ROTARY FAMILY HEALTH DAYS (RFHD)

ACTIVATION REPORT

Gauteng Province, West Rand Kagiso Community South Africa

5th & 6th March 2026

Report Compiled by: Elyjoy Landa RFHA inc COO

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Highlights

- RFHD Kagiso successfully reached 1,064 community members, exceeding the target of 450
- A total of 4,401 health services were delivered over two days
- Activation aligned with TB Awareness Month and contributed to the lead-up to World TB Day
- Strong emphasis on TB screening, HIV services, and maternal health
- Distribution of reading glasses and hygiene packs enhanced community support services
- Event attended by the District Executive Mayor ALD Dennis Thabe, demonstrating government support
- Effective multi-sector partnership model implemented despite adverse weather conditions

Positive Impact

The RFHD Kagiso activation significantly improved access to integrated primary healthcare services for underserved communities. The activation contributed to:

- Improved access to maternal and reproductive health services
- Strengthened community awareness and health-seeking behaviour
- Enhanced access to vision support and basic hygiene resources

Executive Summary

Rotary Family Health Days (RFHD) continues to serve as an important platform for expanding access to integrated primary healthcare services for underserved communities across South Africa. The RFHD Kagiso activation, held on 5–6 March 2026, formed part of the ongoing national effort to strengthen preventative health services and improve early detection of priority diseases.

The activation took place during TB Awareness Month, with a strong emphasis on Tuberculosis (TB) screening and education as part of the national and global build-up to World TB Day on 24 March. The initiative aimed to increase awareness around TB prevention, encourage early screening, and support community members in accessing timely healthcare services.

Hosted at Kagiso Community Hall, the activation brought together multiple government departments, civil society partners, local Rotarian leadership, and community organisations to provide free healthcare services to residents of Kagiso and surrounding communities.

The event was graced by the District Executive Mayor, whose presence highlighted strong local government support and recognition of the importance of community-based health outreach initiatives.

Planning and Implementation of the Rotary Family Health Days

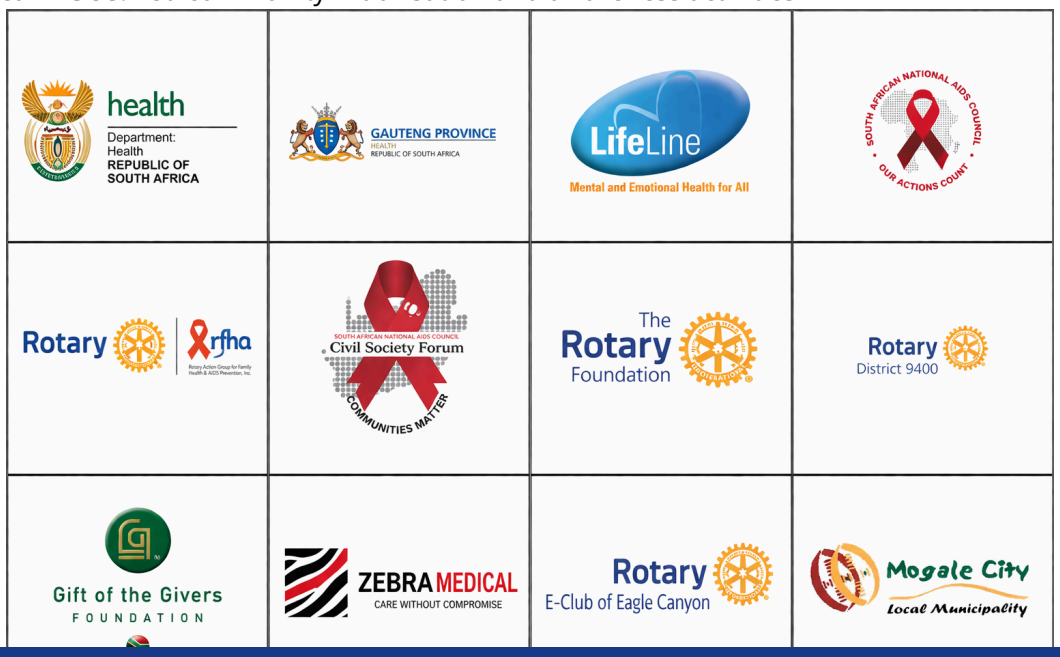
Kagiso was identified as a priority site based on:

- High population density and strong demonstrated demand for accessible health services, as evidenced by Department of Health data, government technical expertise, and identified community needs.
- Existing health challenges including HIV, TB, and teenage pregnancy rates
- Strong presence of community and civil society partners
- Accessibility for surrounding communities

Engaging with Primary Partners

The RFHD Kagiso activation was implemented through a public-private partnership approach, with each partner contributing to service delivery, mobilisation, and logistics:

- **National Department of Health (NDOH):** Provided core health services including TB and HIV screening and technical oversight
- **Gauteng Department of Health:** Delivered clinical services and health personnel
- **Mogale City Local Municipality:** Supported local coordination and stakeholder engagement
- **Civil Society Forum** through the office of the Gauteng Premier: Coordinated and executed social mobilisation of the community
- **SANAC:** Supported alignment to national HIV and TB priorities and community mobilisation
- **RFHA:** Served as programme convener, coordinating partners and overall implementation, monitoring and evaluation and gender integration.and reporting
- **Rotary District 9400 & Rotary Clubs:** Provided volunteer mobilisation, coordination, and on-site support
- **The Rotary Foundation:** Supported financially through a global grant
- **Gift of the Givers:** Distributed Mina menstrual cups and provided hygiene packs to the community as well as food for the community and workers on both days of the activation
- **African Brand Architects:** Strategic RFHD media partner responsible for design and branding collateral and media coverage
- **Zebra Medical:** Provided ultra sounds to pregnant women
- **Lifeline:** Provided mental health awareness to the community
- **Restore Vision:** Donation of reading glasses
- **Local NGOs:** Led community mobilisation and awareness activities



Monitoring and Evaluation

The Overall Summary

Data was collected using **digital registration and service tracking tools**, capturing:

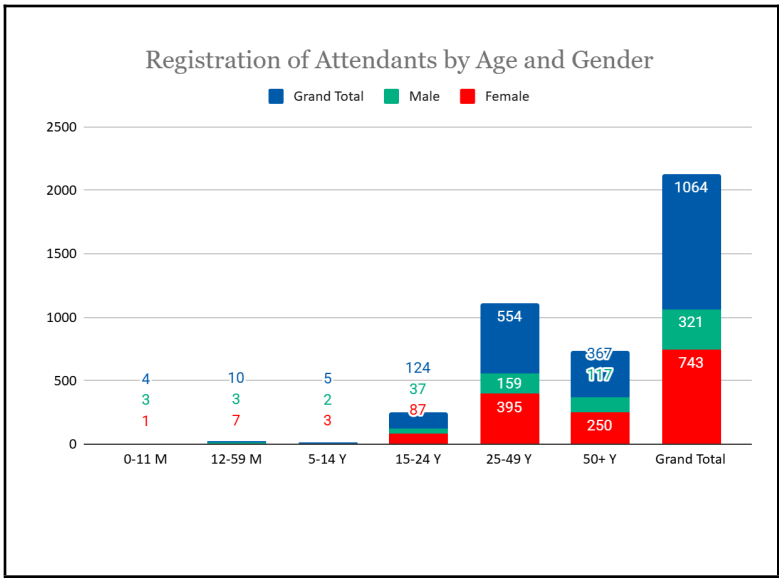
- Number of individuals reached
- Services accessed per beneficiary
- Referrals for further care

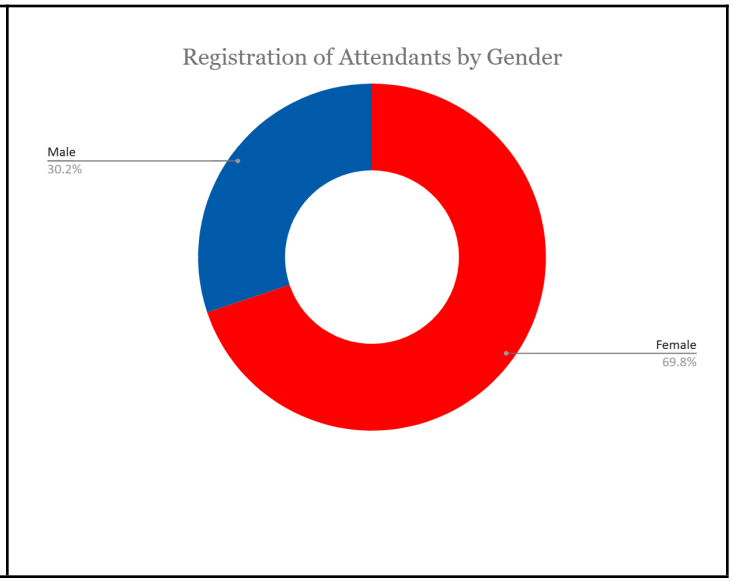
This enabled real-time monitoring of service delivery and post-event reporting.

