



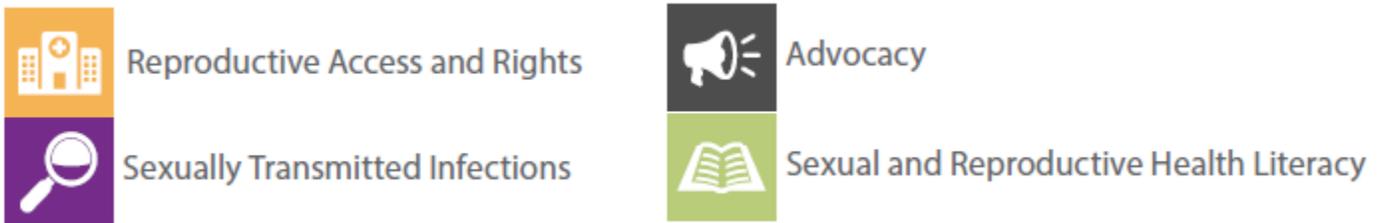
GOOD HEALTH
DOWN SOUTH
2018-2021

Year 2 Action Plan
2019-20

INTRODUCTION

Good Health Down South is a three-year strategy that seeks to promote and improve sexual and reproductive health across the Southern Metropolitan Melbourne (SMR) from 2018-2021. The Strategy enables partner organisations to work together through a shared agenda. Valuing the diverse range of skills and perspectives that each stakeholder brings, the Strategy provides a plan of action that outlines and coordinates mutually reinforcing activities, shared communication, and measurement.

As a result of service mapping and consultation with stakeholders and community organisations, four key priority areas were identified that the SMR will focus on over the next three years:



To address these key priority areas, an objective specific to the needs of the SMR has been identified for each Health Promotion Action (Women's Health West 2011).

VISION						
To promote and celebrate optimal sexual and reproductive health for all in the SMR, by increasing knowledge and access to safe and appropriate services						
HEALTH PROMOTION ACTIONS						
Advocacy	Policy and legislative reform	Sector and workforce development	Community education and capacity building	Service and program delivery coordination	Research, monitoring and evaluation	Communication and social marketing
OBJECTIVES						
Advocate for sexual and reproductive health to be viewed as a priority in the SMR across targeted settings	Influence and inform practices, policies and legislation that promote equity, inclusion and non-discriminatory behaviours	Build workforce capacity to meet the diverse sexual and reproductive health needs in the SMR	Identify the sexual and reproductive health literacy of community members	Improve the coordination of existing sexual and reproductive health services in the SMR	Research and monitor sexual and reproductive health trends in the SMR to continually inform and adapt evolution of activities	Raise awareness of safe and respectful sexual practices through a number of communication platforms

Governance

WHISE will provide overall leadership of Good Health Down South and will be governed by a Steering Committee (SC). Membership is comprised of Leaders/Managers in the sector with specialist knowledge that is aligned to the project outcomes. The SC, chaired by WHISE management, will be responsible for strategic decisions that relate to the implementation, reporting and evaluation.

A Community of Practice (Cop) overseen by the SC will involve practitioners from across the SMR who are working in the area of SRH within their own organisation. A first for the SMR, it will provide a unique opportunity to work collaboratively across the SMR on SRH. The CoP will support Strategy implementation and have opportunities for capacity building and development.

Annual Action Plans

Annual action plans will be created to guide the implementation of *Good Health Down South 2018-2021*. The action plans will identify actions developed in consultation with partners/stakeholders that will be the focus for that financial year.

Monitoring and evaluation

A set of process indicators and data collection tools have been developed in partnership with key stakeholders to assess the implementation of activities of the annual action plan. At the end of each period, a summary report will be available, indicating the progress towards the objectives of the Strategy.

Timeline:

- Annual Action Plan 2019-2020 released (July 2019)
- Implementation Plan (October 2019)
- Progress Report and Snapshot (August 2020)

ACTION PLAN 2019-2020

ADVOCACY

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
1. Advocate for sexual and reproductive health to be viewed as a priority in the SMR across targeted settings	1.1 Utilise findings from GHDS actions to advocate for SRH across the region: including sexuality education advocacy piece (action 3.2), CALD consultation (4.1) and service mapping project (5.1)	Lead organisations: <ul style="list-style-type: none"> • GHDS Community of Practice • WHISE 	<ul style="list-style-type: none"> • No. of schools engaged with sexuality education advocacy piece • No. of meetings advocacy piece presented • No. of partners utilising resources • No. of presentations 	Review of documentation

POLICY AND LEGISLATIVE REFORM

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
2. Influence and inform practices, policies and legislation that promote equity, inclusion and non-discriminatory behaviours	2.1 Develop a resource to assist councils in the planning process to incorporate sexual and reproductive and related priorities into their Health and Wellbeing Plans	Lead organisation: • WHISE	<ul style="list-style-type: none"> • No. of consultations attended • No. of meetings held • No. of plans where sexual and reproductive health is a priority 	Review of documentation

