

Evaluation of Good Health Down South

Year 1 & 2 Action Plan



**GOOD HEALTH
DOWN SOUTH**

A Sexual & Reproductive Health Strategy
for the Southern Metropolitan Region



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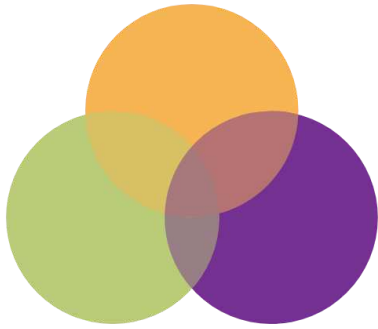
ACKNOWLEDGEMENT OF COUNTRY

Women's Health in the South East acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and the Traditional Custodians of the lands, waterways and skies where we work, live and play. We celebrate that this is the oldest continuous living culture in the world, and that sovereignty was never ceded. This always was, and always will be, Aboriginal land.

ACKNOWLEDGEMENTS

WHISE would like to acknowledge and thank the many organisations and individuals that are members of the Good Health Down South Network for their significant contributions to the Year One and Two Action Plan. The tenacious leadership and diverse expertise, as well as the breadth of professional experience held by the Network enabled us to implement an ambitious suite of activities and projects in the first two years of our strategy, and engage in meaningful health promotion, advocacy, and capacity-building across the sexual and reproductive health sector. The impact of our efforts is clearly demonstrated within this report, which captures the delivery, reach and efficacy of the actions we implemented. For our members' ongoing commitment to the improvement of sexual and reproductive health outcomes in the Southern Metropolitan Region, WHISE offers heartfelt gratitude and appreciation. We look forward to continuing to work with the organisations listed below, to deliver an even more aspirational and far-reaching Year Three and Four Action Plan in 2023-2025.

- Bayside City Council
- Cardinia Shire Council
- Cardinia Shire Council – Maternal and Child Health
- Cardinia Shire Council – Youth Services
- Central Bayside Community Health Services
- Centre for Culture, Ethnicity and Health
- Centre for Multicultural Youth
- City of Casey
- City of Casey – Maternal and Child Health
- City of Casey – Youth Services
- City of Port Phillip
- City of Port Phillip – Youth Services
- City of Stonnington
- Connect Health & Community
- Department of Education and Training, Respectful Relationships (Bayside Peninsula Area & Southern Melbourne Area)
- Department of Health, Prevention and Population Health (Regional Operations, South)
- enliven
- Frankston City Council
- Glen Eira City Council – Maternal and Child Health
- Greater Dandenong City Council
- Greater Dandenong City Council – Maternal and Child Health
- Greater Dandenong City Council - Youth Services
- Headspace
- Jean Hailes for Women's Health
- Kooweerup Regional Health Service
- Monash Health Community
- Mornington Peninsula Shire
- Mornington Peninsula Shire – Youth Services
- Multicultural Centre for Women's Health
- Royal Women's Hospital
- South Eastern Melbourne Primary Health Network
- Sexual Health Victoria (formerly Family Planning Victoria)
- Southern Migrant and Refugee Centre
- Star Health
- Talking the Talk Sex Education
- Thorne Harbour Health
- Victorian Assisted Reproductive Treatment Authority (VARTA)
- Women with Disabilities Victoria



Who are we?

Women's Health in the South East (WHISE) is the regional women's health service for the Southern Metropolitan Region. WHISE is a not-for-profit organisation that focuses on empowering women.

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, mental health and wellbeing and the prevention of violence against women.

Acronyms

BBV	Blood born virus
CALD	Culturally and linguistically diverse
GHDS	Good Health Down South
GP	General practitioner
LF	Learning forum
LGA	Local government area
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other sexually and gender diverse
PCOS	Polycystic ovary syndrome
PRET	Promoting Respect and Equity Together
PVAW	Prevention of violence against women
SMR	Southern Metropolitan Region
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TGD	Trans and gender diverse
WHISE	Women's Health in the South East

Introduction

Women's Health in the South East (WHISE) is proud to lead the regional strategy to improve sexual and reproductive health (SRH), Good Health Down South, now in its second iteration. The strategy identifies the key SRH issues facing women and people across the region and identifies evidence-based mechanisms for reducing health inequalities and improving outcomes through a Theory of Change. Good Health Down South 2021 – 2025 also provides a rigorous evaluation framework for measuring the short- and medium-term outcomes of our health promotion interventions.

The strategy reflects extensive consultation with local government, community health organisations and other health promotion agencies, and builds upon the achievements of the first regional strategy for SRH.

