



**health**  
Department:  
Health  
REPUBLIC OF SOUTH AFRICA



**KWAZULU-NATAL PROVINCE**  
OFFICE OF THE PREMIER  
REPUBLIC OF SOUTH AFRICA



# Reducing teen pregnancy in SA: what works and what can be scaled up

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#POWEROFPARTNERSHIPS FOR YOUTH TO LIVE THEIR DREAMS

# Introduction



Access to sexual and reproductive health services by young people in South Africa is challenging despite strides that have been made by the department of health on providing Adolescent and Youth Friendly Services (AYFS).



However, not all primary health care facilities are providing AYFS.



Not all primary health care facilities have functional dedicated clinic times for young people (Youth Zones).



There is high turn over of AYFS trained personnel.



There are no dedicated resources to support youth health-focused programs.





she  
Empower



I am  
Determined, Resilient, Empowered,  
AIDS FREE, Mentored, Safe

# Youth experiences in accessing sexual and reproductive health (SRH) services



There is poor uptake and utilization of sexual and reproductive health services by young people.



A number of young people are not comfortable to visit primary health care centres for screening and prevention services.



More often, young people visit primary health care centres for treatment, when they are already affected or infected, e.g. most young women report to health facilities when they are already pregnant and often get their first HIV-test during ante-natal visit.



Young people do not see public primary health institutions as convenient and safe spaces to run to when faced with health problems.



Long waiting times, staff attitude, fear of discrimination, judgment and stigma contributes to young people preferring to use private health institutions when seeking health services.



However, not all young people can afford to pay for these services, e.g. emergency contraceptives are available at public health institutions but young people choose to buy over the counter at pharmacies to avoid being judged by health care workers.



# Best practices for improving access to SRH services



There are pockets of successful initiatives in various parts of the country on providing youth friendly health services by the department of health with assistance from supporting partners.



- Some facilities have Youth Zones that operate within specified times.

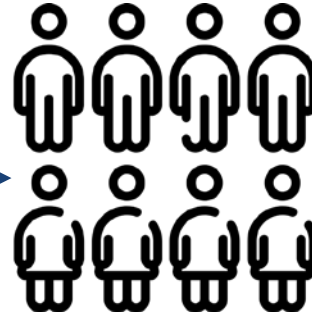
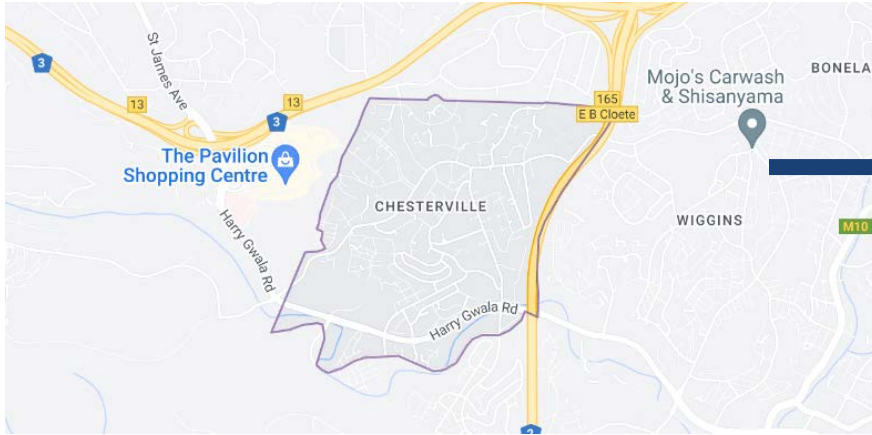


- There are facilities that provide fully fledged dedicated space for young people aged 10-24 years with trained personnel to consult throughout the day , as well as providing functional youth care clubs , wi-fi to enable young people to do their homework, search for jobs, apply for tertiary education and other services. These facilities have a Peer Educator placed at the facility, Youth Ambassadors in the community to mobilize adolescent and youth to the facility and motivate young people to uptake health services known as adolescent Centre of excellence(ACE).

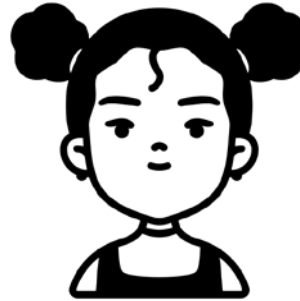




# Chesterville Clinic Profile



**POPULATION**  
**34 423**



**AGYW, 10 - 24yrs Clinic AYFS:**  
**HEAD COUNT = 4 940**

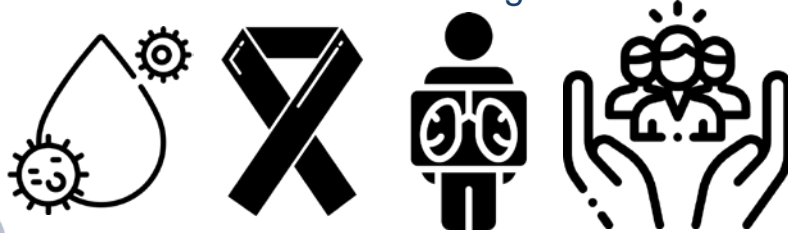
(Period June '21 – June '22)