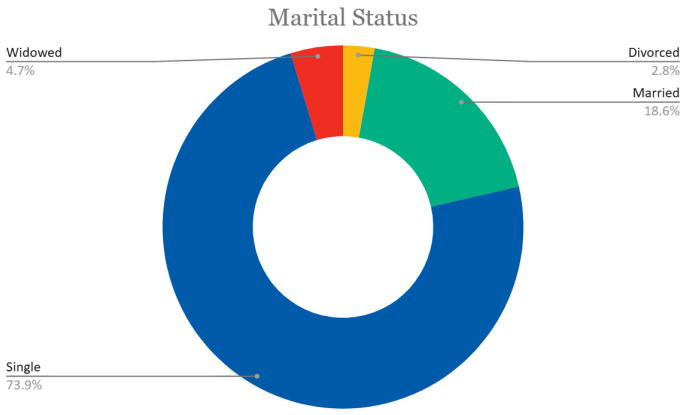
To assess sustained outcomes and longer-term impact, a 3-month post-implementation study will be conducted following Rotary Family Health Days to evaluate changes in health-seeking behaviour, service utilisation, and community wellbeing beyond the event period.

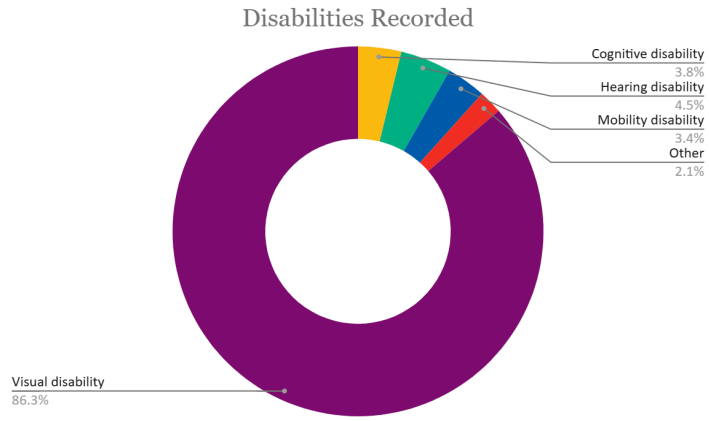
Key Results

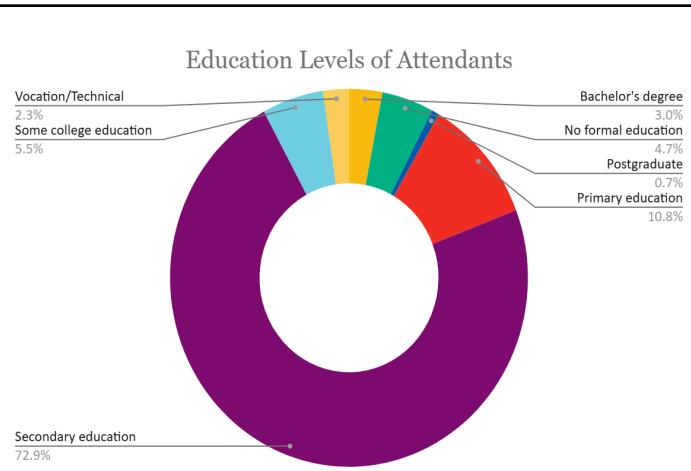
- **Registered beneficiaries:** 1,064
- **Services delivered:** 4,401
- **Average services per person:** 4+

