

ANNEX: D

ASRHR AND TEENAGE PREGNANCY ADVOCACY STRATEGY

Current situation

- The rate of teenage pregnancy in South Africa has been increasing year on year
- Almost 130,000 babies were delivered to girls aged 10 to 19 in South African public health facilities in 2019
- This figure increased to 136,386 deliveries for girls in the same age cohort in 2020, the Department of Basic Education (DBE) reported
- In August 2021, the Commission for Gender Equality South Africa shared that teenage pregnancy is the number one reason for girls dropping out of school
- Rape, child abuse and gender-based violence contribute to the rise in teenage pregnancy
- Northern Cape has the highest rate of teenage pregnancy for girls aged 10 to 19, with 19.3% of girls in that age group giving birth between April 2020 and March 2021.

In an effort to curb teenage pregnancy and child abuse the South African Department of Education submitted a draft policy on the prevention and management of learner pregnancy in schools to Cabinet for approval. The policy's objectives are to reduce learner pregnancies through the delivery of Comprehensive Sexuality Education, access to adolescent and youth-friendly sexual and reproductive health services, and to ensure that girls are not excluded from school as a result of pregnancy and birth.

SWOT ANALYSIS

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• NATIONAL SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS POLICY• Section 9(3) of the South African Bill of Rights says that the State must not discriminate against any person based on aspects such as gender, sex, pregnancy and marital status• Section 9(4) states that no person may discriminate against anyone on these same grounds• Section 6 of the Equality Act provides that no-one, including the State, may unfairly discriminate against any person. Section 8 of the Equality Act makes it	<ul style="list-style-type: none">• Policy needs review and update• Ineffective application of government policies and programmes• Absence of legislative and regulatory environment• Lack of Parental support• Lack of coordination between government departments• Absence of qualified Life orientation teachers• Impunity, men getting away with rape and abuse• Weak Justice system• Absence of men and boys from the teenage pregnancy conversation

<p>illegal to discriminate on the basis of gender. In particular, Section 8(f) prohibits discrimination on the basis of pregnancy and 8(g) prohibits discrimination where the result is to limit women’s access to social services, or benefits such as health and education</p> <ul style="list-style-type: none"> • In South Africa, Save the Children and other CSOs have developed an integrated and holistic programme that aims to support children, adolescents and young people to stay in school, stay healthy, and achieve their full potential 	
<p>OPPORTUNITIES</p> <p>Train LO teachers in schools Schools to employ social workers Develop Costed Action Plan with time frames Strengthen Justice System Programmes to include young boys and men Donor Funding Improved youth friendly and health care services including after school and on weekends Provision of free ASRHR services</p>	<p>THREATS</p> <p>Lack of political will Stakeholder Fatigue Lack of Standardized Youth tailored information Dissemination Limited access to SRH services leading to exposure to health risks Lack of follow ups Policies not cross referenced</p>

Key partners and influencers

- CSOs
- Government
- Faith Based Organisations
- Community leaders
- Women’s Movement
- Development partners

- International NGOs
- Political parties
- Media
- Men

Key targets

Parents

Community Leaders /Traditional Leaders

Church/ religious Leaders

Teachers

Children

Men

Key messages

#IamResponsible

#MyfutureMatters

#WeareallResponsible

#MybodyMyRights

#ICANsayNo

#Imatter

Educate youth about sex and reproductive health.

Make easy access to health services.

OBJECTIVES AND ACTIONS	ACTIVITIES	WHO RESPONSIBLE	TIME FRAME	OUTPUTS	RESOURCES
Strategic objective	To ensure universal access to sexual and reproductive health and reproductive rights for adolescents, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action, the SDGs and the SADC Protocol on Gender and Development.				

