LONG REPORT

social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

DIAGNOSTIC EVALUATION

OF GOVERNMENT'S RESPONSE TO TEENAGE PREGNANCY IN SOUTH AFRICA

PRESENTATION:
FEBRUARY 2025

PRESENTATION OUTLINE

1. Background to the Study: Terms Of Reference, Approach & Methodology
2. Key findings: Policy implication Summary
3. Key Findings: by Evaluation Questions and Themes
4. Key findings from Thematic Analysis of Provincial Stakeholder Engagements
5. Discussions and conclusions
6. Summative Conclusion and Main Recommendations

BACKGROUND TO THE STUDY

- **Teenage pregnancy requires a comprehensive and multi-sectoral response, given its complex social determinants.**
- **Multiple programmes and services have been implemented by key stakeholders to address teenage pregnancy**
- **The Department of Social Development (DSD) provides:**
  - Prevention and early intervention programmes, including: *Ezabasha Dialogues and Risiha – Community-Based Prevention and Early Programmes.*

BACKGROUND TO THE STUDY

- **Social Behavioural Change (SBC) Programmes:**
  - *ChommY (for children aged 10–14).*
  - *YOLO – You Only Live Once (for youth aged 15–24).*
- **Intergenerational dialogues and training on:**
  - *Sexual and Reproductive Health and Rights (SRHR)*
  - *Intergenerational Communication on Adolescent SRHR*
  - *Comprehensive Sexuality Education (CSE) for out-of-school youth*
- **Advocacy for replication of the Nzululwazi model in schools with high learner pregnancy rates (identified by DBE), including:**
  - *Sharing lessons learned from the Nzululwazi model*
  - *Disseminating demographic data related to teenage pregnancy.*

BACKGROUND TO THE STUDY

- **Psychosocial support and therapeutic services for children and families**
- **Advocacy for replication of the Nzululwazi model in schools with high learner pregnancy rates (identified by DBE), including:**
  - *Sharing lessons learned from the Nzululwazi model*
  - *Disseminating demographic data related to teenage pregnancy.*
- **The National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy (2015) was developed through:**
  - *Inclusive research and consultative processes with multiple stakeholders.*
  - *Aimed to close policy and service delivery gaps in adolescent SRHR.*

BACKGROUND TO THE STUDY

- **DSD conducted national and provincial technical review sessions in collaboration with:** *Department of Health (DOH), Department of Basic Education (DBE), National Youth Development Agency (NYDA), Department of Women, Youth and Persons with Disabilities (DWYPD) & NPOs*

- **The Department of Basic Education (DBE):**
  - *Has submitted a new draft policy to address teenage pregnancy in schools*
  - *Offers sexuality education and promotes access to health services within schools*

THE PURPOSE OF THE STUDY

- The purpose of the study is to assess the relevance and responsiveness of government interventions (both programmes and services) in addressing the direct determinants of teenage pregnancies.
- In addition, the study will provide empirical evidence on appropriate interventions, policies and guidelines to manage teenage pregnancy.

KEY EVALUATION QUESTIONS

KEY EVALUATION QUESTIONS	SUB-QUESTIONS
a) What is the prevalence of teenage pregnancy in South Africa?	i. What is the demographic profile and what are the trends (statistics)?
a) What are current government and NPO programmes and services for teenage pregnancy?	i. What are the existing government services provided to adolescents in relation to teenage pregnancy? ii. What are the institutional priorities, commitments and capabilities for delivering programmes and services in relation to teenage pregnancy iii. What are the roles and responsibilities of different stakeholders? iv. What are the gaps? v. What are relevant international best practices for integrated service delivery which could work in the South African context in developing a framework for an effective country response (i.e. programme planning)?
a) What evidence from other countries exists on solutions that are working? Are there lessons that can be learned from these countries to develop workable solutions?	

DIAGNOSTIC EVALUATION DESIGN & METHODOLOGY SUMMARY

OVERALL EVALUATION DESIGN

- Methodological approach guided by Evaluation Analysis Framework
- Framework included evaluation questions, sub-questions, and research methods.
- Aligned with study objectives and Terms of Reference.

