



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Concept Note

SEXUAL REPRODUCTIVE HEALTH & HEALTHY LIFESTYLE MONTH 2023

“Equalize” get involved in sexual reproductive health matters by keeping everyone safe & protected

Equalize to Eliminate STIs & Teenage Pregnancy

#Take Responsibility # Condomise #
#Get Tested #

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1. BACKGROUND

Reproductive Health and Rights are human rights enshrined in the South African Constitution. They are also the Department of Health is mandated to provide. Sexual and Reproductive health awareness month is a yearly campaign designed to raise awareness on sexual and reproductive health rights for all South African citizens, and the services rendered by the Department of Health. The Sexual and Reproductive health awareness month is aimed at addressing various health issues through promoting contraceptives uptake and improving sexual health behaviour. During the campaign, awareness is raised regarding prevention interventions such as (i) the use of different contraceptive methods, (ii) condom use to prevent both HIV, STI and unintended pregnancies and (iii) voluntary male medical circumcision to reduce the risks of acquiring HIV and other STIs. The SRH campaign will place an emphasis on persons with disabilities. *"People with disabilities are at risk for exposure to HIV infection and are less likely to access prevention, testing and treatment."* Several studies reported that persons with disabilities have lower levels of knowledge on HIV/AIDS, and more frequently engage in risky sexual behaviour, such as being involved in transactional sex and experiencing an increased risk of sexual violence.

Furthermore, the SRH campaign will also focus on safe sex in the context of HIV by ensuring those living with HIV are on ARV treatment, are virally suppressed and unable to transmit the virus to their sexual partners (U=U strategy). In the lifestyle context, the campaign will integrate healthy lifestyle practices which aim to address the growing trend of NCDs, such as cardiovascular diseases, cancer, Type 2 Diabetes Mellitus, chronic obstructive pulmonary disease and mental health disorders. Furthermore, the campaign will also focus on key populations as they are important to the dynamics of HIV transmission and are essential partners for an effective response to the epidemic.

1.1. SEXUAL REPRODUCTIVE HEALTH

Reproductive health services are important tools in promoting the well-being of men and women - especially women, as reproductive health contributes to their empowerment. Providing family planning, infertility counselling, SRH information, and education is a great contributing factor towards the achievement of gender equality and equity. Sexual and Reproductive health services are important tools in promoting the well-being of men and women, especially women, women are able to exercise their rights and choices through informed decision, that actually contribute to women empowerment. Having control over reproduction and sexuality can contribute to empowering women in areas such as education, health, and employment. Within SRH, it is important to consider sexually transmitted infections, pregnancy, voluntary male medical circumcision, condoms and other forms of contraception, and youth and adolescent health services.

1.1.1 Sexually Transmitted Infections Awareness

Sexually Transmitted Infections (STIs) Awareness Week, is observed during the second full week in February. The week provides an opportunity to raise awareness about STIs and how they impact our lives. It aims to reduce STI-related stigma, fear, and discrimination; and to ensure people have the tools and knowledge to prevent, test for, and treat STIs. The World Health Organization's (WHO) Global Health Sector strategy 2022–2030 details the vision, goals, and actions to ending the STI epidemic. STIs are among the most common acute conditions worldwide, with sub-Saharan Africa ranking among the regions with the highest burdens globally. Adolescent girls and young women (AGYW), people living with HIV, pregnant women, and key and vulnerable populations are disproportionately affected by STIs. The common, curable STIs, chlamydia, gonorrhea, syphilis, and

trichomoniasis, are all associated with a higher risk of HIV acquisition and transmission. Complications of STIs resulting in serious morbidity include poor sexual and reproductive health outcomes such as infertility, ectopic pregnancy, poor pregnancy outcomes, congenital infections, and cancer, most of which are preventable with early identification and treatment. STI prevalence and incidence are also particularly high among young women receiving HIV Pre-Exposure Prophylaxis (PrEP), with studies reporting chlamydia prevalence ranging from 8.0% to 20.6% and gonorrhoea from 1.4% to 8.9% among women aged 15 – 24 years in South Africa. Although the scale-up of PrEP and the provision of an integrated approach to HIV prevention and SRH provides an opportunity to improve STI control. STI diagnosis and management services in sub-Saharan Africa have remained relatively unchanged.

