GOOD HEALTH DOWN SOUTH

Evaluation Report of the Good Health Down South Strategy 2018-2021

Acknowledgement of Country

Women's Health in the South East (WHISE) acknowledges the traditional owners of the lands on which we work, the land of the Bunurong peoples of the Kulin Nation. We recognise their continuing connection to the land, waters and culture. We acknowledge their Elders past, present and emerging and that Australia was and always will be Aboriginal land.

We acknowledge and pay respects to the many strong and resilient Aboriginal and Torres Strait Islander women, who are disproportionately affected by discrimination and family violence and that Aboriginal self-determination requires a systemic shift of power and control from government and the non-Aboriginal service sector to Aboriginal communities and their organisations.

We commit our organisation to truth-listening, truth-telling, and bringing the Uluru Statement of the Heart to our hearts.

Contents

Who are we?

Women's Health in the South East (WHISE) is one of twelve women's health services funded by the Department of Health across Victoria, working to improve women's health, which includes a strategic focus on improving sexual and reproductive health outcomes for women.

In 2018, WHISE became the lead organisation for the first regional strategy for the promotion of sexual and reproductive health, Good Health Down South 2018-2021. We work to improve the health and wellbeing of women in our region by providing health information and education to governments, organisations, education providers, and community groups.

Our team of health promotion professionals work to promote gender equality, sexual and reproductive health and the prevention of violence against women.

Acknowledgments

WHISE would like to acknowledge and thank the many organisations and individuals that contributed to the creation and writing of ***Good Health Down South: A Sexual and Reproductive Health Strategy for the SMR 2018-2021***. Their significant input and feedback into its development was vital.

As a collaborative effort, we gratefully acknowledge the following:

AMES Australia
Central Bayside Community Health Services
Centre for Multi-Cultural Youth
City of Port Phillip
City of Stonnington
Dandenong and District Aborigines Co-operative Ltd
Deakin University (Sexual Lives & Respectful Relationships)
Department of Education and Training
Department of Health and Human Services
headspace
Hepatitis Victoria
Kooweerup Regional Health Service
Monash Health
Monash Health Community
National Ageing Research Institute and University of Melbourne
Peninsula Health
Royal Women's Hospital
South Eastern Centre Against Sexual Assault (SECASA)
Star Health
Sexual Lives & Respectful Relationships

We would like to thank the following organisations who formally endorsed and participated in the implementation of the strategy:

Cardinia Shire Council
Central Bayside Community Health Services
Greater Dandenong Council
Connect Health & Community
Department of Education and Training
enliven
Family Planning Victoria
Frankston Mornington Peninsula Primary Care Partnership
Glen Eira City Council
Hepatitis Victoria
Jean Hailes for Women's Health
Kooweerup Regional Health Service
Monash Health
Mornington Peninsula Shire
Peninsula Health
South Eastern Centre Against Sexual Assault
South Eastern Melbourne Primary Health Network
Southern Melbourne Primary Care Partnership
Star Health

Acronyms

BBV	Blood born virus
CALD	Culturally and Linguistically Diverse
CoP	Community of Practice
GE	Gender equity
GHDS	Good Health Down South
GP	General practitioner
IDAHOBIT	International Day Against Homophobia, Biphobia, Intersexism and Transphobia
IHP	Integrated Health Promotion
LARC	Long-acting reversible contraception
LGA	Local government area
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other sexually and gender diverse
MA	Medical abortion
MPHWP	Municipal Public Health and Wellbeing Plan
MTOP	Medical Termination of Pregnancy
PVAW	Prevention of violence against women
SC	Steering Committee
SEMPHN	Southern Eastern Melbourne Primary Health Network
SL&RR	Sexual Lives and Respectful Relationship
SMR	Southern Metropolitan Region
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
WHISE	Women's Health in the South East

Executive Summary

What we set out to achieve with the Good Health Down South strategy

Good Health Down South: A Sexual and Reproductive Health Strategy for the SMR 2018-2021 (from here on referred to as Good Health Down South [GHDS]) promoted, celebrated, and guided future directions that continuously improved sexual and reproductive health (SRH) outputs and outcomes throughout the Southern Metropolitan Region (SMR).

GHDS targeted key challenges which were preventing optimal SRH outcomes for all in the SMR, including: overcoming barriers to women accessing reproductive and sexual health services; improving health literacy; increasing access to appropriate information at the time and place required; and addressing misinformation and shifting attitudes about sexually transmitted infections (STIs) in the region.

To better understand the specific needs and challenges of the SMR, GHDS used a sexual and reproductive health promotion framework that outlined the significance of the social determinants of health. Using this framework, seven health promotion actions were set out by the strategy to address these challenges: 1) advocacy, 2) policy and legislative reform, 3) sector and workforce development, 4) community education and capacity building, 5) service and program delivery coordination, 6) research, monitoring and evaluation, and 7) communication and social marketing. A separate set of actions were written each year according to each of these health promotion actions.

What was achieved?

Together with our stakeholders and partners, GHDS had several notable achievements. These were implemented through the Community of Practice (CoP) and the Steering Committee (SC), which were formed to make SRH a priority in the SMR.

Medical abortion

Advocacy for the expansion of medical abortion (MA) provision in the SMR resulted in the implementation of medical abortion through one of the dedicated SRH Hubs in the region and substantial progress towards the same at the other SRH Hub. This work was done closely with the dedicated SRH Hubs in the region, and included capacity-building for doctors, practice nurses, pharmacists and practice managers The process was documented in a forthcoming case study, produced by WHISE's Research Officer. In the survey and consultations, partners and stakeholders of GHDS identified this work as a key achievement of the GHDS partnership. It was also identified as an area for ongoing work and strengthening, as explored further below.

Annual SRH forums

WHISE delivered annual SRH forums to increase the SRH knowledge, skills and capacity of partners and stakeholders in the SMR. In 2019, the focus was on a range of SRH issues in the SMR with speakers from Peninsula Health, 1800 My Options, Women's Health Victoria, Women with Disabilities Victoria, Jean Hailes for Women's Health and Family Planning Victoria; and offered an opportunity to provide input into future actions from GHDS. In 2020, WHISE delivered a forum on the management and self-management

of endometriosis. Attendance at the forums increased over the years, from 60 people in 2019 to 80 people in 2020, with partner and stakeholder attendance increasing from 50% to 80% attendance respectively.

SRH literacy and education with the Centre for Multicultural Youth

Through the GHDS partnership, WHISE supported and aligned with existing work led by the Centre for Multicultural Youth (CMY), to increase SRH health literacy of the community, with a focus on South Sudanese women. WHISE supported building the capability and capacity of the CMY workforce to deliver culturally appropriate SRH content to the community, in partnership with Monash Refugee Health Health.. As a result, 70% of participants reported increased knowledge of SRH and felt more confident to deliver culturally appropriate SRH content to relevant communities. GHDS intends to expand this work in partnership with the CMY, Monash Health and other partners including enliven and local government. As such, this project is reflected in the GHDS Year One and Two Action Plan for 2021 – 2025.

Annual Sexual and Reproductive Health Week Campaign

WHISE worked with Victorian women's health services to coordinate a social media campaign for SRH Week, with the campaign gaining increasing recognition among partners and stakeholders and reach in the community. In 2019, the campaign celebrated “Superheroes of SRH”, recognising regional practitioners in SRH healthcare and health promotion. In 2020, the campaign title was, “It's all essential care,” in reference to the COVID-19 pandemic. The campaign aimed to encourage people to continue to access SRH services such as abortion, contraception and screening during the Victorian lockdowns. This year, the theme of SRH Week is "Know Your Rights,” with a focus on the right to access affordable, timely care, including the right to contraception and abortion, the right to access inclusive, affirmative and evidence-based information and the right to consensual, safe sex free from coercion or stigma.