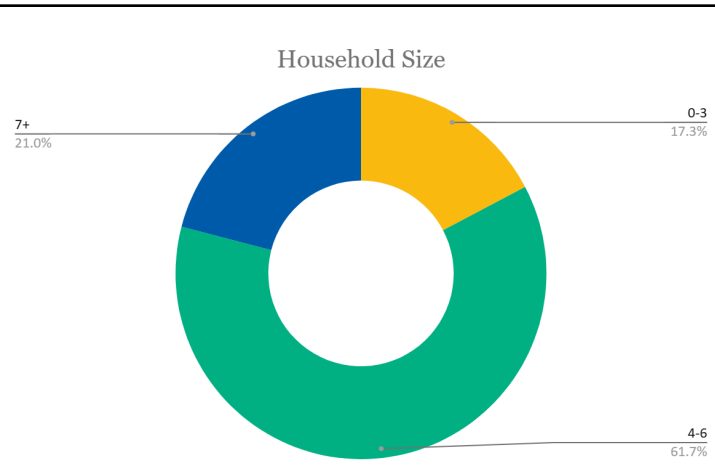


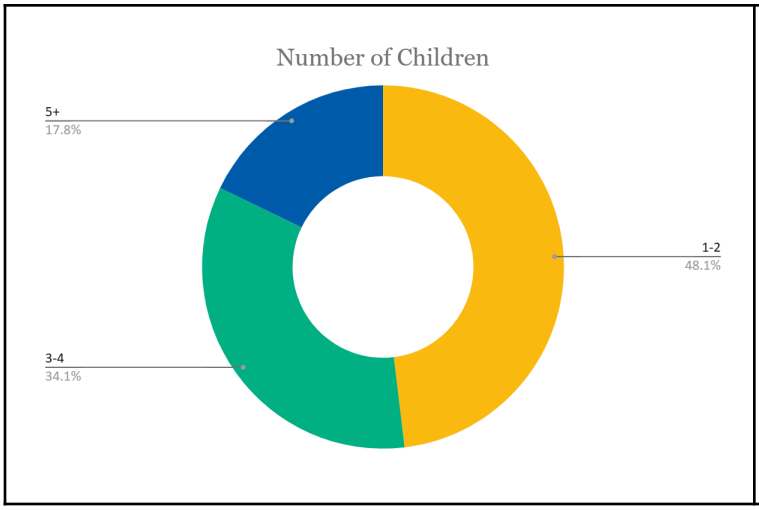


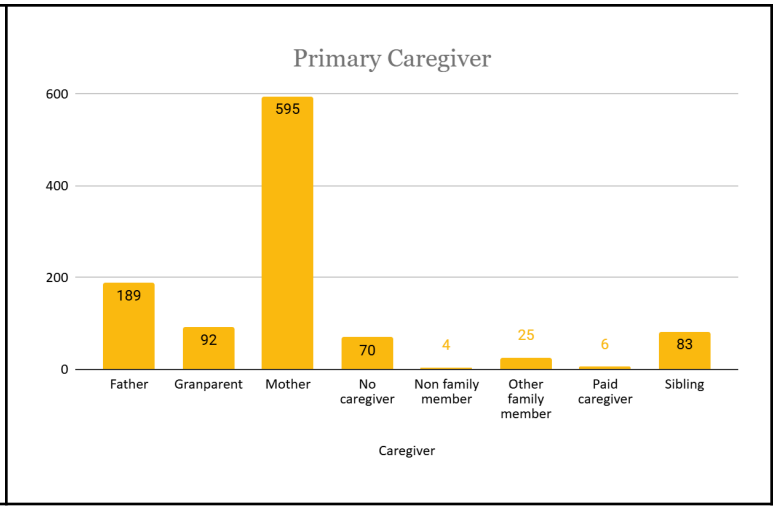

Marital Status
Widowed
4.7%
Divorced
2.8%
Married
18.6%
Single
73.9%

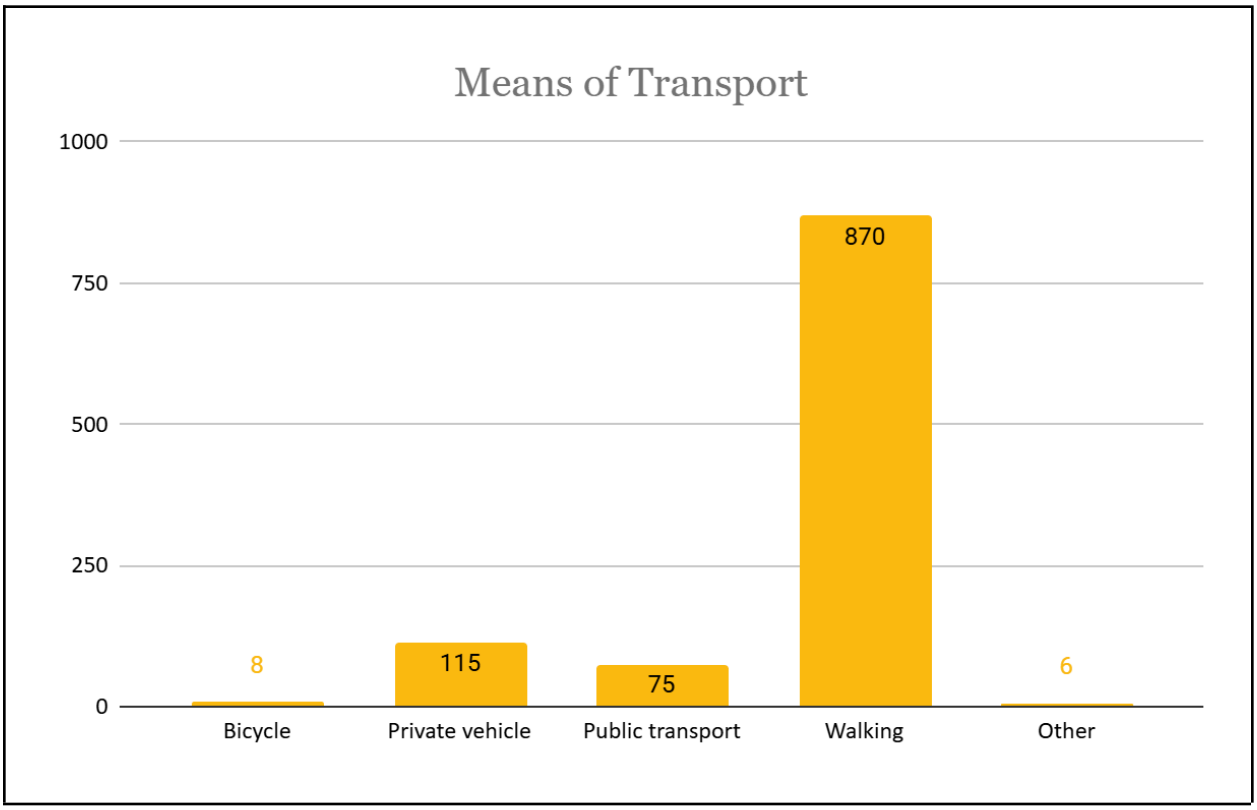

Disabilities Recorded
Cognitive disability
3.8%
Hearing disability
4.5%
Mobility disability
3.4%
Other
2.1%
Visual disability
86.3%


Education Levels of Attendants
Vocation/Technical
2.3%
Some college education
5.5%
Bachelor's degree
3.0%
No formal education
4.7%
Postgraduate
0.7%
Primary education
10.8%
Secondary education
72.9%