i) 1.1.2 Elimination of Syphilis

Syphilis is a bacterial infection that is mainly spread through sexual contact. Left untreated, it can have severe long-term impacts on the health of both women and men. It can also be transmitted from mothers to infants during pregnancy or delivery resulting in the infant having congenital syphilis. which has devastating consequences for the infant gets infected

South Africa's National Institute for Communicable disease (NICD) defines congenital syphilis it as a "severe, disabling, and often life-threatening infection seen in infants". Mother-to-child transmission (MTCT) of syphilis during pregnancy can lead to serious foetal outcomes in the second or third trimester, including early foetal death, stillbirth, neonatal death, preterm birth, low birth weight, and congenital infection in infants. Syphilis is the second most common infectious cause of stillbirth worldwide and an important preventable contributor to infant morbidity and mortality. Preventing MTCT of syphilis through expanded early testing in antenatal care (ANC) and immediate treatment with a single injection of benzathine penicillin is highly cost-effective and eliminating MTCT of syphilis is feasible in settings where maternal prevalence is low enough. About 50 percent of untreated maternal infections are transmitted to the neonate during birth. Treating partners reduces the likelihood of re-infecting the index patient and decreases the burden of infection.

Of particular concern during pregnancy are syphilis, hepatitis B, and HIV:

- The current trends of seroprevalence of HIV/syphilis co-infection and syphilis infection over time measured through the HIV ANC survey indicate the re-emergence and rising syphilis infections with a high risk of congenital syphilis.
- Early identification of infected women through robust screening of all pregnant women and appropriate and timely treatment for those who tested positive to prevent congenital syphilis.
- Whilst horizontal transmission during childhood remains the primary mode of HBV transmission, vertical transmission from mother to child remains an important mechanism of infection in countries with high HBV prevalence like South Africa.
 - Healthcare workers must be aware of the required management of an HBV-infected mother and her infant as outlined in the National Guidelines for the Management of Viral Hepatitis.

ii) STIs during pregnancy

Of particular concern during pregnancy are syphilis and hepatitis B:

- The current trends of seroprevalence of HIV/syphilis co-infection and syphilis infection over time as measured through the HIV ANC survey, indicates an increase in syphilis infections with a high risk of congenital syphilis.
- Early identification of infected women through robust screening of all pregnant women and ensuring appropriate and timely treatment for those who tested positive is key in preventing congenital syphilis.

- Whilst horizontal transmission during childhood remains the primary mode of HBV transmission, vertical transmission from mother to child remains an important mechanism of infection in countries with high HBV prevalence.
- Healthcare workers must be aware of the required management of an HBV-infected mother and her infant as outlined in the National Guidelines for the Management of Viral Hepatitis.

Some of unwanted risks and effects of STIs to reproductive health includes.

- long term infertility
- In pregnant women- early labour leading to preterm births and subsequently early neonatal deaths

1.1.3 Safe Pregnancy Awareness

Pregnancies among adolescent girls remain a global problem. An estimated 21 million girls aged 15–19 years, in developing countries, become pregnant and about 12 million of them give birth every year. Pregnancies not only have adverse health risks for adolescent mothers and their babies – these problems can persist into the next generation. For example, girls who become pregnant often drop out of school, limiting their future economic opportunities and perpetuating a cycle of poverty. South Africa recorded increased rates of teenage pregnancies in some parts of the country between 2018 and 2019 and more recently during the COVID-19 pandemic.

i) Drivers of teenage pregnancy

Even before the pandemic, in South Africa, 16% of young women aged 15-19 had begun childbearing. The figure ranges between 11% in urban areas and 19% in rural areas. One factor that has contributed to this is violence against women and girls. In South Africa one in three women experience gender-based violence and one in five children under the age of 18 experience sexual abuse. Several studies revealed a worryingly high rate of pregnancy amongst young people. Studies also found that most (70%) of the pregnancies were not planned, and adolescent girls and young women have a high unmet need for contraception and that health system barriers to contraception services persist.

