



KWAZULU-NATAL PROVINCIAL MULTI-SECTORAL STRATEGY TO CURB CHILD AND TEENAGE PREGNANCIES 2025-2029

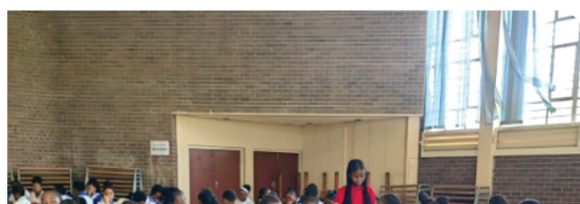
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KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



Inspiring New Hope





Foreword by the Honourable Premier of KwaZulu-Natal



The future of our province rests on the health, education, and empowerment of our young people. It is therefore a matter of grave concern that KwaZulu-Natal continues to bear the unacceptably high burden of child and teenage pregnancies. We define this challenge in two critical parts: *child pregnancy*, affecting girls between 10 and 14 years, and *teenage pregnancy*, affecting those aged 15 to 19. Each statistic represents a young life altered, with profound consequences for her health, her education, and her future potential. These early pregnancies are not isolated incidents; they are deeply intertwined with other critical challenges we face, including heightened vulnerability to HIV infection, mental health, the scourge of

gender-based violence and femicide (GBVF), and the perpetuation of intergenerational cycles of poverty. This status quo is untenable and demands an urgent, unified response from every corner of our society. In direct response to this crisis, we developed the KwaZulu-Natal Multisectoral Strategy to Curb Child and Teenage Pregnancies (2025–2029).

This Strategy is our province's coordinated answer, with clear objectives to create widespread awareness of sexual and reproductive health and rights; to integrate our youth programmes across health, education, and social development; to protect and empower teen mothers; to capacitate our communities to drive social change; and to ensure justice for victims of GBVF.

Our vision is ambitious yet achievable: a significant reduction in teenage pregnancies (15–19 years) and the ultimate goal of zero pregnancies among children (10–14 years) by 2029. What makes this Strategy new and different is its fundamentally community-centred and collaborative



nature, which includes the deliberate engagement of Adolescent Boys and Young Men as essential partners for change a group too often overlooked. We recognise that this complex problem cannot be solved by any single department or sector. Therefore, this Strategy does not seek to invent new programmes, but rather to strengthen, align, and collaborate on the impactful work already being done across government, civil society, traditional and faith-based institutions, and communities. It is about breaking down silos, leveraging our collective resources, and speaking with one voice to protect our children. Now, the real work begins. The success of this endeavour depends on

our shared commitment. This is not a government strategy; it is a KwaZulu-Natal strategy. It needs every one of us. I call upon every MEC, department, Mayor, community leader, teacher, parent, young person, and citizen to take ownership of this multisectoral strategy. Join us in this vital mission. Let us work together to create a protective environment for all our children, enabling them to stay in school, realise their highest potential, and contribute to a thriving KwaZulu-Natal.

Honourable AT Ntuli
Premier of KwaZulu-Natal



Message from the KwaZulu-Natal Civil Society Forum



As civil society in KwaZulu-Natal, we do not merely welcome the KwaZulu-Natal Multisectoral Strategy to Curb Child and Teenage Pregnancies (2025–2029); we claim it as the fruit of our persistent advocacy and a testament to the power of collective action. This Strategy is the direct result of a call we made from the heart of our communities: we cannot win the fight against HIV if we fail to address the crisis of early pregnancy.

That call, echoed in a resolution by the Provincial Council on AIDS (PCA), set in motion a truly collaborative journey. In partnership with government departments and anchored by the PLHIV and Youth sectors, we embarked on extensive province-wide consultations. We went into all 11 districts of KZN, listening to community members, frontline workers, and young

people themselves to hear firsthand the root causes of early pregnancies and proposed intervention.

The findings were stark, yet they provided our roadmap. The themes that emerged dysfunctional families, systemic failures in youth-unfriendly services, and poor dissemination of sexual and reproductive health information painted a clear picture: this was a complex, multi-faceted problem that no single entity could solve alone. It became undeniably clear that a dedicated, multisectoral strategy was the only path forward.

These community-driven insights directly shaped the six strategic objectives that form the backbone of this document. From raising awareness and integrating services, to empowering teen mothers, capacitating communities, engaging our boys and young men, and strengthening justice for survivors each objective is a direct response to the evidence we gathered together. This Strategy is a testament to the power of collective action, a process strengthened through subsequent workshops with frontline workers,



academia, and culminating in the multi-stakeholder Early and Unintended Pregnancy Conference. As the Civil Society Forum, we are not merely endorsing this Strategy; we claim it as a product of our advocacy and our unwavering commitment to the people of KwaZulu-Natal. We are proud to have been instrumental in its inception and development. Our work, however, is not over. We now take up the vital role of community champions,

to hold all partners accountable and ensure this landmark Strategy is translated into tangible action and lasting change for every child and teenager in our province.

Mr Richard Shandu

Chairperson: KwaZulu-Natal Civil Society Forum



Message from the KZN Civil Society Forum Youth Sector



As young people of KwaZulu-Natal, we are proud to add our voices to the KwaZulu-Natal Multisectoral Strategy to Curb Child and Teenage Pregnancies (2025–2029). This is not just a government plan it is our plan, because it speaks directly to our lives, our challenges, and our hopes for the future.

Child and teenage pregnancy is not only about statistics. It is about girls who are forced out of school, dreams cut short, and the cycle of poverty and inequality that continues to trap too many young people. It is about increased vulnerability to HIV, sexual violence, and gender-based violence. For us as youth, these issues are

deeply connected you cannot address teenage pregnancy without also addressing HIV prevention, GBVF, lack of opportunities, and the absence of safe spaces for young people. Importantly, this Strategy was developed in consultation with young people in their different formations, recognising youth as key stakeholders and active participants in shaping the solutions. We commend this inclusive approach, which ensures that the Strategy reflects our realities and amplifies our voices.

We welcome its objectives, especially those that:

- **Equip adolescents with knowledge of SRHR** and ensure access to youth-friendly services, including HIV prevention tools like PrEP and contraception.
- **Integrate services** so that education, skills, health, psycho-social support, and economic opportunities are not fragmented, but work together to give us real chances for success.
- **Protect and support teen mothers** so that their futures are not defined by stigma or



exclusion but supported with dignity, care, and reintegration into school and society.

- **Mobilise communities and families** to challenge harmful norms and silence, because lasting change requires communities to stand up and protect their children.
- **Involve young men and boys** as allies in building respect, preventing GBV, and redefining masculinity in ways that affirm equality and dignity.
- **Strengthen justice systems** to protect us from abuse and to hold perpetrators accountable.

We, the youth of KwaZulu-Natal, commit to playing our part in this Strategy not as passive beneficiaries

but as leaders, champions, and change-makers. We will continue to speak out, educate our peers, and hold both ourselves and our leaders accountable.

Our call is simple: *Nothing about us, without us*. We must be at the centre of solutions, because it is our lives, our futures, and our province at stake.

Together, we believe that by 2029 we can achieve the vision of zero child pregnancies and a drastic reduction in teenage pregnancies, and more importantly, we can build a KwaZulu-Natal where every young person can thrive, free from violence, inequality, and preventable illness.

Mr Ntokozo Tono
KwaZulu-Natal Civil Society Forum
– Youth Sector



Acknowledgements

Several stakeholders were involved in the development of this multisectoral strategy in various ways reflecting a truly collaborative effort. Special thanks to the Adolescents and Young people (AYP), as well as the community members who participated in community dialogues at district level. Their participation provided first-hand insights into the causes of child and teenage pregnancies, thus laying the foundational information for the development of this strategy. Special thanks also go to all the stakeholders who availed themselves and deliberated on issues of child and teenage pregnancy in two workshops. The first group of stakeholders was composed of a broad based and multi-sectoral group who discussed findings of the community dialogues, shaping these findings and coming up with recommendations and a theory of the desired change. The second group was composed of Frontline Workers who work with AYP daily and in various settings. They included School Health Teams, Learner Support

Agents (LSAs), Child and Youth Care Workers, DREAMS Ambassadors as well as Youth Sector representatives. This team provided additional information based on their experiences working directly with AYP, which was invaluable.

Special thanks to the drive of the Civil Society particularly the People Living with HIV Sector and the Youth Sector. They were instrumental in putting forward the idea of developing this strategy, raising concerns of children and teenage pregnancies in the context of the high HIV infections in AGYW. They also provided support and facilitated holding of the community dialogues.

Special acknowledgment to the Provincial Council on AIDS leadership as well as the members. They provided strategic direction in the development of this strategy which is a culmination of the PCA resolution that a multi-sectoral, coordinated and collaborative effort in addressing child and teenage pregnancies in the province be implemented.



Acronyms

ABYM	Adolescent Boys and Young Men
AIDS	Acquired Immune Deficiency Syndrome
AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Antiretroviral
AYFS	Adolescent and Youth Friendly Services
AYP	Adolescent Young People
CBO	Community Based Organisation
COGTA	Department of Cooperative Governance and Traditional Affairs
CSE	Comprehensive Sexuality Education
CSF	Civil Society Forum
DAC	District AIDS Council
DCSL	Department of Community Safety and Liaison
DJCD	Department of Justice and Constitutional Development
DOE	Department of Education
DOH	Department of Health
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
DSAC	Department of Sport, Arts and Culture
DSD	Department of Social Development
EDTEA	Department of Economic Development, Tourism and Environmental Affairs.
ECD	Early Childhood Development
GBVF	Gender Based Violence and Femicide
HAST	HIV and AIDS, STIs, TB.
HIV	Human Immuno-Deficiency Virus
KZN	KwaZulu-Natal
LAC	Local AIDS Council
LO	Life Orientation
LSA	Learner Support Agent
LSTM	Leaner Support Training Material
MMC	Medical Male Circumcision

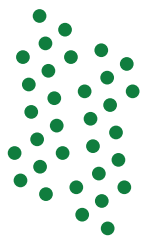


NGO	Non-Governmental Organisation
NPA	National Prosecuting Authority
NYDA	National Youth Development Agency
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
OVCY	Orphaned and Vulnerable Children and Youth
PCA	Provincial Council on AIDS
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PWUD	People who use Drugs
PSS	Pyscho-social support
SANAC	South African National AIDS Council
SAPS	South African Police Services
SBC	Social and Behaviour Change
SRHR	Sexual and Reproductive Health Rights
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TWG	Technical Working Group
VMMC	Voluntary Medical Male Circumcision
VTP	Vertical Transmission Prevention
WACs	Ward AIDS Committees



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Executive Summary

This multi-sectoral strategy is borne out of a resolution taken by the Provincial Council on AIDS (PCA) meeting following concerns of high delivery numbers reported for the age bracket 10-19 years. It presents a common vision for reducing child and teenage pregnancies in KwaZulu-Natal (KZN) and aims to bring all stakeholders together in addressing this challenge in a collaborative, multi-sectoral, and integrated manner. The call to address child and teenage pregnancies came against the backdrop of responding to HIV TB and STIs and in addressing the drivers that predispose the girl child and young girls to risks of pregnancy. Adolescent girls and young women (AGYW) remain at highest risk of HIV infections. Overall, ramifications of child and teenage pregnancy stretch across the social, economic and health spectrum.

As part of the process in developing this strategy, community dialogues were held at district level as an initial data point of development. The purpose was to obtain first-hand

information on what communities considered to be the causes of and experiences on child and teenage pregnancies. Participants in the dialogues were mainly young people, some of whom had experienced early pregnancies. Analysis of the findings were broadly categorised into Systems factors, Social ills and Information dissemination.

These were followed by an engagement composed of PCA stakeholders which resulted in recommendations used to guide the formulation of strategic objectives. A second engagement was held with frontline workers who work with AYP daily in various settings and included school health teams, learner support agents, child and youth care workers, DREAMS ambassadors as well as youth sector representatives.

Additional information based on their experiences working directly with AYP was obtained through this engagement. The strategic foundation to address children and teenage pregnancies is guided by the bold vision, mission and goal as shown in the figure below.