The Year One and Two Action Plan is the operational component of the strategy, which articulates the key actions delivered by the Good Health Down South Network from January 2022 until June 2023. WHISE coordinates a regional multi-sector partnership to deliver the actions described in the action plan, which we aim to grow and strengthen in our Year Three and Four Action Plan, operational as of July 2023.

WHISE would like to reiterate our gratitude for our many partners and stakeholders for their input into the development and implementation of Good Health Down South 2021 – 2025 and the Year One and Two Action Plan, and for their participation in the bimonthly Good Health Down South Network. We look forward to continuing to work together to improve women's SRH outcomes across the region.

Good Health Down South 2021-2025 is supported by the Victorian Department of Health.

Overview of outcomes

Objective 1: Increase the range of sectors, settings and organisations in the region that are involved in the Good Health Down South 2021-2025 strategy

To achieve this objective, the Year One and Two Action Plan aimed to deliver four learning forums, each addressing different SRH issues of interest to the regional network. The aim of the learning forums was to build the capacity and capability of our partners and stakeholders and broaden the reach of the network by increasing the range of sectors, settings and organisations involved in the region. The learning forums addressed social and cultural barriers to condom use among young people, menopause and its management and self-management, reproductive coercion and polycystic ovary syndrome (PCOS).

The learning forums successfully increased the capacity and capability of our partners and stakeholders to support themselves and/or others to improve their health and wellbeing by applying their knowledge about different SRH issues. For example, people who attended the condom learning forum reported an overall statistically significant increase in knowledge about the key barriers to condom use among young people, how gender norms and attitudes towards pleasure can impact on condom use among young people, the influence of cultural attitudes and norms on condom use among diverse communities, and how use and non-use can impact health wellbeing. Confidence also significantly increased to talk to young people about the importance of condom use for their health and wellbeing. Many participants identified that the learning forum provided them with new strategies for engaging young people in conversations about the importance of condom use, including the importance of framing sexual health discussions within a sex-positive and pleasure-centred context, and not assuming knowledge.

The menopause learning forum revealed a widespread desire to learn about menopause as 147 people attended. Following the learning forum, there were overall statistically significant increases in knowledge about menopause in general as well as the impacts of menopause on physical, sexual and mental health and wellbeing, how menopause impacts on women's employment and experiences in the workplace, and how to manage menopausal symptoms. Confidence to discuss menopause and its impacts with family, friends, health professionals and colleagues also significantly increased following the learning forum which is particularly noteworthy given that menopause is still relatively undiscussed and stigmatised. Learning about the different symptoms of menopause was enlightening for many of the attendees as they realised that their experience was normal which helped to reduce their feeling of shame. The positive impact of this learning forum is ongoing as suggestions for future work that were identified in the post-forum survey have led to the development of a menopause working group, a case study to demonstrate how workplaces have successfully implemented a menopause workplace policy, and several menopause education sessions.

The third learning forum which focused on reproductive coercion, its impacts and how it can be a form of gender-based violence, was well attended with about 112 people. Overall increases in knowledge about reproductive coercion in general, as well as its impacts within an intersectional gendered framework, and how it impacts on physical, sexual, and mental health and wellbeing were reported. People also increased their understanding of how it is a form of gender-based violence, the key drivers (causes) of reproductive coercion, the different forms of reproductive coercion including stealthing, different primary prevention approaches, and screening tools. The key learnings from the learning forum demonstrated that people knew very little about reproductive coercion as they found it helpful to learn about the topic in general, how it is defined and that it is a form of gender-based violence and domestic violence.

The fourth forum focused on PCOS and aimed to enhance the clinical understanding of the health workforce, thereby strengthening their capacity to provide comprehensive care for individuals with PCOS, and to address common misconceptions to reduce stigma and improve access to care. The webinar was attended by 20 people. There were overall statistically significant increases in knowledge about how PCOS is diagnosed, how myths and misconceptions of PCOS impact on the care and advice provided by healthcare professionals, the different options available to managing PCOS symptoms, the impact of weight stigma on diagnosis and treatment of PCOS, and the impact of PCOS on experiences of gender norms and identity. Furthermore, an overall statistically significant increase in confidence for advocating for self or people in your care to receive holistic and quality care was found. Health practitioners also reported greater confidence to implement the new diagnostic guidelines for PCOS. The webinar therefore successfully raised awareness and increased understanding of PCOS among individual stakeholders and health practitioners.

Objective 2: Build the capacity and capability of the regional workforce to integrate and prioritise sexual and reproductive health into other health priority areas, in particular the primary prevention of violence against women and the promotion of gender equity.