1.1.4 Increasing Awareness on Voluntary Male Medical Circumcision (VMMC)

The national Voluntary Medical Male Circumcision (VMMC) programme, since 2010 to date, has performed >5 million circumcisions, offering men a range of HIV related services & conferring protection against HIV (60%) and other STIs (HPV, Syphilis, HSV-2, amongst others). Men are also affected by other diseases and health conditions, hence needing a spectrum of health services, including sexual and reproductive health services. The national MMC programme, since 2010 has been attracting thousands of males annually to the health system and hence acts as a gateway for Men's health. There are no dedicated men health clinics in the country where men can freely access health services. The national MMC programme over the years has developed high volume MMC sites in all provinces & districts and through these sites will offer a package of Men's health services to all males accessing MMC services as a kick-off to Men's health services.

- Promote responsible male sexual behavior and encourage men to support their female partners and children to meet their sexual and reproductive health needs.
- Provide sexual and reproductive health education and counselling. Sexual and reproductive health education and services are as important for men and adolescents as for women. Many people and organisations can provide

information and services, including parents, teachers, non-governmental organisations, churches, and youth groups, as well as healthcare providers in outpatient, family planning, STI and HIV clinics.

- Promote penile hygiene and prevent penile cancers
- Reduce urinary tract infections.
- Promote men's health that will impact on the health of the population, including their female counterparts.

The Strategy aims to deliver a comprehensive and integrated package of care for men and boys across the life course. The overarching aim of the Strategy is to improve the overall health and wellbeing of South African men's and boys' health. At the heart of the Strategy are three core objectives and associated actions that are designed to drive meaningful progress towards the Strategy's overarching goal. These include a clear commitment to:

- Empower and support men and boys to optimise their own and each other's health and wellbeing.
- Strengthen the capacity of the health system to provide quality appropriate preventative care for men and boys.
- Build the evidence base for improving men's health.

1.1.5 Raise Awareness of STI/HIV Prevention Amongst Young People

Adolescence refers to the transitional phase of physical and psychological development that occurs from puberty to adulthood. This phase includes a desire for autonomy and increased sexual risk-taking behaviours, making adolescents particularly vulnerable to sexually transmitted diseases. STIs affect individuals of all ages, but adolescent girls and young women are disproportionately impacted. Studies have shown that adolescent girls and young women are at a higher risk of acquiring STIs because of social circumstances and high-risk sexual behaviours, including unprotected sex. Self-reported STIs allow health facilities to provide specific prevention and control interventions to tackle the spread of infections. In South Africa, young women between the ages of 15 and 24 made up 37% of new HIV infections in 2016. Adolescents seem to lack awareness and knowledge of HIV and STIs together with a lack of knowledge of the seriousness of STIs.

The highest prevalence of STIs, worldwide and in Africa is among young people. One of the most common STIs is HPV, with a peak occurring during adolescence and decreasing with increasing age. Women who sexually debut at ≤ 16 years are at higher risk for being HPV infected. Reducing risky adolescent sexual behaviour should be one of the primary goals of the 21st century. This includes providing protection from STIs, improvement of contraception compliance and the correct use of mass media. South Africa's commitment to this is shown in one of the millennium developments goals to combat HIV and other diseases. Adolescents and Youth are a priority for the department and the government at large. In response to the challenges, the department of health's National Adolescent and Health Policy 2017 recommended the establishment of a youth zone as a low-hanging fruit to fast-track the implementation of the Adolescent and Youth Friendly Services (AYFS).

The National Adolescent and Health Policy of 2017 recommended the involvement of young people in designing interventions to address their challenges and to align with the five objectives of the She Conquers campaign, the Department of Health is committed in the recommendation of the Youth Policy to make sure that young people lead the implementation and monitoring of youth programs.

Human sexuality is a broad term that includes the interaction among anatomy, hormones and physiology, psychology, interpersonal relationships, and sociocultural influences. When considering reproductive health among youth, it is important to consider the factors that contribute to the risk and vulnerability of a person or a population group. It is important to raise awareness of the risks and vulnerabilities among youth to ensure they are accountable and remain knowledgeable.

i) Risk

Risk is defined as the probability that a person may acquire HIV, an STI or have an unplanned pregnancy. Certain behaviours create, enhance, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple unprotected sexual partnerships, injecting drug use with contaminated needles and syringes. Early sexual debut, multiple partners, new partners or partners with multiple partners, noncompliance to condom use, and alcohol and other drug consumption is associated with increased acquisition of STIs. The behavioural traits are specific to adolescents.

ii) Vulnerability

Vulnerability results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection, STI or unplanned pregnancy.