Figure 1: Strategic Foundation of this Multi-Sectoral Strategy

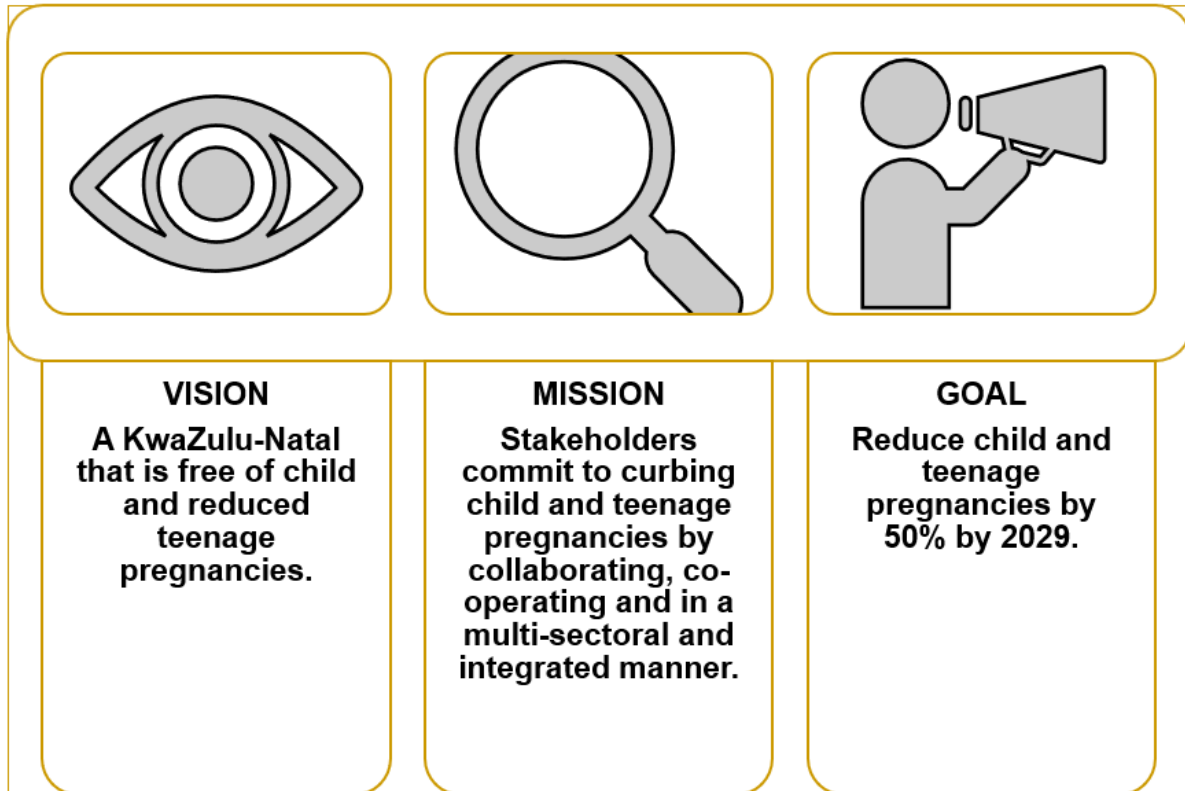


Figure 2: Guiding Values in the Implementation of this Multisectoral Strategy

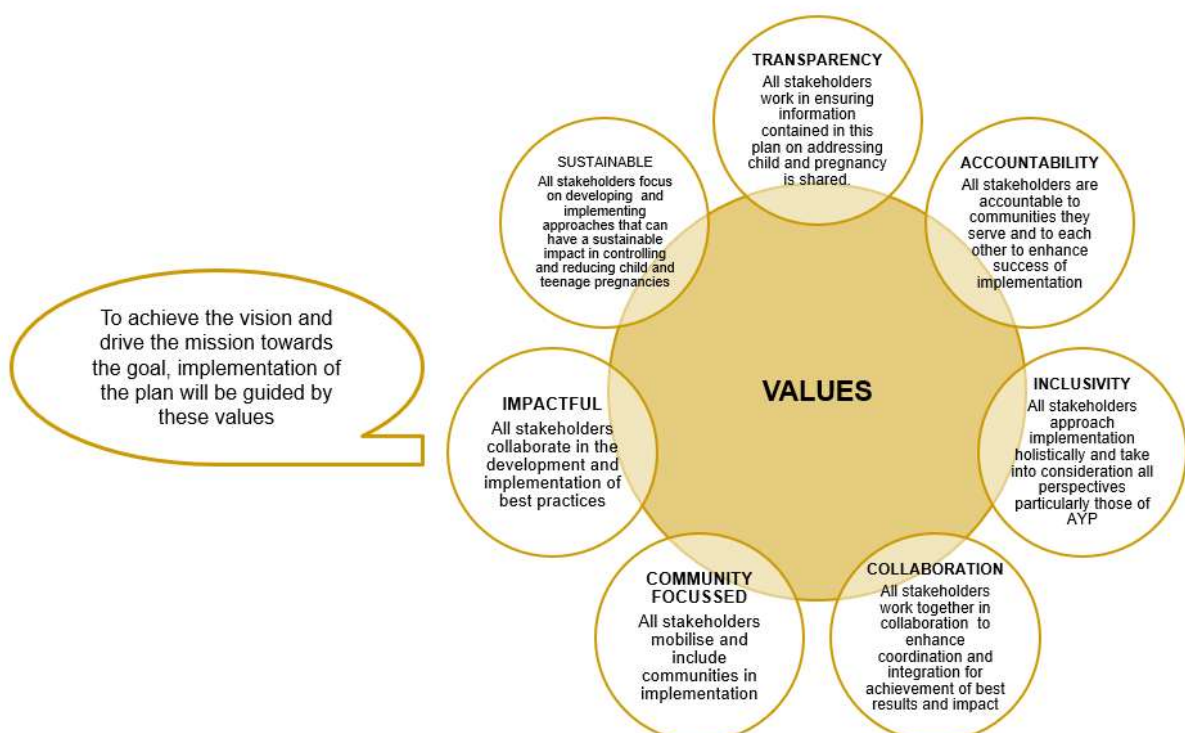




Table 1: Strategic Objectives and Interventions of this Multisectoral Strategy

STRATEGIC OBJECTIVE	LONG TERM OUTCOME	INTERVENTION
1: Create social awareness and knowledge of sexual and reproductive health and rights (SRHR) among Adolescent Girls and Young Women (AGYW) and Adolescent Boys and Young Men (ABYM).	1.1: Youth advocacy embedded in social change around teenage pregnancy, GBVF and HIV.	1: Capacitate AYPs on SRHR advocacy and access to Adolescent and Youth Friendly Services (AYFS).
		2: Intensify and increase awareness targeting a broad range of stakeholders on SRHR and access to AYFS.
2: Ensure that youth programmes are coordinated in an integrated manner across various sectors, including employment, skills development, health, psycho-social support, biomedical services, and socio-economic services.	2.1: Communities become hubs of psycho-social support.	1: Psycho-social support (PSS) hubs at community level. 2: Regular PSS including peer-led PSS for targeted populations in different settings and in PSS hubs.
	2.2: Reduced number of AYP using alcohol and substances.	1: Screening services for alcohol and substance abuse in specific settings. 2: Alcohol and substances abuse rehabilitation services. 3: Enforcement of alcohol laws and drug use laws.
	2.3: AGYW and teenage mothers supported and empowered to stay in school and avoid future teenage pregnancy.	1: Keep learners in school. 2: Life skills/ comprehensive sexuality education. 3: Early Childhood Development (ECD) Services. 4: PSS and mental health services. 5: Health services including SRH.
	2.4: Decreased percentage of AGYW and teenage mothers reliant on grants to meet basic needs.	1: Keeping learners in school. 2: Economic empowerment of AGYW and teenage mothers.
3: Ensure the protection, support, and empowerment of teen mothers through access to healthcare, education, and socio-economic opportunities.	3.1: Reduced number of repeated pregnancies.	1: Parenting skills that seek to improve parent-child communication. 2: Social and Behaviour Change (SBC). 3: Keeping learners in school. 4: Economic empowerment for AGYW and teenage mothers. 5: Health services including SRH. 6: Community dialogues.



STRATEGIC OBJECTIVE	LONG TERM OUTCOME	INTERVENTION
4: Capacitate communities to drive social change by coordinating community interventions related to reduction in teenage pregnancy, GBVF and HIV infection.	4.1: Communities capacitated and taking ownership of interventions in order to ensure sustainability.	1: Capacity building of community groups and structures.
5: Actively engage and involve Adolescent Boys and Young Men in Eradicating GBVF, Child and Teenage Pregnancy.	5.1: Reduced cases in statutory rape, GBVF and other forms of abuse.	1: Communication and awareness campaigns on GBVF, statutory rape and other forms of abuse. 2: Psychosocial support for victims of GBVF and statutory rape. 3: Linkage to legal redress. 4: Training sessions on consent, statutory rape and laws.
6: Prioritise the handling of Gender-Based Violence and Femicide (GBVF) cases, particularly those affecting children, to ensure appropriate convictions.	6.1: Increased convictions in cases of sexual violence, gender-based violence, and femicide, particularly those involving minors.	1: Training/sensitisation sessions for service providers. 2: Advocacy and awareness campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of a cases.





1.Introduction

Pregnancies in the age bracket 10-19 years also referred to as child and teenage pregnancies remain a problematic social and public health concern for KwaZulu-Natal (KZN). As such the KZN PCA made a deliberate decision to regularly track deliveries recorded in public health facilities 10-14 years and 15-19 years, termination of pregnancies and learner pregnancies as a way to determining the state of pregnancies in children and teenagers. In one of the PCA meetings the Civil Society especially the People Living with HIV Sector and the Youth Sector expressed concern on the high delivery numbers. Subsequently, the PCA came up with a resolution that efforts to curb these pregnancies be intensified through a coordinated, collaborative, multi-sectoral and integrated approach, thus leading to development of this multi-sectoral strategy. The strategy would be located in the Office of the Premier, which would also enforce and lead the coordinated, collaborative, multi-sectoral and integrated approach to

implementation in line with its mandate. As part of implementing this resolution therefore, prior work to develop a strategy through the Department of Social Development following a resolution taken during a Provincial Executive Council Lekgotla was incorporated into this multi-sectoral strategy.

Consequently, this strategy presents a common vision for reducing child and teenage pregnancies in KZN. It aims to bring all stakeholders together in addressing this challenge in a multi-sectoral, collaborative and integrated fashion. It also aims to leverage stakeholders' interventions and foster sustainable action and create synergies between existing and new programmes as well as resources and bringing communities on board. The strategy is a platform to facilitate implementation of evidence-based good practices for real and long-lasting impact for vulnerable AYP, especially adolescent girls and young women, child mothers and teenage mothers.

2. Background

2,1 Problem Statement: Child and teenage pregnancies remain a public health and social concern as young people are predisposed to unprotected sex due to various circumstances.

More concerning has been the increased pregnancies in girls aged of 10-14 years which was exacerbated with the advent of COVID-19 and the subsequent lockdown.

Consequences of giving birth early are dire and stretch across the social, economic and health spectrum for the AGYW, the child, the families, and the community. Early pregnancies are a major contributor to maternal morbidity and mortality, increase the risk of health complications such as development of pre-eclampsia which predisposes the AGYW to chronic hypertension, cardiovascular disease and stroke. In addition, they increase the risk of undergoing a caesarean section when giving birth which has implications for subsequent pregnancies.

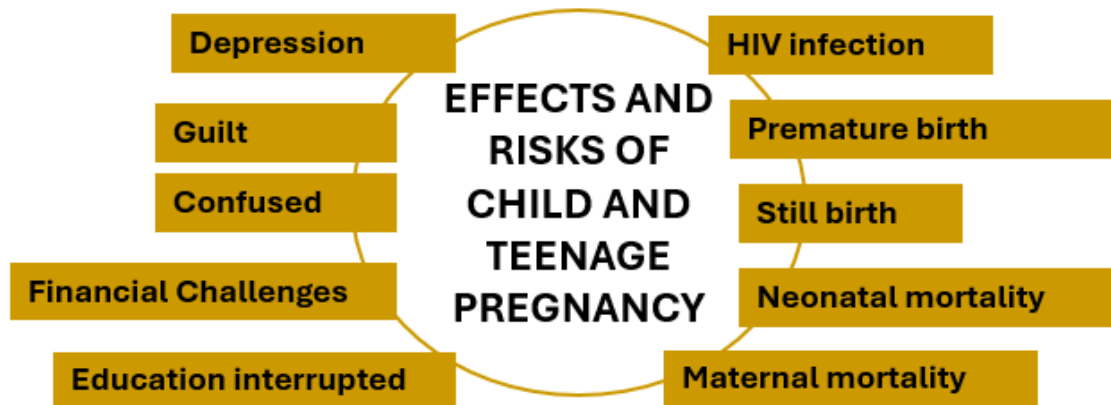
These pregnancies also place the AGYW at higher risk of contracting HIV, adding onto the already challenging HIV problem in KZN. For example, estimates from the Thembisa

Model version 4,8¹ indicated HIV incidence in AGYW was more than double that in the general population. The higher risk of HIV infection further implies that the target of eliminating new HIV infections as a public health threat by 2030 in KZN is under threat taking into consideration the effects of COVID-19 which also negatively impacted HIV services delivery and led to throwing off track HIV targets.



¹ Thembisa estimates model version 4,8.
<https://thembisa.org/downloads>

Figure 3: Effects and Risks of Child and Teenage Pregnancy.



Source of Information: <https://Multisectoral Strategy-international.org/srhr/teenage-pregnancy/>

On the other hand, new-borns of AGYW are more likely to have low-birth weight, which predisposes the child to poor health, mental retardation, visual and hearing impairments, and growth. Early pregnancies are a strong contributor to perpetuating the cycle of poverty, considering that most teenage mothers may likely be from poverty-stricken communities.

The high number of early and teenage pregnancies prompted the need for a multisectoral strategy for preventing and de-normalizing child and teenage pregnancy. Addressing the issue

urgently remains critical and can help ensure that AGYW remain in school, realize their greatest potential and have a successful future. Further, there is a need to prioritize teenage pregnancy prevention via efficient and suitable interventions for AGYW in public health efforts. It is also essential that KZN, aggressively evaluates effectiveness of programmes and interventions aimed at addressing the issue of sexual and reproductive health, especially in AYP and adopting strategies that will positively contribute to the desired results.