Areas for growth identified

WHISE notes that the next regional strategy should continue to build a strong intersectional lens. More focus should be on holding to account the systems, structures, behaviours and attitudes that have traditionally marginalised some populations including, LGBTIQ+ communities, culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander communities, women with disabilities, and women from socioeconomically disadvantaged backgrounds. As such, the GHDS partnership aims to work intentionally and meaningfully with organisations that represent populations such as those listed above.

Relatedly, the three health promotion priority areas at WHISE (SRH, prevention of violence against women [PVAW], and gender equity [GE]) overlap and intersect. At times, it is difficult to separate the priority areas and arguably, it would be careless to do so as it would mean ignoring social determinants which have strong overlay. The integration of the priority areas is critical when we look at lived experience and the factors that enrich and enhance health promotion and primary prevention interventions. Intersectionality and the connection between the three priority areas will be more strongly reflected in the next GDHS strategy. Doing so will also increase commitment from partner organisations, health agencies and businesses to make SRH a priority as they may more readily recognise: 1) the bidirectional influence between SRH and other key health areas (i.e., mental health, PVAW, GE); and 2)

the ease at which SRH actions can be incorporated into their plans when it is considered alongside related key health areas.

Additionally, WHISE notes from the consultation process that there is a need to ensure a strong primary prevention focus in coordinated SRH promotion efforts, while continuing to progress the provision of medical abortion in the SMR.

What we learnt

The Value of Evaluating Social Impact

As this was the first regional SRH strategy, GHDS was not developed with an evaluation framework underpinning the work. This was primarily due to limited resources in year one. As such, the objectives in this evaluation report on qualitative and quantitative outputs and outcomes gathered at the program or action plan level.

Nonetheless, in the second year of GHDS, WHISE created a whole of organisation ***Social Impact Framework*** which included SRH inputs, outputs, impacts, outcomes, and how they interrelate with the organisations two other priority areas – prevention of violence against women and gender equity. As a result, WHISE has analysed the social impacts of its SRH work using the Australian Social Values Bank which calculates the net social benefit of SRH work to community (see Appendix B for a summary of the social impact reports). These works are showcased in both the 2020 and 2021 WHISE Annual Reports. the next strategy will be developed using a framework to inform a more rigorous evaluation and the social impact analyses will be written into the process indicators.

The Value of Partnerships

The value of working in partnerships and forming important working relationships with other organisations stood out very strongly, during the evaluation process of this three-year strategy. The key pieces of work cited above (e.g., the achievements with MA and the annual SRH Week Campaigns) were successful because they were conducted in partnership and demonstrate the change that can be created through positive relationships and collective action.

The Value of Primary Prevention: Capability and Capacity Building

Another standout learning is the value of capacity-building sessions and forums. During consultations with partners in evaluating the GHDS strategy, there was a strong appetite for more capacity building sessions and forums as feedback indicated that these sessions increased attendees' knowledge of SRH as it pertained to their job. The medical abortion capacity-building sessions, delivered to prospective providers including GPs and pharmacists in partnership with the Royal Women's Hospital and Family Planning Victoria, were highly valued. This was successful and undoubtedly, important work. Moving forward, the GHDS partnership will seek to promote the online learning module currently in development by the Royal Women's Hospital, as well as the case study developed by WHISE and the SRH Hub at Peninsula Health, and will explore opportunities to schedule another medical abortion capacity-building session for prospective practitioners. That the sessions were delivered by an external organisation (WHISE) meant that they had increased capacity to do their job by learning from experts. This reinforced to WHISE as an organisation, the value of its core role, being that of primary prevention.

Process for the evaluation of GHDS 2018 – 2021

This systematic evaluation of the GHDS 2018 – 2021 strategy was undertaken by WHISE and involved measuring the strategic objectives against the actions delivered, identified through the yearly GHDS reports and Integrated Health Promotion (IHP) Plan reports. The majority of actions were completed successfully, however, a minority were not completed due to COVID-19 related disruptions. WHISE was also unable to report on several actions due to limited availability of data, attributable in part to staffing changes.

The process for evaluating GHDS 2018-2021 was also incorporated into the consultation for the strategy's renewal in 2021. Questions pertaining to the first iteration of the strategy were featured in an online survey circulated to existing partners and stakeholders, and completed by 26 organisations, and the semi-structured qualitative interviews with 38 distinct partners and stakeholders.

For more information about the process for the renewal of the strategy and to view the strategy itself, see WHISE's website.

The online survey

An online survey was conducted by WHISE to consult with regional and state-wide stakeholders across government, community health organisations and other service providers, and health promotion agencies, to inform the development of the GHDS 2021-2025 strategy. The survey included an evaluation of the existing priorities and actions and the efficacy of and representation within the working group structure for organisations involved in the GHDS partnership. WHISE also asked stakeholders to consider proposed priorities and actions for the forthcoming Strategy and provide comment on areas for strengthening.

Twenty-six people responded to the survey. Most of the stakeholders that responded to the survey were from community health organisations, education or other community organisations. Eight of 14 respondents (57.1%) identify as GHDS partners (i.e., the organisation was involved in implementing the strategy through working groups) and six were not (42.9%).

Stakeholders identified collaboration and partnership to improve women's SRH outcomes, access to services, literacy and advocacy as crucial. The strategy was recognised as a mechanism through which to articulate and formalise this collaboration and identify key actions to improve women's SRH, however, stakeholders indicated uncertainty or potential gaps in work related to SRH literacy, service coordination and communications platforms. Several stakeholders have identified a need to advocate for SRH in local government, to facilitate a more enabling political or legislative environment for improving women's SRH outcomes. Stakeholders also identified a need to address access to services, workforce capacity and SRH literacy in relation to priority populations, particularly women from culturally and linguistically diverse communities.

Semi –structured qualitative interviews

To further substantiate the findings of the survey and explore the overarching themes in greater depth, WHISE conducted a series of individual consultations with stakeholders in local government health and community planning, maternal and child health, youth services, community health organisations, health

promotion agencies and other organisations. Thirty-eight consultations were held, comprising one-hour online meetings via Zoom scheduled predominately between Monday 12 July and Friday 6 August. The consultations involved a series of semi-structured interview questions to obtain qualitative information about SRH as a priority in their respective organisations; the level of involvement in the GHDS partnership during the 2018-21 strategy; the viability of the identified pillars or strategic areas for the renewed iteration of the strategy being advocacy, literacy and access; the role of the strategy in integrating SRH with efforts to prevent violence against women (PVAW) and improve women's mental health; and preferred actions, governance and implementation structure for the GHDS partnership. Partners' and stakeholders' responses were recorded, with permission, and transcribed using an online transcription program Otter.ai.

Feedback on the existing governance and implementation structure of the strategy and partnership was limited, as only five to six stakeholders were previous participants in either the Steering Committee, a working group, or implementation of an action. Some areas for strengthening identified by previous participants in the GHDS partnership include more regular communication and updates about project progression between the various governance structures, and opportunities for stakeholders to share their expertise or highlight projects with other organisations in the partnership. It is hoped that this will be be addressed through a proposed change to the governance and structure of the GHDS partnership, which was broadly validated by the consultations and at the Think Tank, held in October.