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DIAGNOSTIC EVALUATION DESIGN & METHODOLOGY SUMMARY

LITERATURE REVIEW & THEMATIC ANALYSIS

- Mapped definitions and sectoral responses to teenage pregnancy.
- Grouped responses into policies, legislation, and programmes.
- Identified cross-cutting initiatives across sectors.
- Applied thematic analysis using relevant, high-quality, recent evidence

DIAGNOSTIC EVALUATION DESIGN & METHODOLOGY SUMMARY

DATA SOURCES AND METHODS

- Administrative document review from selected institutions and provinces
- Literature review of policies, legislation, and programme evaluations
- Review of various publications and health surveillance tools: DHIS, StatsSA (2023), Thembisa Model, StatsSA (2023), DHA, Lifestyle Publications (2023), DHIS, Naomi Model (2023), Thembisa Model, StatsSA (2023), DHIS, Lifestyle Publications (2023), DHA, StatsSA (2023), Naomi Model, DHIS (2023), Thembisa Model, Lifestyle Publications (2023), South African Demographic and Health Survey (SADHS), Mid-Year Population Estimates (MYPE) – Stats SA, Stats SA. (2023). Recorded Live Births Report 2023. Pretoria: Statistics South Africa.SADHS. (2016). South Africa Demographic and Health Survey. National Department of Health (NDoH), Stats SA, SAMRC, and ICF.
- Focus on prevalence, service responses, institutional frameworks, and international comparisons

DIAGNOSTIC EVALUATION DESIGN & METHODOLOGY SUMMARY

MIXED-METHODS METHODOLOGY

- Combined secondary and primary data collection methods.
- Primary data: Key informant interviews and focus group discussions.
- Participants included DSD, DOH, DBE, DWYPD, NYDA, NPOs, UNICEF, UNFPA.
- Covered community services, child protection, SRHR, and learner pregnancy management.

DIAGNOSTIC EVALUATION DESIGN & METHODOLOGY SUMMARY

DATA ANALYSIS APPROACH

- Thematic analysis of evidence across sectors.
- Triangulation of literature, documents, and interview data.
- Qualitative content analysis of stakeholder perspectives.
- Descriptive analysis of trends, service coverage, and statistics.
- Comparative benchmarking against international best practices.

KEY FINDINGS: POLICY IMPLICATION SUMMARY

- Teenage pregnancy affects education, health, and social outcomes
- South Africa has a strong policy framework (e.g., Children's Act, ASRH&R Framework, Learner Pregnancy Policy)
- Implementation challenges remain, especially at provincial and municipal levels.
- Integrated service delivery is essential to tackle multi-dimensional drivers of teenage pregnancy
- Siloed sectoral responses by DSD, DOH, DBE limit collective impact
- Stronger coordination is needed via POA and Integrated School Health Programme (ISHP).
- Data systems lack real-time, disaggregated information for planning and targeting

KEY FINDINGS: POLICY IMPLICATION SUMMARY

- Need for integrated data platforms across DSD, DOH, DBE, SAPS, DOJ.
- Policies must address poverty, gender inequality, and school dropouts through empowerment strategies.
- Access to youth-friendly SRHR services is inconsistent due to stigma and poor service environments.
- Adolescent-centred service models and community education must be prioritised.
- Over-reliance on donor funding jeopardizes sustainability of SRHR and CSE programmes.
- Domestic resource mobilisation is crucial for continuity and scale-up.
- Conclusion: Shift from policy intent to inclusive, community-driven implementation with responsive systems.

KEY FINDINGS: STRATEGIC ACTIONS FOR POLICY STRENGTHENING

"Improving Government Response to Teenage Pregnancy in South Africa"

KEY FINDINGS: ACTIONS TO IMPROVE POLICY

IMPLEMENTATION – PART 1

- Strengthen implementation capacity through clear operational guidelines, staff training, and monitoring tools.
- Enhance intersectoral coordination via formal structures and revitalised POA & ISHP frameworks.
- Promote joint planning and budgeting across DSD, DOH, DBE, SAPS, DOJ, etc.
- Invest in real-time, disaggregated data systems at district level.
- Integrate platforms (DHIS, CRVS, NAOMI, Thembisa) into unified planning dashboards

KEY FINDINGS: ACTIONS TO IMPROVE POLICY

IMPLEMENTATION – PART 2

- Expand adolescent-friendly SRHR services, especially in rural and underserved areas.
- Improve provider training for inclusive, confidential, youth-centred service delivery.
- Address structural determinants, poverty, gender inequality, school dropout, through social protection and empowerment.
- Scale up SBCC programmes and community mobilisation to tackle stigma and harmful norms.
- Develop sustainable domestic financing strategies to reduce reliance on donor funding.

KEY FINDINGS: ACTIONS TO IMPROVE POLICY

IMPLEMENTATION – PART 3

- Institutionalise adolescent participation through youth advisory panels and peer-led initiatives.
- Involve adolescents in programme design, monitoring, and leadership development.
- Establish civic engagement platforms to build adolescent capacity in advocacy and governance WHILE TAKING INTO ACCOUNT THE BELA ACT IMPLICATION.
- Align all efforts under a coordinated, community-driven strategy supported by responsive systems.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

WHAT IS THE PREVALENCE OF TEENAGE PREGNANCY IN SOUTH AFRICA?