2,2: Policy and strategic context in relation to addressing child and teenage pregnancy in KZN:

Addressing challenges related to child and teenage pregnancies in South Africa is backed by various legislative frameworks, policies and strategic documents.

- The Constitution enshrines the rights of all people and affirms democratic values of human dignity, equality and freedom. Chapter 2 of the bill of rights guarantees a range of rights that include education, health care, food, water, social security and housing among others.
- Children's Act 38 of 2005 (30).
- National Policy on HIV, STIs and TB for Learners, Educators, Schools, Support Staff and Officials in all Primary and

Secondary Schools in the Basic Education Sector.

- National Integrated Sexual Reproductive Health and Rights Policy.
- Integrated School Health Policy.
- Interim Policy on Early Childhood Development.
- Policy on the Prevention and Management of Learner Pregnancy in Schools.
- The National Youth HIV Prevention Strategy.
- KwaZulu-Natal Provincial Implementation Plan for HIV, TB and STIs 2023-2028.
- The KZN Provincial Growth and Development Strategy (PGDS) Vision 2030.
- The National Strategic Plan for HIV, TB and STIs 2023-2028.



3.Process of Developing this Multi-Sectoral Strategy

The process of developing this multisectoral strategy was principally participatory and involved conducting

district level dialogues, followed by holding workshops with targeted stakeholders.

3,1 Community dialogues: District level dialogues with community members mainly youth were conducted across all the 11 districts. The purpose was to obtain first-hand information on the causes of and experiences of child and teenage pregnancies. As a way forward, the common thread around the dialogues was as follows:

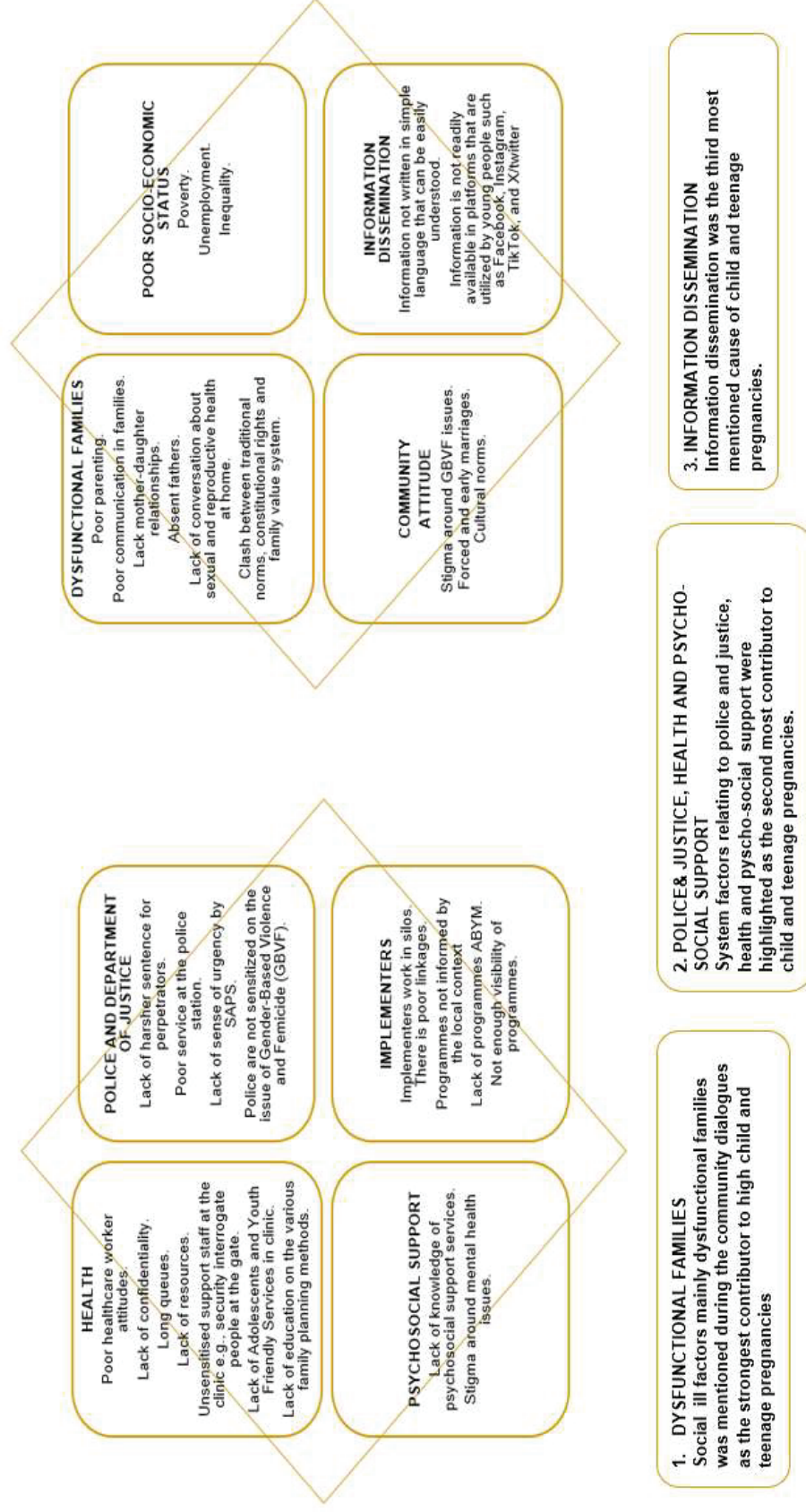
- Scale up capacitation on SRH services and rights for adolescents and young people, parents and the community in general.
- Scale up capacitation on SRH services and rights for the

different service providers in health, human rights, law enforcement, education, social services and traditional leadership among others.

- Strengthen community structures e.g. War Rooms as their role is critical to effective implementation and coordination of community-centred approaches in addressing social ills.
- Strengthen synergy of programmes between government, NGOs and CBOs.



Figure 4: Overall Findings of Community Dialogues.





3,2 PCA stakeholder engagements:

Findings on the community dialogues were disseminated at a workshop organised for PCA stakeholders. Deliberations by this broad-based group came up with the following recommendations which resulted in the development of objectives:

- Intensify and scale up programmes that aim to strengthen family structures with a special focus in mother-to-daughter conversations.
- Create social awareness about SRH issues amongst ABYM.
- Capacitate ABYM to be active in eradicating GBVF.
- Increase conviction rates for perpetrators of GBVF through better case handling.
- Strengthen the referral and linkage pathways between departments, NGOs and community-based organisations to ensure the provision of integrated, coordinated support services for AYP.
- Ensure that young mothers are protected, supported and empowered to reduce repeated pregnancies.
- Capacitate communities to drive social change, by coordinating community interventions related to reduction in child and teenage pregnancy, GBVF and HIV infection.

3,3 Engagements with Frontline

Workers: Following the presentation of the draft strategy to the Social, Protection Community and Human Development (SPHCD) cluster, the cluster recommended that consultations be held with frontline workers who on a regular basis directly work with young people in various

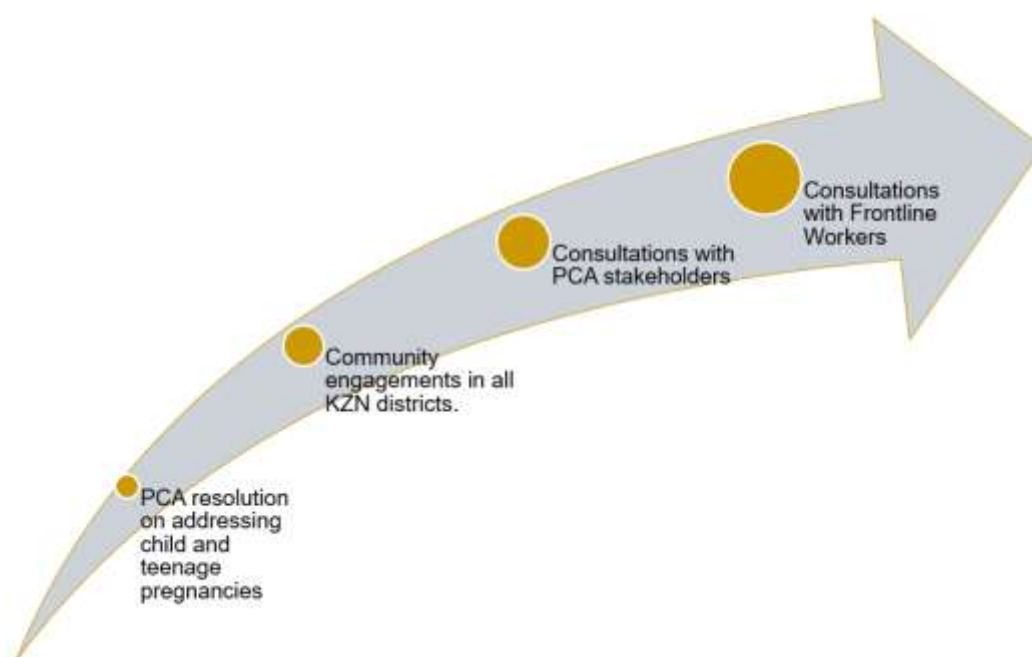
settings. This was to ensure that a wider pool of stakeholders was involved and that consultations were comprehensive as possible. School health teams, learner support agents, child and youth care workers, DREAMS ambassadors as well as youth sector representatives was held.

Table 2: Recommendations from Engagements with Frontline Workers.

STRATEGIC OBJECTIVE	RECOMMENDATIONS
1: Create social awareness about sexual and reproductive health amongst AGYW and ABYM	Increase awareness campaigns across communities.
	Involve traditional leaders in awareness programmes to address societal stigma.
	Engage parents in discussions about SRH to ensure young people feel supported.
	Promote door-to-door campaigns to reach more young people, especially in rural areas.
	Inclusive campaigns for all sexual orientations, including LGBTQIA+.
2: Ensure that youth programmes are coordinated in an integrated manner across various sectors, including employment, skills development, health, psycho-social support, biomedical services, and socio-economic services.	Integrate services across departments to avoid duplication and streamline support.
	Increase funding for programmes to ensure their sustainability and reach.
	Ensure consultation times are extended to address all aspects of SRH education.
	Establish clear roles at the ward level to improve coordination and ensure that each department knows what others are doing.
	Provide more empowerment programmes to support youth in gaining skills and confidence to navigate challenges.
3: Ensure the protection, support, and empowerment of teen mothers through access to healthcare, education, and socio-economic opportunities.	Expand family-based interventions to address underlying family dysfunctions.
	Integrate substance abuse education and support into programmes for teenage mothers.
	Provide more resources for teenage mothers and including counselling, parenting skills training, and educational opportunities.
	Encourage collaboration between social workers and educators to offer comprehensive support.
4. Capacitate communities to drive social change by coordinating community interventions related to reduction in teenage pregnancy, GBVF and HIV infection.	Strengthen community involvement in awareness campaigns to reduce teenage pregnancy rates.
	Improve relationships between stakeholders at the community level to ensure seamless referral systems.
	Educate older generations on modern challenges faced by young people to foster greater understanding and support.
	Promote gender equality and encourage discussions about SRH at the community level.
5. Actively engage and involve Adolescent Boys and Young Men in Eradicating GBVF, Child and Teenage Pregnancy.	Actively engage boys and young men in SRH programmes to reduce GBVF and teenage pregnancies.
	Train traditional leaders to address misconceptions and myths, ensuring they are advocates for healthy relationships and responsible sexual behaviours.
	Create safe spaces for boys to discuss sensitive issues like substance abuse, bullying, and relationships.



STRATEGIC OBJECTIVE	RECOMMENDATIONS
6. Prioritise the handling of Gender-Based Violence and Femicide (GBVF) cases, particularly those affecting children, to ensure appropriate convictions	Create safe reporting mechanisms that allow for anonymous submissions of cases to protect individuals from retaliation.
	Provide more training for schools and local authorities to improve the accuracy and completeness of data collection on teen pregnancies and GBVF.
	Collaborate with relevant organizations to raise awareness of human rights and the importance of reporting crimes.
	Empower victims and communities to stand up against perpetrators and demand justice.





4. Why this Multisectoral Strategy is Different

4,1 Increased collaborations: Seeks to achieve increased collaboration by bringing together broad-based stakeholders in curtailing child and teenage pregnancies.

4,2 Leveraging existing programmes: Departments and other organisations are already implementing programmes and interventions that contribute to addressing child and teenage pregnancies as well as empowering AYP. This strategy leverages on these

to minimise and/or eliminate duplication as well as enhance efficiency, collaboration and integration.

4,3 Integration: The need for integration of services was widely mentioned across all the consultations. This strategy is positioned as a platform for integration to avoid duplication, pool resources and streamline support.

“Overlapping programmes-too many programmes are addressing the same issues without adequate coordination, leading to resource strain”

Excerpt from engagements with Frontline Workers

4,4 Using technology platforms for service delivery: The use of technology is in alignment with the fourth industrial revolution and as stipulated in the Provincial Information Technology strategy. This strategy advocates for stakeholders

implementing programmes for AYP to utilise technology platforms in reaching the AYP. This includes delivery of IEC messages through technology platforms popular with AYP to providing linkages, referrals and delivery of services.