Key findings from the partner consultations

Existing and potential partners and stakeholders in local government, community health organisations, youth services, maternal and child health services and other health promotion agencies were consulted via an online survey and individual semi-structured interviews (consultations) to identify key achievements of the first Strategy and areas for strengthening.

Feedback from the consultations, the Roundtable event in September 2021 and the Think Tank in October 2021 revealed the implementations needs of the strategy had changed since its inception. Suggestions for strengthening implementation, through the CoP and the working groups included the establishment of:

1) Quarterly learning forums, which would provide an opportunity for capacity building with key subject matter experts, a discussion on news and developments in the sector.
2) Quarterly regional network meetings and working groups structured around the implementation of distinct projects rather than priority areas, as implemented previously. Respondents felt that this would make the working groups more collegial by increasing the responsibility of working group members and thus be a better use of WHISE's resources.

The consultations also demonstrated stronger alignment or engagement from partners and stakeholders for whom SRH was an existing priority, particularly health promotion agencies and some community health organisations and service providers. Nonetheless, among other partners and stakeholders, there was some interest in supporting efforts to improve women's SRH outcomes where it aligned with their own organisational priorities. For example, preventing violence against women, activities that are not resource intensive (e.g., sharing a campaign on their social media platforms or

content in their organisational newsletter), or activities that benefit their workplace through increased skills, knowledge or capacity.

Through consultation with partners and stakeholders, several key sexual and reproductive health issues, or areas of need, were identified across the Southern Metropolitan Region, including:

- Access to abortion and contraception.
- Prevention, screening and treatment of STIs and blood born viruses (BBVs).
- Awareness of and support for women with polycystic ovary syndrome, endometriosis and menopause.
- Menstrual health.
- SRH literacy and consent and sexuality education.
- Cervical screening.
- Body image.
- Prevention of reproductive coercion and sexual violence

It was noted that these areas should be underpinned by efforts to prevent and challenge stigma and discrimination, both in relation to SRH issues within healthcare settings, and discrimination as an additional barrier to information and care, experienced by priority populations.

Key priority groups or populations were identified during the consultations, some of whom were focused on in the current Strategy but should receive greater focus in the next Strategy. These populations included:

- Culturally and linguistically diverse communities.
- Aboriginal and Torres Strait Islander communities.
- LGBTIQ+ communities.
- Older women and people.
- Young women and people.
- Women and people with disabilities.

Impact of COVID-19

The outbreak of the COVID-19 pandemic and subsequent restrictions introduced to control the transmission of the virus have had significant implications for health promotion and service provision for WHISE and partners. Many services pivoted towards COVID-19 response, including testing, contact tracing, vaccinations and health promotion, and other partners' health and well-being planning was focused on COVID-19 recovery. As such, some objectives and actions initially planned for the third year were not implemented or measured as intended but were replaced with actions to address the gendered impact of COVID-19.

These actions included:

- One webinar to discuss gendered recovery planning. On 28 July 2020, over 60 participants from various organisations, including Local Government Response & Recovery Teams, Community Health Services, Department of Education and Women's Health Services came together online to join the Gender & Recovery Planning digital forum, which also featured the Hon. Gabrielle Williams, Minister for Women and Minister for Prevention of Family Violence and Tanja Kovac

from Gender Equity Victoria, as well as presenters from Cardinia Shire Council, Victorian Local Governance Association (VLGA) and Bushfire Recovery Victoria (BRV).
- Five electronic direct mail (EDM) bulletins on the gendered impact of COVID-19.
- One collaborative project with GEN VIC and the Women's Health Services. WHISE contributed and disseminated a series of factsheets exploring the impact of COVID-19 on women and gender diverse people in Victoria to raise awareness of the deep and lasting impacts of disaster on women across the State.
- Five Mental Health COVID Project sessions delivered (15 September to 13 October). 16 young women or non-binary people participated across the sessions, 86% average attendance
- A regional needs assessment including consultations with health promotion practitioners from 13 organisations.
- A policy brief on the impacts of COVID-19 on women's mental health and recommendations for action, available here: https://whise.org.au/resources/impacts-of-covid-19-on-womens-mental-health-and-recommendations-for-action-update-october-2020/
- A social media toolkit for organisations to enable them to disseminate the prevention message about the gendered impact of COVID-19, available online: https://whise.org.au/resources/covid-19-social-media-toolkit/
- A series of translated social media resources covering content related to COVID-19, the prevention of violence against women and help-seeking pathways, sexual and reproductive health services and gender equality, in Dari, Punjabi and Rohingya languages. These are available online: https://whise.org.au/resources/covid-19-social-media-toolkit-translated-tiles/
- A plain language booklet on identifying signs of family violence and help-seeking pathways, completed in partnership with enliven and available online: https://whise.org.au/assets/docs/partners/you_are_not_alone_family_violence_booklet_final_non-covid.pdf

Links with the prevention of violence against women

COVID-19 also highlighted the mutually reinforcing impact of health and well-being priorities, including the strategic priorities of the Victorian Women's Health Services, as well as the importance of an intersectional gendered lens in health promotion and program design.

SRH outcomes are, like violence against women, underpinned by gender inequality. Some forms of violence against women relate directly to SRH, such as sexual violence or reproductive coercion, whereby a woman's ability to make decisions about her reproductive health are constrained. Notably, there are consistent associations between experiences of violence and poorer sexual and reproductive health and wellbeing, including increased risk of unintended pregnancy, inconsistent contraception use, poorer maternal and child health outcomes, increased risk of STIs and genital and reproductive tract infections. Violence against women may also reduce their ability to access health services, including contraception and abortion. The elimination of violence against women and the optimisation of their SRH and rights is a necessary pre-condition of achieving gender equality.

To reflect this, the regional strategies for sexual and reproductive health and the primary prevention of violence against women, have been designed to be mutually aligned and strengthening.

Overview of Outcomes from GHDS 2018-2021

Objective 1: Advocate for sexual and reproductive health to be viewed as a priority in the SMR across targeted settings

In the first year, WHISE advocated for SRH as a priority area by engaging state and regional SRH leaders in the strategy. This involved meetings with Councils, MPs, and key organisations including Marie Stopes, PHN, Monash University – SPHERE project. Furthermore, in year one, WHISE secured support from 19 organisations and formed a Community of Practice (CoP) and Steering Committee (SC) to make SRH a priority in the SMR. The activities that were completed (and displayed in the table in the section below titled 'Health Promotion Action – Advocacy') show that broadened and strengthened partnerships with leaders in SRH while also advocating for SRH to be viewed as a priority in the SMR.

In the second year, advocacy for SRH as a priority in the SMR was meant to be achieved by utilising findings from the GHDS year one actions. Unfortunately, due to the COVID-19 pandemic, the sexuality education advocacy piece was delayed. Nonetheless, the advocacy piece was presented at the Healthy Schools roundtable and a meeting with the Southern Eastern Melbourne Primary Health Network (SEMPHN). Furthermore, partners were utilising resources from WHISE: the *African Diaspora Report* and snapshot were shared to eight recipients from SRH Hubs, and seven partners participated in the *Superheroes of SRH* campaign. WHISE also shared findings from the year one actions through presentations at the ***Multicultural Centre for Women's Health Conference*** and the ***Having a Say Conference***. Though COVID-19 prevented all activities from being undertaken, WHISE was still able to utilise and share findings to not only build capacity but also reinforce commitment to SRH in the SMR.