These may include:

- (i) Personal factors include the lack of knowledge and skills required to protect oneself and others.
- (ii) Factors pertaining to the quality and coverage of services, such as inaccessibility of services due to distance.
- (iii) Societal factors, such as social and cultural norms, can act as barriers to essential prevention messages.

These factors, alone or in combination, may create or exacerbate individual vulnerability and, as a result, collective vulnerability to HIV.

Behavioural intervention strategies that can be used to reduce the previously discussed risks and vulnerabilities include:

- (i) Communication strategies to promote partner reduction, condom use, uptake of HIV counselling and testing services and promotion of ARV treatment for those living with HIV
- (ii) HIV /STI / Teenage Pregnancy Education
- (iii) Interpersonal communication, including peer education and persuasion.
- (iv) Social marketing prevention.
- (v)

1.1.6 Cervical cancer

Cervical cancer is caused by long-lasting infection of certain types of the human papillomavirus (HPV), which is a common virus that is passed from one person to another through sexual contact. All women are at risk of developing cervical cancer, however it is more prevalent among women aged 25 to 49 years, and women living with HIV. In its early stages there are usually no noticeable signs or symptoms, while in its more advanced stages one may experience symptoms such as unusual vaginal bleeding between periods, during and after sex, unusual vaginal discharge, and heavy periods that continue for longer than usual.

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To detect any changes in the cells through the process called pap smear where specimen is collected inside and outside the cervix for laboratory analysis. The new method of screening cells is called HPV DNA which checks on the presence of specific viruses responsible for cervical cancer. Pap smear is offered to women 30-50 years at 10 years interval for non-HIV positive women, women from age 20 years at 3 yearly interval for the HIV positive women

1.2. HEALTHY LIFESTYLE AWARENESS

World Health Organization (WHO) define lifestyle as “a way of living based on the identifiable patterns of behaviour, which are determined by the interplay between individual’s personal characteristics, social interactions, socio-economic and environmental living conditions. Healthy Lifestyle (HLS) aim to strive and obtain a balance between one’s personal health, and the health and the well-being of others. It has five pillars that response to modifiable risk behaviours wherein four are the drivers of non-communicable diseases (NCDs); physical active, healthy eating, tobacco control and alcohol substance abuse. Globally, the NCDs are responsible for approximately 80% of premature deaths in low- and middle-income countries. In the South African (SA) context, the major NCDs and suffers from the coexistence of undernutrition along with overweight, obesity, or diet-related NCDs, which are fuel with sedentary lifestyle, within individuals, households, populations, and across the life-course. This situation if not reversed imposes huge financial burden on the health system, and the country’s economy

1.2.1 Physical Activity

In South Africa the evidence indicates that there is a need to improve physical activity (PA), as recent statistics demonstrates low levels of physical activity engagements and high levels of sedentary behaviour and physical inactivity is found both amongst adults and children. PA has been shown to improve health and may be effective in reducing the occurrence, severity, and duration of respiratory tract infections. It is associated with better health and prevention of the development of disease, and it is important factor that prevent, manage and control NCDs. Furthermore, PA is associated with improving psychological outcomes, effect on mood, self-esteem, management of stress, cognitive function, and lastly the decline depression.

1.2.2 Healthy Eating

South Africa has seen an overall increase in unhealthy eating, such as high energy intake, sugar-sweetened beverages, the consumption of processed and packaged foods such as soft (sugary) drinks, sauces, dressings, and sweet and savoury snacks, and added caloric sweeteners, while the consumption of vegetables decreased. This does not exclude the environment where young people reside and changes in food patterns may be influenced the changing food environment.

1.2.3 Tobacco control

Provided evidence from the previous survey indicates that young people may be vulnerable to unhealthy risk behaviours, if not informed early to make better choices, such behaviours include the use of tobacco and its trending products amongst youth such hookah piper, electronic cigarette and other substance abuse. This include the nicotine that found in all tobacco products including the smokeless products which is deleterious to adolescent brain development and is highly addictive. A non-smoker who uses other products such as the electronic nicotine delivery system (ENDS) may become also addicted to nicotine and find it difficult to stop using ENDS. These products are marketed to be attractive to young people. There are various harmful chemicals in e-cigarettes are associated with eye and throat irritation, fatigue, and depression, including consequences for brain development and potentially leading to learning and anxiety disorders.