“Information is not readily available in platforms that are utilized by young people such as Facebook, Instagram, TikTok, and X/twitter”

Excerpt from community dialogues



5. Population of Focus

5.1 Females age group 10-19 years:

Females directly bear the burden of pregnancy and therefore are the primary population of focus. The success of this strategy depends on ensuring that this population group is free of pregnancies. Using national census data for 2022, females in this age group, comprised 17% of the total female population in the province. Female children in the age group 10-14 years accounted for 9% of the province's female population and AGYW aged 15-19 years accounted for 8%.

A study by Barron et al., (2022) analysing deliveries in the age group 10-19 years showed a 48,7% increase of births in the age group 10-14 years and a 17,9% increase for the age category 15-19 years between 2017-

2021. The study showed larger increases in 2021 suggesting that this may have been exacerbated during the height of the COVID-19.

Data from the District Health Information System (DHIS) for 2017-2022 indicated that KZN had an estimated total of 175 271 deliveries in the 10-19 years. An estimated 14 051 termination of pregnancies under 20 years recorded in the same period provided an estimated 189 322 pregnancies. This translated into 17% of the total female population age group 10-19 years.



"...the Province of KwaZulu-Natal has welcomed a total of 75 New Year's Day babies which is made up of 43 girls and 32 boys..."

"...He was born...to a 17-year-old mother..."

"Worryingly, the province's youngest mother is a 15-year-old girl..."

"We also have two 16-year-old mothers..."

Extracts from media statement by KZN Health MEC, Ms Nomagugu Simelane on the occasion of the welcoming of babies born on New Year's Day, at Harry Gwala (formerly Edendale) Regional Hospital January 1, 2023. Source: <https://www.kznhealth.gov.za/mediarelease/2023/new-years-babies-01012023.htm>.



The KZN Provincial Implementation Plan for HIV, TB and STIs 2023-2028 categorises children below the age of 15 as a key population. They are a group who are at an increased risk of HIV, TB and STIs irrespective of the epidemic type or local context. AYP are categorised as other priority populations for HIV, TB and STIs and are therefore particularly vulnerable to HIV, TB and STIs in certain contexts and might have reduced access to health care and social services. Data from estimates of the Thembisa model showed that HIV incidence in females aged 15-24 years was above double that of the general population. Pregnancies in this population group increases the risk of contracting HIV and STIs and also has potential for reduced access to health care and social services due to a range of reasons.

5,2 Males age 10-24 years: Males in this age group accounted for 27% of the total male population in the province. Those in the age group 10-14 years accounted for 9,7% of the total male population, ABYM aged 15-19 years accounted for 9% while those in age group 20-24 years accounted for 8,5%. This population group

especially the young men are directly responsible for occurrences of pregnancies. As in females, they are considered a key population for HIV and other priority population for TB and STIs.

"...the baby's father is 19 years old..."
"...the father of her baby is also 15 years old..."
"...the father of the baby... is 23 years old...while the age of the father of the baby born to the 16-year-old at...is unknown at this stage..."

Extracts from media statement by KZN Health MEC, Ms Nomagugu Simelane , on the occasion of the welcoming of babies born on New Year's Day, at Harry Gwala (Formerly Edendale) Regional Hospital January 1, 2023.
Source:

<https://www.kznhealth.gov.za/mediarelease/2023/new-years-babies-01012023.htm>.



5,3 Males age 25 years and above:

Categorised as older males they are nicknamed "blessers". Many of them are able to use their economic standing to engage in sexual relationships with younger women. Estimates from the Thembisa model showed that HIV prevalence in males aged 25-29 years in 2025 was 29,1%.



6.Strategic Foundation to Addressing Child and Teenage Pregnancies

6,1 Vision, mission and goal: The figure below shows the strategic foundation of the province in addressing child and teenage pregnancies and it is supported by a number of values and a theory of

change. The province envisages a province that is free of child pregnancies as well as reduced teenage pregnancies and allowing AGYW to thrive to their fullest potential.

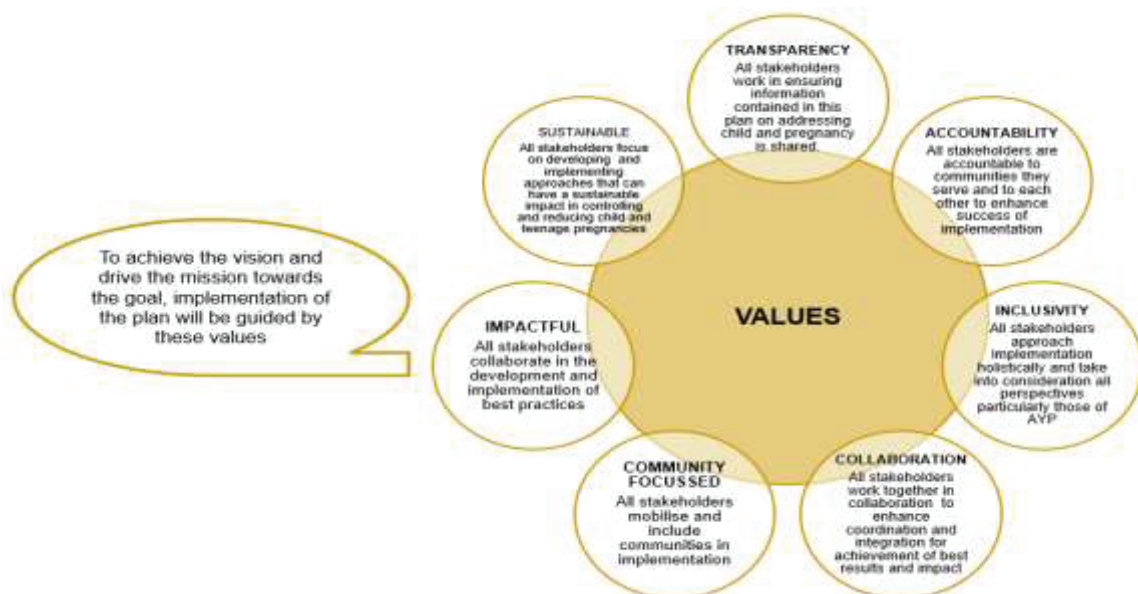
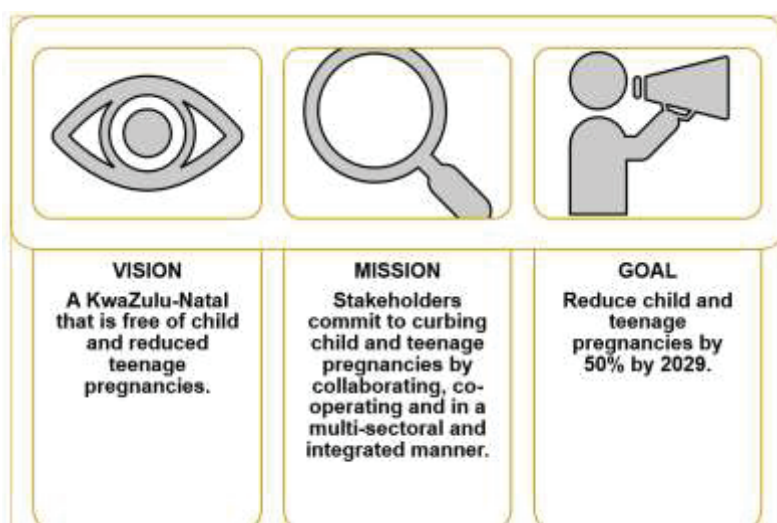




Figure 5: Theory of Change.

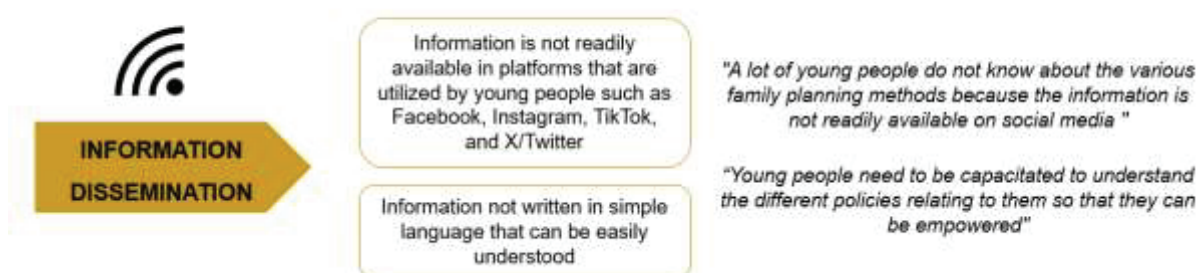
INPUTS	OUTPUTS	MEDIUM-TERM OUTCOME	LONG-TERM OUTCOME	IMPACT
Create social awareness and knowledge of sexual reproductive health and rights (SRHR) among Adolescent Girls and Young Women (AGYW) and Adolescent Boys and Young Men (ABYM).	Increased communication campaigns targeting AYP and a cross-section of stakeholders, providing knowledge on SRH (rights, options, and access). Increased number of AYP with knowledge of SRH (rights, options, and access). Increased number of AYP accessing integrated services. Increased number of community members accessing integrated services.	Increased advocacy by AYP and frontline workers on SRH knowledge, rights, and services. Increased support by stakeholders for AYP on SRH knowledge, rights, and services. Strengthened community support structures to facilitate access to integrated services.	Youth advocacy embedded in social change efforts addressing child and teenage pregnancy, GBVF, and HIV. AYP empowered to protect themselves and others from teenage pregnancy and HIV. Communities serve as hubs of support and access to integrated services.	Zero Child pregnancies Reduced Teenage pregnancies Reduced HIV infections and other STIs among Adolescents and Young People
Ensure the protection, support, and empowerment of teen mothers through access to healthcare, education, and socio-economic opportunities.	Increased number of teenage mothers reached through Social and Behavioural Change (SBC) and parenting programmes. Increased number of teenage fathers reached through SBC and parenting programmes. Community structures reached through capacity building for effective coordination and support in accessing services. Community-based organisations (community- and youth-led) reached through capacity-building support to improve access to services.	Teenage mothers empowered to prevent future unplanned pregnancies. Teenage fathers empowered to prevent unplanned pregnancies, GBVF, and other social ills. Functional community-based structures. Functional community-based organisations driving interventions on child and teenage pregnancies, HIV infections, GBVF, and other social ills.	Reduced number of repeated and unplanned pregnancies among AYP. Improved health and well-being of teenage mothers.	
Capacitate communities to drive social change by coordinating community interventions related to reduction in teenage pregnancy, GBVF and HIV infection.			Effective coordination and support to ensure access to integrated services for AYP and community members.	
Actively engage and involve Adolescent Boys and Young Men (ABYM) in Eradicating GBVF, Child and Teenage Pregnancy.	Increased ABYM and men reached through advocacy on the prevention of child and teenage pregnancies, HIV infections, GBVF, and other social ills.	ABYM and men driving conversations in various settings on the prevention of child and teenage pregnancies, HIV infections, GBVF, and other social ills.	Reduced cases of statutory rape, GBVF, and other forms of abuse.	
Prioritise the handling of Gender-Based Violence and Femicide (GBVF) cases, particularly those affecting children and adolescents, to ensure appropriate convictions.	Increased coordination in the handling of cases of statutory rape, GBVF, and other forms of abuse. Increased community advocacy for rapid response, including the reporting of all forms of abuse, particularly among children and adolescents. Increased capacity building for all service providers on handling victims and evidence related to rape, GBVF, and other forms of abuse.	Effective handling of all rape, GBVF, and other abuse cases, leading to court hearings and appropriate convictions.	Increased convictions for rape, GBVF, and other forms of abuse.	



7.Objective 1:Create social awareness and knowledge of sexual and reproductive health and rights among AGYW and ABYM.

This objective addresses the information dissemination factor and

seeks to empower AYP with information and skills they can use to impart awareness to their peers.



Except from community dialogues on the information dissemination factor.

In respect to this finding, a Knowledge, Attitudes and Practice (KAP) Study conducted among AYP aged 15-24 years in South Africa published in 2020 revealed that less than half of the study participants (44,7%) correctly answered all HIV knowledge questions including correctly rejecting all HIV myths. Overall, more males (47,3%) than females (42,1%) were knowledgeable. 54,9% of the study participants were students at either tertiary institutions or secondary school and for those in the employment market, more women were unemployed than men. The study also reported that the print media was the least used channel of communication.

7,1: Long-term outcome 1,1: The long term for this objective relates to having youth advocacy embedded in social change where AYP are empowered to influence their peers and communities as a whole in preventing early pregnancy, HIV and other STIs.

The intervention for this objective is

- To provide the AYP Champions with capacity and skills on SRHR advocacy and access to Adolescent Youth Friendly Services (AYFS).

Following the capacity building, AYP Champions will conduct peer-led advocacy campaigns targeting AYP as well the broader community.



8.Objective 2: Ensure that youth programmes are coordinated in an integrated manner across various sectors

This objective relates to access of services including psycho-social support (PSS); biomedical and socio-economic services targeting AGYW, child and teenage mothers, ABYM and men. This objective acknowledges that services already exist and that access should be intensified and beneficiaries reached more efficiently and effectively by avoiding duplication and streamlining support through a coordinated and integrated approach. The long-term outcomes for this objective are as follows:

1. Communities become hubs of psychosocial support.
2. Reduced consumption of alcohol and substances use in AYP.
3. AGYW and teenage mothers supported and empowered to stay in school and avoid future teenage pregnancy.
4. Decreased percentage of AGYW and teenage mothers reliant on grants to meet basic needs.