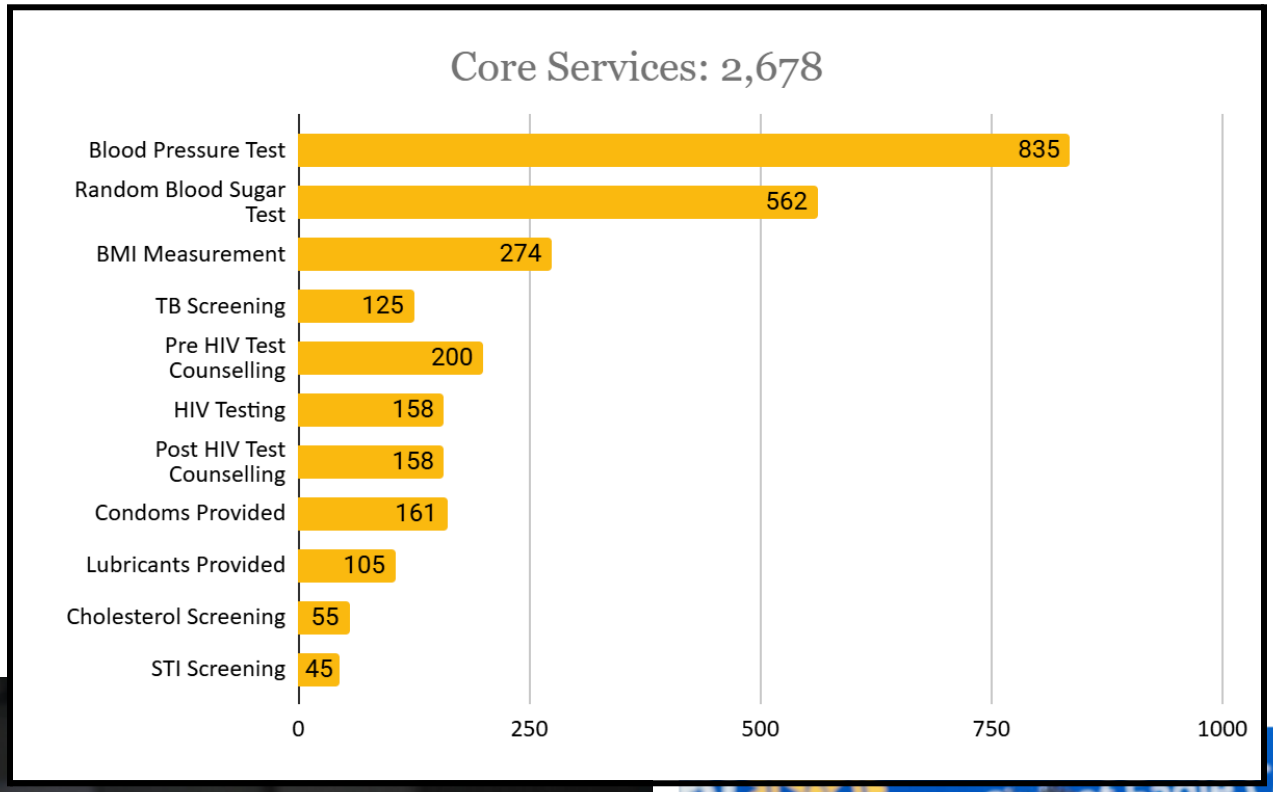

Household Size
7+
21.0%
0-3
17.3%
4-6
61.7%


Number of Children
5+
17.8%
1-2
48.1%
3-4
34.1%

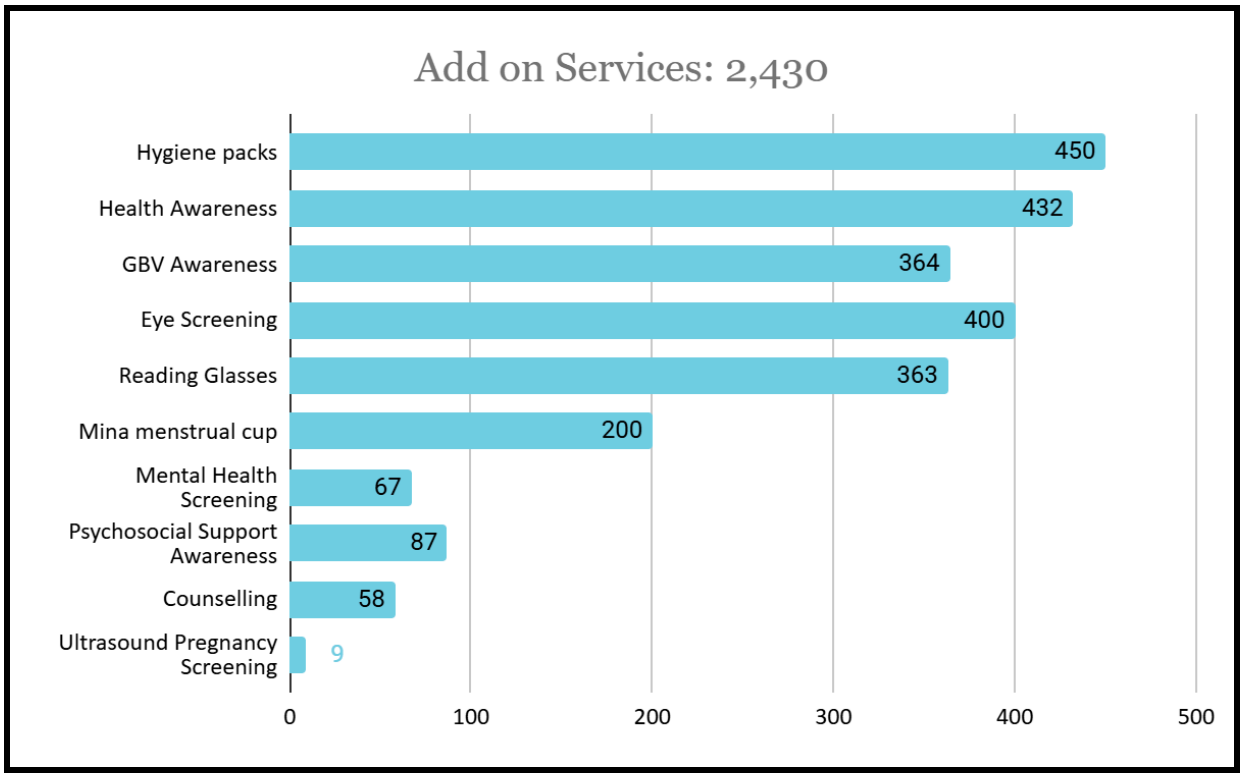

Primary Caregiver
600
400
200
0
189
92
595
70
4
25
6
83
Father
Granparent
Mother
No caregiver
Non family member
Other family member
Paid caregiver
Sibling
Caregiver


Means of Transport
1000
750
500
250
0
8
115
75
870
6
Bicycle
Private vehicle
Public transport
Walking
Other

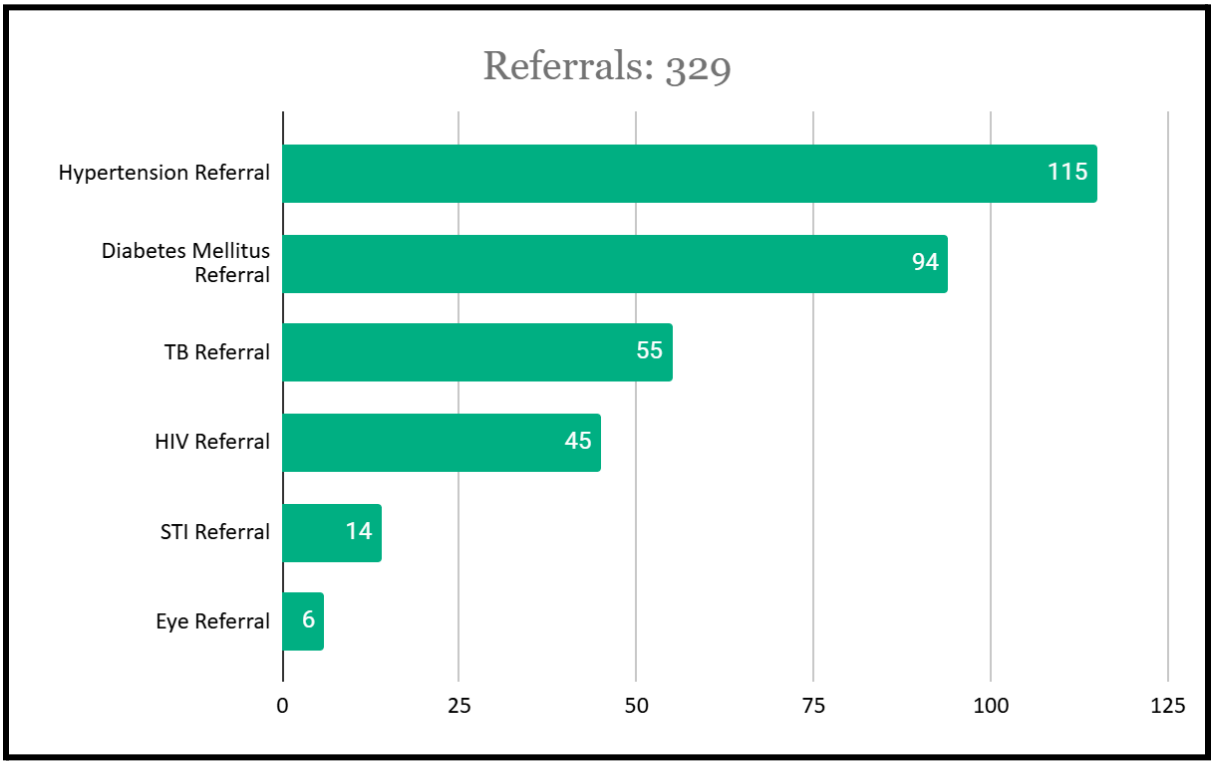
Core Services Provided



Add on Services Provided



Referrals Provided

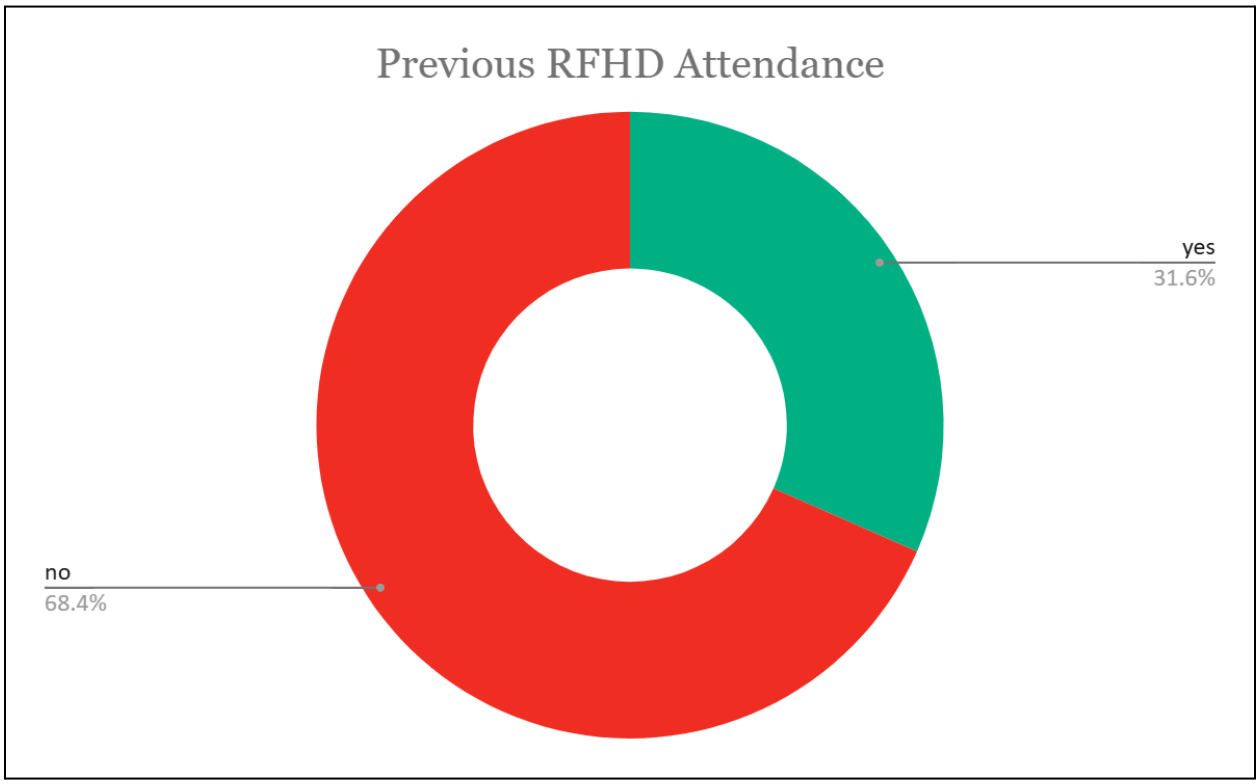


Exit Interview Results

A total of 156 exit interviews were conducted during the RFHD Kagiso activation, providing important insights into client experience, service quality, and access to care.