OBJECTIVES AND ACTIONS	ACTIVITIES	WHO RESPONSIBLE	TIME FRAME	OUTPUTS	RESOURCES
Specific objectives: Specific Measurable Attainable Realistic Time-bound change objectives					
<ul style="list-style-type: none"> - There is existence of standalone ASRHR policies/guidelines 2015 - 2020 Policy and it needs to be reviewed. - Age of access to contraceptives, Include issues of LGBTIQ+ and key pop, climate change and food security 					
1	To advocate for review and update of the National Health Strategy for Adolescents and Young People 2015-2020.				
2	To increase awareness on the availability of contraceptives				
3	To advocate for legislation on safe abortion for teenagers				
<i>Agree on objectives with key partners and influencers (based on partner mapping – including youth organisations)</i>	Meet with all identified partners and potential influencers <ul style="list-style-type: none"> - Agree on objectives - Finalise the lobbying and advocacy process for the ASRHR policy and teenage pregnancy - Finalise key messages 	Members of the Alliance working with Lesotho Network on ASRHR	November/December 2021	Meeting reports	
<i>Develop/adapt advocacy material</i>	Using situation analysis, objectives and messaging prepare advocacy material – different material for different targets?	SAWID and Gender Links	November 2021	Advocacy materials developed	
<i>Meetings with targets (at least 5 policy-makers)</i>	<ul style="list-style-type: none"> - Meeting with key officials (who?) - Meetings with parliamentarians (who?) - Meetings with statutory bodies – e.g. law reform commissions – who?) 	SAWID and Gender Links; Dept. of Education	November – December 2021	Meeting reports	
	<ul style="list-style-type: none"> - Share the ASRHR checklist as a tool to guide ASRHR policy and legislation development - Share the audit done using the where ASRHR where Policies exists 	Members of the Alliance working with SAWID and Gender Links on ASRHR		Meeting reports	
<i>Engage with the mainstream media in obtaining space/</i>	<ul style="list-style-type: none"> - Sixteen days of activism - 10 December- International Human rights day 	Members of the Alliance working with	Nov 2021 – March 2022	Days commemorated	

OBJECTIVES AND ACTIONS	ACTIVITIES	WHO RESPONSIBLE	TIME FRAME	OUTPUTS	RESOURCES
<i>airtime/ media coverage leveraging special dates in the calendar</i>	<ul style="list-style-type: none"> - 1 March- Zero Discrimination Day - 8 March - International Women's Day - 12 March - Youth Day 	SAWID and Gender Links on ASRHR			
<i>Set up and conduct follow up meetings with the relevant policy makers on the key actions and the way forward on ASRHR policies</i>	Follow up meetings with policy makers	Members of the Alliance working with SAWID and Gender Links on ASRHR	Jan-Feb 2022	Follow up meeting reports	
	Track policy and legislation process	Members of the Alliance working with SAWID and Gender Links on ASRHR	Jan - March 2022	Report on current status	
<i>Document the policy and legislation development case study</i>	Write a case study on the policy and legislation development process on ASRHR policy	Members of the Alliance working with SAWID and Gender Links on ASRHR	March 2022	Case studies	

DRAFT

ADOLESCENT SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (ASRHR) CHECKLIST

Purpose and scope

This checklist measures the level of preparedness in SADC countries to respond to the specific Adolescent Sexual Reproductive Health and Rights (ASRHR) needs of their citizens in line with regional and global commitments that enable access to SRHR services. The checklist is adapted from WHO Guidelines for Adolescent Sexual and Reproductive Health and Rights (2018); a review of the 100 SRHR indicators analysed in the 2021 #VoiceandChoice Barometer; The Adolescent SRHR rapid response questionnaire and assessment report; and the updated mapping of ASRHR laws and policies used by Gender Links (GL) to promote best practices on ASRHR in the SADC region. The checklist covers the legal and policies frameworks, health, social and other service delivery issues that need to be addressed to increase the uptake, equity, efficiency and quality of ASRHR services especially in light of the Covid-19 pandemic. **Annex A**, shows extracts of policies or guidelines used to support the development of this checklist.

CRITERIA	YES	NO	COMMENTS
ASRHR legal and Policy Framework			
✓ There is a specific (stand-alone) ASRHR policy and or guidelines that supports a rights-based framework for ASRHR and is aligned with regional and international commitments on ASRHR.	X		National Adolescent and Youth Health Policy; Prevention and Management of Learner Pregnancy in Schools;
✓ ASRHR laws and policies allow adolescents and young people to access SRH services without third party authorisation ¹ .	X		<ul style="list-style-type: none"> • Section 9(3) of the South African Bill of Rights says that the State must not discriminate against any person based on aspects such as gender, sex, pregnancy and marital status • Section 9(4) states that no person may discriminate against anyone on these same grounds • Section 6 of the Equality Act provides that no-one, including the State, may unfairly discriminate against any person. Section 8 of the Equality Act makes it illegal to discriminate on the basis of gender. In particular, Section 8(f) prohibits discrimination on the basis of pregnancy and 8(g)

