pregnancy

The ToC captured in Figure 3 is based on the document and literature review, which found that in order to tackle the complexity of the problem of teenage pregnancy a set of layered interventions is required.

The **ultimate desired impact** of the ToC is *"Prevention of early and unintended pregnancy amongst adolescent girls between 10-19 years"*.

There are **three pathways** to achieving this objective, which are based on a set of layered interventions representing the multi-sectoral approach required to tackle the problem. These pathways include:

- **Social behaviour change interventions** including: CSE in school and co-curricular activities such as girls and boys clubs; CSE out of school; and family and community interventions
- **Biomedical interventions** including: SRH services including the provision of contraception and emergency contraception.
- **Structural interventions** including: programmes that respond to the structural drivers of early, unintended pregnancy such as social services, social security (grants), education, and economic empowerment programmes.

The **short-term outcomes** of these interventions for AGYM and ABYM are that they will have a comprehensive understanding of SRHR issues; improved access to adolescent and youth friendly SRH services; and access to psycho-social support services, cash grants, economic empowerment activities and education. In addition, families and communities will have an increased awareness of AGYW and ABYM SRH needs and spaces for dialogue will be created to enable the discussion of SRHR issues and improve support on SRHR interventions.

This, in turn, will result in **longer term outcomes** or changes for AGYW and ABYM who will:

- Have improved self-belief and self-confidence, resilience, self-efficacy and social integration;
- Increase their uptake of SRH services, specifically contraception;

- Remain in school and complete their education; and
- Be economically active or have access to opportunities when they leave school.

The TOC further builds on the notion that the long-term impact is unlikely to be achieved unless a series of **system-level changes** take place. In other words, if there is insufficient government support, little collaboration and coordination among implementers and government departments, and a general lack of data and evidence to support learning and responsive programming, then it is unlikely that the outcomes will be achieved. The following system elements or foundational items thus need to be in place to ensure that there are well-coordinated, well-resourced and evidence-informed programmes and services available:

- Alignment of programmes and services to international, regional and domestic legal frameworks
- Leadership support and buy-in
- Stakeholder coordination and collaboration
- Adequate financial resources
- Adequate and skilled human resources, including strong implementing partners
- Results-based M&E and data management