To work towards achieving the second objective, Year One and Two implemented four actions. The first action aimed to support partners and stakeholders to integrate SRH into general health and wellbeing planning, strategic planning and action plans, where relevant. To do this, WHISE presented at the Health Planners' Forum on 13 June 2023, hosted by the Department of Health, and comprising representatives from the Municipal Health and Wellbeing Planning teams in the ten local government areas in the Southern Metropolitan Region (SMR). At this forum, WHISE provided a high-level overview of SRH outcomes in the SMR, legislative obligations and frameworks for local government to support SRH, linkages with other health and wellbeing priority areas such as the primary prevention of violence against women, and embedding SRH in health and wellbeing planning, policy and projects. It was hoped that attendees would increase their knowledge of SRH issues. The pre- and post-forum surveys demonstrated overall increased knowledge of SRH as a critical health and wellbeing priority area, and the local context and needs for SRH in the SMR. There were also overall increases in understanding of the legislative obligations and requirements for local government to address SRH, and of existing frameworks and policy to enable SRH promotion and activities. Furthermore, as was expected, attendees reported overall increased confidence to integrate SRH in their health planning and priority areas. As planned, this was demonstrated with increased confidence to utilise existing legislation, frameworks and case studies to apply SRH promotion and activities within their local government context, to identify opportunities for SRH promotion and activities within their local government context, and to integrate SRH promotion and activities within their local government setting. Finally, while the surveys did not measure understanding of the barriers to integrating SRH, the attendees did demonstrate overall increased understanding of the enablers to integrating SRH.

The second action aimed to develop and disseminate effective resources through a learning forum or training session to support consent education with a focus on affirmative consent, prevention of violence against women (PVAW) and improved SRH. Over the course of the implementation of this action plan, the deliverable for this action has changed, as the affirmative consent legislation in Victoria resulted in an opportunity to submit an application for a funded project via a grant supported by the Department of Families, Fairness and Housing. WHISE applied for funding in partnership with Sexual Health Victoria, supported by other members of the GHDS Network, to deliver a project to build the capacity of the regional youth and community services workforce to support affirmative consent education for their clients. This application was successful, and the "Consent Matters" Program was funded for 2023 – 2024. As such, in lieu of the resource or learning forum or training session that was initially proposed, WHISE delivered a grant application and project plan for the "Consent Matters" Program, as well as establishing a regular partnership meeting, and supporting the piloting of affirmative consent content to young people and youth and community services professionals. Subsequent actions will now be included in the Year Three and Four Action Plan and will involve the delivery of capacity-building sessions to youth and community service professionals on consent and respectful relationships including Victoria's new affirmative consent legislative reforms, stealthing and providing referrals and support options for victim-survivors.

The GHDS and Promoting Respect and Equity Together (PRET) partnerships aimed to work together to deliver a learning forum that illustrated the links between gender inequity, PVAW and SRH. The reproductive coercion learning forum was therefore developed and delivered to approximately 112 people. The outcomes from this learning forum are outlined above. The learning forum successfully demonstrated the links between gender inequity, PVAW and SRH. Following the learning forum, people specifically mentioned that they were not previously aware that reproductive coercion was a form of violence against women and that this was a key learning from the forum.

The fourth action to implement this objective aimed to integrate SRH content into the 16 Days of Activism campaign to prevent violence against women. One post was shared on Facebook which said, “Women with disabilities say equality is making my own choices about sexuality and my reproductive health.” Unfortunately, no partners or stakeholders shared the post with their audiences.

The outcomes from these actions demonstrate that the GHDS partnership successfully integrated SRH into other priority areas and increased the awareness of partners and stakeholders of the links between SRH, PVAW and gender equity.

Objective 3: Increase the capability and capacity of organisations and practitioners to provide equitable sexual and reproductive health services.

The GHDS partnership actioned this objective by exploring opportunities to increase contraception use in emerging areas of the SMR to support safer sex. The partnership had planned to produce a report on the need, viability and potential location and costings of a condom machine in a local government area within the SMR; and meet with youth services to develop and then deliver a proposal to local council for the installation of a condom vending machine. However, following extensive consultation with members of the GHDS Network from local government and youth services, it was identified that the barriers to condom use among young people were not accessibility of vendors or affordability of condoms, but socio-cultural in nature; pertaining to young people's attitudes, beliefs and mores regarding their risk of contracting sexually transmissible infections (STIs), the use of hormonal contraceptive methods to prevent pregnancy, and gendered power dynamics that limit the ability of young women to negotiate condom use with male sexual partners. As such, the deliverable was changed to a learning forum which addressed social and cultural barriers to condom use among young people. The outcomes from this forum (which have already been discussed above) demonstrated increased knowledge and understanding of the social and cultural barriers to using condoms, and increased confidence to have discussions with young people about the importance of using condoms.