Teenage Pregnancy Prevalence Overview

- Teenage pregnancy is a significant health and development concern in South Africa
- Prevalence varies across provinces; highest in KwaZulu-Natal (18.1%), Limpopo (17.4%), and Mpumalanga (17.0%)

No.	Province	Teenage Pregnancy Rate	Primary Data Source
1.	Gauteng	13.2	DHIS, StatsSA (2023)
2.	Eastern Cape	16.8	Thembisa Model, StatsSA (2023)
3.	Northern Cape	14.5	DHA, Lifestyle Publications (2023)
4.	KwaZulu-Natal	18.1	DHIS, Naomi Model (2023)
5.	Limpopo	17.4	Thembisa Model, StatsSA (2023)
6.	Western Cape	12.3	DHIS, Lifestyle Publications (2023)
7.	Free State	15.6	DHA, StatsSA (2023)
8.	Mpumalanga	17.0	Naomi Model, DHIS (2023)
9.	North West	16.0	Thembisa Model, Lifestyle Publications (2023)

- Lowest rates recorded in Western Cape (12.3%) and Gauteng (13.2%)

KEY FINDINGS: TEENAGE PREGNANCE PREVALENCE

Indicators: birth occurrences, *live births*, *Age-Specific Fertility Rate* (ASFR), *Delivery in Facility Rate*, *Parity*, *Girls pregnant at time of GHS survey. (*Data sources: StatsSA: Census + MYPE + GHS, DOH DHIS, DHA CRVS.)

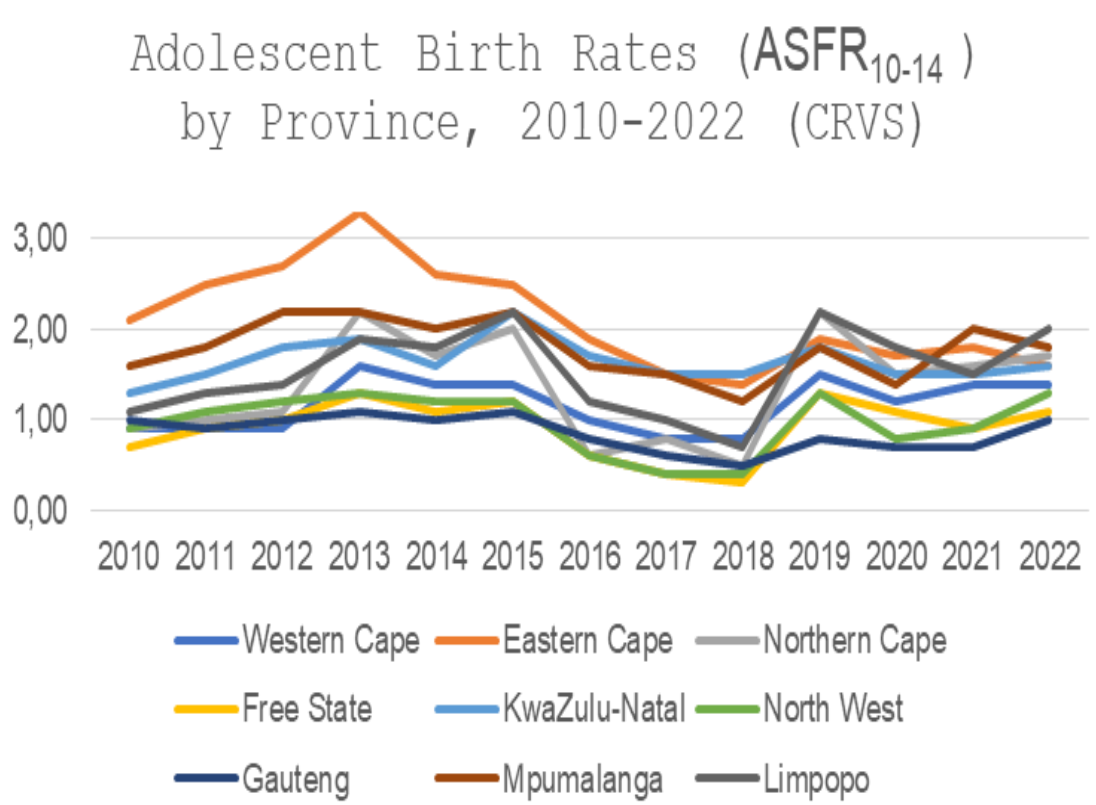
- Proportion of female population: $Girls_{10\text{-}14}$ about 8%, $girls_{15\text{-}19}$ 9% - StatsSA (2023b)
- $ASFR_{15\text{-}19}$ (per 1,000) ⬇️ 66,1 (2010), 60,2 (2016), 44,6 (2022) StatsSA (2024:7)
- $ASFR_{10\text{-}14}$ 1,3 (2010), 1,2 (2016), ⬆️ to 1,4 (2022) StatsSA (2024:7)
- $ASFR_{10\text{-}19}$ 35,1 (2010), 30,0 (2016), ⬇️ to 21,9 (2022) StatsSA (2024:7)
- $ASFR_{10\text{-}14}$ provincial ranking ⬇️: LP, MP, NC, EC, KZN, WC, NW, FS, GP. Some ⬆️
- $ASFR_{15\text{-}19}$ provincial ranking ⬇️ : NC, KZN, MP, LP, EC, NW, FS, WC, GP. General ⬇️
- $ASFR_{15\text{-}19}$ ⬇️ over 1996-2016: 71 in 2016. StatsSA 2023b from Census data