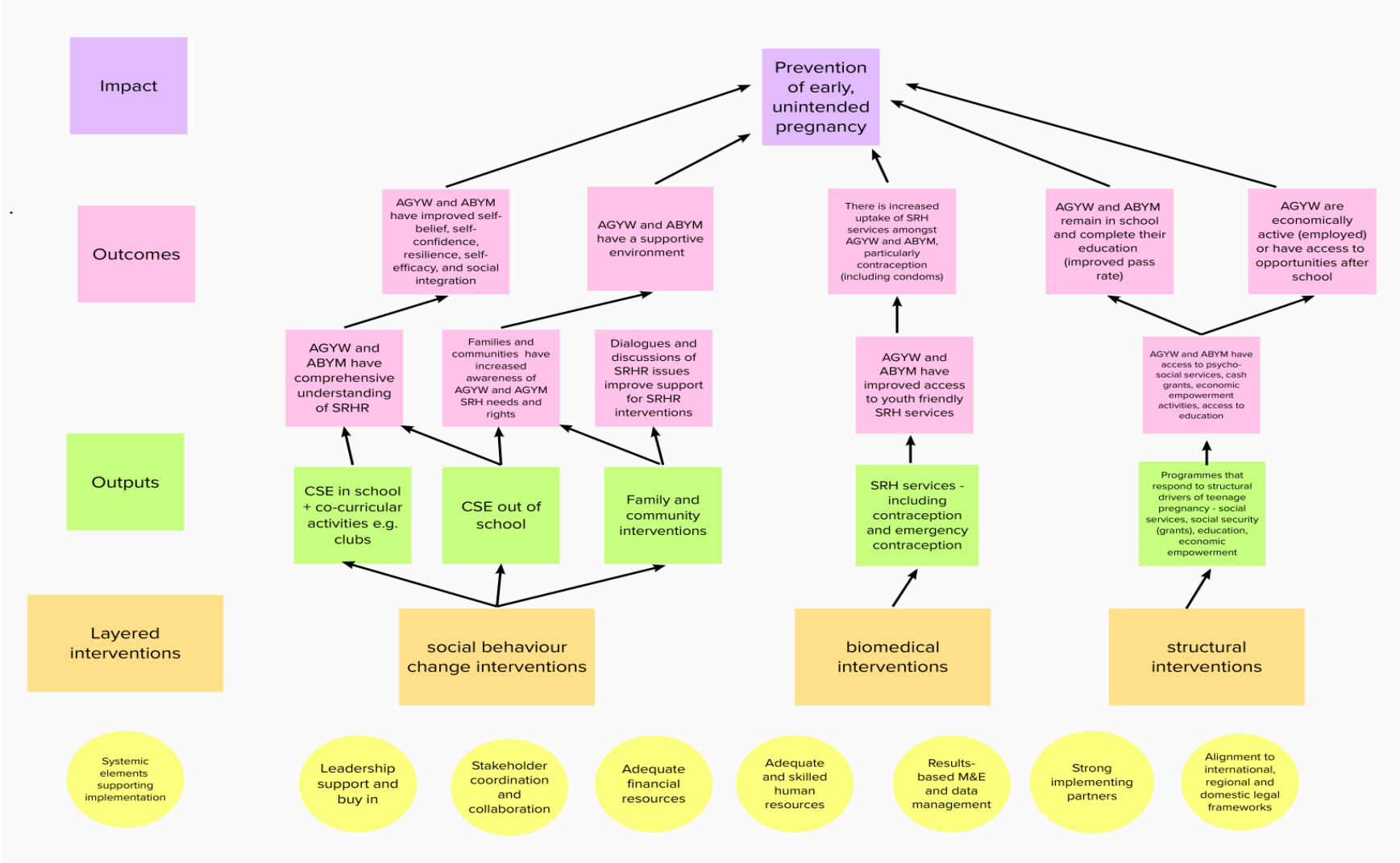

Figure 3 Theory of change for prevention of early, unintended pregnancy

11 Recommendations of models for in-depth review

Based on the theory of change above and the documents reviewed on the South African and Malawi programmes/interventions, the following suggestions are made regarding models for in-depth review.

Intervention type	South Africa interventions	Malawi interventions
Social behavioural change	CSE out of school interventions implemented by organisations such as Umtombo Wempilo and could include intergenerational dialogues – this model is being implemented by DSD Population Unit and is a popular approach for tackling issues such as teenage pregnancy at community level. There is currently very limited data on the relevance, effectiveness, coherence, and adequacy of this intervention method and thus it would be interesting to evaluate and cost this model.	Developing Radio Partners' work with youth journalists and community-based radio stations offers an opportunity to look more in-depth at the use of local radio and youth listening clubs as a means of addressing unintended early pregnancy. It is also recognised that radio is an important medium in Africa for the sharing of information and for creating awareness regarding specific, country-level challenges.
Biomedical	AYFS implemented by a range of organisations including loveLife Groundbreaker's programme.	EMMS International's TPP programme operates in partnership with the Mulanje Mission Hospital (MMH) in Mulanje District. This programme focuses specifically on the prevention of early, unintended pregnancy and, while it has a biomedical focus (provision of AYF SRH services), adopts a holistic response to the issue of teenage pregnancy by including education and awareness-raising with AGYW, ABYM and community members; youth clubs for out of school CSE; the provision of school support and vocational training. This programme provides an opportunity to gather information regarding NGO-health sector collaboration. Alternatively, the DOH's national programme on YFS provision could be selected under the biomedical category.
Structural	Teenage pregnancy project implemented by PSH because it is specifically aimed at pregnancy prevention and has an economic empowerment element to the programme. Rise Women's Clubs include economic empowerment as a programme component.	The Gateway project was implemented as part of the DREAMS initiative. This 5 year project included a component on educational support and enrolment in vocational training in the hotel industry as well as plumbing and tailoring. The project also included the recruitment and training of community-based distribution agents as a means of addressing limited access to family planning services in remote and rural areas.