8,1 Long-term outcome 2,1:

Communities becoming

psychosocial support hubs: There is limited knowledge on where to access PSS services. The need for PSS arises from social ills experienced including dysfunctional families, poor socioeconomic status, GBVF, forced and early marriages among others. A Statistics South Africa publication on Children's well-being, states that psychosocial stressors children face relate to poverty, absent parents, domestic violence, parents' physical health and parents' mental health. For in-school AYP, this can be compounded further by issues of bullying and stigma brought about by a number of factors including pregnancy. All these affects mental health of the victims notwithstanding the associated stigma.

Communities as hubs of PSS means they become engines for identifying and facilitating access to this service through various platforms including community structures and enhancing awareness of services.



Excerpt from community dialogues regarding psycho-social support system factor

Interventions for this outcome are as follows:

- Set up PSS hubs at community level through utilising existing community structures such as War Rooms, AYFS centres, youth centres and community halls. Where necessary, these will need to be revitalised. The hubs will support AYP requiring PSS by acting as first point of contact and act as referral points for further PSS and other services.
- Increase human resources for PSS e.g. bringing on board lay counsellors to contribute alleviating the shortage of human resources through providing training (and refresher training) on lay counselling to targeted AYP. Further, pooling of existing PSS human resources will be necessary to enhance efficiency in delivery of PSS in the existing human resource limited settings.
- Create awareness on availability, access and use of PSS through various platforms on the benefits of PSS, address myths and generate demand for PSS and referral linkages to PSS.
- Offer and provide PSS to targeted population in different settings including use of technology and peer-led PSS.



8,2 Long-term outcome 2,2:

Reduced alcohol and substances

use in AYPs: Communities stated that young people tended to revert to alcohol due to limited PSS services. In addition, poverty, unemployment and social ills contribute to substance and alcohol abuse.² Further, lack of alternative healthy recreational activities in communities was also cited as a cause for substance and alcohol abuse.

Alcohol and substance abuse among AYP in the country is high and a study conducted in the rural Free State province suggested increased substance abuse in the rural areas (Mokwena KE and Setshego NJ 2021), thus debunking the myth that it is an urban area issue. This is an important finding considering that KZN is predominantly a rural province.

The National Drug Master Plan states that while alcohol remains the most widely used substance, there are a variety of drugs whose use is popular and/or increasing, this includes cannabis and woonga. It adds that

there is a range of substances whose availability is established in the country, and this includes new varieties that attention should be paid to.

Alcohol and substance abuse have also been linked sexual violence and rape and with risky sexual behaviour that can lead to HIV infection and other sexually transmitted infections (Browne A and Wechsberg W 2010).

Interventions to reduce alcohol and substance abuse will be anchored on addressing the factors of poverty and unemployment alongside intensified campaigns against alcohol and substance abuse, provision of PSS, keeping AYP in school and empowering them with skills they can apply gainfully.

The interventions will be as follows:

- Conducting awareness campaigns on the harmful effects of alcohol and substance use through various dissemination platforms and settings. This to include education on alcohol laws and substance use laws.
- Provide screening services for alcohol and substance abuse for AYP in selected settings.

² Drug abuse affects everyone directly or indirectly and requires strategic interventions at all spheres of government, community, family and individual levels. Drug abuse is exacerbated by factors such as poverty, inequality and unemployment, which remain key contributing elements on increased use of drugs. (National Drug Master Plan 2019-2024). https://www.gov.za/sites/default/files/gcis_document/202006/drug_master_plan.pdf



- Offer and provide alcohol and substances abuse rehabilitation services for AYP including complimentary use of community-based organisations and undertaking referrals to other services where relevant.
- Conduct operations in community settings to enforce alcohol and substance use laws, including licensing, sell of alcohol to minors, operating hours, safety.

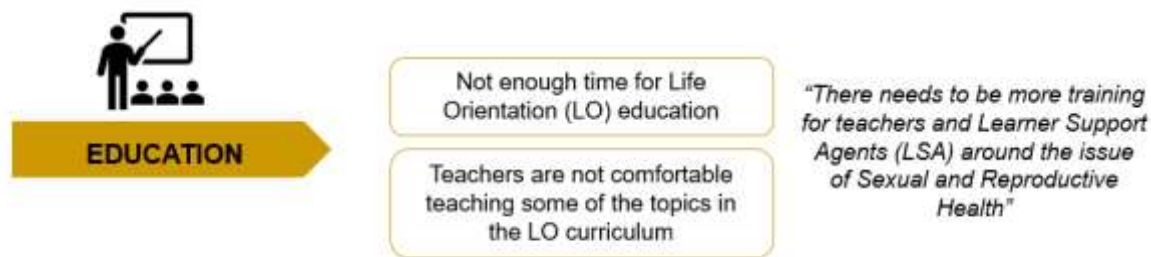
8,3 Long-term outcome 2,3: AGYW and teenage mothers supported and empowered to stay in school and to avoid future teenage pregnancy:

The third outcome for this objective involves supporting and empowering AGYW and teenage mothers to stay in school and avoid future pregnancy. As highlighted in the earlier sections of this strategy, the recent increase in child and teenage pregnancies and births may have been exacerbated by the COVID-19 national lockdown that commenced in March 2020. A Department of Basic Education (DBE) presentation in 2021 to the Education Portfolio Committee of the National Parliament stated that girls fall pregnant because they drop out of school. According to the presentation, 33% of the girls did not return to school after falling pregnant. It was important that girls remain in school as

long as possible and those having babies encouraged to continue with classes. The importance of returning to school was underpinned by the risks they faced including repeat pregnancies, GBVF, rape and exploitation by older men.

2021 data from the Education Management Information (EMIS) revealed higher dropout numbers for male learners, hence the need to target boys with interventions.

There will be need to ensure that adequate times are allocated for Life Orientation (LO) education as well as providing adequate training for Educators and ensure they are comfortable with passing messages on all the topics in the LO curriculum. It will be necessary that the Keeping Learners in School interventions are intensified and delivered comprehensively.



Excerpt from community dialogues regarding the education system factor

As such interventions will be as follows:

- Train and retrain Educators on the delivery of the LO Curriculum coupled with providing adequate supervision and support.
- Train and retrain Learners Support Agents (LSAs) to effectively support life skills
- Provide life skills/comprehensive sexuality education supported by trained Educators, LSAs and peers and ensuring learner support material is available.
- Implement the Keeping learners in school programmes comprehensively focussing on schools with high dropout rates and high learner pregnancies and conduct referrals as appropriate.

- Provide universal Early Childhood Development (ECD) Services focussing on children of school going/teenage mothers through service linkages.

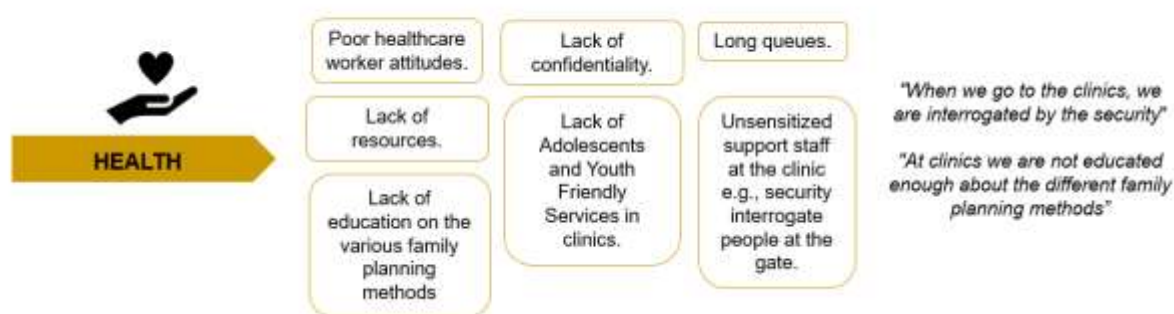
Findings of a study on stigma in health clinics in the Country showed manifestations of stigma for AGYW seeking services. The study further stated that clinic staff acknowledged presence of stigma experienced through unwillingness to provide services to AGYW. The services included seeking birth control, sexually transmitted infections (STIs) treatment, and antenatal or other care. The unmet need for contraception for AGYW 15-19 years in South Africa has been estimated at 31% and has adverse results in terms of contributing to reduction in pregnancies. Increased access to SRH for AGYW may

contribute to reducing the unmet need and increase access to other services. For the health services, there will be need to constantly address the above factors which align what is highlighted in the illustration below alongside the following interventions:

- Provide PSS and mental health services to school going/teenage mothers, school going/teenage pregnant mothers and school

going/teenage fathers and conduct referrals as necessary.

- Offer and provide appropriate health services to AGYW, pregnant AGYW and ABYM including HIV testing services, contraception through AYFS platforms and in other settings such as the Integrated School Health Programme (ISHP).



Excerpt from community dialogues regarding health system factor

8,4 Long-term outcome 2,4:
Decreased percentage of AGYW and teenage mothers reliant on grants to meet basic needs: The

figure below illustrates some of the issues that arise as a result of poverty, unemployment and inequality.





POOR SOCIO-ECONOMIC STATUS

Poverty

Unemployment

Inequality

"It's very hard to negotiate condom use if you rely on someone for financial support"

"We are educated but we are unemployed, hence still remain vulnerable"

Excerpt from community dialogues regarding socio-economic system factor

As data on unemployment suggests, young people and especially female bear the brunt of these factors, circumstances that force them to make undesirable behaviour choices.

Ensuring that AGYW stay in school and empowering them with skills will contribute decreased reliance on social grants for their basic needs in AGYW and teenage mothers. The following empowerment programmes that deliberately target AGYW will

complement interventions on Keeping Learners in School.

- Provide skills training to AGYW and teenage mothers.
- Link skilled AGYW to economic empowerment programmes and further training.
- Allocate percentage of economic opportunities and employment to young women

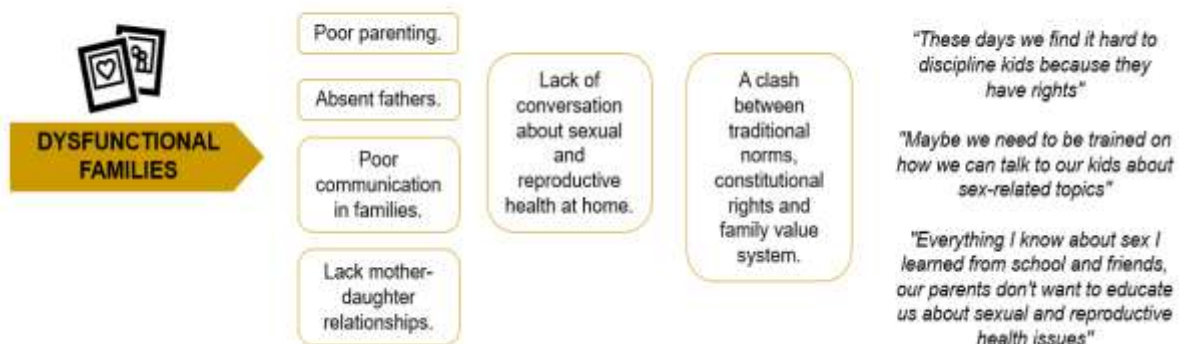




9.Objective 3:Ensure the protection, support and empowerment of teenage mothers through access to healthcare, education,and socio-economic opportunities.

AGYW who at the young age have transitioned into motherhood which in most cases is against their will and were therefore not ready (for motherhood), must put their life on hold e.g. stopping school or a training to look after the infant. They may be overwhelmed and affected psychologically with the experience which could be exacerbated by factors

ranging from stigma surrounding early pregnancies and childbirth to limited parental support to schooling getting interrupted among others. The issue of dysfunctional families coupled with poor socio-economic status featured prominently in the district dialogues as a factor that disempowers teenage mothers.



Excerpt from community dialogues regarding social ills factor

9,1 Long-term outcome 3,1: Reduced number of repeated

pregnancies: Repeat pregnancies for teenage mothers remains a major risk and it is necessary that they are curtailed while preventing new pregnancies in AGYW who have not experienced motherhood.

Interventions for this objective are as follows:

- Intensifying parenting programmes to improve parent-child communication.
- Expanding family-based interventions to address underlying family dysfunctions,



- Holding community dialogues on topics such as curtailing repeat pregnancies, empowerment of AGYW and families, revival of beneficial cultural and family values.

This will be complemented by interventions already highlighted such as the following: social and behaviour

change (SBC); keeping learners in school; economic empowerment for AGYW and teenage mothers; health services including SRH; and alcohol and substance abuse education for teenage mothers.

Collaboration between social workers and educators will be strengthened to offer comprehensive support.