1.2.4 Alcohol and Substance abuse

Young people today are faced with more challenges and temptations than any other generation, this include the drugs and new forms of other harmful substances that are easily accessible to them. Peer pressure is a constant strain and influences the choices they make. The use of alcohol and drugs are associated with risky lifestyle behaviour among young people. Being intoxicated impaired people's judgement and can easily become involved in behaviour that can put one's healthy at risk, such as unprotected sex, contracting STDs and HIV.

1.2.5 Living with HIV/AIDS

The country has made great strides in making sure people living with HIV treatment formulations are aligned with the global space. The new DTG drug has been a great milestone and all people living with HIV in South Africa are now have access to this drug with TLD regimen for older people and DTG based regimens for children and adolescents. The biggest challenge faced by women and adolescents on treatment currently is unsuppressed viral loads, with suppression rates of 89 percent for women and 63 percent for children. The U=U strategy (undetectable = untransmittable) enable us to promote prevention of HIV while ensuring everyone is virally suppressed.

2. SRH CAMPAIGN

CHEKA Impilo

Theme: "Equalize" get involved in sexual reproductive health matters by keeping everyone safe & protected"

Sub Themes: "Advocacy and Action through Young People Sexuality Education, living a Healthy Lifestyle and promote safer sex and dual protection to reduce teenage pregnancy and HIV STIs "

"Behavioural risk factors of today are diseases of tomorrow, Be wise practice a healthy lifestyle"

February is Sexual and Reproductive Health and Healthy Lifestyle Month. Within this month there are various awareness days and weeks. The awareness weeks and days that are incorporated in the month of February are as follows:

Dates	Health events
04 February 2023	World Cancer Day
14 February 2023	National Epilepsy Week
10 – 16 February 2023	Pregnancy Awareness Week
12- 16 February 2023	STI\Condom Week
20 Feb – 31 March 2023	Human papillomavirus (HPV) vaccination first round
18 February 2023	Health Lifestyle Awareness Day

2.1 OBJECTIVES OF THE CAMPAIGN

- To promote early screening for the early detection of cervical pre-cancer, and management.
- To ensure topics of STI/HIV prevention and symptoms are amplified in multi-sector platforms to inform the public.
- To improve the accessibility of contraceptive services for all who want to use them.
- To increase the active participation and responsibility of men on SRH issues and to promote use of male infection prevention methods and condom use.
- To increase the level of knowledge on STIs/HIV amongst the general population and key populations (MSM, TG, SW, PWID).
- Address the myths around family planning services and availability of different methods of FP in the public sector.
- Educating women, and young people about dangers of accessing illegal abortion in the country
- Provide information on the availability of safe and legal abortion.
- To improve the sexual health of aging people; and people living with disabilities
- To ensure and encourage young people to be involved in all SRH/STI educational matters and are actively participating in and accessing youth friendly service aimed at improving their sexual health.

2.2 TARGET AUDIENCE

The target populations for the Reproductive Health campaigns are youth and key populations:

- **Primary target:** young people aged 10 to 24 years.
- **Secondary target:** general population 25 and above.

2.3 CAMPAIGN EDUCATIONAL MESSAGING

Messaging during the campaign will be packaged to cover condoms, STIs, pregnancy, SRH, Healthy Lifestyle practices and COVID-19 vaccination.

2.3.1 Educational Messages on Condoms

Condoms prevent the transmission of infections by reducing the risk of exposure to HIV and other STIs which occurs during sex. Laboratory studies show that the materials used to make most condoms (such as nitrile, latex, polyurethane, and polyisoprene) do not allow bacteria, viruses, or other germs to pass through them.

Therefore, condoms act as a barrier to HIV and STI infection by preventing the mouth, vagina, penis, and rectum from being exposure to:

- bodily fluids (such as semen, vaginal fluid, and rectal fluid) that can contain HIV and STIs and/or
- skin infected by an STI (such as herpes and syphilis sores or genital warts).