The GHDS partnership also planned to implement this objective by supporting a promotional campaign and disseminating the campaign materials to increase the uptake of cervical screening among lesbian, bisexual and queer-identifying women. The campaign was led by Thorne Harbour Health and designed in partnership with Cancer Council Victoria to incorporate messaging to support new self-collection guidelines. WHISE promoted the campaign through the GHDS network via two Facebook posts with videos. The first post communicated that a Cervical Screening Test should be done every five years by everyone with a cervix, aged 25-74 years, who has had sexual contact with a person of any gender. It was shared once and received four reactions. The second post communicated that the new self-collection option is quick, comfortable, safe, and easy. It was not shared but did receive three reactions.

The third action to implement this objective was to support and promote capacity-building for the provision of medical abortion throughout the SMR. A case study was developed to outline the establishment of Clinic 185, a medical abortion service offered through Peninsula Health. The case study discussed the process of setting up the service (including education sessions for general practitioners [GPs] and pharmacists), challenges faced along the way and how these were overcome, key successes and more. One capacity-building session was delivered (with a second session that will run following the completion of this action plan in July 2023) in partnership with Women's Health East and Gippsland Women's Health, with EACH, Peninsula Health and Sexual Health Victoria also supporting the delivery of the session. As expected, attendees reported an overall increase in knowledge of SRH service provision. Specifically, there were statistically significant increases in knowledge about early medical abortion including the process for prescribing, dispensing and supporting patients through termination, and the appropriate referral pathways for post-procedure presentations. It was also hoped that attendees would report overall increased confidence in providing SRH services. This was certainly achieved with statistically significant increases in confidence to provide early medical abortions at their own clinics, and confidence to manage post-procedural presentations.

While one of the actions is yet to be delivered due to the availability of partners and stakeholders, the condom learning forum, and the case study and capacity-building session to support the delivery of medical abortion services have supported organisations and practitioners to provide equitable SRH services. Practitioners can support young people in making safer choices when it comes to using condoms. They also know how to support a person who would like to medically terminate their pregnancy.

Objective 4: Increase capability and capacity of organisations and practitioners to provide culturally appropriate and inclusive sexual and reproductive health services for priority populations.

To implement the fourth objective, the GHDS partnership aimed to explore opportunities to support the delivery of LGBTIQ+ cultural sensitivity training, and trans and gender diverse inclusive practice training for health practitioners. One capacity-building session was delivered to address each topic. People who attended the LGBTIQ+ cultural sensitivity training session reported statistically significant increases in knowledge and understanding about the social determinants of the health and wellbeing of LGBTIQ+ people, appropriate language, barriers to accessing services, inclusive intake and assessment processes, and what makes a service affirming and inclusive for LGBTIQ+ people. There was also a significant increase in confidence to meet the needs of LGBTIQ+ consumers. Five people agreed to be interviewed 12 weeks following this event to discuss changes in their practices at work following the training. They discussed developing an inclusive language guide for the workplace, being more mindful of pronouns, updating their organisation's website so the language is inclusive, consulting with people from LGBTIQ+ communities to plan and implement services, and updating intake forms so that they are more inclusive.

The trans and gender diverse inclusive practice training was also successful. As with the LGBTIQ+ cultural sensitivity training, the attendees reported statistically significant increases in knowledge on topics including the social determinants of the health and wellbeing of trans and gender diverse people, appropriate language, cultural safety strategies, and legal requirements to respect and recognise gender identity. People overall felt significantly more confident to implement trans and gender diverse policy and practice recommendations after attending the training. There was also discussion about being more aware of pronouns and inclusive language and feeling motivated to share their learnings with their workplace.

The second action to implement this objective was to deliver a cultural sensitivity training session to doctors, nurses and other practitioners to enable them to provide culturally appropriate, safe and inclusive services and messaging for culturally and linguistically diverse (CALD) communities. After attending the training, there was an overall statistically significant increase in knowledge and understanding of topics including the social determinants and lived experiences that may impact the health of migrants, refugees and CALD people in Australia, the cultural beliefs and values that may impact on health behaviours, the SRH issues affecting CALD communities in Australia, and the teach-back technique which is useful for working with people from CALD backgrounds. People also felt significantly more confident to work with interpreters to deliver health promotion information or services and to support someone from a CALD background to access health information and services. The teach-back technique was highlighted as a key learning for many people as they often get caught up in jargon. It demonstrated how to engage with people, build a relationship and increase understanding.