SECTOR AND WORKFORCE DEVELOPMENT

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
3. Build workforce capacity to meet the diverse sexual and reproductive health needs in the SMR	3.1 Annual sexual and reproductive health forum	Lead Organisations: <ul style="list-style-type: none"> • GHDS Community of Practice • WHISE 	<ul style="list-style-type: none"> • No. of attendees • 50% of partners attended forum • At least 80% of respondents agree attending the forum was valuable 	<ul style="list-style-type: none"> • Attendee sheets • Feedback sheets/surveys • Survey Monkey

			<ul style="list-style-type: none"> • Representation of organisations across the SMR • At least 80% of attendees increased knowledge 	
	3.2 Sexuality Education advocacy piece	Lead organisations: <ul style="list-style-type: none"> • GHDS Working Group • WHISE 	<ul style="list-style-type: none"> • No. of stakeholders involved in development • No. of networks advocacy piece presented • No. of schools engaging with advocacy piece 	<ul style="list-style-type: none"> • Review of documentation: minutes of meetings

COMMUNITY EDUCATION AND CAPACITY BUILDING

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
4. Identify the sexual and reproductive health literacy of community members	4.1 Engage culturally and linguistically diverse community leaders in supporting the development of culturally appropriate resources	Lead organisations: <ul style="list-style-type: none"> • FARREP – (Monash Health) • WHISE 	<ul style="list-style-type: none"> • No. of community leaders engaged • At least 80% of community leaders agree that participating was valuable 	<ul style="list-style-type: none"> • Review of documentation: minutes of meetings • Attendee sheets • Feedback sheets/surveys • Resource listing

			<ul style="list-style-type: none"> No. of partners involved No. of resources developed 	
	4.2 Disseminate Youth Survey	Lead organisations: <ul style="list-style-type: none"> WHISE DE&T Community Health Services 	<ul style="list-style-type: none"> No. completed surveys No. of local government areas the survey is completed 	<ul style="list-style-type: none"> Survey results Survey Monkey
	4.3 Support Implementation of Sexual Lives and Respectful Relationships (SL&RR) Program	Lead Organisations: <ul style="list-style-type: none"> WHISE* SECASA *WHISE is a program partner with SECASA. It is an action of the IHP where WHISE will be responsible for its delivery.	<ul style="list-style-type: none"> No. of programs delivered No. of participants 80% of participants agree that participation in sessions was valuable No. of presentations provided to professionals No. of partners involved in promotion of program 	<ul style="list-style-type: none"> Attendee sheets Feedback sheets/surveys Review of documentation: minutes of meetings
	4.4 Commence the Sexual Health of International Students Project	Lead Organisations: <ul style="list-style-type: none"> Central Bayside Community Health Service WHISE 	<ul style="list-style-type: none"> No. of partners involved No. of meetings No. of consultations 	<ul style="list-style-type: none"> Review of documentation: minutes of meetings Attendee sheets

SERVICE AND PROGRAM DELIVERY COORDINATION

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
5. Improve the coordination of existing sexual and reproductive health services in the SMR	5.1 Service mapping of access to emergency contraception, contraception choices and pregnancy choices/terminations	Lead organisation: <ul style="list-style-type: none"> • WHISE 	<ul style="list-style-type: none"> • No. of surveys completed by clinics and GPs • No. of clinics and pharmacies contacted • Response rate of GP clinics and pharmacies 	<ul style="list-style-type: none"> • Survey Monkey • Report on available services
	5.2 Medical Termination of Pregnancy (MTO) Forum	Lead organisations: <ul style="list-style-type: none"> • WHISE • Peninsula Health • Monash Health 	<ul style="list-style-type: none"> • No. of attendees • At least 80% of respondents agree attending the forum was valuable • Representation of GP's across the SMR 	<ul style="list-style-type: none"> • Attendee sheets • Feedback sheets/surveys

RESEARCH, MONITORING AND EVALUATION

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
6. Research and monitor sexual and reproductive health trends in the SMR to continually inform and adapt evolution of activities	6.1 Provide quarterly GHDS newsletter	Lead organisations: <ul style="list-style-type: none"> • WHISE • GHDS Community of Practice 	<ul style="list-style-type: none"> • Increase subscriptions by 50% • No. of newsletter distributed • 80% of partner organisations who received quarterly newsletter found the resource to be useful • Increase no. of newsletter opens by 20% 	<ul style="list-style-type: none"> • Mailchimp

COMMUNICATION AND SOCIAL MARKETING

Objective	Action	Potential Partners	Process Indicators	Methods of Data collection
7. Raise awareness of safe and respectful sexual practices through a number of communication platforms	7.1 Sexual and Reproductive Health Week 23 rd -29 th September: Social Marketing Campaign	Lead organisations: <ul style="list-style-type: none"> • GHDS Community of Practice • WHISE 	<ul style="list-style-type: none"> • No. of people reached in social media posts • No. of stakeholders involved in the development of 	<ul style="list-style-type: none"> • Google analytics • Twitter analytics • Facebook analytics

			campaign <ul style="list-style-type: none">No. of partners participating on social marketing campaign	
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References

Women's Health West 2011, Social determinants of sexual and reproductive health, Women's Health West, Melbourne.