Integrated intervention models	Nzululwazi model (SYP) which is currently being scaled up to six other schools in OR Tambo district in the Eastern Cape (DSD, DOH, DBE in partnership with Umthombo Wempilo) – it is a good example of an in-school programme and demonstrates how the ISHP can be effectively implemented.	The Ana Patsogolo Activity (APA) is a five-year PEPFAR and USAID-funded project under DREAMS that provides integrated prevention and response interventions for OVC and AGYW in southern Malawi. Led by the Bantwana Initiative in collaboration with four local Malawi partners, it provides an integrated or layered model including economic strengthening, financial literacy, family planning, psychosocial support, and education support (school fees, uniforms, textbooks). This model also provides primary and secondary service packages by age group (that is, for 10-14 year olds, 15-19 year olds, and 20-24 year olds).

Annexure 1: Analytical framework for programme interventions

Name of programme:	
Reference (name of the document) or document link:	
Document type (e.g. evaluation report, programme proposal, annual report, research reports, journal article)	
1. PROGRAMME DESCRIPTION	
1.1 Sector	
Main implementer - government, civil society, other development partner (e.g. UNICEF, UNFPA)	
Name of department, organisation, development partner	
Sector (health, social development/social welfare, education, youth development)	
Programme timeframes (e.g. start date and end date, phase of rollout)	
1.2 Target and reach	
Targeted population (e.g. girls in-school, girls out of school, 10-19 year old adolescent girls and young women, boys in and out of school, parents and caregivers, community leaders, teachers etc) - include detail of whether these are primary and or secondary target groups (e.g. girls in school as primary target group; parents and caregivers as secondary target)	
Age of girls, boys, young women or men targeted	
Geographical coverage of model (regional, national, provincial, district, local)	
Name of province, district or community	
Number of children or youth targeted? (if available)	
Number of children or youth reached? (if available)	
1.3 Intervention design	
Programme Objectives: goal/impact, outcomes, outputs (provide a summary of these)	
Is there a clear programme theory of change framed into a result framework (yes or no?) add link to where we can find the TOC	
Type of intervention: CSE in school, CSE out of school, support in school environment (e.g. social work intervention), hybrid (CSE and economic empowerment), SRH (e.g. access to contraception), HIV, other	
Description of types of services provided (brief description of the content of programme)	
Is the programme model evidence-based?	

Source of funding	
Total budget allocation to the programme (if available)	
1.4 Innovation	
Use of innovative approaches or new technologies	
2. EFFECTIVENESS	
Has an evaluation been conducted on the programme?	
What are the key strengths of the programme intervention? (state whether this is extracted from a progress report or an evaluation report)	
What are the programme challenges and gaps? (state whether this is extracted from a progress report or an evaluation report)	
3. OUTCOME/IMPACT (ADEQUACY)	
What was the impact on prevention of unintended early pregnancy?	
Other changes depending on programme objectives (e.g. family interventions, community interventions, policy interventions)	
What were the enablers or predictors for programme success?	
4. COHERENCE	
Has the model made an effort to converge and/or integrate services?	
What are the links with other government or non-government sectors/programmes/services (health, education, welfare, youth development)?	
Is there evidence that the programme is well-aligned to relevant policies, strategies and frameworks?	
5. RELEVANCE	
Is there evidence that the programme is tailored specifically to the needs of adolescent girls?	
Is there evidence that the programme is tailored to the needs of its other target groups?	
6. SUSTAINABILITY	
Is there evidence of a sustainability mechanism built into the programme?	
7. LESSONS LEARNED AND RECOMMENDATIONS	
Lessons learned	
Recommendation	

Annexure 2: List of programmes and policies for South Africa and Malawi

Separate Excel spreadsheet attached