2.3.2 Educational Messages on STIs/Condoms / Pregnancy and Healthy Lifestyle

STI and HIV messages	Pregnancy education
<ul style="list-style-type: none"> - abstain and delay the beginning of the FIRST sexual debut. - be mutually faithful to one sexual partner. - use condoms correctly and consistently every time you have sex to protect yourself from unwanted pregnancy and STI, including HIV. - know your HIV status by testing every three months - know signs and symptoms of STIs (burning urine, abdominal pains, smelling discharge and sores around the genitals) - seek medical help with any sign of STIs. - inform my partner/s when infected with STIs to receive early treatment. - always communicate my health status (including my HIV and TB status) to the healthcare provider to receive appropriate intervention and for me and my partner to be checked and tested for STIs including HIV. - to know my TB status by going for TB screening - 	<ul style="list-style-type: none"> - know my HIV and TB status and that of my partner before planning pregnancy. - to plan pregnancies before 35 years of age to decrease the risk of foetal abnormalities - to abstain and delay sexual activity and other risky behaviours (multiple partners/drugs/alcohol abuse) as a young person. - to use contraception in addition to the use of condoms - to always use condoms correctly and consistently when having sex even during pregnancy - to eat healthily exercise regularly. - to stop drinking alcohol, smoking, or taking illicit drugs to prevent feta abnormalities. - to stop self-medication /taking any medication not prescribed by the healthcare provider and take adhere to prescribed medication - to take folic acid together with my contraceptive method to prevent fofetalbnormalities (three months before planning pregnancy) - to be aware of my health status and medical condition before planning pregnancy - to visit the nearest healthcare facility when not feeling well

STI and HIV messages	Pregnancy education
	<ul style="list-style-type: none"> - to if HIV positive and pregnant, take and adhere to antiretroviral (ARV) treatment, to stay healthy and to prevent infecting the child with HIV. - carry your Health Card when going to the facility -

3. CAMPAIGN APPROACH

The campaign activities will be executed through a three-phase approach during and post-February 2023, this will be done to sustain the visibility of the campaign. Additionally, all the below-mentioned activities will amplify the messages and content with a specific focus on young people. Emphasis should be made that it would be critical to harmonise all the stakeholder's efforts and capacities to achieve greater mileage for this campaign. Healthcare workers should be properly sensitised, capacitated and cautioned about the spike in demand creation that could lead to communities requesting services from healthcare facilities and partners.

3.1 PROPOSED ACTIVITIES

The following list provides an overview of the activities proposed for the campaign.

- Ministerial support for STI /SRH condom week.
- Facility support visit by the Ministerial delegates to the facility implementing youth zone and interacting with youth.
- Community radio station interview and the national radio interview regarding issues related to Youth programme support.
- Community outreach (blitz)/dialogues with men in the rural areas, TVETS and learners and communities.
- Youth Zone support visit
- Awareness drive that will be influenced by the data on the ground (Social mobilisation – door to door) to the provinces.
- Healthcare workers dialogues sensitisation campaign regarding eradication of Syphilis
- Key population activations - Men having Sex with Men (MSM), Sex Workers (SW), people with disability, the youth, the aged, women and people with disability etc.
- Roll-out of SRH services at TVETS campuses including (STI Partner Notification, STI/HIV/TB screening, and linkage to care)
- Discussion regarding cervical cancer and screening available.
- Youth engagements on the promotion of healthy lifestyle practices

3.2 CAMPAIGN WORKPLAN

The following table describes the proposed *Sexual, Reproductive Health integrating Healthy Lifestyle Awareness and Social Mobilisation campaign* schematic plan. The below-proposed activities are subject to approval by the Acting Deputy Director-General: HIV, AIDS, TB & MCWH. It is recommended that the commemoration week interventions should be a collaboration between the department of basic education and the department of health.

Proposed Activity	Proposed Time Frame	Lead Stakeholder and Partner/s	Proposed Province/Venue/Platform/s
1. Mobilize partners to amplify SRH, Healthy lifestyles and prevention	Commence from February 2023	<ul style="list-style-type: none"> Higher Health DBE SANAC Communications and the relevant sectors Loveline Soul City WHO UNFPA SABS 	<ul style="list-style-type: none"> National Mass media platforms Social Mobilization Partnership Engagements
2. Kick start the SRH campaign through a media engagement led by Minister and Deputy Minister supported by the relevant Senior Managers and Programme Managers SRHR campaign focusing on youth dialogues, health lifestyle and action march against illegal abortion	Kick -start the campaign on 1st February 2023 and ongoing media engagements thereafter	<ul style="list-style-type: none"> NDOH Media Houses and Broadcasters 	<ul style="list-style-type: none"> National Mass Media platforms National
3. Collaborate with Higher Health to commemorate the 2023 First things First Campaign	1st February - 28 February	<ul style="list-style-type: none"> NDOH Higher Health Loveline 	<ul style="list-style-type: none"> Western Cape Province