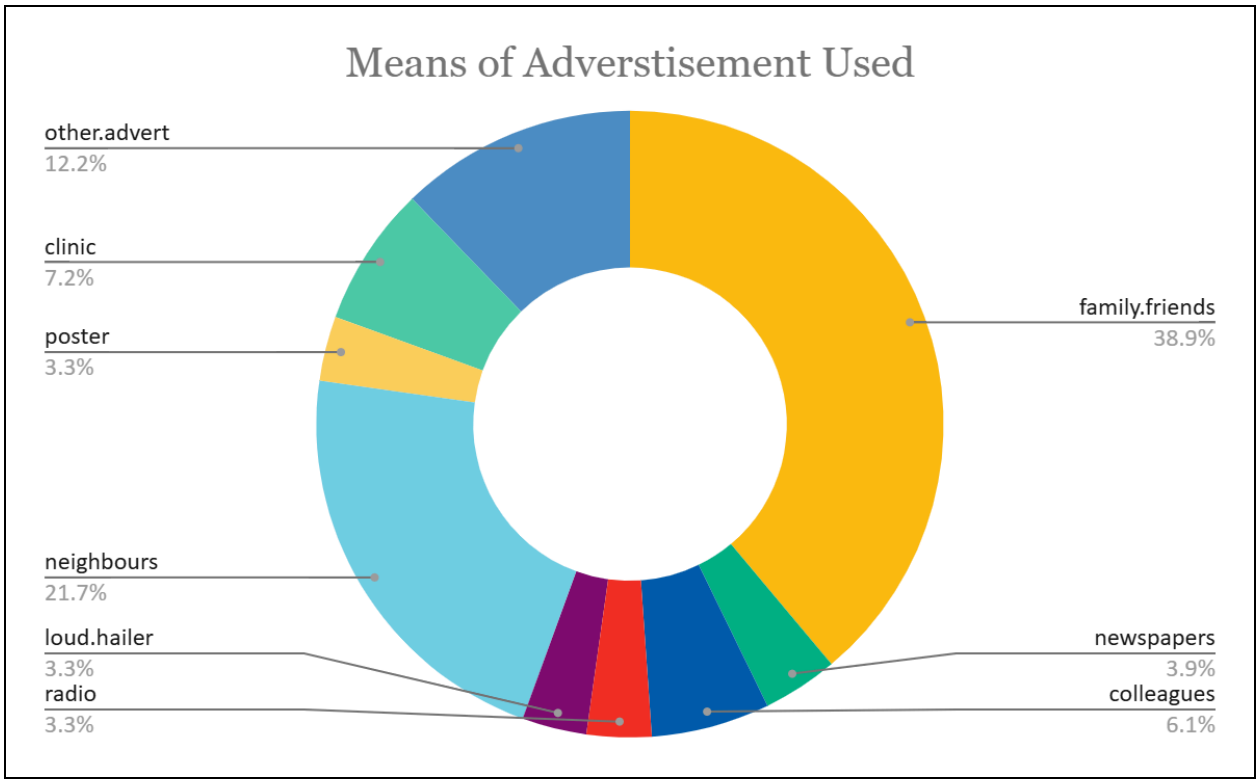
1. Prior Attendance

The majority of respondents (**69%**) had previously attended a Rotary Family Health Days activation, while **31% were first-time attendees**. This reflects **strong community trust and repeat utilisation** of RFHD services, while also demonstrating continued success in reaching new beneficiaries through mobilisation efforts.



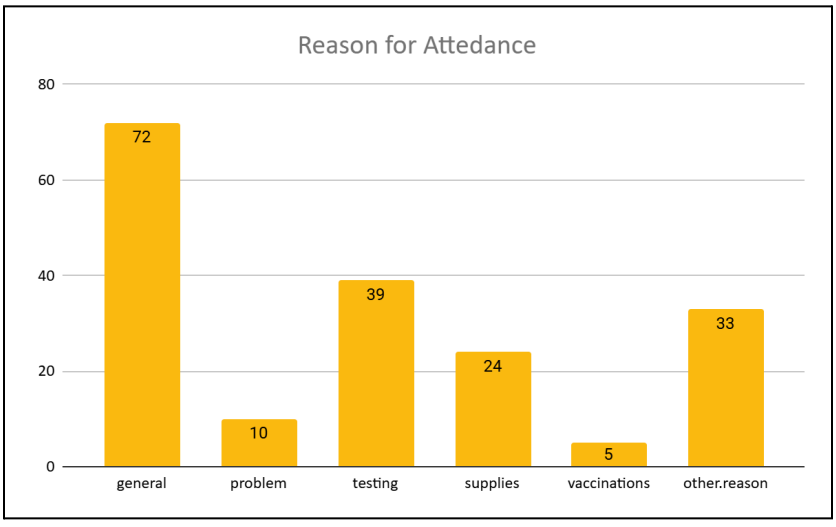
2. Awareness and Mobilisation

Findings suggest that **community-based mobilisation approaches were effective**, as evidenced by the high turnout and proportion of returning participants. Awareness was largely driven through **community networks, word-of-mouth, and local outreach efforts**, enabling broad reach across the Kagiso community. However, some respondents indicated limited awareness of the **full range of services available**, highlighting an opportunity to strengthen pre-event communication.



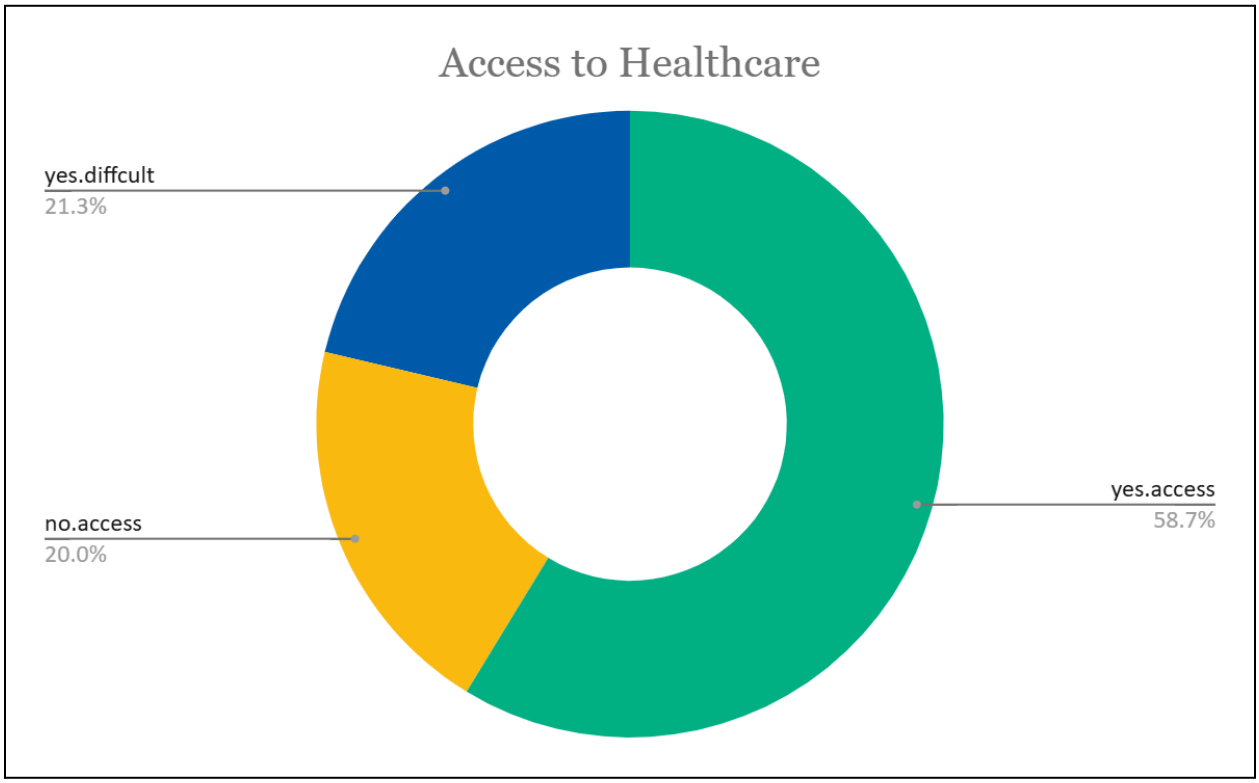
3. Reason for Attendance

The primary reason for attendance was **general health services**, cited by the vast majority of respondents (**92%**), indicating strong demand for routine and preventative healthcare. These findings highlight that RFHD is primarily utilised as a **preventative and general health access platform**, while also serving as an important entry point for **diagnostic services and basic health support**.