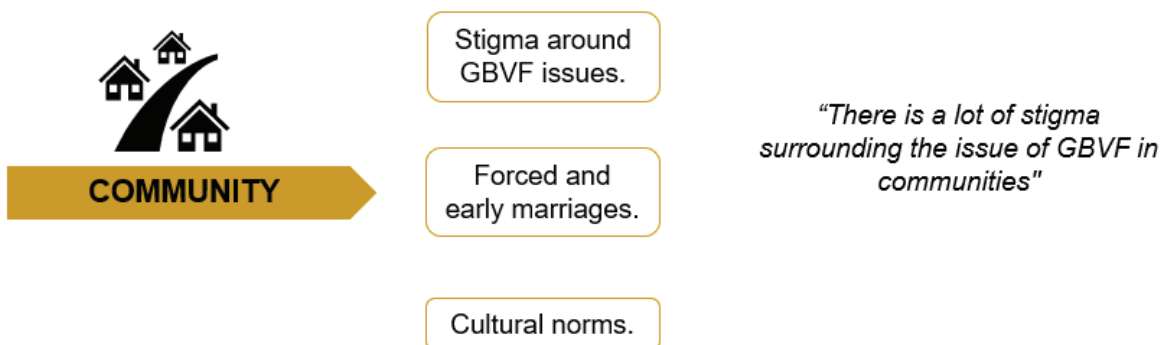




10. Objective 4:Capacitate communities to drive social change by coordinating community interventions related to reduce in teenage pregnancy, GBVF and HIV infection

Communities are well placed to drive social change on the societal issues that affect them including stigma and discrimination, GBVF, early and forced marriages experienced by the female

child as well as harmful cultural practices. Communities can be empowered to lead interventions that address these issues and act as an effective the link to other services.



Excerpt from community dialogues regarding social ills factor

10,1 Long-term outcome 4,1:

Capacitated communities taking ownership of interventions in for sustainability:

Communities will be capacitated in a range of areas to enable them take ownership of societal interventions. Additionally, they will be involved in the implementation of this strategy acting as the gateway to delivery of services e.g. mobilisation and advocacy campaigns.

Interventions will be as follows:

- Training of community groups on public participation and mobilisation targeting traditional leaders, traditional health practitioners, youth leaders and faith-based leaders among others.
- Capacitating community structures in the areas of project management, monitoring and evaluation, conducting referrals, GBVF screening and



communication. Structures such as War Rooms, Ward AIDS Committees, Community-Based Organisations, Civil Society Sectors and School Governing Bodies will be targeted to

enhance coordination and support to linkage to services.

- Providing necessary infrastructure support to improve community structure operations.





11. Objective 5: Actively engage and Involve Adolescent Boys and Young Men Eradicating GBVF, Child and Teenage Pregnancy

Male involvement in the fight to eradicate GBVF and child and teenage pregnancy remains inadequate for a range of reasons that include cultural misconceptions as well as limited male specific programmes. Further, as perpetrators of these vices, an imaginary culture of “us and them” is created, leading males to withdraw from participating in collaborative responses. This objective seeks to strengthen male involvement in eradicating GBVF and child and teenage pregnancies.

11,1 Long-term outcome 5,1:

Reduced cases in statutory rape, GBVF and other forms of abuse:

The long-term outcome for this objective is focussed on reducing statutory rape, GBVF and other forms of abuse directed to women, men, key populations and communities at large. Interventions already geared to achieving this outcome are as follows:

- Conducting peer-led communications and awareness on GBVF, statutory rape and

other forms of abuse. Men will be involved to reach men with the messages in various settings (male safe spaces and platforms traditional leaders, community-based organisations, community-based structures and technology).

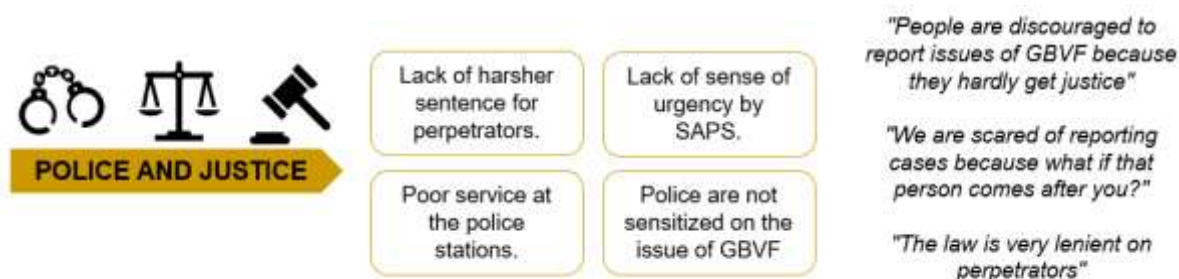
- Holding regular mass mobilisation and awareness campaigns in communities on GBVF, rape, abuse.
- Conducting active mobilisation drives for PSS for victims of GBVF and statutory rape.
- Conducting training sessions targeting various population groups (ABYM, men, traditional leaders, faith-based leaders, and other community leaders) on laws on consent, statutory rape, GBVF and other forms of abuse.
- Strengthen linkage to legal redress and referrals for victims of GBVF and statutory rape and their families.



12. Objective 6: Prioritise the handling of GBVF cases, particularly those affecting children, to ensure appropriate Convictions

Concerns have been raised on the handling of cases of rape, GBVF and other forms of violence by the police and justice system as regards the

perpetrators mainly against females. This objective seeks to address these concerns to ensure that appropriate justice is served for the victims.



Excerpt from community dialogues regarding police and justice systems factor

12,1 Long-term outcome 6,1:
Increased number of convictions for forced violence, GBVF and related cases: Victims of GBVF, statutory rape and other forms of abuse and communities continue calling for application of appropriate convictions for crimes that they consider serious. In many cases the victims are subject to lifelong negative consequences while perpetrators are left off lightly. There will be need for handling of cases with the sensitivity they deserve, increase reporting and empowerment

of relevant stakeholders. Interventions for this outcome are as follows:

- Conducting regular training/sensitisation sessions for frontline service providers such as health workers, law enforcement, social workers and traditional leaders on handling cases.
- Conducting peer-led advocacy and awareness campaigns on reporting cases and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.



- Creation and enforcing safe reporting mechanisms to protect victims and their families and to address the challenge of underreporting.
- Creating mechanisms to allow victims, their families and other stakeholders to obtain feedback and follow cases until they are closed.



13. Implementation and Monitoring Framework

STRATEGIC OBJECTIVE 1: CREATE SOCIAL AWARENESS AND KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AMONG ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) AND ADOLESCENT BOYS AND YOUNG MEN (ABYM).									
EXPECTED OUTCOME 1.1: YOUTH ADVOCACY EMBEDDED IN SOCIAL CHANGE AROUND TEENAGE PREGNANCY, GBVF AND HIV									
Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Capacitate AYP advocates on SRHR advocacy.	Number of SRHR capacity building sessions conducted for youth frontline workers (e.g. youth sector, peer mentors, ambassadors etc).	New	44 (4 sessions per district)	44 (4 sessions per district)	44 (4 sessions per district)	44 (4 sessions per district)	44 (4 sessions per district)	DOE DSD DOH	OTP, DSAC, DJCD. Municipalities. Support Partners. NGOs, CBOs. Private Sector.
Conduct peer-led SRHR advocacy campaigns.	Number of SRHR advocacy campaigns conducted by AYP advocates.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	Civil Society led by Youth Sector	DOE, DSD, DOH, OTP, DSAC. Municipalities. DJCD. Support Partners. NGOs, CBOs. Private Sector.
	Number of AYP reached with SRHR advocacy.	New	32 700	32 700	32 700	32 700	32 700 (Total reached in 5 yrs=5% of population age group 10-19 years)	Civil Society DSAC	DOE, DSD, DOH, DJCD, OTP. Municipalities. Support Partners. NGOs, CBOs. Private Sector,



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.

EXPECTED OUTCOME 2.1: COMMUNITIES BECOME HUBS OF PSYCHO-SOCIAL SUPPORT.

Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Establish and revitalize PSS hubs at community level.	Number of PSS hubs identified.	New	256 (=number of war rooms revitalised)	280	310	340	412 (Target at approx. 10% annually)	DSD OTP	OTP, COGTA, DOH, DOE, DCSL. Municipalities. Support Partners. NGOs; CBOs. Civil Society. Private Sector.
	Number of PSS hubs resourced.	256 (2023/24)	256 (=number of war rooms revitalised)	280	310	340	412 (Target at approx. 10% annually)	DSD	OTP, COGTA, DOH, DOE, DCSL. Municipalities. Support Partners. NGOs; CBOs. Civil Society. Private Sector.
	Number of PSS staff capacitated.	367 (2023/24)	385	400	425	450	((Target at approx. 5% annually)		
Conduct lay counsellor training for AYP and community members.	Number of AYP reached with lay counsellor training.	New	50	150	150	150	150	DSD	DOH, DOE, COGTA, OTP. Municipalities.
	Number of lay counsellor training conducted.	New	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	DSD	Support Partners. NGOs; CBOs. Civil Society. Private Sector.



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.									
EXPECTED OUTCOME 2.1: COMMUNITIES BECOME HUBS OF PSYCHO-SOCIAL SUPPORT.									
Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct awareness campaigns on availability and access to PSS.	Number of awareness sessions conducted.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	DSD	DOH, DOE, COGTA, DSAC, OTP, Municipalities, Support Partners, NGOs, CBOs, Civil Society, Private Sector.
	Number of community members reached with awareness sessions on PSS.	New	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	DSD	DOH, DOE, COGTA, DSAC, OTP, Municipalities, Support Partners, NGOs, CBOs, Civil Society, Private Sector.
Offer and provide PSS.	Number of beneficiaries receiving PSS.	111 456	117 029 (Target of approx. 5% annually)	122 880 (Target of approx. 5% annually)	129 024 (Target of approx. 5% annually)	135 476 (Target of approx. 5% annually)	142 249 (Target of approx. 5% annually)	DSD	DOH, DOE, COGTA, DSAC, OTP, Municipalities, Support Partners, NGOs, CBOs, Civil Society, Private Sector.
Conduct screening services for alcohol and substance abuse in selected settings.	Number of AYP screened for alcohol and substance (targeted screening)	57 920 (2023/24)	58 435 (Target of approx. 2% annually)	59 600 (Target of approx. 2% annually)	60 790 (Target of approx. 2% annually)	62 000 (Target of approx. 2% annually)	63 250 (Target of approx. 2% annually)	DSD	DOH, DOE, SAPS, DCSL, DSAC, Municipalities, Support Partners, NGOs, CBOs, Civil Society, Private Sector.



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.

EXPECTED OUTCOME 2.2: REDUCED ALCOHOL CONSUMPTION AND SUBSTANCES USE IN AYP.

Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Intensify reach of social behaviour change (SBC) programmes.	Number of beneficiaries reached with SBC programmes.	149 430	156 902 (Target of approx. 5% annually)	164 748 (Target of approx. 5% annually)	172 284 (Target of approx. 5% annually)	181 634 (Target of approx. 5% annually)	190 715 (Target of approx. 5% annually)	DSD	DOH, DOE, SAPS, DCSL, DSAC. Municipalities. Support Partners. NGOs; CBOs. Civil Society. Private Sector.
Offer and provide alcohol and substances abuse rehabilitation services.	Number of people reached through substance abuse programmes.	197 131	206 988 (Target of approx. 5% annually)	217 337 (Target of approx. 5% annually)	228 204 (Target of approx. 5% annually)	239 614 (Target of approx. 5% annually)	251 595 (Target of approx. 5% annually)	DSD	DOH, DOE, SAPS. DCSL, DSAC. Municipalities. Support Partners. NGOs; CBOs. Civil Society. Private Sector.
	Number of service users of substance abuse accessing re-integration and after care services.	1 633	1 715 (Target of approx. 5% annually)	1 800 (Target of approx. 5% annually)	1 890 (Target of approx. 5% annually)	1 984 (Target of approx. 5% annually)	2 084 (Target of approx. 5% annually)		
Conduct operations to enforce alcohol and drug use laws.	Number of operations conducted to enforce alcohol laws and drug use law.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	DCSL	SAPS, COGTA, DSAC. NPA. Municipalities. Liquor Licensing Board. Support Partners. NGOs; CBOs. Civil Society. Private Sector.



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.

EXPECTED OUTCOME 2.2: REDUCED ALCOHOL CONSUMPTION AND SUBSTANCES USE IN AYP.

Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Intensify reach of social behaviour change (SBC) programmes.	Number of beneficiaries reached with SBC programmes.	149 430	156 902 (Target of approx. 5% annually)	164 748 (Target of approx. 5% annually)	172 284 (Target of approx. 5% annually)	181 634 (Target of approx. 5% annually)	190 715 (Target of approx. 5% annually)	DSD	DOH, DOE, SAPS, DCSL, DSAC. Municipalities. Support Partners. NGOs; CBOs. Civil Society. Private Sector.
Offer and provide alcohol and substances abuse rehabilitation services.	Number of people reached through substance abuse programmes.	197 131	206 988 (Target of approx. 5% annually)	217 337 (Target of approx. 5% annually)	228 204 (Target of approx. 5% annually)	239 614 (Target of approx. 5% annually)	251 595 (Target of approx. 5% annually)	DSD	DOH, DOE, SAPS. DCSL, DSAC. Municipalities. Support Partners. NGOs; CBOs. Civil Society. Private Sector.
			1 715 (Target of approx. 5% annually)	1 800 (Target of approx. 5% annually)	1 890 (Target of approx. 5% annually)	1 984 (Target of approx. 5% annually)	2 084 (Target of approx. 5% annually)		
Conduct operations to enforce alcohol and drug use laws.	Number of service users of substance abuse accessing re-integration and after care services.	1 633	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	DCSL	SAPS, COGTA, DSAC. NPA. Municipalities. Liquor Licensing Board Support Partners. NGOs; CBOs. Civil Society. Private Sector.
Conduct operations to enforce alcohol and drug use laws.	Number of operations conducted to enforce alcohol laws and drug use law.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	DCSL	SAPS, COGTA, DSAC. NPA. Municipalities. Liquor Licensing Board Support Partners. NGOs; CBOs. Civil Society. Private Sector.



