

## Young Women and Girls Program Harmonized Strategy and Reporting

### Overview of the Young Women and Girls Programme

The most important key population for the HIV epidemic in South Africa is young women and girls. HIV Prevalence among young women and girls is much higher than among their male peers. Adolescent girls have an HIV prevalence of 5.6%, which is eight times higher than their male counterparts at 0.7%.

Further, South Africa is home to 15% of all adolescents living with HIV, globally, with 320,000 10-19 year olds living with the virus. Among young women age 20-24, HIV prevalence is 17.4%, three and a half times greater than young men in that same age bracket (5.1%). Until their 50s, women in all age brackets are disproportionately affected by HIV, though the gap is especially pronounced for those 15-24, and particularly for adolescents. Moreover, while HIV incidence is falling among the general population in South Africa, the HSRC estimates that incidence has only marginally decreased among Females aged 15–49 and 15-24.

The HSRC estimates on HIV incidence shows that almost a quarter of all new infections occur amongst young women age 15–24 and about 81% of all incident cases in their age cohort. The high burden of HIV among young women and girls is closely connected to the several structural and environmental factors. First, only 25.3% of young women 15–24 are able to correctly name ways of preventing HIV transmission and reject major misconceptions. Second, intergenerational and transactional relationships compound vulnerability. In 2012, 33.6% of adolescent girls aged 15-19 had sexual partners five or more years older than they were, and there has been a steady increase in age disparate relationships among adolescent girls aged 15-19 years old. Among young women aged 15-24, 10% have a sexual partner who is 10 or more years older than they are. 10.7% of young women (15-24) have had sex before they turn 15, the highest proportion in the Eastern Cape (16.8%).

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### YP-1: Percentage of young people aged 10–24 years reached by life skills–based HIV education in schools

Intervention	Service Package	List of key services	Selection Criteria for target group	Data collection/ Reporting
<b>Soul-Buddyz Club 10-14 boys and girls in school</b> (50 schools x 25 boys/girls)	An in-school peer-education! Youth club model will reach young people age 10-14, with youth Clubs based on the successes of the Soul Buddyz Clubs (SBC) Model.  The SBCs consist of 25 volunteer members and	Education Social cohesion	<ul style="list-style-type: none"> <li>•Boys/ girls struggling academically or have repeated a grade</li> <li>•Boys/ Girls,</li> </ul>	No of clubs per district = 50; Each club has 25 girls and boys (8-14yrs) (assume 60% girls). Total learners reached by Soul Buddyz club per district, per year = 1250.

	<p>will reach girls and boys. Clubs are facilitated by educators, who attend annual training, where they are provided with age-responsive material to guide the content and activities within the club. The clubs may be co-curricular.</p> <p>The basic package offered through the clubs will link with and support the life skills and peer education programmes from the Department of Basic Education Topics will include age-appropriate material on: social and emotional development and empowerment; rights-based comprehensive sexuality education addressing body changes, puberty, and evolving sexuality; identity development; gender and power; HIV risk reduction strategies; promotion of condoms (male and female) (for the age-appropriate groups); health literacy; post-violence care linkage; age appropriate contraceptive method information and mix and SRHR, integrated with HIV and TB services and; the role of schooling and school completion.</p>		<p>known to the school, who are living with HIV or affected by HIV including orphans</p> <ul style="list-style-type: none"> <li>•Boys/ Girls not consistently attending school</li> <li>•Boys/ Girls who have caregiving responsibilities/ are heads of households</li> <li>•Boys/ Girls, known to the school, who show signs of neglect</li> </ul>	<p>A child is counted as reached when s/he attends a minimum of 2 to 3 clubs per quarter (minimum count dependant on academic calendar year, e.g. target of 2 set for quarters which fall in exam/ holiday periods).</p> <p>The count is non-cumulative over the grant period as the assumption is a cohort of children will be reached, however approximately 25% of children will leave and enter the clubs over the grant period.</p> <p>A unique count of individual children reached will be calculated 6 monthly.</p>
<p><b>Keeping Girls In-school (Secondary)</b> 14-18 aged females (50 schools per district X 20 girls per school x 5 clubs per school) with package of services</p>	<p>Adolescent girls will be reached by the <b>Keeping Girls in School (KGIS)</b> initiative, a school-based intervention that aims to identify and support female learners who are at risk of dropping out of school prematurely.</p> <p>Through the KGIS initiative, a combination package of age appropriate services will be provided to public schools (in under-resourced schools, those in Quintiles-13). The primary beneficiaries will be girls aged 14-19 in grade 8 - 10.</p>	<p>SHRH Education Career guidance Peer support</p>	<ul style="list-style-type: none"> <li>•Girls struggling academically or have repeated a grade</li> <li>•Girls not consistently attending school</li> <li>•Girls who have caregiving responsibilities/ are heads of households or are mothers</li> </ul>	<p>A young woman is counted as reached when she attends a minimum of 4 health education sessions in a year. The assumption is that a large majority of these young women will also receive the other programme components but this is based on their individual needs. The count is non-cumulative over the grant period as the assumption is a cohort of young women will be reached, i.e. the same young women are</p>