The outcomes from these training sessions demonstrate successful implementation of this objective with attendees reporting increased capacity and capability to provide culturally appropriate and inclusive SRH services to LGBTIQ+ communities, trans and gender diverse communities, and CALD communities.

Objective 5: Increase the dissemination and promotion of evidence-based sexual and reproductive health information across diverse community settings in the region.

The GHDS partnership actioned this objective by delivering a SRH literacy session for migrant and refugee women and men. The session was delivered to bicultural health educators and community engagement workers to enhance their ability to deliver SRH information to diverse communities. Overall, attendees reported statistically significant increases in knowledge and understanding of SRH, STIs and blood borne viruses (BBVs), different types of contraception including costs, efficacy and side-effects, options for unplanned pregnancy, and SRH issues affecting CALD communities in Australia. While there was overall increased understanding of common reproductive health issues including endometriosis, PCOS and menopause, the increase was not statistically significant and suggested it was a topic that required further time and information. Confidence to discuss SRH with CALD communities and support someone from a CALD background to access health information or services significantly increased overall. People reported that the session helped them to understand how to engage CALD communities and discuss SRH issues such as abortion methods, menopause and options for contraception. It was also helpful to learn about the varied experiences of women through an intersectional lens.

The GHDS partnership also disseminated SRH information across diverse settings by delivering a social media campaign during SRH week to recognise International Safe Abortion Day and World Contraception Day. The content posted across WHISE's social media platforms (Facebook, Twitter and LinkedIn) was shared, reposted and retweeted which suggests the content was shared across diverse settings.

Another social media campaign, this time for Women's Health Week, was supported by the GHDS partnership. WHISE shared content from Jean Hailes on Facebook and LinkedIn about menopause and its impact on women's physical and mental health and wellbeing. The posts on both social media platforms were only shared twice by partners and stakeholders. WHISE attended an online workout which was held for Women's Health Week.

Objective 6: Increase capability and capacity of primary prevention and clinical practitioners to provide gender-sensitive respectful relationships and sexuality education.

To implement this objective, three capacity-building sessions were delivered to Youth Services to build and strengthen staff capacity to respond to the SRH needs of their clientele. Following the sessions, statistically significant increases in knowledge were reported for topics including the medical and legal aspects of supporting young people with their sexual health, the social determinants and lived experiences that may impact on a young person's sexual health, STI and BBV transmission and harm minimisation strategies, and methods of contraception and their particular uses. Overall statistically significant increases in confidence were also found relating to confidence to support a young person to access a safe and inclusive youth-friendly health service, to support a young person to access non-directive pregnancy support (i.e., abortion, adoption and continuation of pregnancy), and to support a gender or sexually diverse young person with their sexual health. Learning how to approach conversations about sexual health with young people was a key takeaway for some attendees. Also learning about the effectiveness of condoms, the different types of contraception, and the different options for abortion were key learnings for some. These findings demonstrate that this objective was successfully actioned by the GHDS partnership as the session increased the capacity and capability of primary prevention and clinical practitioners to provide gender-sensitive sexual health information and support to young people.

Outcomes from the Year One and Two Action Plan

The sections below include the actions, output, process measures, impact measures, and notes for each action plan objective. Please note that many of the impact measures ask for the number and percentage of people who reported increases in knowledge or confidence. This data is unable to be reported as the pre/post surveys asked people to rate their level of knowledge or confidence using a Likert scale. Analyses then compared the proportions of people who endorsed each Likert scale rating before and after the capability building event. We did not ask if they felt that their level of knowledge or confidence had increased following the session. Furthermore, WHISE does not link individual survey responses and so we cannot determine if each person has increased their knowledge or confidence. Therefore, the data reported for these impact measures will demonstrate if there were overall increases in knowledge or confidence.

Health promotion action – Integration and prioritisation

Objective 1: Increase the range of sectors, settings and organisations in the region that are involved in the Good Health Down South 2021-2025 strategy

Action/s	Output	Process Measures	Impact Measures	Notes
Action 1.1: The GHDS partnership will convene quarterly learning forums for sexual and reproductive health to encourage network learnings and professional development for the SMR.	4 x learning forums (LF).	<p>No. of forums. - 4 x forums delivered.</p> <p>No. of participants, based on completion of post-forum survey. - Condom LF = 54. - Menopause LF = 147. - Reproductive coercion LF = 112. - PCOS webinar = 20</p>	<p>No. and % of partners and stakeholders who report increased knowledge of SRH issues: - Overall increases in knowledge for all LFs.</p>	<p>All four LFs delivered:</p> <ol style="list-style-type: none"> 1. Condom LF 2. Menopause LF 3. Reproductive coercion LF 4. PCOS webinar