In the third year, advocacy for SRH as a priority in the SMR was to be assessed and reflected on through case studies to demonstrate and capture the work undertaken by the GHDS partnership as well as continuing to engage in SRH advocacy in the SMR. The first case study focused on establishing a medical abortion clinic through Peninsula Health. The case study was almost completed, however, the SRH Health Promotion Officer resigned and with the change in staff, this piece unfortunately did not get completed. At the time of writing this report, the distribution of the case study was imminent.

The importance of this work was reiterated by partners and stakeholders, who identified the delivery of capacity building sessions to expand the provision of medical abortion throughout the region, and capacity-building in general as the most significant change as a result of participating in the GHDS partnership . In part, this reflects the fact that the partners and stakeholders mostly engaged in implementing GHDS actions and thus, clinical providers were most able to provide feedback on the previous strategy. This is further substantiated by the findings of the online survey circulated to GHDS partners, 60% of whom identified the strategy as valuable in building workforce capacity and capability to improve SRH outcomes.

Finally, while there were no media releases in year three, WHISE engaged in other advocacy work including four campaigns, one newsletter and one toolkit to support schools for IDAHOBIT Day. There were also 10 submissions which were tailored to each council in the SMR which provided advice on how to apply an intersection gender lens to their Municipal Public Health and Wellbeing Plan. The advice

statements also asked that SRH be included as a priority area. These were important advocacy pieces as they aimed to get councils to commit to SRH for four years.

Overall, WHISE achieved the first objective to advocate for SRH to be viewed as a priority in the SMR across targeted settings. We garnered support and commitment from partners in the SMR who continued to engage in the strategy beyond the first year. WHISE was able to share learnings from the first year through different channels and continued to advocate for SRH through campaigns, a newsletter, a toolkit, and importantly, advice statements which aimed to secure a four-year commitment to SRH. While COVID-19 and changes in staff limited the ability to complete all actions, WHISE demonstrated an ability to adapt and continue to advocate for SRH in the SMR.

Objective 2: Influence and inform practices, policies and legislation that promote equity, inclusion, and non-discriminatory behaviours

The activities undertaken in the first year demonstrate WHISE's success in influencing and informing practices and policies that promotion equity, inclusion, and non-discriminatory behaviours. Audits of all 10 council's plans were completed in 2018-2019 to determine what had been invested in SRH. The audits revealed that SRH had not been explicitly included as a priority area and therefore, a report was written to outline opportunities for alignment. While no follow-up meetings were held, four councils endorsed the GHDS strategy, and two letters of support were received from councils. No councils provided grants or funding and only two councils participated in or supported the first Action plan by providing in kind support (Greater Dandenong Council and City of Port Philip). These numbers are low, however, the activities in the first year provided a clear picture of the gaps that needed to be addressed to promote equity, inclusion, and non-discriminatory behaviours. Considering none of the councils had included SRH in their plans, the endorsements and support that was received was particularly encouraging and evidence of WHISE's influence.

The year-two action (2.1) was probably more appropriate for the third year of the strategy, as the Municipal Public Health and Wellbeing Plans (MPHWP) had already been finalised, and as such, this action was included in the third year action plan. As discussed above, WHISE wrote 10 personalised advice statements for each council which outlined the importance of including SRH as a priority in their next MPHWP. SRH Snapshots were also delivered to councils to provide an overview of SRH in their LGA to inform the decisions around policies and practices. Consultations were also held with each council in the SMR to discuss including SRH in their plans and to highlight the intersection between SRH and other key health issues like mental health, domestic violence, physical activity. These discussions have highlighted that SRH is not a stand-alone issue but rather an issue that is connected to and influenced by other health areas.

In addition to ensuring SRH was included in council plans, the third year also focused on engaging with partners to identify key objectives and priorities for the second regional SRH strategy. At the time of writing this report, 38 consultations had been held regarding the second strategy. Overall, the majority of partners were confident that the second regional Strategy reflected the SRH needs of the SMR and they seemed to value having a Strategy to inform their organisation's work in women's SRH.

Objective 3: Build workforce capacity to meet the diverse sexual and reproductive health needs in the SMR

In years one and two, WHISE held an annual SRH forum with the goal to build workforce capacity. As can be seen in the table presented below in the section 'Health Promotion Action – Sector and Workforce Development', attendance at the forum increased by 16.7% from year one to year two. This increase may have been due to growing interest in and acknowledgement of the importance of SRH, however, it may also reflect the ease of being able to attend the second forum as it was held online due to COVID-19 restrictions. In year one, 50% of GHDS partners were amongst the attendees and in year two, this increased to 80% of GHDS partners. Notably, of the 25 people who completed the post-forum survey in year one, 100% agreed that they would recommend the forum to a colleague. Comments included:

"The forum was very broad and helpful on a professional and personal level. This was a great way to get people talking about sexual and reproductive health."

"Very informative across different areas of SRH."

"A great opportunity to hear current evidence."

Of the 32 people who completed the post-forum survey in year two, 53% gave the forum a rating of 4 out of 5, and 34% rated the forum 5 out of 5. Comments included:

"It was a wonderful session, well moderated, and thoroughly. Well done guys - time well spent."

"Thank-you. It must have been hard to condense into a webinar instead of a face to face forum. Good adapting!"

"Well done for adjusting so incredibly well in such a short time frame and still offering a great forum!"

Unfortunately, the third annual forum was not held. Nonetheless, the attendance and positive feedback from these forums demonstrate WHISE's effort to build workforce capacity to meet SRH needs in the SMR.

In the first year, WHISE also intended to advocate and assist schools to undertake a 'whole-school-approach' to sexual health and wellbeing. However, after consultation with a number of school nurses and teachers, and the Department of Education and Training, it was clear that schools were not in a position to implement sexuality education due to: 1) competing priorities, 2) a lack of commitment from leadership, and 3) the educators not feeling confident to teach aspects of sexuality education. Therefore, a decision was made by both the CoP and SC to change the direction of this initiative and an advocacy piece which targeted leadership was developed to start conversations about the importance of sexuality education within the curriculum.

The context of this work has changed significantly more recently, with a mandate in Victoria to include consent education in public schools, and there will be a strong focus on addressing consent as a critical connection between the primary prevention of violence against women and sexual and reproductive health in GHDS 2021 – 2025. ...

Overall, WHISE aimed to build workforce capacity to meet diverse SRH needs in the SMR. The forums were reportedly beneficial and met this objective. Due to the necessary pivot towards COVID-19 response and recovery, the third annual forum was devoted to understanding the gendered impact of COVID-19. [Elaborate].

The sexuality education advocacy piece was developed with support from GHDS partners and has potential to motivate and increase the capacity of schools to deliver better informed sexuality education. The promotion of this piece was to be completed in year three.

Objective 4: Identify the sexual and reproductive health literacy of community members

In the first two years of the strategy, WHISE completed a multitude of actions to first understand the SRH literacy of CALD community members and then engage CALD community leaders in supporting the development of culturally appropriate resources. The resources were distributed through the Centre for Multicultural Youth (CMY). While WHISE had intended to support and strengthen this work with CMY to increase the SRH health literacy of the community, the COVID-19 pandemic meant that resources at WHISE were redirected towards COVID-19 gendered recovery planning and gendered mental health promotion. CMY and Monash Health did manage to continue this work, independently and, WHISE has reconnected with CMY and Monash Health to follow-up and discuss ways that we can support this project and the learnings going forward. This will be an area of strategic importance moving forward.