KEY FINDINGS: TEENAGE PREGNANCE PREVALENCE

- $Girls_{15-19}$ pregnant at time of GHS survey (2016-2019). ⬆️ *pregnancy frequency* (%) is associated with ⬆️ *age of girl*, over 2016-2019: 3,8 at age 15, ⬆️ to 27,8 at age 19 StatsSA (2023b)
- Highest and lowest proportion of registered birth occurrences to $girls_{15-19}$ observed in 2016 (12,3%) and 2018 (9,4%) respectively (StatsSA (2023b:16) (CRVS data)
- Overall, a gradual ⬇️ of *birth occurrences* across all provinces and over time (excluding 2018 in some provinces) (StatsSA (2023b:16) (CRVS data)
- $Girls_{10-19}$ (96%+) who give birth deliver in facility
- $Girls_{10-19}$ delivery in facility rate provincial ranking (⬇️): NC, KZN, MP, LP, EC, NW, FS, WC, GP. StatsSA (2024:7)

KEY FINDINGS: KEY INDICATORS AND FERTILITY TRENDS

- ASFR (15-19) marginal ⬇ 2010-2022
- ASFR (10-14) substantial ⬆ 2010-2022
- ASFR (10-19) marginal ⬇ 2010-2022
- ASFR (10-14) provincial ranking ⬇: LP, MP, NC, EC, KZN, WC, NW, FS, GP. Some ⬆
- ASFR (15-19) provincial ranking ⬇: NC, KZN, MP, LP, EC, NW, FS, WC, GP. General ⬇
- ASFR (15-19) 1996-2016: General ⬇
- ASFR (15–19) declined from 66.1 (2010) to 44.6 (2022).
- ASFR (10–14) remained low: 1.4 in 2022.
- Birth registrations improving; late registration declining.
- Teenage births account for 11.1% of all live births in 2022.



KEY FINDINGS: PROVINCIAL DISPARITIES & DEMOGRAPHIC DISTRIBUTION

- Proportion (%) of girls15-19 by parity and population group ⬇️ 1996-2016 - so-called African and Coloured adolescents had highest ASFR15-19 with parity 1 in 2016
- Provincial ASFRs15-19 from Census 1996–2011, CS 2016 datasets provide similar results for ASFRs15-19 from analysis of CRVS 2010-2022 dataset (for 2016)
- Provinces differ in ASFR trends and adolescent population proportions.
- Eastern Cape, Limpopo have highest adolescent proportions; Gauteng and Western Cape lowest.
- Gauteng had lowest ASFR (15–19): 27.6; Northern Cape highest: 65.7.
- Girls15-19 pregnant at time of GHS survey (2016-2019). ⬆️ pregnancy frequency (%) is associated with ⬆️ age of girl, over 2016-2019: 3,8 at age 15, ⬆️ to 27,8 at age 19 StatsSA (2023b)
- Highest and lowest proportion of registered birth occurrences to girls15-19 observed in 2016 (12,3%) and 2018 (9,4%) respectively (StatsSA (2023b:16) (CRVS data)

KEY FINDINGS: PROVINCIAL DISPARITIES & DEMOGRAPHIC DISTRIBUTION

- Overall, a gradual ⬇️ of birth occurrences across all provinces and over time (excluding 2018 in some provinces) (StatsSA (2023b:16) (CRVS data)
- Girls10-19 (96%+) who give birth deliver in facility
- Girls10-19 delivery in facility rate provincial ranking (⬇️): NC, KZN, MP, LP, EC, NW, FS, WC, GP. StatsSA (2024:7)
- Birth registrations for girls10-14 and status of registration (2022). Total Birth Registrations: 5,584: Current Registrations: 3,598 (64.4%), Late Registrations: 1,986 (35.6%) = 0.4% of all births 2022. StatsSA (2023)
- Substantial ⬆️ in births among teenagers (10-19 yrs) 2017 to 2021. Percentage increase in births from girls10-14 ⬆️ ⬆️ ⬆️ by 48.7%, notably off a small base StatsSA (2023b) and Barron et al (2022)
- Critical issue of very young teenage pregnancies - associated with higher medical & social risks. Automatically statutory rape in law - young child unable to provide sexual consent.