Objective 2: Build the capacity and capability of the regional workforce to integrate and prioritise sexual and reproductive health into other health priority areas, in particular the primary prevention of violence against women and the promotion of gender equity

Action/s	Output	Process Measures	Impact Measures	Notes
Action 2.1: The GHDS partnership will support partners and stakeholders to integrate SRH into general health and wellbeing planning, strategic planning and action plans where relevant, including Integrated Health Promotion Plans and Municipal Health and Wellbeing Plans.	1 x meeting with health planners at local councils and community health organisations in the SMR to identify opportunities to include SRH-related actions.	<p>No. of meetings held with health professionals: - 1 x Health Planners' Forum delivered.</p> <p>No. of SRH actions in relevant plans across the SMR: - Unable to collect.</p>	<p>No. and % of partners and stakeholders who report increased knowledge of SRH issues: - Overall increase in knowledge of SRH as a critical health and wellbeing priority area.</p> <p>No. and % of partners and stakeholders who report increased confidence to integrate SRH in their health planning and priority areas: - Overall increases in confidence were reported.</p> <p>No. and % of partners and stakeholders who report increased understanding of the barriers and enablers to integrating SRH: - Overall increase in understanding of the enablers. Barriers to integrating SRH was not measured.</p>	<p>Two Health Planners Forums were planned. One was delivered during this action plan. The second has been scheduled during July 2023.</p>

Objective 2: Build the capacity and capability of the regional workforce to integrate and prioritise sexual and reproductive health into other health priority areas, in particular the primary prevention of violence against women and the promotion of gender equity

Action/s	Output	Process Measures	Impact Measures	Notes
Action 2.2: The GHDS partnership will develop and disseminate effective resource/s through one learning forum/training session to support consent education with a focus on affirmative consent, PVAW and improved SRH.	1 x accessible resource on best practice for effective, sex-positive and anti-sexist consent education. 1 x LF to present resource to partners and stakeholders and facilitate discussion on use and implementation (as per Action 1.1).	No. of resources developed. No. of forums. No. of participants.	No. and % of partners who attend LF/event by tier, priority population and gender. No. and % of partners and stakeholders who report having increased knowledge of best-practice principles for affirmative consent and the impact and relevance for the primary prevention of violence against women and SRH. No. and % of partners who report increased confidence to apply best-practice principles for affirmative consent and the impact and relevance for the primary prevention of violence against women and SRH. No. and % of partners who report increased understanding of the relationship between SRH, primary prevention of violence against women and gender equity.	The deliverables have changed for this action, with the Department of Families, Fairness and Housing funding of a collaborative project with Sexual Health Victoria to address affirmative consent. Deliverables for this action will be included in the next action plan, however, to date the partnership has developed an online learning module, piloted content for a workshop with focus groups of young people and scheduled pilot workshops with youth and community services for delivery in 2023.
Action 2.3: The GHDS and PRET partnership will explore opportunities for one learning forum that illustrates the links between gender inequity, PVAW & SRH.	1 x LF with relevant partners across the SMR, delivered in partnership with PRET.	No. of resources developed: - None developed. No. of forums: - 1 x LF on reproductive coercion. No. of participants: - 112.	No. and % of partners who attend LF/event by tier, priority population and gender: - 141 (95%) women; 6 (4%) men; 1 (1%) prefer not to say. No. and % of partners who report having increased knowledge of the links and relationship between gender inequity and PVAW/SRH: - Overall increase in knowledge indicated in the data. No. and % of partners who report having increased confidence in converting this knowledge into practice: - Confidence was not measured for this session.	N/A
Action 2.4: The GHDS partnership will integrate sexual and reproductive health related content in annual 16 Days of Activism campaign to prevent violence against women.	1 x content related to reproductive coercion, consent and/or sexual violence within the 16 Days of Activism campaign.	No. of content in 16 Days of Activism campaign: - 1 post shared on Facebook. No. partners and stakeholders that participate in the campaign by re-posting or sharing content: - No partners/stakeholders re-posted.	No. and % of partners and stakeholders engaged in shared projects resulting from the Good Health Down South 2021-2025 strategy: - Data not collected as the measure did not relate to the activity.	N/A

Health promotion action – Equitable access

Objective 3: Increase the capability and capacity of organisations and practitioners to provide equitable sexual and reproductive health services