, a key success from year two and three was our work to support the implementation of the ***Sexual Lives and Respectful Relationships Program*** (SL&RR) which is a community-based model of sexuality education, information and activity that brings people with an intellectual disability together with professionals from community organisations. In addition to presenting at the ***Having a Say Conference*** and the GHDS CoP in year two, Peer Educators (people with an intellectual disability who have been trained to run the program), WHISE's SRH Health Promotion Officer, and the two leaders at Deakin University presented at the Intersectionality, Gender and Ableism CoP in year three which had a specific focus on disability and ableism. Following attendance of this CoP, twice as many people felt very confident (pre=10%, post=20%) in applying an intersectional lens to their practice and no attendees reported feeling not so confident (pre=25%, post=0%).

While years one and two focused on the SRH literacy of CALD communities and young people, year three had a specific focus on increasing awareness and promoting LGBTIQ+ SRH literacy and resources. As part of this, WHISE developed and distributed an IDAHOBIT toolkit for schools to increase their awareness of LGBTIQ+ issues. While we haven't specifically collected data about knowledge of resources available and/or the action of partners to make their services more accessible and safer for LGBTIQ+ clients/patients through displaying signage, rainbow flag etc., the consultations with partners (both interviews and the online survey) revealed greater understanding and knowledge about LGBTIQ+ SRH needs. Partners spoke about an awareness of the low levels of SRH literacy among young LGBTIQ+ people, the need to make SRH promotion and services more inclusive, and the fact that targeting populations based on their gender presentation, gender identity or sexual identity may not reflect their need:

"Better educated for youth around sexual heath and to the LGBTIQ community."

"Not just for, obviously, for trans men, but also for non-binary people who, you know, for whom cervical screening may be a dysphoric experience."

"I know a couple of years ago someone came in and did a sexual health workshop for our LGBTQ+ program of young people, because they identified in the group at the time that there were some real issues and lack of understanding."

Some of the actions for years two and three were postponed due to COVID-19 and changes in staff. For example, the review of sexuality education provided in secondary schools and commencing the project on the sexual health of international students. However

The COVID-19 pandemic impacted the delivery of some actions under this objective The lockdowns restricted the implementation of some elements that were planned, however it also provided new opportunities, to integrate mental health literacy and positive psychology promotion for young women.

Objective 5: Improve the coordination of existing sexual and reproductive health services in the SMR

To improve the coordination of existing SRH services in the SMR in years one and two, WHISE worked to map services and access to emergency contraception choices, pregnancy choices and counselling and terminations. This was conducted using a survey developed by Gippsland Women's Health who had previously undertaken service mapping.

By accessing databases through SEMPHN and 100 My Options, 467 GP clinics and 298 pharmacies were identified in the region in year one. In year two, 35 GP clinics out of 239 completed the mapping survey. Ten pharmacies out of 29 (located in Kingston) completed the mapping survey. While the response rates were low (15% of GP clinics and 34% of pharmacies), this likely reflects a lack of resources (i.e., time and money) to routinely follow-up all clinics and pharmacies. This was a large project and an important part of coordinating existing SRH services. We note that although this action was meant to also occur in year three, 1800 My Options already offers a list of SRH services and WHISE therefore decided to increase promotion of this service rather than recreate it.

In year two, WHISE held a Medical Termination of Pregnancy (MTOP) Forum for GPs to discuss the training requirements, procedures and pathways for providing MTOP and it provided a forum for GPs to discuss their experiences and support networks. This work continued in year three with a focus to improve equitable and safe access to Medical Abortion (MA), long-acting reversible contraception (LARC) and STI testing in the SMR. Three MA webinars were delivered to GPs and health professionals. Following the webinars, the majority of attendees reported that their learning needs were met, that they would be interested in attending future sessions, and some attendees said they were considering MA registration, registering with 100 My Options, and/or joining a regional MA professional network. Given the stigma attached to MA and the resulting hesitancy of health professionals to deliver this service, these webinars were an important step to educate and start the process of getting health professionals to receive the training to deliver this service.

In summary, to achieve the objective of improving the coordination of existing SRH services in the SMR, WHISE commenced two large projects: 1) to map existing services, and 2) to educate health professionals about MA and encourage them to receive the required training to offer the service at their

clinic. Despite a multitude of hurdles, including lack of resources, stigma and personal values, significant progress was made.

Objective 6: Research and monitor sexual and reproductive health trends in the SMR to continually inform and adapt the evolution of activities

Across this three-year strategy, WHISE worked to inform and adapt the evolution of activities through researching and monitoring SRH trends in the SMR. Additionally, WHISE translated and/or shared the information that was gathered to enable our partners. We primarily shared information via 1) quarterly reports (first year)/newsletters (second and third years) to provide updates on SRH concerns, contraception changes, current regional data, and latest research to build the knowledge and capacity of the sector, and 2) snapshots that were developed for each LGA.

Respondents to the GHDS online survey (conducted as part of the evaluation consultations) commonly identified the GHDS newsletter as a piece of work that enabled them to evolve their SRH activity. Overall, WHISE continued to research and monitor trends, and share the knowledge with partners to inform their work in various ways.

Objective 7: Raise awareness of safe and respectful sexual practices through a number of communication platforms

The GHDS partnership commenced its participatation in ***Sexual and Reproductive Health Week*** in year two of the strategy, the number of people reached in social media posts was:

- Facebook (organic reach): 5,340
- Facebook (boosted reach): 6,803
- Twitter impressions: 10,765
- Twitter engagement: 180
- Twitter average engagement rate: 1.8%

In years two and three, the total reach from WHISE and our partners was:

- Twitter impressions: Year 2=12,027; Year 3=21,143 (engagement=554)
- Facebook reach: Year 2=19,233; Year 3=21,538 (engagement=1,224)
- Instagram likes/impressions: Year 2=25; Year 3=8,051 (engagement=7,616)

The social media analytics for the ***Sexual and Reproductive Health Week*** campaign demonstrate the combined success of the women's health services and GHDS partners in raising awareness of safe and respectful practices. From year two to year three, there were clear increases of 75.8% in Twitter impressions and 12% in Facebook reach. With the reach and engagement through social media, we can see that social media campaigns are an effective tool for raising awareness and sharing information as WHISE and the other women's health services are trusted sources.

As part of responding to the COVID-19 pandemic, WHISE also developed a social media toolkit to help partner organisations disseminate information about the impact of COVID-19 on mental health and wellbeing, violence against women, sexual and reproductive health and gender inequality.

Over the campaign period (4 – 25 May 2020), there were a total of 13 posts on WHISE Facebook page, three for each priority area and one to raise awareness of the campaign. Overall, organically, this reached a total of 4,773 community members. The social media toolkit also included content shared on Twitter. In total 13 tweets were tweeted on WHISE's Twitter page, which earned 10,765 impressions[1] over the campaign period and an engagement total of 180.

The campaign was shared by seven partner organisations and was deemed a success.

Outcomes from the Annual Action Plans

The table below highlights the extensive suite of work completed by the GHDS partnership between 2018 and 2021. It is notable that several actions were not completed or measured as intended, following the outbreak of the COVID-19 pandemic. However, as highlighted above, this work was replaced with capacity-building, social media and communications, policy and research, and other actions to respond to the gendered impact of COVID-19 on communities throughout the region.