KEY FINDINGS: PROVINCIAL DISPARITIES & DEMOGRAPHIC DISTRIBUTION

- Total Birth Registrations girls15-19: 128,066. Current: 101,569 (79.3%), Late: 26,497 (20.7%) = 11.1% of all births 2022. Percentage increase in births from girls15-19 by 17.9%. (StatsSA (2023b), Barron et al (2022)
- ASFR15-19 ⬆️ 49.6 to 55.6 births per 1,000 girls during this period. (StatsSA (2023b))
- 18.2% of women20-24 gave birth by age 18 in SA (nearly 1 in 5) (UNICEF (2021) based on DHS 2016)
- Conclusion: Birth occurrences ⬇️ slowly over time, but teen pregnancy remains a significant country challenge, with high profile media and political coverage.
- Alarming ⬆️ ⬆️ ⬆️ in very young girls (10-14 yrs), but majority of pregnancies in older 15-19 yrs category, ⬆️ each yr as they mature.
- No evidence supporting widespread perception of increasing teenage pregnancies

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

WHAT ARE CURRENT GOVERNMENT AND NPO PROGRAMMES AND SERVICES FOR TEENAGE PREGNANCY?

OVERVIEW OF GOVERNMENT AND NPO SERVICES

- Multi-sectoral interventions across Social Development, Health, Education, and Home Affairs.
- Integrated planning tools: DHIS, DHA registration systems, Thembisa and Naomi Models.
- Services supported by Policy Frameworks and multi-sector collaboration including NPOs

KEY FINDINGS: DEPARTMENT OF SOCIAL DEVELOPMENT (DSD)

- Policies: Child Care & Protection Policy, White Paper on Families, Social Assistance Act.
- Services: Psychosocial support, SBCC, early intervention, social grants.
- Over 610,000 adolescents received psychosocial support (2023).

DEPARTMENT OF HEALTH (DOH)

- Policies: Adolescent & Youth Health Policy, Integrated SRHR Policy
- Services: Youth-friendly zones, SRHR care, antenatal support, contraceptives
- Choice on Termination of Pregnancy Act promotes reproductive autonomy

KEY FINDINGS: DEPARTMENT OF BASIC EDUCATION (DBE)

- Policies: HIV/STI/TB Policy (2017), Learner Pregnancy Management Policy (2022).
- Programmes: CSE via Life Orientation, AMAZE videos, school-based support.
- Limited deployment of social workers, many donor funded.

CROSS-SECTORAL & OTHER STAKEHOLDERS SERVICES

- Programmes: ISHP, National Strategic Plan, Programme of Action (POA).
- Stakeholders: NPOs, NGOs (LoveLife, Soul City, Marie Stopes), community leaders.
- DHA supports birth registration for access to grants and services.

KEY FINDINGS: POLICY & LEGISLATIVE RESPONSES

- Policies: White Paper on Welfare, Child Care & Protection, Families Policy.
- Laws: Children's Act, Criminal Law (Sexual Offences), Social Assistance Act.
- Legislation addresses structural drivers like poverty and inequality.

KEY FINDINGS: IMPLEMENTATION CHALLENGES & GAPS

- Weak inter-sectoral coordination, donor dependency, under-resourced services.
- Unequal deployment of social workers, limited youth engagement.
- Gaps in CSE roll-out, contraceptive access, and digital health tools.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

WHAT ARE THE ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS?

ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

Overview of Stakeholder Responsibilities

- Multiple stakeholders involved: DSD, DOH, DBE, DWYPD, DHA, NGOs.
- Commitments span SRHR services, psychosocial support, CSE, and school-based interventions.
- Implementation varies by province and institutional capacity.

KEY FINDINGS: ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

DSD

- Policies: White Paper on Welfare, Child Care & Protection, Families Policy.
- Services: Grants, psychosocial support, GBV response, ASRH&R Framework.
- Workforce challenges: SSP coverage low; uneven provincial distribution.

DOH

- Policies: Adolescent Health Policy, Integrated SRHR Policy, Termination of Pregnancy Act.
- Services: Youth-friendly clinics, Ideal Clinics, SRHR & contraceptive access.
- Challenges: Service quality and availability inconsistent across regions.

KEY FINDINGS: ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

DBE

- Policies: HIV/STI/TB Policy, Learner Pregnancy Policy, South African Schools Act.
- Interventions: CSE, SLPs, AMAZE videos, limited social worker deployment.
- Donor dependence: 85% of social service practitioners are donor-funded.

CHROSS-SECTORAL COORDINATION AND DATA SYSTEM

- Coordination initiatives: POA on Teenage Pregnancy, NSP on HIV/TB/STIs.
- Data tools: Thembisa & Naomi models, DHA birth registration systems.
- Gaps: Weak M&E, fragmented data systems across departments.