Action/s	Output	Process Measures	Impact Measures	Notes
<p>Action 3.1: The GHDS partnership will explore opportunities to increase contraception use in emerging areas of the SMR to support safer sex.</p>	<p>1 x report on the need, viability and potential location and costings of a condom machine in a local government area within the SMR.</p> <p>Minimum 1 x meeting with Youth Services to develop proposal to local council on condom vending machine.</p> <p>1 x proposal to local council for the installation of a condom vending machine.</p>	<p>No. of reports No. of meetings No. of proposals</p> <p>- Process measures not completed – see notes</p>	<p>Condom LF was delivered instead.</p> <p>Pre/post surveys demonstrated overall increases in knowledge about: - The rates of condom use among young people. - The key barriers to condom use among young people. - Impact of condom use and non-use on young people's health and wellbeing. - Impact of young people's attitudes regarding pleasure and sex on condom use. - Impact of gender norms on condom use. - The influence of cultural attitudes and norms on use among diverse communities.</p> <p>Overall increase in confidence to talk to young people about the importance of condoms for their health and wellbeing.</p>	<p>Shift in deliverable – a condom learning forum was delivered instead.</p>
<p>Action 3.2: The GHDS partnership will support a promotional campaign and disseminate campaign materials to increase uptake of cervical screening in lesbian, bisexual and queer-identifying women led by Thorne Harbour Health.</p>	<p>Minimum 1 x content from Thorne Harbour Health shared by partners and stakeholders via social media platform(s).</p> <p>Dissemination of promotional postcards developed by Thorne Harbour Health.</p>	<p>No. of partners and stakeholders share campaign on social media platform(s). - 1 re-share on Facebook.</p> <p>No. of partners and stakeholders who distribute promotional postcards to community health organisations and local council. - N/A</p>	<p>No. and % of partners and stakeholders engaged in shared projects resulting from the GHDS 2021-2025 strategy. - Two partners/stakeholders were engaged in this project: Thorne Harbour Health and Cancer Council Victoria.</p>	<p>Two posts were shared on Facebook.</p> <p>Promotional postcards were not received from Thorne Harbour Health.</p>

Objective 3: Increase the capability and capacity of organisations and practitioners to provide equitable sexual and reproductive health services

Action/s	Output	Process Measures	Impact Measures	Notes
Action 3.3: The GHDS partnership will support and promote capacity-building for the provision of medical abortion throughout the region.	<p>1 x case study on the implementation of medical abortion clinic at Peninsula Health.</p> <p>2 x capacity-building sessions on becoming a medical abortion provider and managing post-procedure presentations.</p> <p>Promotion of online module on medical abortion in development by Royal Women's Hospital.</p>	<p>No. of case study: - 1 completed.</p> <p>No. of sessions: - 2 capacity building sessions to be delivered. One will be delivered following completion of this action plan.</p> <p>No. of participants: - 71.</p> <p>No. of partners and stakeholders who promote online module on medical abortion: - Promoted by 4 partners.</p>	<p>No. and % of partners and stakeholders who report increased knowledge of SRH service provision. - Overall increased knowledge was reported.</p> <p>No. and % of partners and stakeholders who report increased confidence in SRH service provision. - Overall increased confidence was reported.</p> <p>No. and % of partners and stakeholders who report increased motivation for SRH service provision. - Not measured.</p>	<p>Case study and promotion of online module are completed.</p> <p>Capacity-building sessions to be delivered in partnership with Women's Health East and Gippsland Women's Health, with EACH, Peninsula Health and Sexual Health Victoria all playing a significant role. Two sessions scheduled – the second is booked for 12 July.</p>

Objective 4: Increase capability and capacity of organisations and practitioners to provide culturally appropriate and inclusive sexual and reproductive health services for priority populations

Action/s	Output	Process Measures	Impact Measures	Notes
Action 4.1: The GHDS partnership will explore opportunities to support the delivery of LGBTIQ+ culturally sensitivity training and transgender and non-binary inclusive practice training for health practitioners.	<p>1x capacity-building session on LGBTIQ+ cultural sensitivity.</p> <p>1 x capacity-building session on transgender and non-binary inclusive practice.</p>	<p>No. of sessions: - 2 x sessions delivered.</p> <p>No. of participants: - LGBTIQ+ session = 100. - Trans and gender diverse (TGD) session = 62.</p>	<p>No. and % of partners and stakeholders who report increased No. and % of partners and stakeholders who report increased knowledge of the barriers and enablers to accessing healthcare experienced by priority populations: - LGBTIQ+ session = Data indicated an overall increase in knowledge of the barriers and enablers. - TGD session = Data indicated an overall increase in knowledge of the enablers to accessing healthcare. Knowledge on barriers was not measured.</p> <p>No. and % of partners and stakeholders who report increased confidence to improve accessibility and inclusivity of SRH services: - LGBTIQ+ session = Data indicated overall increase in confidence to meet the needs of LGBTIQ+ consumers. - TGD session = Data indicated overall increase in confidence to implement TGD policy and practice recommendations.</p> <p>No. and % of partners and stakeholders who report increased motivation to improve the accessibility inclusivity of SRH services: - Motivation was not measured for either session.</p>	N/A