Health Promotion Action – Advocacy

Objective 1 - Advocate for sexual and reproductive health to be viewed as a priority in the SMR across targeted settings

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Process indicator/s	Action/s	Process indicator/s
Action 1.1: Broaden and strengthen partnerships with state and regional leaders in sexual and reproductive health.	Number of state and regional leaders in sexual and reproductive health engaged in the Strategy. - Meetings held with council: 8 - Meetings held with MPs: 4 - Meetings held with other orgs: 3 (Marie Stopes, PHN, Monash University – SPHERE project)	Action 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).	No. of schools engaged with sexuality education advocacy piece. - Delayed to COVID-19 pandemic	Action 1.1: Develop a suite (4) of case studies that demonstrate and capture the breadth of work from the GHDS partnership across the various settings and SRH priority areas.	Increased awareness of GHDS actions that improve sexual reproductive health outcomes across the region. - The case studies didn't eventuate, however, partner consultations revealed delivery of capacity building sessions to expand the provision of medical abortion throughout the region as a most significant change. Furthermore, survey responses revealed 60% identified the Strategy as valuable in building workforce

					capacity and capability to improve SRH outcomes.
	Number of organisations that endorse Strategy. - 19 organisations endorsed the strategy		No. of meetings advocacy piece presented. - Healthy Schools School's roundtable - April 2020 (n =15 participants) - Meeting with SEMPHN – January 2020		Broader SRH sector has increased knowledge of the role and value of the SRH Hubs in the region. - In an online survey, 1 out of 11 respondents cited that the expansion of the SRH Hub strengthened their work to promote equity and inclusion, and build workforce capacity and capability.
	Number of organisations signed on as partners to the 2018-19 action plan. - CoP: 8 organisations - SC: 6 organisations		No. of partners utilising resources. - *African Diaspora Report* shared to SRH Hubs (n=8) - Partners participated in the *Superheroes of SRH campaign* (n=7)	Action 1.2: Engage in advocacy opportunities to improve SRH outcomes in the SMR.	No. of media releases. - None BUT there were 4 campaigns, 1 newsletter and 1 toolkit to support schools for IDAHOBIT.
	Partners satisfaction with partnerships. - 6 CoP members completed a year 2 pre-planning survey. 100% of respondents found the CoP to be very valuable.		No. of presentations. - *Multicultural Centre for Women's Health Conference* -27 & 28 February 2020 - *Having a Say Conference* – 25 February		No. of submissions. - 10 advice statements to councils to include SRH as a priority in their MPHWPs.

	Newsletter subscriptions +'opens' - 116 opens on average - 51% open rate average - No. of subscribers: 46 as of June 2019				

Health Promotion Action – Policy and Legislative Reform

Objective 2 - Influence and inform practices, policies and legislation that promote equity, inclusion, and non-discriminatory behaviours

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Action/s	Process indicator/s	Action/s
Action 2.1: Undertake audit of local government plans to determine what councils have already invested in sexual and reproductive health.	10 audits completed in 2018-2019. - All 10 council's plans have been reviewed and a survey was sent to youth services and MCH services.	Action 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.	No. of consultations attended. - N/A.	Action 2.1: Actively engage the partnership to identify key objectives and priorities for the second regional SRH strategy.	No. of consultations held with partnership. - 38 consultations.
	Number of council plans where SRH is a priority. - SRH was not explicitly stated as a priority area. Refer to report for opportunities for alignment.		No. of meetings held. - City of Port Phillip November 2019. - Local Government Health planners meeting, by invitation – April SMR 2020.		No. of consultations held with key stakeholders and peak bodies. - 38 consultations.
	Number of meetings held with councils in the SMR. - N/A.		No. of plans where sexual and reproductive health is a priority. - Council plans are currently finalised for this period.		Partners feel confident that the second regional strategy reflects the SRH needs of the SMR. - In the GHDS 2018-2021 survey, 83.3% of respondents supported the proposed priority

					areas for the 2nd regional strategy.
	Number of councils who have made a commitment to SRH in their municipality. - Endorsement: 4 councils. - Letters of support: 2 councils.				Partners feel that their organisational plans align with the SRH priority areas in the second regional strategy. - Not measured.
	Number of councils that have participated or supported the 1st action plan by providing in kind or financial contributions. - City of Greater Dandenong – in kind support for use of forum. - City of Port Phillip - participation in CoP.				Partners indicate confidence that through a shared agenda under the second regional strategy, the identified SRH priority areas will be achieved through collective action of the partnership. - Not measured.
				Action 2.2: Support local government and community health services to recognise SRH as a public health priority in the SMR and to advocate for SRH to be included as a priority area in their MPHWP and IHP plans.	Increased knowledge of SRH's alignment to other health priority areas including improving mental wellbeing, increasing active living and preventing all forms of violence. - The alignment between SRH and other health areas were discussed

					during consultations with councils re MPHWP planning.
					Increased knowledge of COVID-19 impact on SRH outcomes. - Not measured.
					No. of local government plans where SRH is included in MPHWP plans. - Plans are yet to be released.
					No. of community health services where SRH is included in IHP plan. - Plans are yet to be released.
					Increased knowledge of the activities undertaken by GHDS. - Moderate awareness of the activities undertaken. Specifically relating to research and monitoring including LGA data snapshots, working 100My Options, GHDS newsletter, and information shared via social media posts.

					Council planners found the SRH LGA snapshots demonstrated the need, and supported the inclusion of SRH in MPHWP plans. - Snapshots were identified as helpful resources for research and monitoring of SRH trends.

Health Promotion Action – Sector and Workforce Development

Objective 3 - Build workforce capacity to meet the diverse sexual and reproductive health needs in the SMR

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Action/s	Process indicator/s	Action/s
Action 3.1: Annual sexual and reproductive health forum.	Number of attendees. - 60 attendees.	Action 3.1: Annual sexual and reproductive health forum.	No. of attendees. - 70	Action 3.1: Annual sexual and reproductive health forum (sector have indicated STIs as an area of focus).	80% of respondents agree attending the forum was valuable to their roles. - Action delivery disrupted by COVID-19. In lieu of an SRH forum, WHISE held a
	50% of partners attended forum. - 50% of partners were in attendance.		50% of partners attended forum. - 80% of partners were represented.		No. of organisations represented. - Forum not held.
	At least 80% of respondents agree that attending the forum was valuable. - 25 participants completed survey, response rate of 42%. - 100% of respondents answered 'likely' or 'very likely' to recommend the forum to a colleague.		At least 80% of respondents agree attending the forum was valuable. - Attendees rated the webinar 4.2 out of 5 stars.		Representation of multiple settings across the SRH sector (education, clinical, youth, community health). - Action delivery disrupted due to COVID-19. See note.

	Representation of organisations across SMR. - 25 organisations represented across the SMR.	Action 3.2: Sexuality Education advocacy piece.	No. of stakeholders involved in development. - GHDS CoP working group (n=5). - GHDS CoP (n=11).		80% of attendees indicated an increase in knowledge. - Forum not held.
Action 3.2: Advocate and assist schools to undertake a 'whole-school-approach' to sexual health and wellbeing (respectful relationships, Achievement Program, Family Planning Victoria).	Number of staff (participating schools) that received training in the SMR. - N/A.		No. of networks 'sexuality advocacy piece' presented. - Schools roundtable April 2020 (15 CHC HP officers engaging with schools in the Achievement Program (AP).	Action 3.2: Engage with Critical Friends Network*, Respectful Relationships and Achievement Program to identify and strengthen opportunities to support teachers to deliver best practice sexuality education during the COVID-19 recovery period (Term 1 & Term 2 2021).	No. of schools and organisations who found the sexuality education advocacy piece useful. - Postponed due to COVID-19 and the challenges teachers face with re-engaging students/families.
	At least 80% of respondents agree that attending the training was time well spent - N/A.		No. of schools engaging with advocacy piece. - No schools at this stage.		Schools and organisations have increased awareness of sexuality education resources. - Not measured.
	Number of schools implementing sexual health benchmark of Achievement Program during 2018-2019. - N/A.				Schools and organisations have increased confidence to deliver sexuality education. - Not measured.
	Number of community health services that advocated for implementation of sexual health and				Critical friends network members have increased knowledge of sexuality education

	wellbeing benchmark during 2018-2019. - N/A.				resources available for schools. - Not measured. - In lieu of this, WHISE in partnership with headspace delivered the 'Womxn's Health Empowerment – Powered by Womxn' program. This was delivered across five sessions (1.5 hours) and was facilitated by staff from Headspace Narre Warren and Dandenong, a guest presenter from THRIVE and support from staff at WHISE. All participants received a 'Positive Edge Journal' to implement knowledge into practice. The Positive Edge Journal brings together years of psychological

					research into a 52-week journal. The weekly exercises allow users to reflect on experiences and build on wellbeing and resilience. An evaluation of the program is available online: file:///C:/Users/Laura/Downloads/Womxens%20Health%20Empowerment_FINAL.pdf