Proposed Activity	Proposed Time Frame	Lead Stakeholder and Partner/s	Proposed Province/Venue/Platform/s
		<ul style="list-style-type: none"> • Soul City • Key Youth Sector Partners 	
4. Activate radio interviews and a social media campaign on STIs/ and teenage pregnancy in partnership with youth programme partners and broadcasters	1st February 2023 - 31st March 2024	<ul style="list-style-type: none"> • SANAC • Lovelife • DBE • Soul City • SABC • Community Radio Stations • SABS • NICD 	<ul style="list-style-type: none"> • National Mass media platforms • Social Mobilization • Partnership Engagements
5. Commemorate the 2023 SRH/STIs/Condom week month campaign	Tuesday, 28 February 2022	<ul style="list-style-type: none"> • NDOH • SANAC • DBE • Higher Health • WHO • UNFPA • Lovelife • Soul City • SABS • NICD 	<ul style="list-style-type: none"> • Northern Cape (Sol Plaatje University)
6. Activate a healthy lifestyles outreach activation	TBC (Possibly mid-March March 2023)	<ul style="list-style-type: none"> • NDOH • DBE • Lovelife • Soul City • Youth Sector Partners 	<ul style="list-style-type: none"> • Mpumalanga Province
7. Activate a SRH Outreach event in Collins Chabane Municipality	TBC (Possibly early April 2023)	<ul style="list-style-type: none"> • NDOH • DBE • Lovelife • Soul City 	<ul style="list-style-type: none"> • Collins Chabane Municipality, Limpopo Province

Proposed Activity	Proposed Time Frame	Lead Stakeholder and Partner/s	Proposed Province/Venue/Platform/s
		<ul style="list-style-type: none"> Youth Sector Partners 	
8. Convene a HIV & TB prevention multi-sector engagement with people with disability as part of the 2023 World TB Day campaign	25 - 26 March 2023	<ul style="list-style-type: none"> NDOH NW DOH Disability Sector 	<ul style="list-style-type: none"> Northwest Province
9. Execute a youth prevention campaign and a campaign targeting key populations and men	March 2023 - April 2024	<ul style="list-style-type: none"> NDOH DBE Lifeline SA Youth Programme Partners 	<ul style="list-style-type: none"> Free State Province Mpumalanga
10. Convene a two-day national Prevention round table	End of April 2023	<ul style="list-style-type: none"> NDOH DBE Technical Partners WHO UNFPA Higher Health NICD 	<ul style="list-style-type: none"> Gauteng Province
11. Showcase SRH, Healthy lifestyles and youth programmes best practices during the SA AIDS Conference	20 - 23 June 2023	<ul style="list-style-type: none"> NDOH SANAC Communications and Sectors Lovelife Soul City 	<ul style="list-style-type: none"> Durban Inkosi Albert Luthuli International Convention Center Mass media platforms
12. Activate a national open dialogue with Key Populations	End August until November 2023 as part of WAD build-up	<ul style="list-style-type: none"> NDOH SANAC Sectors WHO UNFPA Key Populations Partners 	<ul style="list-style-type: none"> Eastern Cape Province Gauteng Province

4. MONITORING AND EVALUATION: DATA COLLECTION AND REPORTING

The proposed high-level indicators that should be used during and post SRH month include:

- 1) Number of **communities mobilised**.
- 2) Number of **campaigns implemented** (Social mobilisation: activations, outreach campaigns, dialogues etc).
- 3) Number of **young people reached** with services in terms of demand creation (HTS, TB service, Screening for NCD's, STIs screened, etc.).
- 4) Number of **IEC Materials** distributed.
- 5) Number of young people reached through **mass media platforms** (including print media coverage, audience ratings, listenership, and coverage in respect to other platforms for instance: social/digital media etc).
- 6) Number of people reached through the **community radio stations and campus radio stations**.
- 7) Number of male and female **condoms distributed**.
- 8) Number of **contraceptives supplied**.
- 9) Number of eligible people **linked to care**
- 10) Number of **community dialogues conducted**.
- 11) Number of **TVETS reached**.
- 12) Number of **school activations** conducted.