CRITERIA	YES	NO	COMMENTS
			prohibits discrimination where the result is to limit women's access to social services, or benefits such as health and education
✓ ASRHR legislation and policies are current, and capture adolescents evolving needs.	X		At the higher levels of policy and law, the country has strengthened rights-based youth SRH legislation and policies, introduced new progressive sexual offences laws, related matters, and amended the Choice on Termination of Pregnancy (CTOP) act to ensure more effective implementation
✓ Abortion laws and policies enable adolescents to obtain safe abortion services than create situations that lead adolescents to seek unsafe abortions ² .	X		Abortion is legal in South Africa,
Access to ASRHR services³			
✓ All health facilities offer free services and there are no other barriers to ensure equitable access to health-care services, including the full package of SRHR interventions as defined by the International Conference on Population and Development (ICPD).	X		Free services are offered in clinics only not hospitals
✓ Health facilities address the range of social, economic, cultural and systemic challenges so that all adolescents and young people have universal access to quality health-care services across their life cycle.		X	The services are not all encompassing

² Adapted from WHO Recommendations for Adolescent Sexual and Reproductive Health and Rights (2018) <https://www.who.int/reproductivehealth/publications/adolescent-srhr-who-recommendations/en/> accessed 12 September, 2021.

³ Ibid

CRITERIA	YES	NO	COMMENTS
✓ Health facilities are within 10km of adolescent homes ⁴ .		X	In the rural areas health facilities are sometimes very far from adolescent homes
✓ Health facilities offer services that are convenient to adolescents and young people including after school hours and during weekends. ⁵		X	After school hours and weekend services are only available for emergency cases only
✓ Health system ensures the presence of peer counsellors in all health facilities as a component of youth friendly services. ⁶		X	Youth is serviced by nurses only in public hospitals. Peer counsellors are not allowed in hospitals
✓ Health facilities ensure young people are treated without parental consent. ⁷		X	Young people are sometimes returned from health facilities if not accompanied by parents/guardians (However, this information is often not documented and appears in social media reports)
✓ Health system ensures young people are treated with respect. ⁸		X	Not always
✓ Health system ensures that health workers spend sufficient time with young people. ⁹		X	
✓ Health system ensures that mental health assessments are part of sexual and reproductive health services accessible to adolescents. ¹⁰		X	Mental health is often overlooked when treating patients in clinics and hospitals
✓ Health system ensures that health workers make follow up visits for adolescent reproductive health and care. ¹¹		X	There is a shortage of health workers, as a result follow-up is not easy to do
✓ ASRHR services are responsive to the needs of		X	

⁴ Adapted from recommendations in the ASRHR Regional Rapid assessment report

⁵ Adapted from indicators in the ASRHR Regional Rapid assessment tool

⁶ ibid

⁷ ibid

⁸ ibid

⁹ ibid

¹⁰ Adapted from indicators in the ASRHR Regional Rapid assessment tool

¹¹ Adapted from indicators in the ASRHR Regional Rapid assessment tool

CRITERIA	YES	NO	COMMENTS
adolescents and young people especially during and are provided in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and young people including providing disability and respectful care to persons with disabilities. ¹²			
✓ There are provisions for social protections as well as economic support for Adolescents as a pathway to reducing ASRHR risks. ¹³		X	There are no such provisions.
Comprehensive Sexual Education (CSE)¹⁴			
✓ There are interventions for both in and out of school adolescents to provide access to good quality, comprehensive, age-appropriate, scientifically accurate life skills-based comprehensive sexuality education (CSE), to increase contraceptive use among adolescents.	X		
✓ Government and other stakeholders offer interventions that combine curriculum-based sexuality education with contraceptive promotion to adolescents, in order to reduce teenage pregnancy rates.	X		
✓ There are strategies within school settings at all levels (from ECD to universities) to ensure provision of CSE and other SRHR services in line		X	

¹² Adapted from UNFPA (2021) COVID-19, Gender, and Disability Checklist: Preventing and Addressing Gender-Based Violence against Women, Girls, and Gender Non-Conforming Persons with Disabilities during the COVID-19 Pandemic, <https://www.unfpa.org/resources/covid-19-gender-and-disability-checklist-preventing-and-addressing-gender-based-violence>, accessed 11 July 2021.

¹³ Adapted from Zimbabwe National Adolescent Sexual and Reproductive Health Strategy II, 2016-2020.