	<p>Adolescent girls will be provided with peer support through a peer education programme, SRH health education, additional tuition to improve their academic results, career guidance, and there will be tracking of and support to girls who are absent from school, to ensure they return to school. These services will be offered by Peer Group Trainers and Health Educators per district. They will be provided with training, as well as relevant DBE-approved SRH materials.</p> <p>Closely linked with the KGIS programme, a comprehensive sexual reproductive health and rights (SRHR) programme will be offered for adolescent girls. The programme will deliver SRHR counselling and education as well as HIV testing, TB screening and SRH services.</p>		<ul style="list-style-type: none"> <li>•Girls, known to the school, who are living with HIV or affected by HIV including orphans</li> <li>•Girls, known to the school, who show signs of neglect</li> <li>•Girls who are in age disparate relationships</li> </ul>	<p>reached each year. However, approximately 25% of young women will leave and enter the programme over the grant period. A unique count of individual young women reached will be calculated 6 monthly.</p> <p>It should also be noted that although the count is non-cumulative, that within a year the count is cumulative since girls are gradually reached over the year with Health Education, as it is not possible to reach all the girls at the same time from Q1.</p>
<p><b>RISE Clubs in-school</b> for 15-19 aged females (50 clubs per district x 20 girls per club)</p>	<p>The Rise programme recognizes the feminization of the HIV epidemic and seeks to understand local level gender specific risk factors and empower young women to address them. The clubs are constituted by 15-20 young women from a school, who meet regularly to discuss issues that affect them and share experience and learnings. Some of the clubs will be based in high schools where they will become part of a bigger initiative to keep girls in school. The clubs aim to build the resilience of young women and link them to biomedical services such as HCT, PMTCT, ART, modern contraception and other sexual reproductive health services. Through following an evidence based curriculum, clubs members are also equipped with skills to deal with socio-economic factors that increase</p>	<p>Social Cohesion HIV prevention Education Addressing determinants Peer support.</p>	<ul style="list-style-type: none"> <li>•Girls struggling academically or have repeated a grade</li> <li>•Girls not consistently attending school</li> <li>•Girls who have caregiving responsibilities/ are heads of households or are mothers</li> <li>•Girls, known to the school, who are living with HIV or affected by HIV including orphans</li> <li>•Girls, known to the school, who show signs of</li> </ul>	