KEY FINDINGS: ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

DWYPD

- Advocates for gender equality and empowerment of women and girls.
- Develops policies on youth and gender-responsive planning.
- Leads on national coordination of gender mainstreaming across sectors.
- Promotes SRHR, access to services, and prevention of GBV.
- Engages in policy development and cross-sectoral dialogues.

NYDA

- Implements youth empowerment programmes and life skills training.
- Provides training in health, SRHR awareness and entrepreneurship.
- Partners with government departments to engage adolescents in decision-making.
- Supports youth participation in planning and peer-led initiatives.

KEY FINDINGS: ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

DWYPD

- Advocates for gender equality and empowerment of women and girls.
- Develops policies on youth and gender-responsive planning.
- Leads on national coordination of gender mainstreaming across sectors.
- Promotes SRHR, access to services, and prevention of GBV.
- Engages in policy development and cross-sectoral dialogues.

NPOs

- Deliver community-based sexual and reproductive health programmes.
- Provide psycho-social support services for adolescents and teen mothers.
- Engage in social behaviour change communication and advocacy.
- Key NPOs include LoveLife, Soul City, Marie Stopes, and others.
- Collaborate with government for implementation and capacity-building.

KEY FINDINGS: SUMMARY AND CONCLUSIONS

- Strong institutional mandates exist across departments.
- Implementation success affected by resource gaps and coordination challenges.
- Need for stronger collaboration, integrated M&E, and sustainable investment in adolescent services.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

WHAT ARE THE GAPS?

COORDINATION AND INTEGRATION GAPS

- Weak interdepartmental coordination despite well-defined mandates.
- Fragmented implementation of Programme of Action and ASRH&R Framework.
- Siloed operations lead to duplication and uneven service coverage.

SRHR SERVICE DELIVERY GAPS

- Inadequate and uneven adolescent-friendly SRHR service coverage.
- Rural provinces face limited access to contraceptives and counselling.
- Health services perceived as judgmental and unwelcoming by adolescents.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

EDUCATION AND CSE GAPS

- Inconsistent rollout of CSE programmes and reliance on external support.
- Inadequate teacher training and limited social worker deployment in schools.
- Weak implementation of reintegration policies for pregnant learners.

DATA AND INFORMATION SYSTEMS GAPS

- Disconnected data systems (CRVS, DHIS, DHA, Thembisa, Naomi).
- High rates of late birth registration among 10–14 age group.
- Limited real-time data for effective monitoring and planning.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

WHAT ARE RELEVANT INTERNATIONAL BEST PRACTICES FOR INTEGRATED SERVICE DELIVERY WHICH COULD WORK IN THE SOUTH AFRICAN CONTEXT IN DEVELOPING A FRAMEWORK FOR AN EFFECTIVE COUNTRY RESPONSE (I.E. PROGRAMME PLANNING)?

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC) – USA

- Integrates health, education, and community services.
- Advocates for health-promoting school environments and strong school-health linkages.
- Applicable to SA: DBE-DOH-DSD collaboration in school health delivery.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

BASED HEALTH PROGRAMME – RWANDA

- Provides SRHR, immunisations, and counselling in schools
- Strong Ministry of Health-Education partnerships
- Enhance SA's Integrated School Health Programme (ISHP) subject to provisions of the BELA ACT

ADOLESCENT HEALTH & DEVELOPMENT PROGRAMME – PHILIPPINES

- Multi-level coordination: education, health, social services
- Includes peer education and community mobilisation
- SA could embed peer educators in school and community structures to the extent of allowable provisions in the new BELA ACT

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

FRIENDLY SPACES FOR ADOLESCENTS – CHILE

- Holistic youth health centres with certified service standards
- Focus on privacy, accessibility, and youth engagement
- SA can expand Ideal Clinic certification for adolescents

POLICY & GOVERNANCE MODEL – KENYA

- Inter-ministerial committees and decentralised budgeting.
- Youth advisory boards for programme monitoring.
- SA can integrate youth participation in the POA on Teenage Pregnancy.

KEY FINDINGS: BY EVALUATION QUESTIONS & THEMES

MONITORING SYSTEMS & DATA INTEGRATION – THAILAND & BANGLADESH

- Unified SRHR data systems across sectors.
- Real-time tracking of services and programme outcomes.
- SA can integrate CRVS, DHIS, DHA, Thembisa, and Naomi models.

LIFE-COURSE & MULTISECTORAL FRAMEWORK – UNICEF GLOBAL

- Integrates nutrition, education, protection, SRHR, and mental health.
- Tackles adolescent pregnancy as part of broader development.
- Align SA's DSD, DBE, DOH programmes under a shared life-course strategy.

