



Case Study: A Youth Led Approach to Adolescent Sexual & Reproductive Health & Rights Programming.

The Challenge

The Eastern Cape is the third largest province in South Africa, with 57% of its 7 million residents below the age of 30 (StatsSA). Young people are disenfranchised and unable to drive change in communities, take action as empowered citizens and influence public policy processes that affect their lives. HIV prevalence in South Africa is 19.2% (UNAIDS Gap Report 2016), with new infections highest amongst young women aged 20-24 (21% compared to 5.1% amongst men of the same age). It is estimated that 15,538 young women between the ages of 15 and 24 years (2% of the Eastern Cape young women population) were newly infected with HIV in 2015 (ECAC 2016). Teenage pregnancy is the highest in the country. Sexual and Gender Based Violence is widespread (though largely unreported), impacting heavily on the vulnerability of girls to early and unprotected sex, unwanted pregnancy and HIV infection. Police fail to offer a conducive environment for vulnerable youth - especially girls - to access justice for sexual abuse. Approximately two thirds of the population live in rural areas. There is an absence of structures in rural areas to equip young people with the necessary information, skills, support and services to protect themselves and to improve their lives.

While there is a growing consensus around the importance of prioritising youth development, many actors continue to view young people through the lens of 'beneficiaries' rather than as 'partners' or active 'leaders' of change. In the context of the HIV & AIDS epidemic, young people are seen as part of the problem and not as part of the solution.



At a provincial Department of Education meeting in November 2014 the principal of Nzululwazi Senior Secondary School (NSSS) reported 45 learner pregnancies that year – the highest in the province. Nzululwazi SSS is located in Alfred Nzo District, a historically disadvantaged rural area which has few government services. Restless Development's baseline study in Nzululwazi SSS revealed that 82% of learners surveyed were 'in a relationship', 61% had experienced sexual intercourse, and less than 2% of learners had a good understanding of HIV transmission. Social stigma and conservative attitudes are barriers to sex education in schools and in the home, and also prevent access to sexual and reproductive health (SRH) services. Learners at NSSS access SRH services either at Mount Frere Gateway Clinic or at Madzikane Hospital in Mount Frere, but reported the unaffordability of transport to the clinic and lack of confidentiality at the clinic as significant barriers to uptake of health services. (Restless Development: SYP Baseline Survey, 2015).

The intervention

A youth-led approach: Youth-led development, in contrast with individual youth leadership, gives young people a stake in deciding how resources are allocated & allows them to play a role in implementing, managing & overseeing development in their communities & wider society. Youth-led development capitalises on the immense energy, creativity & ideas of young people while also giving them a rightful place, as a third of the global population, at the decision-making table. The Safeguard Young People Programme focuses explicitly on cultivating youth leadership & promotes youth-led development in its fullest form.

Participatory baseline research: a baseline survey was carried out in 2015 in order to assess and record the situation of learners at Nzululwazi prior to the intervention. The baseline study allowed Restless Development and UNFPA to understand the pre-existing stakeholder attitudes, values and behaviours. Based on these insights, the survey report suggested how progress could be appropriately tracked whilst retaining community understanding and support.



Youth-led intergenerational dialogues: Restless Development trained four youth facilitators to deliver inter-generational dialogues in 3 Districts. The intergenerational dialogues were designed to generate discussion, share correct information, and increase understanding around ASRH and SGBV amongst learners, teachers, SGB members, parents, community leaders & service providers, and to create critical dialogue space for government, learners, teachers and community



Institutionalisation of peer education: Restless Development and UNFPA developed a peer education training module aligned to the international Comprehensive Sexuality Education (CSE) standards that specifically addressed knowledge gaps identified in the Nzululwazi baseline study. Young people from the school together with the Department of Education’s Learner Support Agents were trained on CSE and non-formal education techniques. The peer educators facilitated non-formal education sessions and community activities on ASRH targeting both in- and out-of-school youth. These youth-led interventions aimed to strengthen young people’s leadership role in behaviour change communication, ensuring that interventions are youth friendly and appropriate. Restless Development supported the peer educators to develop implementation plans with targets, provided on-going capacity building, support and monitoring in response to the peer educators’ needs, and documented the process & lessons learned.

Youth Advisory Panel: In order to support meaningful participation of young people in leadership of SRH & HIV programming in the province, UNFPA and Restless Development supported the establishment of the Eastern Cape Youth Advisory Panel and assisted them to develop and implement an ASRH advocacy plan. The YAP create platforms for young people to discuss SRH issues at institutions of higher learning and at community level, and create awareness of SHR issues experienced by young people in the province at national and provincial level forums. Whilst still in its infancy, the YAP is an example of promising practice in youth leadership.

Capacity Building for Youth-led Civil Society Organisations: Restless Development facilitated training on programme planning, implementation & evaluation; ASRH, SGBV & HIV; & intergenerational advocacy for 5 youth-led CSOs in the Eastern Cape. The purpose of the capacity building & support was (a) to strengthen youth participation & leadership in SRH & HIV programming with & for young people; and (b) to improve coordination in the youth sector in the Eastern Cape for effective advocacy & programming on issues related to SRH & HIV. Participating CSOs were given technical & financial support to develop & implement community action plans & to conduct intergenerational dialogues.

Community Events were organised by the peer educators to raise awareness of ASRH challenges & solutions amongst the wider community, & to link young people to SRHR information & services.

The Results

The intergenerational dialogues were highly rated by participants, & resulted in the development of community action plans on ASRH & GBV that identified clear roles of young people, parents, teachers, SGB members, health workers, community leaders & the government. In Nzululwazi the dialogue resulted in an agreement on the need for young people to have open communication with adults about SRH issues, & the importance of allowing young people access to SRH services (both of which were previously not in place and controversial). The outcome was parents, SGB members, the Departments of Health, Social Development & Education & Restless Development working together to make sure that services are effectively delivered to learners.

An external assessment of the SYP Programme in Nzululwazi in 2016 (Operations Research) identified the following results:

- At school level, the achievements included: creation and strengthening of a supportive environment for ASRH; the creation of a critical dialogue space for government, learners, teachers and community; increased capacity of teachers to integrate CSE into the curriculum and support effective delivery of the ISHP in the school; increased consciousness about ASRH at the entire school, resulting in fewer learner pregnancies and higher examination pass rates due to ISHP interventions;
- At community level, the achievements included: increased awareness of adolescent and youth needs amongst both young people and adults, and improved support to the school for ASRH interventions.
- At individual young people’s level, the achievements included: empowerment of young people on ASRH and HIV prevention, confidence building of young people, comprehensive understanding of ASRH issues, improved access to and uptake of adolescent friendly SRH services, and a supportive ASRH environment.

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



Young people’s active participation & leadership in addressing high levels of learner pregnancies at Nzululwazi SSS was crucial for the fulfilment of government commitments in relation to young people. Not only did the learners at Nzululwazi SSS lead the development of a replicable model for effective implementation of the Integrated School Health Policy; they also played a key role in ensuring that international & national development goals & targets are effectively implemented at national & local levels, including SDGs 3 and 5, the East & Southern Africa Commitment to Comprehensive Sexuality Education, and the National Strategic Plan for HIV & AIDS.