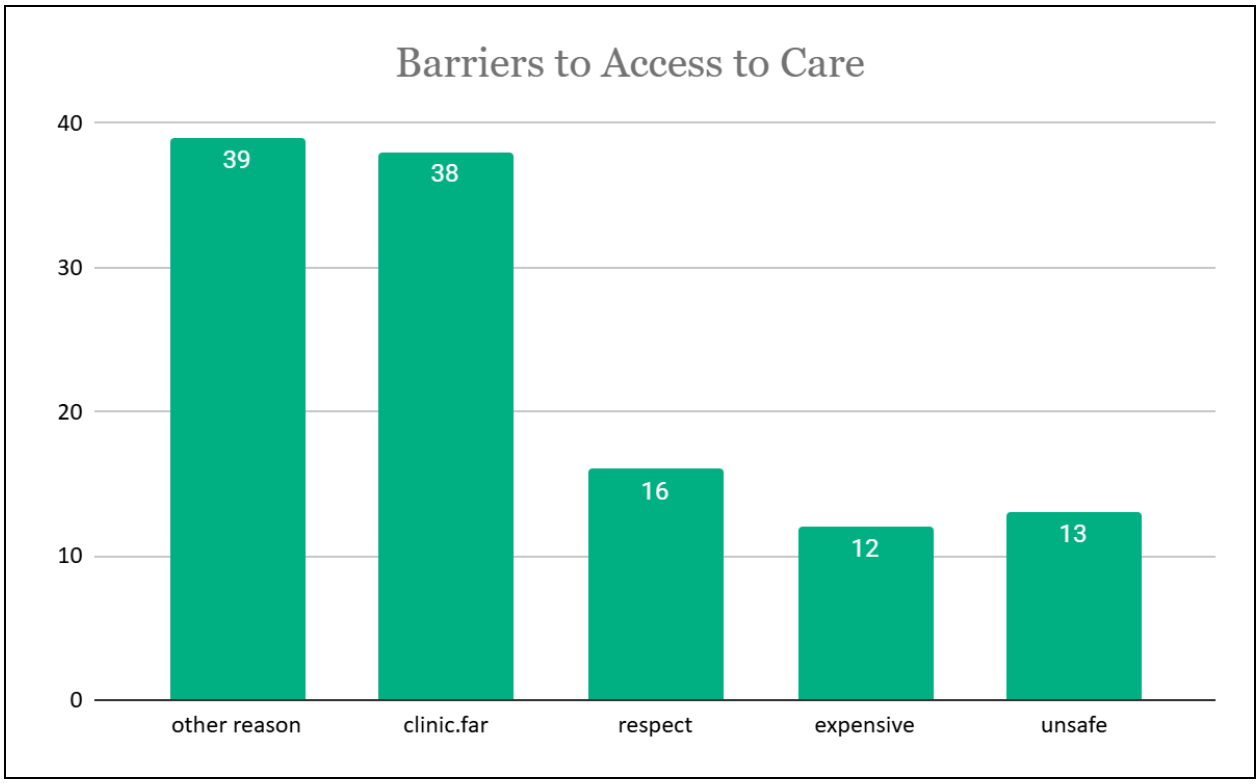
4. Access to Healthcare

The RFHD activation provided an important platform for improving access to healthcare services. Many respondents indicated that RFHD offered a **more accessible and convenient alternative to routine healthcare services**, particularly by enabling access to **multiple services in one location**. The high uptake of services per individual further reinforces the role of RFHD in addressing gaps in access to primary healthcare.



5. Barriers to Access

Reported barriers to accessing routine healthcare services included **long waiting times, cost constraints, and distance to health facilities**, consistent with common systemic challenges. At the RFHD site, however, barriers were largely reduced, with most respondents reporting **no significant challenges related to safety, transport, or social restrictions**. This highlights the effectiveness of RFHD in **reducing access barriers through community-based service delivery**.

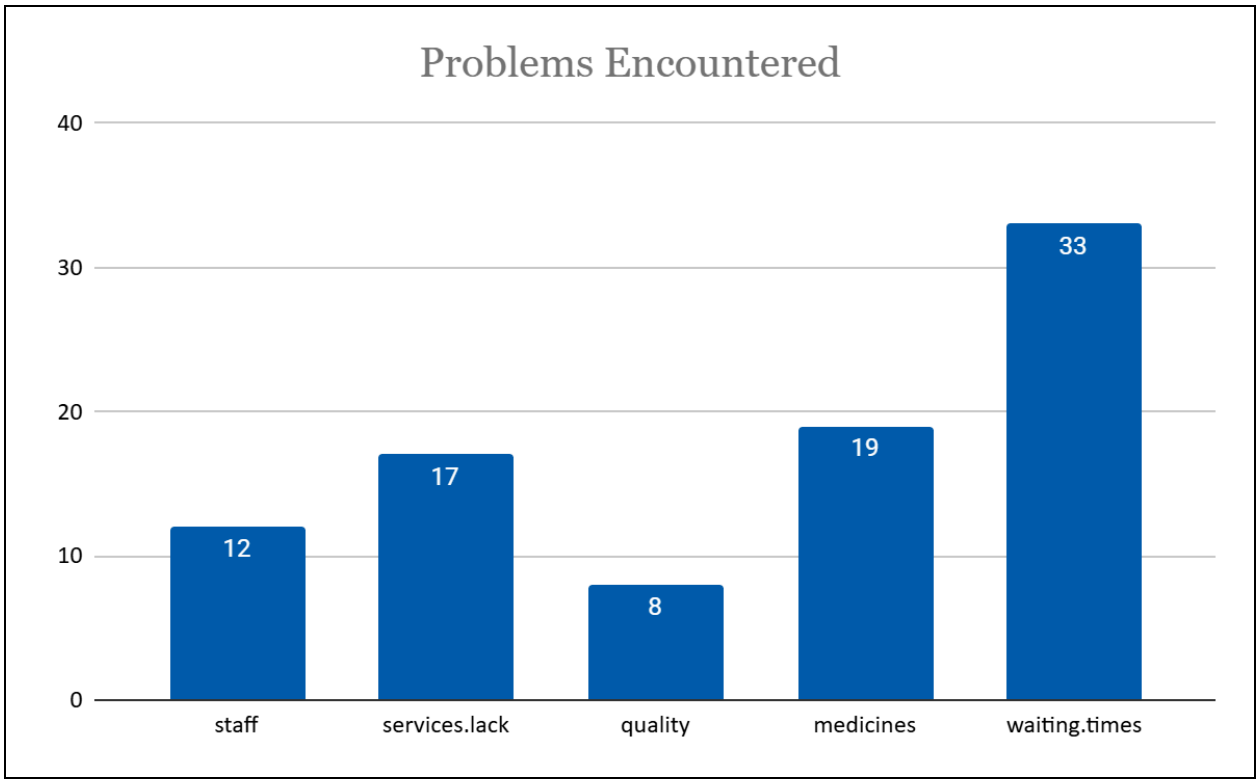


6. Participant Experience

Participant experience was overwhelmingly positive. Over **80% of respondents reported being satisfied with the services**, with more than half indicating they were *very satisfied*. In addition, **99% felt safe** and **97% reported that their privacy was respected**, demonstrating that the activation provided a **safe, respectful, and dignified environment for service delivery**.

7. Reported Problems

Despite the positive experience, several operational challenges were identified. The most commonly reported issue was **waiting times (42%)**, reflecting high demand and service pressure. Other concerns included **lack of medicine (24%)** and **limited service availability (22%)**, while smaller proportions reported issues related to **staff attitude (15%)** and **service quality (10%)**. These findings point to the need for improved **service capacity and resource allocation**.