KEY FINDINGS: CONCLUSION & APPLICABILITY TO SOUTH AFRICA

- Align policy and programmes with global integrated service delivery models
- Strengthen school-community-clinic linkages
- Foster adolescent participation, data-driven planning, and inclusive governance

KEY FINDINGS: DISCUSSIONS & CONCLUSION SUMMARY

EVALUATION OVERVIEW & KEY CONCERNS

- Teenage pregnancy (15–19 age group) still high: 11.1% of all births in 2022
- ASFR declining, but structural and behavioral service delivery gaps remain
- Fragmented interdepartmental coordination despite strong policy frameworks

IMPLEMENTATION GAPS & CAPACITY CONSTRAINTS

- Poor integration across DSD, DOH, DBE—implementation remains siloed.
- Severe shortage of social service practitioners; over 85% donor-funded posts.
- Limited training and discomfort among educators in delivering CSE content.

KEY FINDINGS: DISCUSSIONS & CONCLUSION SUMMARY

BARRIERS TO ACCESS & DATA GAPS

- Adolescents perceive SRHR services as judgemental and inaccessible.
- Underutilisation of data tools like Thembisa, Naomi, DHIS; poor real-time planning.
- Lack of meaningful youth engagement in programme design.

KEY FINDINGS: THEMATIC ANALYSIS OF STAKEHOLDERS

INSIGHTS FROM STAKEHOLDER ENGAGEMENTS

- Communication campaigns must be localised and inclusive.
- Need to support young parents and address social stigma.
- CSE implementation inconsistent; training gaps for teachers.
- Limited access to psychosocial and mental health services.

STRUCTURAL AND CULTURAL CHALLENGES

- Teenage pregnancy linked to poverty, unemployment, female-headed households.
- Cultural practices like ukuthwala contribute to early pregnancy.
- Fragmented service delivery and under-resourced provinces.

KEY FINDINGS: CONCLUSION

- Strong policies exist, but implementation is uneven and underfunded.
- Need adolescent-centred, integrated service delivery model.
- Strengthen CSE delivery, psychosocial services, youth engagement, and data systems.

KEY RECOMMENDATIONS

A. CROSS-CUTTING STRATEGIC RECOMMENDATIONS

Recommendation	Responsible Stakeholders	Timeframe	Success Indicators
1. Strengthen cross-sectoral and intra-sectoral leadership, coordination, and implementation	DSD, DOH, DBE, Provinces, Municipalities	6-12 months	Functional coordination forums; clear roles/responsibilities
1. Strengthen data systems, including integrated information management across sectors	DSD, DOH, DBE, Stats SA	12-18 months	1. Operational data systems; regular reporting on TP **indicators**
1. Ensure meaningful youth engagement in programme design and monitoring	DSD, NYDA, Youth CSOs	Immediate, ongoing	Number of youth-led consultations and participation reports
1. Expand early prevention and behaviour change programmes in schools and communities	DBE, DSD, NGOs	6-12 months	Increased programme coverage and adolescent reach
1. Enforce statutory rape laws, especially for girls aged 10–14	SAPS, DOJ, DSD, Community Structures	Immediate, ongoing	Number of prosecutions; community awareness campaigns
1. Use GIS mapping for resource and service planning	DSD, DOH, DBE, Local Government	Within 12 months	Maps published and used in programme planning

KEY RECOMMENDATIONS

B. PREVALENCE-FOCUSED RECOMMENDATIONS

Issue Identified	Recommendations	Responsible Stakeholders	Timeframe	Success Indicators
High prevalence in 15–19 age group	Target SRHR education and services for 15–19 age group	DOH, DBE, DSD	6-12 months	Reduced ASFR (15–19); improved access to SRHR services
Rising concern over very young pregnancies (10–14)	Prioritize law enforcement, community buy-in, and special protection measures	SAPS, DOJ, DSD	Immediate	Prosecution rates; increased community reporting
Late birth registrations for 10–14s	Improve birth registration education and outreach	DHA, DSD	6 Months	Reduced late registration rates
Need for better localized data	Improve sub-district level data collection	Stats SA, DSD, DOH	12 Months	Availability of disaggregated data by age/location
Fragmented intersectoral coordination	Establish a unified national framework for teenage pregnancy response integrating all sectors.	DSD, DBE, DOH, DWYPD	Short to Medium Term	Operational inter-sectoral plan; joint programme reports
Need for national strategic coordination	Develop a National Teenage Pregnancy Strategy with cross-sectoral leadership.	DSD, DBE, DOH, DWYPD	Immediate	Adoption of strategy; sectoral alignment to strategic goals
Uneven delivery of Integrated School Health Programme (ISHP)	Revitalize ISHP with clear budget allocations, performance tracking, and cross-sector support.	DOH, DBE, DSD	Immediate to Medium Term	Number of functional ISHP units; improved school SRHR access rates