**AYFS youth zone** = dedicated, separate consultation room throughout clinic opening hours, Mon – Fri

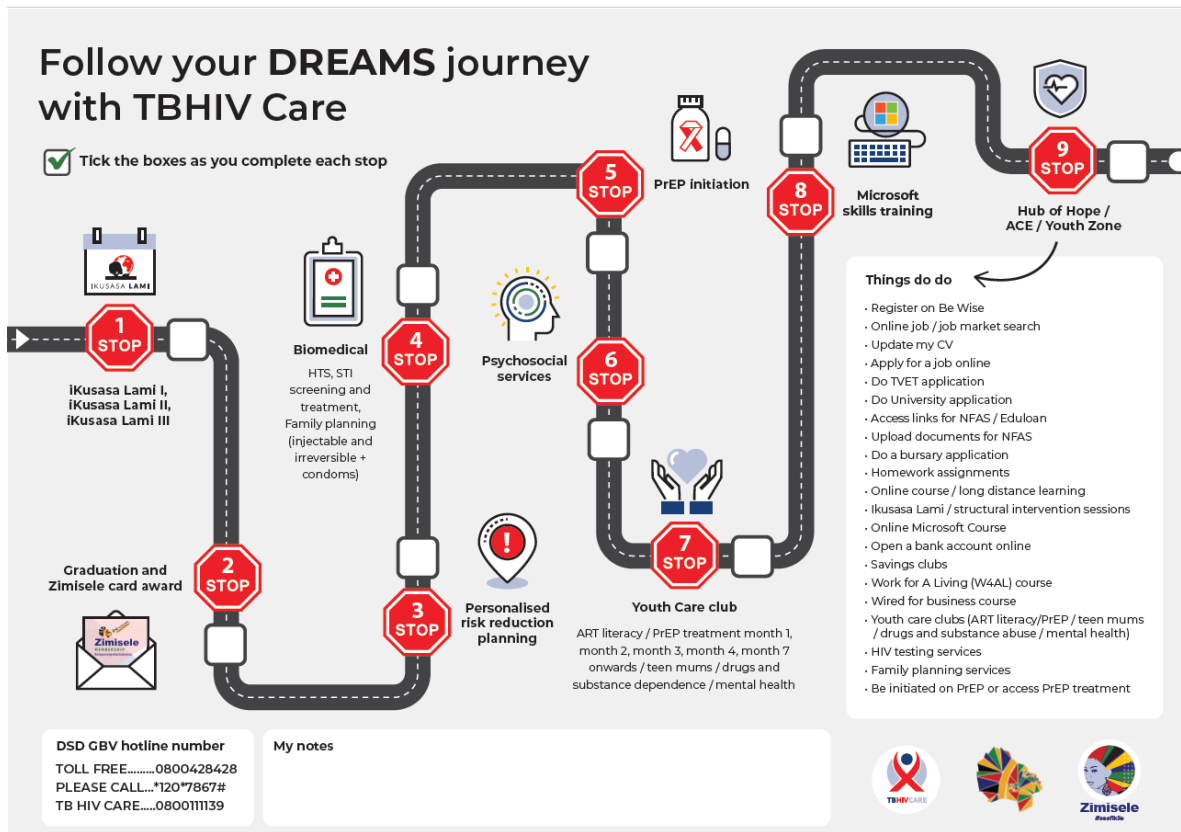
**AREA:** township, informal settlements

**GENERAL DISEASE PROFILE:** HIV/AIDS, TB, STI & socioeconomic challenges

**CHALLENGES:** GBV, drug and substance dependence, high teenage pregnancy and unemployment



# Concept of the youth zone at Chesterville as Adolescent Centre of Excellence (ACE)



THCs DREAMS ACEs are set up and resourced to provide a **comprehensive package of combination prevention services** through a **multisectoral delivery approach**

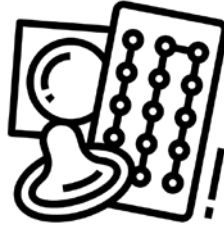
Our ACEs provide one-stop-access to structural interventions, biomedical services, psychosocial support & referrals, youth care clubs, and IES related support

# Chesterville ACE reach

From June 2021 – Sept 2022, **978 clients (931 female clients)** have accessed the following services at the Chesterville ACE



**271** clients completed structural interventions



**488** clients accessed Family Planning & **324** clients STI treatment



**337** clients accessed PrEP



**111** clients accessed general health services



**312** clients participated in IES further study activities



**546** clients accessed HIV testing services & **13** clients ART



**12** clients opened an online bank account



**604** clients received job related support



**13** clients completed the online Microsoft course





# Chesterville ACE reach – structural & biomedical

## Structural session & online MS course

Ikusasa Lami / structural intervention sessions	271
Mzansi Microsoft online course	13