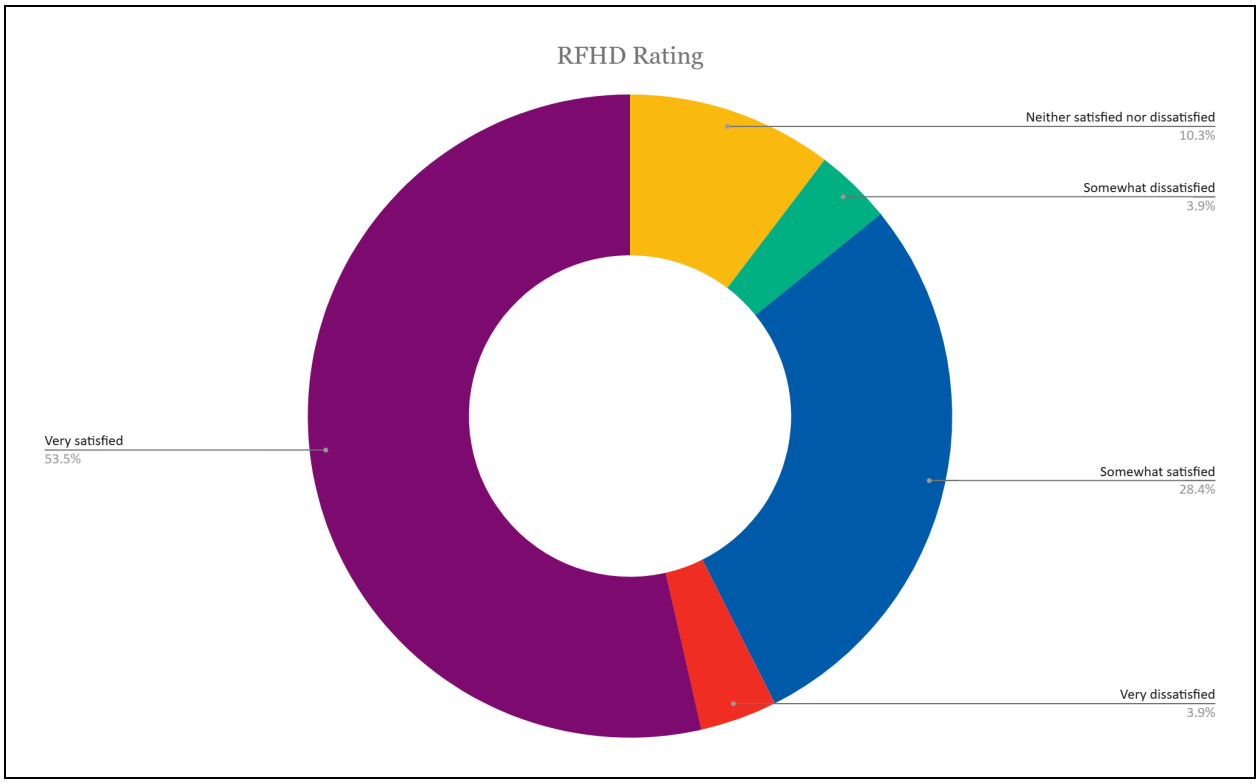
8. Perceived Health Outcomes

The majority of respondents indicated that their **health would improve as a result of the services or referrals received**, suggesting strong perceived value of the intervention. The provision of **screening, health education, and referrals** contributed to increased awareness and confidence in managing personal health, particularly in relation to **TB, HIV, and general wellbeing**.

9. Future Attendance

A strong majority of respondents (**67%**) indicated that they would attend future RFHD activations. This reflects **positive programme perception and community acceptance**, although there remains an opportunity to further improve service experience to increase retention and repeat attendance rates.

Across all indicators, the findings demonstrate that the RFHD Kagiso activation was **well-received, accessible, and impactful**, with strong performance in **participant satisfaction, safety, and service uptake**. While operational challenges such as waiting times and resource constraints were noted, the programme successfully reduced key barriers to healthcare access and reinforced community trust in RFHD as a reliable platform for integrated health services.



Gender and Inclusive Access

The Rotary Family Health Days (RFHD) intervention in Kagiso was implemented as a gender-responsive, community-based response to inequities in access to primary health care, particularly among adolescents, women of reproductive age, and men with low health-seeking behaviour. Delivered in alignment with national HIV and TB priorities including the Close the Gap Campaign on HIV/AIDS led by the South African National AIDS Council and activities leading up to World TB Day the intervention focused on improving equitable access to integrated, preventative health services.

The analysis was completed in collaboration with a Monitoring, Evaluation and Learning specialist with the oversight of RFHA Gender specialist.

Kagiso reflects broader national challenges, including high teenage pregnancy rates, with approximately 16–18% of girls aged 15–19 having begun childbearing (Statistics South Africa), alongside persistent gender disparities in health service utilisation. Women remain the primary users of primary health care services, while men and adolescents face structural and behavioural barriers, including clinic operating hours that conflict with school schedules, transport costs, and stigma associated with accessing sexual and reproductive health services.

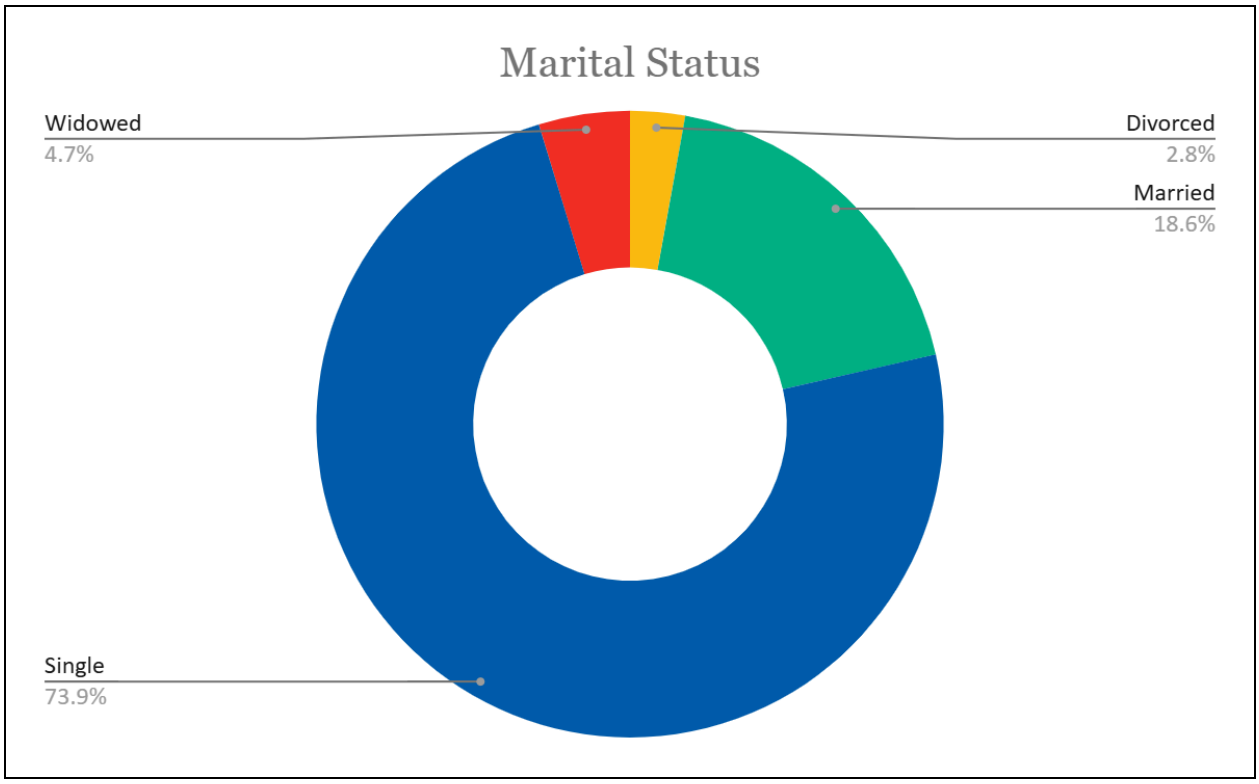
In response, RFHD Kagiso adopted a targeted and adaptive implementation model designed to reduce these barriers. Service hours were extended to align with school dismissal times, enabling adolescents to access care without disrupting their education. Services were delivered in an integrated manner, combining HIV testing, TB screening, sexual and reproductive health services, and non-communicable disease screening within a single, community-based platform. This approach reduced stigma, minimised the need for multiple visits, and improved accessibility for first-time users. Targeted male mobilisation strategies including door-to-door outreach, locally relevant messaging, and practical incentives such as reading glasses were implemented to increase male participation. The selection of a centrally located, walkable site further reduced transport-related barriers, while the provision of hygiene packs, Mina Cups, and refreshments supported dignity and encouraged participation.