	<p>young women's vulnerability - such as intergenerational sex and transactional sex. The clubs also link young women to career guidance through career jamborees and homework support. In addition, young women support each other to navigate socio-cultural drivers of risky sexual behaviour.</p>		<p>neglect</p> <ul style="list-style-type: none"> <li>•Girls who are in age disparate relationships</li> </ul>	
<p><b>RISE Clubs out-school</b> for 19-24 aged females (50 clubs per district x 20 girls per club)</p>	<p>The Rise programme recognizes the feminization of the HIV epidemic and seeks to understand local level gender specific risk factors and empower young women to address them. The clubs are constituted by 15-20 young women from a locale, who meet regularly to discuss issues that affect them and share experience and learnings. Some of the clubs will be based in high schools where they will become part of a bigger initiative to keep girls in school. The clubs aim to build the resilience of young women and link them to biomedical services such as HCT, PMTCT, ART, modern contraception and other sexual reproductive health services. Through following an evidence based curriculum, clubs members are also equipped with skills to deal with socio-economic factors that increase young women's vulnerability - such as intergenerational sex and transactional sex. The clubs also link young women to educational and economic opportunities through TVET colleges (former FETs) and local microenterprise development organisations. In addition, young women support each other to</p>	<p>Social Cohesion HIV prevention Education Addressing determinants Peer support</p>	<p>Self-selected within the high risk areas</p>	<p>Number of out of school RISE young women's clubs per district, per year = 50; Number of young women (19-24yrs) per club = 20. Total young women reached per district, per year = 1000.</p> <p>Some of the young women from the RISE group of 1000 will also receive club based enterprise development support and access to the employment accelerator.</p> <p>A young woman is counted as reached when she attends a minimum of 2 to 3 clubs per quarter.</p> <p>The count is non-cumulative over the grant period as the assumption is a cohort of young women will be reached, however approximately 25% of the young women will leave and enter the clubs over the grant period.</p> <p>A unique count of individual young women reached will be calculated 6 monthly.</p>

	<p>navigate socio-cultural drivers of risky sexual behaviour.</p> <p>Within the bigger initiative, school-wide health promotion activities will be implemented including the Schools as Nodes of Care programme and a Parenting programme, and older girls will be supported by career jamborees. In addition, vulnerable girl learners will be offered homework support and regular counselling for menstrual care and overall well-being.</p>			
<p><b>Teen Parenting program</b> in and out of school ( 50 groups x 20 per group) 25 in schools and 25 out of schools groups</p>	<p>The Young Women and Girls Programme package of care includes two parenting programmes:</p> <ol style="list-style-type: none"> <li><i>The “Hands On Parenting” (HOP) programme:</i> HOP is a training programme developed through a partnership between Eduwrite, the Parent Centre and the Soul City Institute. The 10-week course is held once a week with a group of not more than 25 participants. Each course will be co-facilitated by 2 Social Auxiliary Workers (SAWs) who have attended a 5-day training offered by the Parent Centre. During training the SAWs will be given materials to support the sessions. These materials are SCI parenting materials that cover a number of topics such as sexuality, alcohol and violence.</li> <li><i>The Teen Parenting Programme</i> The Parent Centre currently implements the Teen Parenting Programme. The programme</li> </ol>	<p>Communication Discipline Stimulating children Coping with problems</p>	<p>The Hands on parenting target group is parents of children in the schools where there are Soul Buddyz Club and the Rise clubs.</p> <p>The teen parenting programme is for teen parents in and out of school.</p>	<p>A young person is counted as reached when they have completed 80% of the programme (16 of 20 sessions). This target is cumulative annually.</p>

	<p>equips teenagers with parenting skills, which enables them to be more effective, responsible, nurturing mothers and fathers.</p> <ul style="list-style-type: none"> <li>• For in school female and male learners (14-21 years): the sessions are offered directly after school at the school for 2 hours. 90 minutes is content and 30 minutes is for refreshments and informal contact time with the facilitator.</li> <li>• “Out of school” adolescents: the sessions are offered in community venues for adolescents who have had their baby. These adolescents don’t attend school because of their parenting responsibilities.</li> </ul> <p><b><i>The Parent Centre will provide master training to the PRs who will then provide cascade training to the SAWs who will then be responsible for co-facilitating the programme in the selected schools in the district as well as for adolescents from the surrounding community.</i></b></p>			
<p>Child protection workshops for <b>for girls 10-17 who are abused</b> (20 children x 3 workshops x 1 district)</p>	<p>A service provider, specializing in this area of work, will offer both programmes. It is an intense 6-day residential programme, targeting the young person, their caregiver/ parent as well as a care-worker from the community who is supporting the family. YW&amp;G in the programme will be prioritized to attend but it will be opened up to other vulnerable YW&amp;G in the district. The same applies to the YM&amp;B. Should those attending the Child Protection programme not be part of the YW&amp;G programme, they will be referred into the programme post the therapeutic intervention for ongoing support.</p>		<p>Children identified by specialized NGO’s as victims of abuse and those identified by</p>	<p>A child is counted when they complete a workshop. This count is cumulative over the grant period because it is assumed that new children will attend each workshop.</p>
<p>Child protection workshop for <b>Boys 10-17 years who display in appropriate sexual behaviour</b> (15 boys x2 workshop per district)</p>				