KEY RECOMMENDATIONS

C. FACTORS AND PREDICTORS – TARGETED INTERVENTIONS

Key Determinants	Recommendations	Responsible Stakeholders	Timeframe	Success Indicators
Socio-structural and economic determinants	Expand social protection and local economic empowerment programmes	DSD, Local Govt, SEDA	12–24 months	Coverage of social protection for vulnerable girls
Socio-cultural and personal factors	Develop localised, age-appropriate social behaviour change programmes	DSD, DBE, Traditional Leaders	6–18 months	No. of local SBC interventions implemented
Questionable SBC data quality	Improve monitoring and evaluation of SBC programmes	DSD, DBE	12 months	Regular publication of outcome-based data
Comprehensive Sexuality Education (CSE) efficacy	Conduct research on CSE reach and impact; ensure out-of-school youth are included	DBE, Research Institutions	12 months	Evaluation reports produced; learner reach data
Personal relationships dynamics	Incorporate adolescent relationship education in CSE and community programmes	DBE, DSD	Ongoing	Curriculum content revised and delivered
Insufficient adolescent access to SRHR services	Expand youth-friendly clinics and SRHR services across provinces, prioritising rural areas.	DOH, Provincial Health Departments	Immediate to Medium Term	Number of clinics meeting youth-friendly standards; increased contraceptive uptake
Weak implementation of CSE in schools	Strengthen educator training, supervision and fidelity checks on CSE delivery.	DBE, Provincial Education Departments	Short Term	Percentage of schools with trained educators delivering CSE; learner satisfaction surveys

KEY RECOMMENDATIONS

D. SECTOR SPECIFIC RECOMMENDATIONS:

SOCIAL DEVELOPMENT

Key Issue	Recommendations	Responsible Stakeholders	Timeframe	Success Indicators
Fragmented services and weak strategy	Develop an integrated teenage pregnancy strategy with clear accountability	DSD	6–12 months	Approved strategy document; implementation plans
Inadequate social workforce	Recruit more social workers and optimize current workforce for SBC outreach	DSD, Provincial Govts	12–18 months	Number of social workers hired; reach of interventions
Weak monitoring and outdated frameworks	Review and update ASRH&R Framework Strategy 2014–2019	DSD	6 months	Revised framework and operational plan

HEALTH SECTOR

Key Issue	Recommendations	Responsible Stakeholders	Timeframe	Success Indicators
Adolescent SRHR services underutilized	Scale up youth-friendly health services and outreach	DOH, NGOs	12 months	Number of youth accessing services
Data limitations on SRHR	Distinguish SRHR indicators in health data systems	DOH, Stats SA	6–12 months	Enhanced SRHR reporting and disaggregation

KEY RECOMMENDATIONS

D. SECTOR SPECIFIC RECOMMENDATIONS:

EDUCATION SECTOR

Key Issue	Recommendations	Responsible Stakeholders	Timeframe	Success Indicators
CSE under-evaluation and low school retention	Strengthen tracking of learner participation and out-of-school reach	DBE, NGOs	12 months	Learner reach data; dropout rate reduction
Reliance on donor-supported co-curricular programmes	Institutionalize sustainable, curriculum-integrated prevention efforts	DBE	12–24 months	Budget allocation and programme integration status

KEY RECOMMENDATIONS

DSD, DBE, DOH, StatsSA, DHIS, DOJCD, SAPS & YOUTH AGENCIES

Key Issue	Recommendations	Responsible Stakeholders	Timeframe	Success Indicators
Limited adolescent engagement in programme design	Establish youth advisory boards to participate in programme design and review.	DSD, DBE, DOH, Youth Agencies	Short to Medium Term	Number of youth consultations conducted; youth inclusion in policy evaluations
Under-resourced social service workforce	Invest in permanent employment of social workers and increase coverage per school.	DSD, DBE, Treasury	Immediate to Medium Term	Improved social worker-to-school ratio; reduction in learner dropout due to pregnancy
Heavy reliance on donor funding	Secure sustainable government funding for SRHR and CSE programmes, reducing donor dependency.	DSD, DBE, DOH, Treasury	Medium Term	Increased public sector budget allocations; reduced donor funding ratio
Inadequate data integration and M&E systems	Strengthen DHIS, CRVS, and school data systems; ensure Naomi and Thembisa models are used at sub-national levels.	StatsSA, DHIS, DBE, DSD, DOH	Medium to Long Term	Improved data availability; evidence of model use in planning reports
Limited enforcement of statutory rape and child protection laws	Enhance enforcement of statutory rape laws and integrate child protection services.	DSD, DOJCD, SAPS	Immediate to Short Term	Increase in prosecutions; reduced 10-14 pregnancy incidence

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