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.									
EXPECTED OUTCOME 2.3: AGYW AND TEENAGE MOTHERS SUPPORTED AND EMPOWERED TO STAY IN SCHOOL AND AVOID FUTURE TEENAGE PREGNANCY									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target				Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)	
			2025/26	2026/27	2027/28	2028/29	2029/30		
Keeping learners in School	Number of learner dropouts (Females)	51 703 (2021/22)	43 947 (Target of approx. less 15% annually)	37 355 (Target of approx. less 15% annually)	31 752 (Target of approx. less 15% annually)	26 989 (Target of approx. less 15% annually)	22 940 (Target of approx. less 15% annually)	DOH, DSD. Support Partners. Municipalities. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.	
	Number of learner dropouts (Males)	54 351 (2021/22)	46 198 (Target of approx. less 15% annually)	39 268 (Target of approx. less 15% annually)	33 378 (Target of approx. less 15% annually)	28 731 (Target of approx. less 15% annually)	24 115 (Target of approx. less 15% annually)		
Life skills/ Comprehensive Sexuality Education.	Number of learners reached by LSAs with care and support interventions.	65 000	68 250 (Target of approx. 10 % annually)	71 660 (Target of approx. 10 % annually)	75 245 (Target of approx. 10 % annually)	79 007 (Target of approx. 10 % annually)	82 958 (Target of approx. 10 % annually)	DOH, DSD. Support Partners. Municipalities. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.	
	Number of learners retained in school after pregnancy/ birth.	New	100%	100%	100%	100%	100%		



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.									
EXPECTED OUTCOME 2.3: AGYW AND TEENAGE MOTHERS SUPPORTED AND EMPOWERED TO STAY IN SCHOOL AND AVOID FUTURE TEENAGE PREGNANCY.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Provide Early Childhood Development (ECD) Services.	Number of children accessing ECD programmes.	142 000	149 100 Target of approx. . 10 % annually)	156 555 (Target of approx. 10 % annually)	164 382 (Target of approx. 10 % annually)	172 601 Target of approx. 10 % annually)	181 232 Target of approx. 10 % annually)	DOE	DOH, DSD, Home Affairs. Support Partners. Municipalities. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.
Provide PSS and mental health services to pregnant AGYW and teenage mothers.	Number of eligible pregnant/ AGYW teen mothers screened for mental health.	New	50%	70%	90%	100%	100%	DOH	DSD, DOE, DSAC. Support Partners. Municipalities. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.
Provide SRH and other health services.	Number of AGYW in need accessing family planning services.	New	100%	100%	100%	100%	100%	DOH	DOH, DSD. Support Partners. Municipalities. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.									
EXPECTED OUTCOME 2.3: AGYW AND TEENAGE MOTHERS SUPPORTED AND EMPOWERED TO STAY IN SCHOOL AND AVOID FUTURE TEENAGE PREGNANCY.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Provide SRH and other health services.	Number of deliveries 10-14 years in facilities.	530	132 (Target of approx. less 75% annually-towards achieving zero pregnancies by 2030)	33 (Target of approx. less 75% annually-towards achieving zero pregnancies by 2030)	8 (Target of approx. less 75% annually-towards achieving zero pregnancies by 2030)	2 (Target of approx. less 75% annually-towards achieving zero pregnancies by 2030)	0 (zero pregnancies by 2030)	DOH	DOH; DSD, DSAC. Support Partners Municipalities. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.
	Number of deliveries 15- 19 years in facilities.	29 264	26 337 (Target of approx. less 10% annually-towards reducing pregnancies 50% by 2030)	23 708 (Target of approx. less 10% annually-towards reducing pregnancies 50% by 2030)	21 333 (Target of approx. less 10% annually-towards reducing pregnancies 50% by 2030)	19 200 (Target of approx. less 10% annually-towards reducing pregnancies 50% by 2030)	17 280 (Target of approx. less 10% annually-towards reducing pregnancies 50% by 2030)		



STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.									
EXPECTED OUTCOME 2.4: DECREASED PERCENTAGE OF AGYW AND TEENAGE MOTHERS RELIANT ON GRANTS TO MEET BASIC NEEDS.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Provide economic empowerment skills training to AGYW and teenage mothers.	Number of AYP participating in skills development programmes	16 785	17 624 (Target of approx. 10 % annually)	18 505 (Target of approx. 10 % annually)	19 431 (Target of approx. 10 % annually)	20 400 (Target of approx. 10 % annually)	21 422 (Target of approx. 10 % annually)	DSD	EDTEA, NYDA, DSD, DOE, DSAC, OTP, Municipalities, Support Partners, NGOs; CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.
Link skilled AGYW to economic empowerment programmes and further training.	Number of eligible AYP linked to economic empowerment programmes.	New	50%	70%	90%	100%	100%	EDTEA	NYDA, DSD, DOE, DSAC, OTP, Municipalities, Support partners, NGOs; CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.
Allocate percentage of economic opportunities and employment to YW.	Percent AYP benefiting from allocated economic opportunities.	New	50%	70%	90%	100%	100%	EDTEA	NYDA, DSD, DOE, DSAC, OTP, Municipalities, Support partners, NGOs; CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.

STRATEGIC OBJECTIVE 2: ENSURE THAT YOUTH PROGRAMMES ARE COORDINATED IN AN INTEGRATED MANNER ACROSS VARIOUS SECTORS, INCLUDING EMPLOYMENT, SKILLS DEVELOPMENT, HEALTH, PSYCHO-SOCIAL SUPPORT, BIOMEDICAL SERVICES, AND SOCIO-ECONOMIC SERVICES.									
EXPECTED OUTCOME 2.4: DECREASED PERCENTAGE OF AGYW AND TEENAGE MOTHERS RELIANT ON GRANTS TO MEET BASIC NEEDS.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Provide economic empowerment skills training to AGYW and teenage mothers.	Number of AYP participating in skills development programmes	16 785	17 624 (Target of approx. 10 % annually)	18 505 (Target of approx. 10 % annually)	19 431 (Target of approx. 10 % annually)	20 400 (Target of approx. 10 % annually)	21 422 (Target of approx. 10 % annually)	DSD	EDTEA, NYDA, DSD, DOE, DSAC, OTP, Municipalities, Support Partners, NGOs; CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.
Link skilled AGYW to economic empowerment programmes and further training.	Number of eligible AYP linked to economic empowerment programmes.	New	50%	70%	90%	100%	100%	EDTEA	NYDA, DSD, DOE, DSAC, OTP, Municipalities, Support partners, NGOs; CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.
Allocate percentage of economic opportunities and employment to YW.	Percent AYP benefiting from allocated economic opportunities.	New	50%	70%	90%	100%	100%	EDTEA	NYDA, DSD, DOE, DSAC, OTP, Municipalities, Support partners, NGOs; CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.



STRATEGIC OBJECTIVE 3: ENSURE THE PROTECTION, SUPPORT, AND EMPOWERMENT OF TEEN MOTHERS THROUGH ACCESS TO HEALTHCARE, EDUCATION, AND SOCIO-ECONOMIC OPPORTUNITIES.									
EXPECTED OUTCOME 3.1: REDUCED NUMBER OF REPEATED PREGNANCIES.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Parenting programmes that seek to improve parent-child communication.	Number of parents/children reached through parenting skills programmes	35 158	36 916 (Target of approx. 5 % annually)	38 762 (Target of approx. 5 % annually)	40 699 (Target of approx. 5 % annually)	42 734 (Target of approx. 5 % annually)	44 871 (Target of approx. 5 % annually)	DSD	DOE, DOH, DSAC, OTP. Support Partners. Traditional Leaders. NGOs; CBOs. Municipalities. Civil Society. Community structures e.g. War Rooms. Private Sector.
Conduct community dialogues to revive beneficial cultural and family value systems.	Number of community dialogues conducted on beneficial cultural and family value systems.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	DSD	DOE, DOH, DSAC, OTP. Support Partners. Traditional Leaders. NGOs; CBOs. Municipalities. Civil Society. Community structures e.g. War Rooms. Private Sector.
	Number of children reached through life skills.	19 415	20 385 (Target of approx. 5 % annually)	21 404 (Target of approx. 5 % annually)	22 474 (Target of approx. 5 % annually)	23 599 (Target of approx. 5 % annually)	24 799 (Target of approx. 5 % annually)		
	Number of people reached with community dialogues on beneficial cultural and family value systems	New	2 200 (Target of 50 ppl per 4 dialogues/ district)	1 100 (Target of 50 ppl per 4 dialogues/ district)	1 100 (Target of 50 ppl per 4 dialogues/ district)	1 100 (Target of 50 ppl per 4 dialogues/ district)	1 100 (Target of 50 ppl per 4 dialogues/ district)		



STRATEGIC OBJECTIVE 4: CAPACITATE COMMUNITIES TO DRIVE SOCIAL CHANGE BY COORDINATING COMMUNITY INTERVENTIONS RELATED TO REDUCTION IN TEENAGE PREGNANCY, GBVF AND HIV INFECTION.									
EXPECTED OUTCOME 4.1: COMMUNITIES CAPACITATED AND TAKING OWNERSHIP OF INTERVENTIONS FOR SUSTAINABILITY.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target				Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)	
			2025/26	2026/27	2027/28	2028/29	2029/30		
Capacity building on public participation for community groups e.g. traditional leaders, traditional health practitioners, youth leaders, faith-based leaders.	Number of capacity building sessions on public participation for community groups held.	New	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	COGTA OTP; DSD; DSAC. Municipality. Support partners NGOs; CBOs. Civil Society Community structures e.g. War Rooms Private Sector.	
	Number of people reached with capacity building sessions on public participation for community groups.	New	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)		



STRATEGIC OBJECTIVE 5: ACTIVELY ENGAGE AND INVOLVE ADOLESCENT BOYS AND YOUNG MEN IN ERADICATING GBVF, CHILD AND TEENAGE PREGNANCY									
EXPECTED OUTCOME 5.1: REDUCED CASES IN STATUTORY RAPE, GBVF AND OTHER FORMS OF ABUSE.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target				Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)	
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct peer-led communications and awareness campaigns against GBVF, statutory rape and other forms of abuse.	Number of peer-led communication and awareness campaigns against GBVF, statutory rape and other forms of abuse conducted.	New	22 (2 major campaigns per district	22 (2 major campaigns per district	22 (2 major campaigns per district	22 (2 major campaigns per district	22 (2 major campaigns per district	Civil Society	DCSL, SAPS, DSD, DOH, DOE, DSAC, COGTA, Traditional Leaders. Support Partners. Municipalities. NGOs; CBOs Community structures e.g. War Rooms.
	Number of ABYM and men reached with peer-led communication and awareness campaigns against GBVF, statutory rape and other forms of abuse.	170 020	187 022	205 724	226 296	248 926	273 818	Civil Society	
	Number of new sexual offence cases seen at health facility.	11 510	- (Working towards zero sexual offences)	- (Working towards zero sexual offences)	- (Working towards zero sexual offences)	- (Working towards zero sexual offences)	- (Working towards zero sexual offences)	DOH Civil Society	
	Number of sexual assault case under 12 years.	3 970	- (Working towards zero children sexual assault)	- (Working towards zero children sexual assault)	- (Working towards zero children sexual assault)	- (Working towards zero children sexual assault)	- (Working towards zero children sexual assault)		



STRATEGIC OBJECTIVE 5: ACTIVELY ENGAGE AND INVOLVE ADOLESCENT BOYS AND YOUNG MEN IN ERADICATING GBVF, CHILD AND TEENAGE PREGNANCY									
EXPECTED OUTCOME 5.1: REDUCED CASES IN STATUTORY RAPE, GBVF AND OTHER FORMS OF ABUSE.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target				Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)	
			2025/26	2026/27	2027/28	2028/29	2029/30		
Hold regular mass mobilisation and awareness campaigns in communities on GBVF, rape, abuse.	Number of persons reached through social crime prevention programmes.	370 455	388 977 (Target of approx. 10 % annually)	408 426 (Target of approx. 10 % annually)	428 848 (Target of approx. 10 % annually)	450 290 (Target of approx. 10 % annually)	472 804 (Target of approx. 10 % annually)	DSD	DCSL, SAPS, DOH, DOE DSAC, COGTA Traditional Leaders. Support Partners. Municipalities. NGOs; CBOs. Civil Society Community structures e.g. War Rooms. Private Sector.
	Number of victims of GBVF who accessed sheltering services.	2 535	2 662	2 795	2 935	3 081	3 235		
Conduct training sessions targeting various population groups on laws on consent, statutory rape, GBVF and other forms of abuse.	Number of trainings on laws on consent, statutory rape, GBVF and other forms of abuse.	New	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	DJCD and NPA	DCSL, SAPS, DOH, DOE DSAC, COGTA Traditional Leaders. Support Partners. Municipalities. NGOs; CBOs. Civil Society Community structures e.g. War Rooms. Private Sector.
Conduct training sessions targeting various population groups on laws on consent, statutory rape, GBVF and other forms of abuse.	Number of people reached with trainings on laws on consent, statutory rape, GBVF and other forms of abuse.	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)	600 (50 ppl / session at 4 districts)		



STRATEGIC OBJECTIVE 5: ACTIVELY ENGAGE AND INVOLVE ADOLESCENT BOYS AND YOUNG MEN IN ERADICATING GBVF, CHILD AND TEENAGE PREGNANCY									
EXPECTED OUTCOME 5.1: REDUCED CASES IN STATUTORY RAPE, GBVF AND OTHER FORMS OF ABUSE:									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct active mobilisation drives for PSS uptake for victims of GBVF and statutory rape and provide PSS for victims.	Number of victims of crime and violence accessing support services.	44 677	46 911 (Target of approx. 5 % annually)	49 256 (Target of approx. 5 % annually)	51 719 (Target of approx. 5 % annually)	54 305 (Target of approx. 5 % annually)	57 020 (Target of approx. 5 % annually)	DSD	DCSL, SAPS, DOH, DOE, DSAC, COGTA, Traditional Leaders, Support Partners, Municipalities, NGOs, CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.
Strengthen linkage to legal redress and referrals for victims of GBVF and statutory rape and their families.	Number of GBVF, rape and other forms of abuse reported.	New	100%	100%	100%	100%	100%	DCSL, SAPS	DJCD, NPA, DSD, DOE, DOH, DSAC, Traditional Leaders, Support Partners, Municipalities, NGOs, CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.