## HIV testing & ART

HIV testing services	546
ART	13

## PrEP

Be initiated on PrEP or access PrEP treatment	337
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## SRH

Family planning services	488
STI treatment	324



# Chesterville ACE reach – IES

IES related activities - further study	
Do a bursary application	66
Do a university application	65
Do a TVET application	44
Access links for NFAS/ Eduloan	27
Online courses/long distance learning	65
Home work assignments	45
<b>Total</b>	<b>308</b>

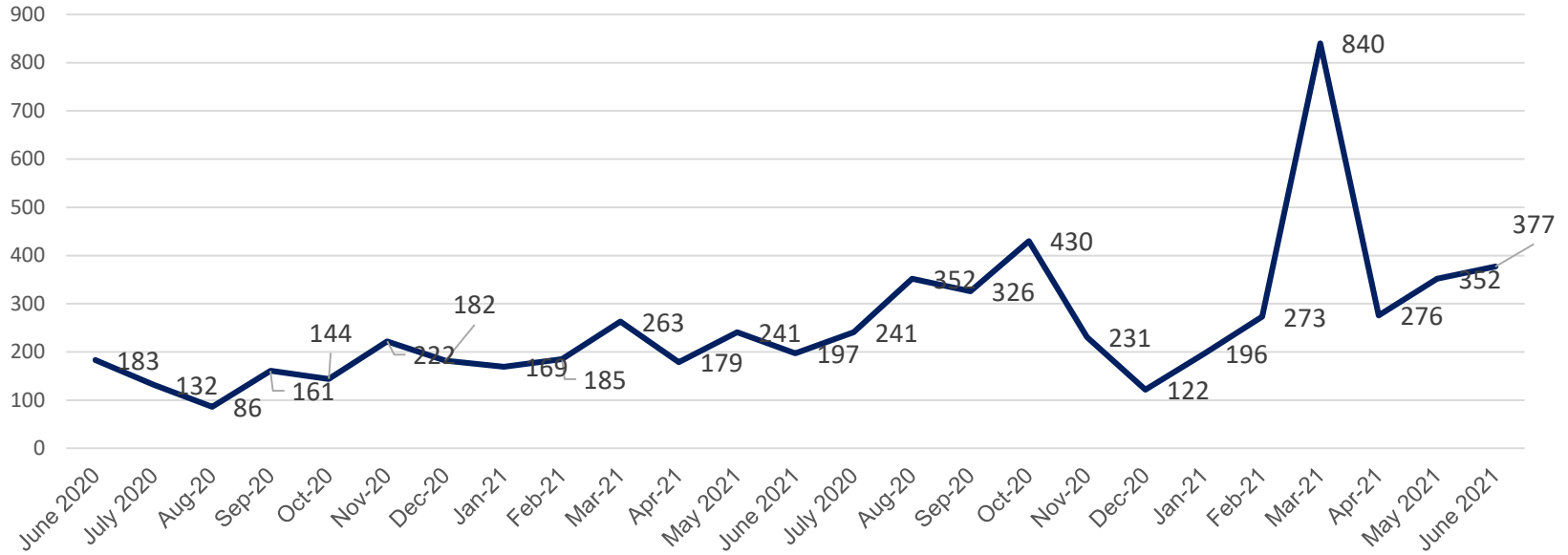
Savings group	
Open an online bank account	12
<b>Total</b>	<b>12</b>

Job application support	
Register on Be Wise	160
Apply for job online	120
Online job market search	96
Update my CV	69
<b>Total</b>	<b>435</b>

Application for jobs	
General School assistant - Child & Youth Care Worker	55
General School assistant - Sports and Enrichment Agent	40
Apply for a job opportunity which TB HIV Care shared with me	13
Education assistant - Curriculum	13
General School assistant - Handyman (no matric required)	11
Education assistant - Reading Champions	9
SPAR Yes4Youth	8
Teacher assistant application	6
Education assistant - ICT / e-Cadres	2
Dept. Social Development in-service training programme	2
<b>Total</b>	<b>159</b>



# Chesterville Clinic data trends: PHC headcount 10 -19 yrs



## Possible actions for scaling up teenage pregnancy prevention



Effective AYFS implementation contributes greatly in the Couple Year Protection Rate of the institution through promoting various family planning methods and advocating for LARCS.



AYFS contributes to the reduction of HIV through the PrEP programme.



Youth Care Clubs contribute to retention and viral load suppression



Youth Zones alleviate complaints on long waiting times.



Provision of wi-fi and exposure to other services establishes a relationship between young people and the facility.

# Thank you!



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IN PARTNERSHIP TO FIGHT HIV/AIDS  
**PEPFAR**