Health Promotion Action – Community Education and Capacity Building

Objective 4 - Identify the sexual and reproductive health literacy of community members

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Action/s	Process indicator/s	Action/s
Action 4.1: Undertake consultation with culturally and linguistically diverse communities, with a focus in Greater Dandenong and Casey to identify their understanding of sexual and reproductive health,	3 consultations held in 2018-2019. - 2 focus groups. - 3 interviews.	Action 4.1: Engage culturally and linguistically diverse community leaders in supporting the development of culturally appropriate resources.	No. of community leaders engaged. - N/A.	Action 4.1: Build community awareness through promotion of existing LGBTIQ+ inclusive SRH resources.	Partners have increased knowledge of resources available. - Not examined.
	Number of participants who participated in consultations. - 14 participants.		At least 80% of community leaders agree that participating was valuable. - N/A.		Partners have taken specific action to make services more accessible and safe (e.g. signage, easy English, rainbow flag). - Not examined.

and access to available services.	Theme of consultation. - Cultural norms. - Sexual and reproductive health literacy. - Women's experience of pregnancy, birthing and FGC. - Barriers to accessing SRH services. - Parenting. - Cultural concepts of health and healthcare.		No. of partners involved. - N/A.	Action 4.2: GHDS to support and strengthen the existing work with Centre for Multicultural Youth (CMY) to increase SRH health literacy of community.	70% of participants reported increased knowledge of SRH. - Data not collected by WHISE. This action was completed by CMY and Monash Health. WHISE has since reconnect with these organisations.
Action 4.2: Undertake consultation with young people to identify their understanding of sexual and reproductive health, and access to available services.	Number of young people involved in consultations in 2018-2019. - N/A.		No. of resources developed. - Distribution of CALD specific SRH resources provided to CMY.		Participants have increased knowledge of culturally appropriate SRH resources. - Data not collected by WHISE. This action was completed by CMY and Monash Health. WHISE has since reconnect with these organisations.
	Number of surveys completed. - N/A.	Action 4.2: Review of sexuality education provided in secondary schools.	No. completed questionnaires. - Postponed.		Participants have increased confidence to deliver SRH information sessions to community groups.
	Number of local government areas the survey is completed.		No. of LGAs in which the survey is completed. - Postponed.		

	- N/A.	Action 4.3: Support Implementation of Sexual Lives and Respectful Relationships (SL&RR) Program.	No. of presentations provided to professionals. - GHDS CoP October 2019. - Having a Say Conference February 2020.		- Action completed by CMY and Monash Health. Though data was not collected, anecdotal evidence suggests this action was successful and GHDS partners have committed to delivering and/or expanding the in-language community health literacy sessions. - This action was also supplemented by the translation of resources into in-language social media content relevant to COVID-19, as highlighted above.
			No. of partners involved in promotion of program. - Central Bayside Community Health Services. - Monash Health Community Health.		
		Action 4.4: Commence the Sexual Health of International Students Project.	No. of partners involved. - N/A.		
			No. of meetings. - N/A.		
			No. of consultations. - N/A.		

Health Promotion Action – Service and Program Delivery Coordination

Objective 5 - Improve the coordination of existing sexual and reproductive health services in the SMR

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Action/s	Process indicator/s	Action/s
Action 5.1: Commence service mapping and access to emergency contraception choices, pregnancy choices and counselling and terminations.	Number of clinics and pharmacies identified in region. - GP clinics: 467. - Pharmacies: 298.	Action 5.1: Commence service mapping and access to emergency contraception choices, pregnancy choices and counselling and terminations.	No. of surveys completed by clinics and GPs. - GP clinics: 35 completed surveys (239 clinics invited to participate).	Action 5.1: Continue to improve equitable and safe access to medical abortion (MA), long-acting reversible contraception (LARC) and STI testing in the SMR.	At least 80% of respondents agree attending the webinar was valuable. - Overall, more than 80% said they would be interested in attending future sessions.
	Number of clinics and pharmacies contacted. - N/A.		No. of clinics and pharmacies contacted. - Pharmacies located in Kingston: 10 completed surveys		At least 80% of participants found the webinar met the learning objectives.

			(29 were invited to participate).		- Overall, more than 80% said their learnings were met.
			Response rate of GP clinics and pharmacies. - GP clinics 15% response rate. - Pharmacy 34% respo nse rate.		Representation of GP clinics from across 10 LGAs. - GP clinics from across the MSR with common suburbs including Dandenong, Frankston, Mornington.
		Action 5.2: Medical Termination of Pregnancy (MTOP) Forum.	No. of attendees. - Data collected year 3.		At least 80% of attendees increased knowledge. - Overall, more than 80% reported increased knowledge.
			At least 80% of respondents agree attending the forum was valuable. - Data collected year 3.		No. of GPs who intend to undertake MS-2 Step training. - 21% (n=9) - 33% considering completing.
			Representation of GPs across the SMR. - Data collected year 3.		30% of all pharmacies contacted, completed the survey or phone interview. - Not measured.
					Participants have increased knowledge of contraceptive

					options post–partum and abortion. - Not measured.

Health Promotion Action – Research, Monitoring and Evaluation

Objective 6 - Research and monitor sexual and reproductive health trends in the SMR to continually inform and adapt the evolution of activities

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Action/s	Process indicator/s	Action/s
Action 6.1: Provide quarterly reports to all partners with updates on sexual health concerns, contraception changes, current regional data and latest research.	Number of reports distributed during 2018-2019. - 3 quarterly newsletters	Action 6.1: Provide quarterly GHDS newsletter.	Increase subscriptions by 50% - Subscription year 1: 46 - Subscription year 2: 58 - 26% increase	Action 6.1: Disseminate quarterly GHDS newsletter to build the knowledge and capacity of sector.	80% of organisations who received quarterly newsletter found the resource to be useful to their work. - Not measured.
	Number of reports provided to partners. - 3 quarterly newsletters.		No. of newsletter distributed. - Four		Organsations identified areas of improvement to improve GHDS newsletters. - Not measured.
	80% of partner organisations who received quarterly		80% of partner organisations who received quarterly		Organisations indicated newsletters