STRATEGIC OBJECTIVE 6: PRIORITISE THE HANDLING OF GENDER-BASED VIOLENCE AND FEMICIDE (GBVF) CASES, PARTICULARLY THOSE AFFECTING CHILDREN, TO ENSURE APPROPRIATE CONVICTIONS									
EXPECTED OUTCOME 6.1: INCREASED NUMBER OF CONVICTIONS FOR FORCED VIOLENCE OR GBVF RELATED CASES									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target				Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)	
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct regular training/sensitisation sessions for service providers on handling of cases of rape, GBVF, and other forms of abuse.	Number of training/sensitisation sessions held for service providers on handling of cases of rape, GBVF, and other forms of abuse.	New	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	NPA	DJCD, DOE, DSAC, DCSL, SAPS, OTP Municipalities. Traditional Leaders. Support Partners. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.
	Number of service providers reached with training/sensitisation on handling of cases of rape, GBVF, and other forms of abuse.	New	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)		
Conduct peer-led advocacy and awareness campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	Number of peer-led advocacy and awareness campaigns held on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	Civil Society	SAPS, DCSL, DSD, DOH, DOE, DSAC Municipalities. Traditional Leaders. Support Partners. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.



STRATEGIC OBJECTIVE 6: PRIORITISE THE HANDLING OF GENDER-BASED VIOLENCE AND FEMICIDE (GBVF) CASES, PARTICULARLY THOSE AFFECTING CHILDREN, TO ENSURE APPROPRIATE CONVICTIONS.									
EXPECTED OUTCOME 6.1: INCREASED NUMBER OF CONVICTIONS FOR FORCED VIOLENCE OR GBVF RELATED CASES.									
Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target				Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)	
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct regular training/sensitisation sessions for service providers on handling of cases of rape, GBVF, and other forms of abuse.	Number of training/sensitisation sessions held for service providers on handling of cases of rape, GBVF, and other forms of abuse.	New	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	3 (1 session for 3-4 districts)	NPA	DJCD, DOE, DSAC, DCSL, SAPS, OTP Municipalities. Traditional Leaders. Support Partners. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.
	Number of service providers reached with training/sensitisation on handling of cases of rape, GBVF, and other forms of abuse.	New	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)	360 (30 ppl / session at 4 districts)		
Conduct peer-led advocacy and awareness campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	Number of peer-led advocacy and awareness campaigns held on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	New	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	22 (2 major campaigns per district)	Civil Society	SAPS, DCSL, DSD, DOH, DOE, DSAC Municipalities. Traditional Leaders. Support Partners. NGOs; CBOs. Civil Society. Community structures e.g. War Rooms. Private Sector.



STRATEGIC OBJECTIVE 6: PRIORITISE THE HANDLING OF GENDER-BASED VIOLENCE AND FEMICIDE (GBVF) CASES, PARTICULARLY THOSE AFFECTING CHILDREN, TO ENSURE APPROPRIATE CONVICTIONS.

EXPECTED OUTCOME 6.1: INCREASED NUMBER OF CONVICTIONS FOR FORCED VIOLENCE OR GBVF RELATED CASES.

Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct peer-led advocacy and awareness campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	Number of people reached with peer led advocacy campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	New	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	Civil Society	SAPS, DCSL, DSD, DOH, DOE, DSAC, Municipalities, Traditional Leaders, Support Partners, NGOs, CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.

STRATEGIC OBJECTIVE 6: PRIORITISE THE HANDLING OF GENDER-BASED VIOLENCE AND FEMICIDE (GBVF) CASES, PARTICULARLY THOSE AFFECTING CHILDREN, TO ENSURE APPROPRIATE CONVICTIONS.

EXPECTED OUTCOME 6.1: INCREASED NUMBER OF CONVICTIONS FOR FORCED VIOLENCE OR GBVF RELATED CASES.

Interventions/ Activities	Output (Indicator)	Baseline 2024/25	Target					Responsibility (responsible for activities and output)	Supporting Organisations (Enhance collaboration and integration)
			2025/26	2026/27	2027/28	2028/29	2029/30		
Conduct peer-led advocacy and awareness campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	Number of people reached with peer led advocacy campaigns on reporting and conviction of perpetrators of GBVF, statutory rape and other forms of abuse cases.	New	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	22 000 (Target of 1 000 per campaign)	Civil Society	SAPS, DCSL, DSD, DOH, DOE, DSAC, Municipalities, Traditional Leaders, Support Partners, NGOs, CBOs, Civil Society, Community structures e.g. War Rooms, Private Sector.

14. Coordination, Monitoring and Evaluation

14,1 Coordination: Effective coordination along with integration are platforms that remain critical for

delivery of services, ensuring that services reach the right beneficiaries efficiently.



Excerpt from community dialogues regarding Implementers factor

This strategy envisages a strong co-ordination aspect where all stakeholders work synergistically, increasing efficiency by reducing redundancies and lowering resource requirements by leveraging resources and abilities and jointly addressing cross-cutting issues examples of which include campaigns.

Coordination will facilitate the integration of services across departments, pooling of resources and support, referrals, and establishing clear roles between stakeholders especially at community level.

In the longer run, coordination may support aligning the various relevant policies that reference AYP that may

be conflicting thus contributing to better delivery of services.

This AYP Technical Working Group (TWG) will be responsible for the coordinating function of this strategy. Overall, the TWG will address the challenges working in silos, limited visibility of programmes and increasing community involvement.

14,2: Monitoring and Evaluation:

The AYP TWG will also be responsible for monitoring implementation of this strategy and will be supported by the HIV, TB and STIs Directorate in the Office of the Premier. Activities related to monitoring, evaluation and reporting will include

- Data collection and reporting.



- Conducting data quality reviews.
- Reports preparation and dissemination.
- Conducting progress review on a periodic basis.
- Conducting medium-term and end-term evaluation.





Annex

Annex 1:Stakeholder collaboration in this Multi-sectoral Strategy

This strategy is developed on a platform of enhancing coordination, collaboration and integration in curbing the serious problem of child and teenage pregnancies.

The table below highlight areas where specific organisations can contribute to this collaboration.

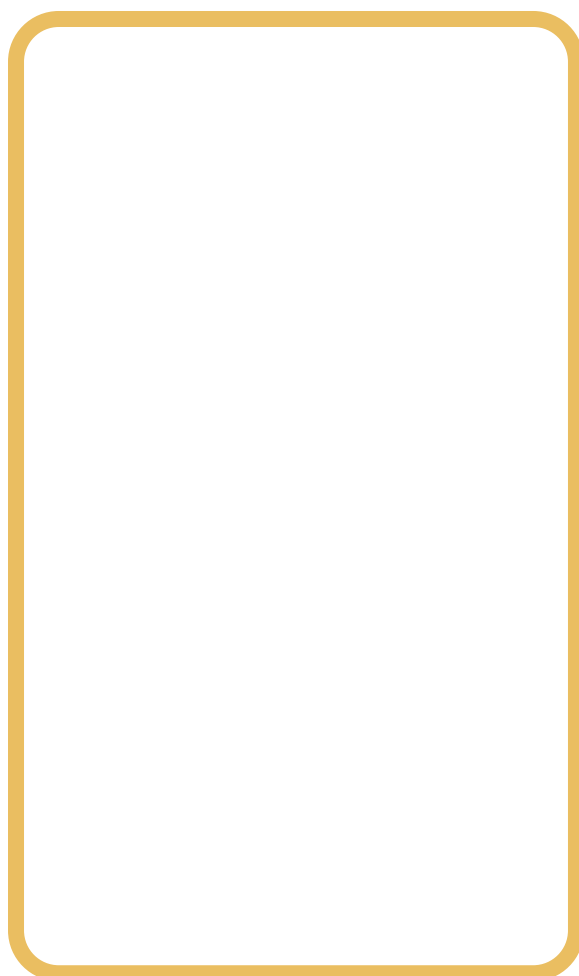
DEPARTMENT	AREAS FOR POTENTIAL COLLABORATION IN THIS MULTISECTORAL STRATEGY
Agriculture and Rural Development	Food security initiatives at community level to fight hunger and improve nutrition especially to vulnerable populations including young people and children.
Community Safety and Liaison	Support to crime reduction especially GBVF cases, sexual abuse cases including statutory rape.
Co-operative Governance and Traditional Affairs:	Build capacity of community level leaders such as Councillors and Traditional Leaders to effectively respond to issues affecting communities including crime, child and teenage pregnancies. Enhance public participation in this strategy and delivery of services through platforms such as OSS/DDM.
Correctional Services	Prevent and manage of HIV, TB and STIs in correctional facilities and ensuring effective reintegration of offenders into society.
Economic Development, Tourism and Environmental Affairs	Guidance on implementation of economic policies and strategies that will enhance sustainable development in communities including creation of decent economic opportunities and greater equality.
Education	Education, comprehensive sexuality education and information; provide life skills education; ensure universal access to early childhood development services and enable access to sexual and reproductive health services.
Employment and Labour	Reduce unemployment in key and vulnerable populations including young people.



DEPARTMENT	AREAS FOR POTENTIAL COLLABORATION IN THIS MULTISECTORAL STRATEGY
Department of Health	Biomedical, prevention, treatment and care services on HIV, TB and STIs; market and provide sexual and reproductive health services and ensure functioning of adolescence and young people friendly centres and enhance male friendly health services.
Department of Home Affairs	Vital registration, lead integration of registration data bases, protect and verify the identity of citizens and other persons residing in the province.
Human Settlements and Public Works	Address housing needs of communities especially vulnerable communities; coordinate and support prioritisation of young people in expanded public works programmes.
Justice and Constitutional Development	Ensure harmonisation and appropriateness of inter sectoral strategies, guidelines and policies relating to prevention and combating of HIV, TB and STIs and crime especially GBVF, sexual abuse and rapes.
Social Development	Prevention and empowerment measures through social and behaviour change programmes; ensure well-being of individuals, families and communities and promote victim empowerment programmes.
Sports, Arts and Culture	Active recreation programmes e.g. youth camps and opportunities to promote prevention and create child and teenage pregnancy free communities.
Transport	Promote and ensure travel safety of all passengers especially females and children.
Treasury	Support the mobilisation of resources for implementation of interventions to curb child and teenage pregnancy; monitor return on investments and ensure funds allocated for interventions are used efficiently and effectively.
National Prosecuting Authority.	Ensure justice for the victims of crime including GBVF, sexual abuse and statutory rape by prosecuting without fear, favour and prejudice.
Office of the Premier	Strategic leadership and coordinate and facilitate integration of stakeholders to respond to curbing child and teenage pregnancies and HIV, TB and STIs.



DEPARTMENT	AREAS FOR POTENTIAL COLLABORATION IN THIS MULTISECTORAL STRATEGY
South African Police Service	Strengthen community awareness on crime control including crimes against women and children; monitor measures to address alcohol abuse through curbing proliferation of illegal liquor outlets and ensuring compliance of liquor legislation by liquor traders and contribute to minimizing drug abuse and promote human rights through curbing of drug supply networks.
South African Social Security Agency (SASSA)	Ensure social assistance and support to vulnerable populations.
Universities and Other Institutions of Higher Learning	Support a comprehensive policy and research agenda on addressing Child and teenage pregnancies.
All departments	Support to vulnerable groups through EPWP and other relevant programmes; implement employee health and wellness programmes and support partnerships and integration with departments and other stakeholders to drive child and teenage pregnancy interventions.





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