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# Implementation Evaluation of the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (2014-2019)

## Policy brief

### Background

Despite the global agreements on adolescents' sexual and reproductive health and rights (ASRHR), access to and utilisation of these services among the adolescents remains unsatisfactory in South Africa. The sexual and reproductive health (SRH) needs of adolescents are often underserved and underestimated despite their demonstrated need and the urgency. Some of the SRH challenges include limited access to youth-friendly services (YFS) including limited information about safe sexual practices, termination of pregnancy, gender-based violence, sexuality, and family planning.<sup>1</sup> This leads to high levels of unsupported and unplanned teenage pregnancies, dropping out of schools and not returning after deliveries and ultimately to the unfulfilled potential of adolescents. To address these challenges a transversal framework strategy was needed involving focused interventions by relevant departments at national, provincial and district levels as well as the civil society organisations.

### The strategy

The National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014-2019 (ASRH&R) was conceived within this context and from the need to create and strengthen a responsive policy and planning environment to meet the sexual and reproductive health rights (SRHR) needs of adolescents. The strategy focused on five priority areas covering coordination between stakeholders, comprehensive sexuality education, strengthening health service delivery, community supportive networks and evidence-based revision of legislation, policies and guidelines. The strategy was intended to guide stakeholders to address the gaps that existed. The implementation of the Framework Strategy was meant to be led by the National Youth Development Agency (NYDA) and the Department of Social Development (DSD) was responsible for technical secretariat expertise, while the Department of Education, the Department of Health and the Department of Women, Youth and Persons with Disabilities led (or were meant to lead) each of the priority areas.<sup>2</sup> Each department was meant to implement interventions within their existing budgets.

### The evaluation

An external effectiveness evaluation of the implementation of the Framework Strategy was conducted using qualitative primary data collection with 29 government officials and staff from civil society

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<sup>1</sup> Ninsiima et al (2021)

<sup>2</sup> National Adolescent Sexual and Reproductive Health And Rights Framework Strategy (2014-2019) Available at <https://health-e.org.za/2015/11/19/strategy-national-adolescent-sexual-and-reproductive-health-rights-framework-2014-2019/>





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organisations at national, provincial and district levels. This was complemented with an extensive desk review.

### The policy related findings

The evaluation found that the implementation of the Framework Strategy provided good results in addressing ASRH&R and services and many of the ambitious objectives had been achieved.

There has been a gradual increase in the number of adolescents visiting health care facilities and in the number of adolescents delivering in health care facilities in the period from 2017-2020 which are positive results. Likewise, there has been a decline in new HIV infection rate amongst adolescents. However, South Africa has seen an increase in the number of teenage pregnancies in some parts of the country and in particular during the COVID-19 Pandemic. This has partly been attributed to the difficulties in accessing contraceptives during the lockdown. However, an exception has been those communities where the Nzululwazi model has been implemented. This shows that where concerted efforts have been made by all stakeholders in teenage hotspot areas, there is evidence of teenage pregnancies dropping. This period also saw an increase in the number of adolescents having termination of pregnancy but it has not been established whether the increase is due to increase in teenage pregnancy or that adolescents are now well informed of where to get such services.

The evaluation found that the Strategy Framework was a good tool to convene all key stakeholders around ASRH&R and the clear line of reporting to the Inter-Ministerial Committee for Population Policy (IMC) enabled good buy-in and accountability for implementation. However, with the discontinuance of the IMC in 2018 the accountability process through the Social Cluster to Cabinet is a much more cumbersome and time-consuming process.

The Strategy Framework enabled improved coordination, information sharing and collaboration horizontally across key departments. However, the limited vertical coordination from national down to provincial and district level meant that awareness of the strategy was poor and what was expected of departments to implement the strategy remained unclear.

The efficiency review found that the Strategy Framework interventions were implemented within the existing budgets of various departments and without additional budget from Treasury which limited the scale up of promising interventions such as the Nzululwazi model.

Although there was an M&E plan for the Strategy Framework with indicators, the plan was not being utilised and indicators were not being regularly reported on. Likewise, there was no Theory of Change.

The diagram below provides a summary of the key findings of the evaluation.





### Effectiveness

- 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 an M&E plan for the Strategy but indicators were not being reported on.

### Outcomes and impact

- 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.

### Efficacy and sustainability

- 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.

## Recommendation

**Recommendation 1:** A Framework Strategy on ASRH&R is needed and should be developed in a collaborative way with all stakeholders including youth. In order to adhere to the principle of 'leave no-one behind' (a central principle of the 2030 Agenda for Sustainable Development), the strategy should incorporate and broaden the work on Gender Based Violence and mental health; include a focus on LGBTQI and persons with disabilities; and include a focus on addressing issues related to COVID19 and its role in preventing SRH&R service access for young people particularly in the context of restrictions and lockdowns.

**Recommendation 2:** The IMC for Population Policy should be re-instated to ensure better buy-in to the Framework Strategy and accountability of the implementation.

**Recommendation 3:** The focus for the next strategy period should be on scaling up evidence-based practices and models (based on evaluations) including: Adolescent and Youth Friendly Services (AYFS) in health care facilities, intergenerational dialogues and the Nzululwazi model. The scaling up requires additional budget from the National Treasury. The Comprehensive Sexuality Education also needs to be scaled up to all provinces as planned.

**Recommendation 4:** The Framework Strategy should be costed and it could be considered to identify and cost a core package of services which could be scalable to the whole country.

**Recommendation 5:** An M&E framework should be developed in a collaborative manner with a Theory of Change, M&E plan, guidelines and tools. The indicators need to be aligned with the relevant indicators that the departments report on in their APP and Annual reports. The M&E plan should include the regular collection of outcomes and an outcome evaluation should be conducted.

**Recommendation 6:** The institutional arrangements for vertical coordination, reporting and information flows should be reconsidered. The model proposed by DPME for the NYP 2020-2030 could be utilised as a platform. A mechanism for meaningful participation of adolescents and young people should be included in these arrangements.





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**Recommendation 7:** All stakeholders should enter into a clear memorandum of understanding, with clear role allocation. A clause should be included stipulating that the Framework Strategy responsibilities should be included in annual performance plans and budgeted for so additional funding can be allocated from the National Treasury. Each priority working group should have a clear TOR with roles, responsibilities and reporting lines and should develop a clear workplan for implementation of the priority area over the next five-year period.