¹⁴ Ibid

CRITERIA	YES	NO	COMMENTS
with WHO guidelines on Covid-19.			
✓ There are strategies in place to build community support for CSE and to identify and address factors at regional, national, community and individual levels that could contribute to resistance or backlash or stall CSE implementation progress.		X	Community engagements on CSE are no longer continuing due to financial constraints
Contraception¹⁵			
✓ There are strategies that are aimed at decreasing the unmet need for contraception among adolescents including formulating laws and policies to increase adolescent access to contraceptive information and services, including emergency contraceptives.		X	
✓ There is access to a mix of contraceptive methods for and adolescents with special provisions in place for increased access during Covid-19 pandemic period.		X	The mix of methods of contraception used by young women is also uneven. For example, the popularity of progestin-only injectable contraception in South Africa, specifically among AGYW, is attributed to its convenience, high acceptability among clients and health providers, and cost-effectiveness. ¹³ This has resulted in a poor contraceptive mix among young women.
✓ There is provision for tailored and age-appropriate family planning information, counselling and contraceptive services or referrals to adolescent-friendly service providers.		X	
✓ Health service delivery ensures that the adolescent's confidentiality is respected and facilitates without parental consent their access	X		

¹⁵ Ibid

CRITERIA	YES	NO	COMMENTS
to and use of contraceptive information and services.			
✓ There are interventions to reduce the financial cost of contraceptives to adolescents.		X	
Teenage Pregnancy			
✓ There are strategies in place to reduce the adolescent fertility rate (births per 1000 women, 15–19 years of age) ¹⁶ .	X		
✓ There are interventions to promote an open culture and ease of parental communication around sexual issues with adolescents.	X		
✓ Schools unconditionally protect pregnant learners right to remain in school during and after the pregnancy. ¹⁷	X		
Maternal Health¹⁸			
✓ Health system does not compromise quality of antenatal care to young mothers compared to older mothers.		X	
✓ Health system provides adequate information and suitable environment to enable young women to request and receive a pregnancy test.		X	
✓ To reduce the high levels of maternal mortality amongst young mothers, there are strategies including promoting birth and emergency preparedness in antenatal care strategies for pregnant adolescents in household, community and health facility settings.	X		The state has sustained well-established data collection systems, such as the Confidential Enquiry into Maternal Deaths Reviews and a strong civil registration and vital statistics system, made progress in the ideal clinic framework, and advanced the setting up of the National Health Insurance Fund.

¹⁶ Adapted from SADC SRHR Strategy 2019-2030

¹⁷ Adapted from recommendations in the Audit of SRHR Laws and Policies in SADC 2021

¹⁸ Adapted from WHO Guidelines for Adolescent Sexual and Reproductive Health and Rights (2018)

CRITERIA	YES	NO	COMMENTS
✓ There are efforts to ensure the availability of and access to adolescent friendly antenatal, intrapartum and postnatal care, including basic emergency obstetric care and comprehensive emergency obstetric care.		X	
✓ There are efforts to ensure that adolescent young women can request and receive help with breast feeding. ¹⁹		X	
Menstrual health²⁰			
✓ There is provision of free menstrual ware to both in and out of school girls including those in hard to reach areas, the disabled and vulnerable to Covid-19 pandemic ²¹ .		X	There are some schools that offer sanitary ware to their students. There are organisations and individuals that also donate sanitary ware to schools., however, out of school girls are often left out.
✓ There are systems in place (e.g. removal of Value Added Tax (VAT) and other taxes on menstrual ware) to ensure the provision of sustainable and cost-effective sanitary pads to adolescent girls.	X		
✓ Adolescent girls and young women can request and receive sanitary pads. ²²		X	
✓ Menstrual hygiene management is an integral component in the country's WASH programming to ensure access to basic sanitation.		X	Some schools in rural areas struggle with water scarcity. Some do not have toilets.
✓ Government prioritises investment in clean water and sanitation.		X	Many rural and some urban areas do not have access to clean water .
Safe Abortion²³			
✓ Ensure that every woman who is legally eligible has access to timely and safe abortion care.	X		Abortion is legal in South Africa

¹⁹ Adapted from indicators in the ASRHR Regional Rapid assessment tool

²⁰ Ibid

²¹ 2021 SADC Voice and Choice Barometer recommendations

²² Adapted from indicators in the ASRHR Regional Rapid assessment tool

²³ Ibid

CRITERIA	YES	NO	COMMENTS
✓ Ensure there are no age restrictions for adolescents wishing to access safe abortion care ²⁴		X	
✓ There are national guidelines for pre and post abortion care for adolescents, including during the Covid-19 pandemic period.		X	
✓ Contraception is included in post abortion care during the Covid-19 pandemic period ²⁵ .	X		
✓ Ensure adolescents have access to post-abortion care as a life-saving medical intervention, regardless of whether the abortion or attempted abortion was legal.		X	
✓ There are strategies to identify and overcome barriers to the provision of safe abortion services for adolescent girls.		X	
✓ Ensure that abortion services are non-judgemental, free of coercion, and respect adolescents' informed and voluntary decision-making, autonomy, confidentiality and privacy to terminate an unwanted, mistimed or unplanned pregnancy.	X		
HIV and AIDS²⁶			
✓ There is provision of CSE, promotion and distribution of condoms, HIV testing and counselling services, pre-exposure prophylaxis (PreP), voluntary medical male circumcision for risk reduction, harm reduction for people who inject drugs, and targeted prevention programmes for young sex workers and other	X		

²⁴ Adapted from the South African National Contraception Clinical Guidelines 2019.