	reports found the resource to be useful. - TBC.		newsletter found the resource to be useful. - Participation in survey was low.		had a direct impact on SRH activity. - Yes.
	60% of partner organisations who responded, found quarterly reports relevant to their work. - TBC.		Increase no. of newsletter opens by 20% - Average newsletter open rate year 1: 51% - Average newsletter open rate year 2: 47% Edition 4 September - 21 opens - 44.7% open rate - 17% click rate - 8 clicks Edition 5 December - 20 opens - 45.5% open rate - 9.1 click rate - 4 clicks Edition 6 March - 24 opens - 51.1% open rate - 6 clicked - 12.8% click rate Edition 7 June - 26 opens - 45.6 open rate - 8 clicked - 14% click rate	Action 6.2: Draw from the existing COVID-19 evidence base to translate and broker relevant research in an accessible format to inform SRH workforce practice.	Partners found the research relevant to their practice. - Not measured.
	Number of newsletter subscriptions and newsletter 'opens'. Edition 1: - December - 34 recipients - Open rate 52.9% - Total opens: 123 - Click rate: 11.8% - Total clicks: 193 Edition 2: - March - 34 recipients - Open rate: 55.9% - Total opens: 123 - Click rate: 14.7% - Total clicks: 80 Edition 3: - June - 46 recipients - Open rate: 44.4% - Total opens: 104				Partners have increased knowledge of latest COVID-19 research. - Not measured.
				Action 6.3: WHISE participate as a representative in the 'Extend Prefer' focus group to guide the design of a new project by SPHERE, examining an online intervention to improve contraceptive health literacy among women from culturally and linguistically diverse backgrounds.	Partnership have increased knowledge of SPHERE projects. - Not measured.
					Partnership found the resource to be useful when engaging with clients and community. - Not measured.

	- Click rate: 20% - Total clicks: 35				

Health Promotion Action – Communication and Social Marketing

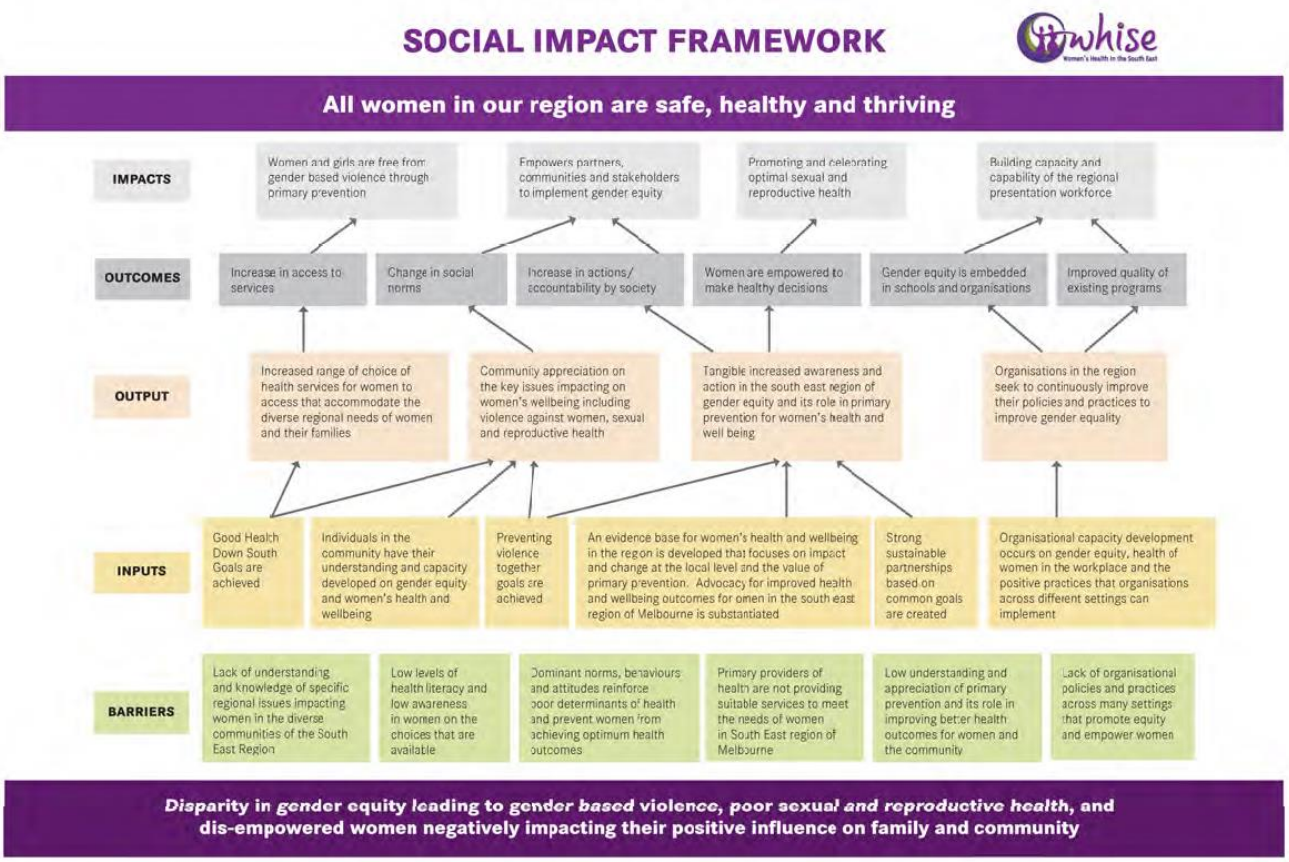
Objective 7 - Raise awareness of safe and respectful sexual practices through a number of communication platforms

2018-19		2019-20		2020-21	
Action/s	Process indicator/s	Action/s	Action/s	Process indicator/s	Action/s
Action 7.1: Social marketing campaigns.	Number of people reached in social media posts during 2018-2019. - N/A.	Action 7.1: Sexual and Reproductive Health Week 23rd-29th September.	No. of people reached in social media posts. - Facebook (organic reach): 5,340 - Facebook (boosted reach): 6,803 - Twitter (impressions): 10,765 - Twitter engagement: 180 - Twitter average engagement rate: 1.8% Total reach WHISE and partners: - Twitter (impressions): 12,027 - Facebook (reach): 19,233 - Instagram (likes): 25	Action 7.1: Annual Sexual and Reproductive Health Week Social Media Campaign (September 2020).	No. of partners participating in social media campaign. - All 13 women's health services participated.
	Number of newspaper articles		No. of stakeholders involved in the		Partners found the content relevant to

	published during 2018-2019. - N/A.		development of campaign. - 11 members of the CoP contributed to the development of key messages for the campaign.		the COVID-19 environment. - The messages focused on SRH as essential healthcare in light of the serious impact COVID-19 had on women's health and service access.
	Number of partner organisations posted on social media. - N/A.		No. of partners participating on social marketing campaign. - 7 Partners.		

Appendices

Appendix A – Social impact framework



Appendix B – Social impact reports

Program name	Net benefits[a]	Primary benefits[a]	Total Benefit[a]	Total Cost	Total Cost[b]	Net benefits per participant[a]	Benefits per participant[a]	Cost per participant[b]	No. of participants / beneficiaries
Financial year – 2019-2020									
Superheroes of SRH Campaign	$1,183,852	$1,198,088	$1,198,088	$10,984	$14,235	$6,166	$6,240	$74	192
Financial year – 2020-2021									
Medical Abortion Education Information Webinar	$398,617	$424,323	$424,323	$19,835	$25,706	$5,862	$6,240	$378	68
Social Health Planning Webinar	$42,882	$56,160	$56,160	$10,246	$13,279	$4,765	$6,240	$1,475	9
Womxn's Health Empowerment Project	$63,759	$99,841	$99,841	$27,841	$36,082	$3,985	$6,240	$2,255	16

[a]With deadweight adjustment. [b]Adjusted for Opportunity Cost & Optimism Bias.