<b>Community Component</b>				
	Health and welfare jamborees			
	Community Dialogues			
	Community Care forums			
<b>Capacity Building</b>				
Training	Target group			
Rise and Soule Buddy Intervention Training	for all PRs and/or SRs			
Thogomelo: 2 x accredited training module	supervisors of social auxiliary workers			
Schools as Nodes of Care training (SNOC)	For SR's			
SRH training for health workers	Health Workers			
HCT: accredited training	health educators (full course) and professional nurses (counselling component)			
Training to health professionals on providing adolescent friendly health services	Training to health professionals on providing adolescent friendly health services			
Other Innovative interventions and Linkages				
Linkages with other PRS	Through regular meetings and two sub-groups: YW&G evaluation group and the YW&G communication group			
Linkages with other Programs				
Collaboration with Government Entities				

YP-other-1: Percentage of young people aged 10–24 years reached by life skills–based HIV education in and out of schools	per district/ per annum	6mths	year 1	6 mths	Year 2	6 mths	year 3
		Period cumulative target	Y1 cumulative target	Period cumulative target	Y2 cumulative target	Period cumulative target	Y3 cumulative target

Soulbuddyz Club 10-14 boys and girls in school (50 schools x 25 boys)	1250	1250	1250	1250	1250	1250	1250	Non-cumulative: same cohort of children
Keeping Girls In school (Secondary) 14-18 aged females (50 schools per district) with package of services	5000	3750	5000	3750	5000	3750	5000	Non-cumulative: same cohort of children
RISE Clubs out- school for 19-24 aged females (50 schools per district)	1000	1000	1000	1000	1000	1000	1000	Non-cumulative: same cohort of children
Teen Parenting program in and out of school ( 50 groups x 20 per group) 25 in schools and 25 out of schools groups	200	200	200	200	400	200	400	Cumulative annually and over grant - different children reached each time ( 200 yr. 1, 400 yr. 2 and 400 yr. 3)



Child protection workshops for for girls 10-17 who are abused (20 children *2*1 district)	40	20	40	20	40	20	40	Cumulative annually and over grant - different children reached each time
Child protection workshop for Boys 10-17 years who display in appropriate sexual behavior (15 boys x2 workshop)	30	15	30	15	30	15	30	Cumulative annually and over grant - different children reached each time
	7520	6235	7520	6235	7720	6235	7720	non-cumulative -other
<b>PR</b>	<b>Districts</b>	<b>6mths</b>	<b>year 1</b>	<b>6 mths</b>	<b>Year 2</b>	<b>6 mths</b>	<b>year 3</b>	
SCI	2	12470	23370	12470	23770	12470	23770	

YP-other-2: Percentage of young people aged 15-24 years that have received an HIV test during the reporting period and know their results				
Intervention	Service Package	Selection Criteria for target group	Data collection/ Reporting	Frequency of activity
	A person in the YW&G programme, including teen parents or a person aged 10-24 years not in the programme but living in the community and requiring access to HCT, will be counted each time they receive an HIV test and know their result. An individual may be tested		This count is cumulative annually and includes HIV testing conducted directly by programme staff and also those successfully referred for HCT.	

	directly by the sub-recipient or referred to another organization where they receive HCT. The number of HIV tests conducted is counted it is assumed that there will be some re-testing in the reporting period will occur as the national target is to get everyone tested annually.			
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Targets per PR								
YP-other-2: Percentage of young people aged 15-24 years that have received an HIV test during the reporting period and know their results	No of district		Yr. 1		Yr. 2		Yr. 3	Comments
SCI CN Target	All districts	9000	18000	27000	36000	45000	54000	The HCT target is based on the assumption of 150 possible testing days in a year x 10 testers x 6 people tested per day = 9,000 And 80% of Rise out of district girls going for HIV tests = 6664 per annum..
SCI new targets	2 district	9000	18000	9000	18000	9000	18000	