²⁵ SADC SRHR Checklist

²⁶ Adapted from WHO Guidelines for Adolescent Sexual and Reproductive Health and Rights (2018)

CRITERIA	YES	NO	COMMENTS
key populations at high risk of HIV acquisition.			
✓ Health workers ensure that such ASRHR and HIV services are free, confidential, adolescent-responsive and non-discriminatory.	X		
✓ Health system ensures that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status.	X		
✓ Adolescents are informed on risky sexual behaviours, such as early sexual debut, intergenerational sex and multiple concurrent partners to ensure comprehensive knowledge of HIV and AIDS.	X		
✓ Health sector response has strategies to reduce HIV prevalence especially among young women aged 15-24 years. ²⁷	X		
✓ Cervical cancer screening, STI treatments and HIV and AIDS services are available especially during Covid-19 pandemic lockdowns.	X		They are even free of charge in government clinics
✓ There is inclusion of HPV vaccine included in essential health services by the local health facilities especially for girls aged 9-13 years.		X	
Harmful practices			
✓ Health-sector response is complemented with community-based and multisectoral interventions that tackle harmful gender norms and attitudes that justify or condone violence against women and girls.		X	

²⁷ Adapted from HIV Chapter, 2021 SADC Voice and Choice Barometer.

CRITERIA	YES	NO	COMMENTS
✓ There are programmes to increase educational opportunities for girls through formal and non-formal channels, and life skills training in order to delay marriage until 18 years of age ²⁸ .	X		
✓ There are interventions to encourage political leaders, planners and community and religious leaders to formulate and enforce laws and policies to prohibit marriage of girls before 18 years of age. ²⁹	X		There are campaigns by civil society to encourage political leaders to harmonise laws on marriage so that they are aligned to those recommended by international and regional treaties and protocols (18 years)
✓ All stakeholders, at the community, national, levels, play an active role in the prevention of Female Genital Mutilation (FGM) and child marriage including other emerging harmful practices. ³⁰	X		
✓ There are systems to ensure that health-care providers receive information regarding different types of FGM and the associated immediate and long-term health risks so that they can contribute to preventing FGM and prevent the medicalization of FGM (performance of FGM by health-care providers). ³¹		X	There is no data to support this statement
Minimum age of marriage			
✓ The country's minimum legal age to marriage for girls and boys conforms with the SADC Model Law on Child Marriages.	X		
✓ The country's minimum legal age to consent to sex for girls and boys conforms with the SADC SRHR guidelines.	X		
✓ There are sufficient measures in place to ensure that legal	X		

²⁸ Adapted from WHO Guidelines for Adolescent Sexual and Reproductive Health and Rights (2018)

²⁹ Ibid

³⁰ Ibid

³¹ Ibid

CRITERIA	YES	NO	COMMENTS
prohibitions on early marriage are enforced in line with SADC Model Law on Child marriages.			
Sexual and Gender Based violence (SGBV)³²			
✓ The government and stakeholders implement programmes aimed at developing self-esteem, life skills in communication and negotiation for adolescent girls and young women ³³ .	X		
✓ Country promotes gender-transformative approaches that engage men and boys to critically assess gender norms and behaviours that relate to sexual coercion and violence ³⁴ .		X	It's not enough
✓ Support and care for adolescent girls who experience IPV and sexual violence is integrated into sexual and reproductive health, HIV, mental health and adolescent health programmes and services.	X		Ministry of health provide the support
✓ There are sufficient measures in place to ensure compliance with provisions in the SADC GBV Model Law.		X	There are still gaps such as the unavailability of the domestic violence laws
✓ There is provision to strengthen sexual harassment laws in the country including protecting adolescents from sextortion at tertiary institutions of learning.	X		
✓ The government and legal practitioners offer accessible, affordable and specialised services, including legal aid, to survivors of GBV including adolescents in the country.	X		These services are not always affordable and accessible

³² Ibid

³³ Ibid

³⁴ Ibid

CRITERIA	YES	NO	COMMENTS
✓ Facilitate uptake of SGBV services through raising public awareness of the signs, symptoms and health consequences of IPV and sexual abuse, and the need to reduce stigma and to seek timely care ³⁵ .	X		There are public awareness campaigns that are carried out by several organisation working in the field of GBV.

³⁵ Ibid