Objective 4: Increase capability and capacity of organisations and practitioners to provide culturally appropriate and inclusive sexual and reproductive health services for priority populations

Action/s	Output	Process Measures	Impact Measures	Notes
Action 4.2: The GHDS partnership will work with partners to deliver cultural sensitivity training for doctors, nurses and other practitioners to enhance inclusivity of healthcare services for culturally and linguistically diverse people.	Minimum 1 x capacity-building session on cultural sensitivity.	No. of sessions: - 1 x session delivered. No. of participants: - 39 registered.	No. and % of partners and stakeholders who report increased knowledge of the barriers and enablers to accessing healthcare experienced by priority populations: - Knowledge of barriers and enablers to accessing healthcare were not measured for this session. - There was an overall increase in knowledge of the impact of different cultural beliefs and values on health behaviours. No. and % of partners and stakeholders who report increased confidence to improve accessibility and inclusivity of SRH services: - There was an overall increase in confidence to work with interpreters to deliver health promotion or services. No. and % of partners and stakeholders who report increased motivation to improve the accessibility inclusivity of SRH services: - Motivation was not measured for this session.	N/A

Health promotion action – Healthy literacy

Objective 5: Increase the dissemination and promotion of evidence-based SRH information across diverse community settings in the region

Action/s	Output	Process Measures	Impact Measures	Notes
Action 5.1: The GHDS partnership will work with partners (listed) to facilitate sexual and reproductive health literacy sessions for migrant and refugee women and men.	Minimum 1 x in-language SRH literacy session(s) to CALD communities, including men and boys.	No. of sessions: - 1 session. No. of participants: - 44 people registered for the session: 40 (91%) women and 4 (9%) men.	Overall increase in knowledge about: - SRH. - STIs and BBVs. - Common reproductive health issues including endometriosis, PCOS and menopause. - Different types of contraception including costs, efficacy and side-effects. - Options for unplanned pregnancy. - SRH issues affecting CALD communities in Australia. Overall increases in confidence to: - Discuss SRH with CALD communities. - Support someone from a CALD background to access health information/services.	The target audience changed from migrant and refugee women and men to instead include bicultural health educators and community engagement workers.

Objective 5: Increase the dissemination and promotion of evidence-based SRH information across diverse community settings in the region

Action/s	Output	Process Measures	Impact Measures	Notes
Action 5.2: The GHDS partnership will develop and disseminate an annual Sexual and Reproductive Health Week social media campaign in recognition of International Safe Abortion Day and World Contraception Day.	1 x campaign package delivered to partners and stakeholders.	No. of campaign package: - 1 x developed. No. of regional partners and stakeholders that participate in the campaign by re-posting or sharing content: - Facebook = 13 shares. - Twitter = 21 retweets. - LinkedIn = 3 reposts.	N/A	N/A
Action 5.3: The GHDS partnership will support the annual Women's Health Week campaign.	Minimum 1 x content from Women's Health Week shared by partners and stakeholders.	No. of social media posts shared by partners and stakeholders: - Facebook = 2 shares. - LinkedIn = 2 reposts. No. of events attended and/or hosted for Women's Health Week: - Attended one event.	N/A	N/A

Objective 6: Increase capability and capacity of primary prevention and clinical practitioners to provide gender-sensitive respectful relationships and sexuality education

Action/s	Output	Process measures	Impact measures	Notes
Action 6.1: The GHDS partnership will promote evidence-based, sex-positive relationships and sexuality education, consent and body safety throughout the SMR.	Minimum 1 x capacity-building session delivered to Youth Services in the SMR.	No. of sessions: 3 x sessions delivered. No. of participants: 98 in total.	No. and % of partners and stakeholders who report increased knowledge of best-practice principles for the provision of gender-sensitive respectful relationships and sexuality education: - Knowledge of best-practice principles was not measured, however, there was an overall increase in knowledge about medical and legal aspects of supporting young people with their sexual health. Also, overall increased knowledge about STI and BBV transmission and harm minimisation strategies for young people. No. and % of partners and stakeholders who report increased confidence to implement best-practice principles for the provision of gender-sensitive respectful relationships and sexuality education: - Not measured, however, there was an overall increase in confidence to support a young person to access a safe and inclusive youth-friendly health service.	N/A