1. Gender, Age, Marital Status and Household Profile

Participation at RFHD Kagiso was predominantly female (70%), with males significantly underrepresented (30%). While this reflects typical primary health care utilisation patterns, the level of male participation represents a meaningful improvement within a short-duration intervention. Notably, male uptake of HIV testing reached 35%, exceeding their overall participation rate and indicating progress toward closing gender gaps in testing.

The age profile shows strong participation among **women of reproductive age**, alongside caregivers attending with children. Adolescents accounted for 12% of beneficiaries, with higher participation among girls, demonstrating improved access through youth-friendly service delivery, although adolescent boys remain underrepresented.

Marital status data indicates a mix of single, married, and cohabiting participants, with a notable proportion of **single women managing households independently**. Across all marital categories, women remain the **primary health decision-makers**, highlighting the feminisation of caregiving and health responsibilities.



Households are generally **medium to large**, with multiple children, increasing dependency ratios and reinforcing women's caregiving burden.

Household composition reinforces women's central role in health access, often without a corresponding redistribution of responsibility.

2. Service Utilisation and Health-Seeking Behaviour

Women are the primary users of RFHD services, often accessing care for both themselves and their dependents. Men's participation remains low, reflecting limited engagement with preventive healthcare and persistent social norms.

Participants reported positive service experiences and a strong willingness to attend future RFHD events, indicating potential for sustained improvements in health-seeking behaviour.

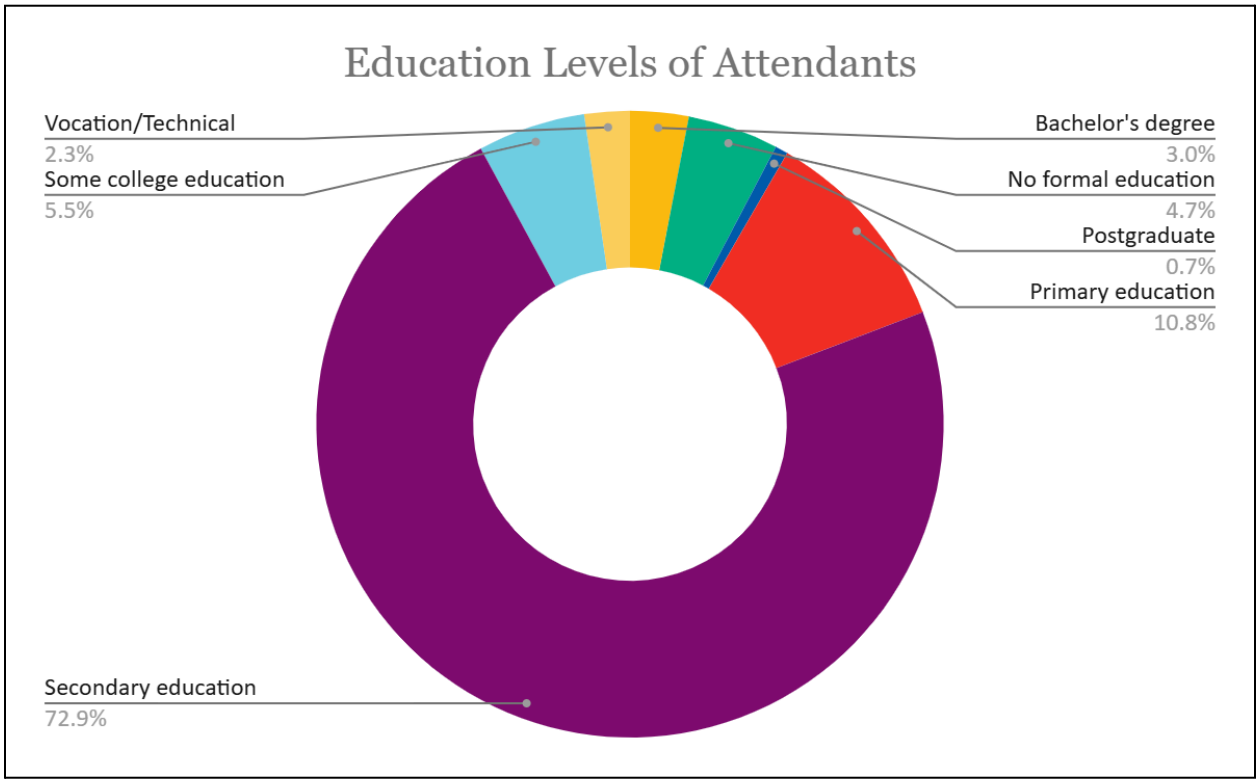
Service utilisation is high among women but remains **uneven across gender groups**, with men underrepresented.

3. Education, Awareness and Health Information

Most participants have **primary or secondary education**, with fewer having tertiary education. Awareness of child health services is high, particularly among women, but broader preventive health knowledge remains uneven.

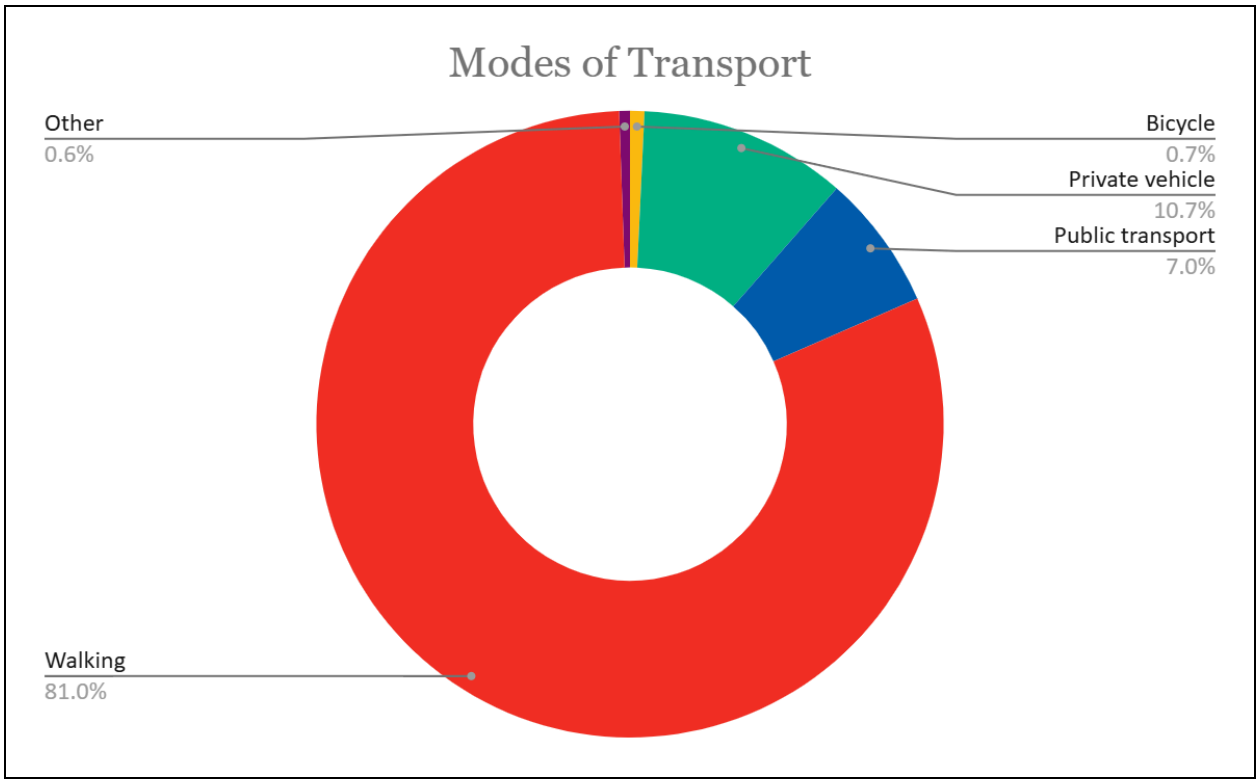
Men show lower levels of awareness and engagement with health information, particularly regarding preventive care and shared caregiving responsibilities.

Health literacy gaps persist, but gender roles rather than education alone drive service utilisation.



4. Transport and Physical Access

Most participants accessed RFHD services by **walking**, highlighting reliance on proximity-based services. Women are disproportionately affected by transport constraints due to limited financial resources and caregiving responsibilities.

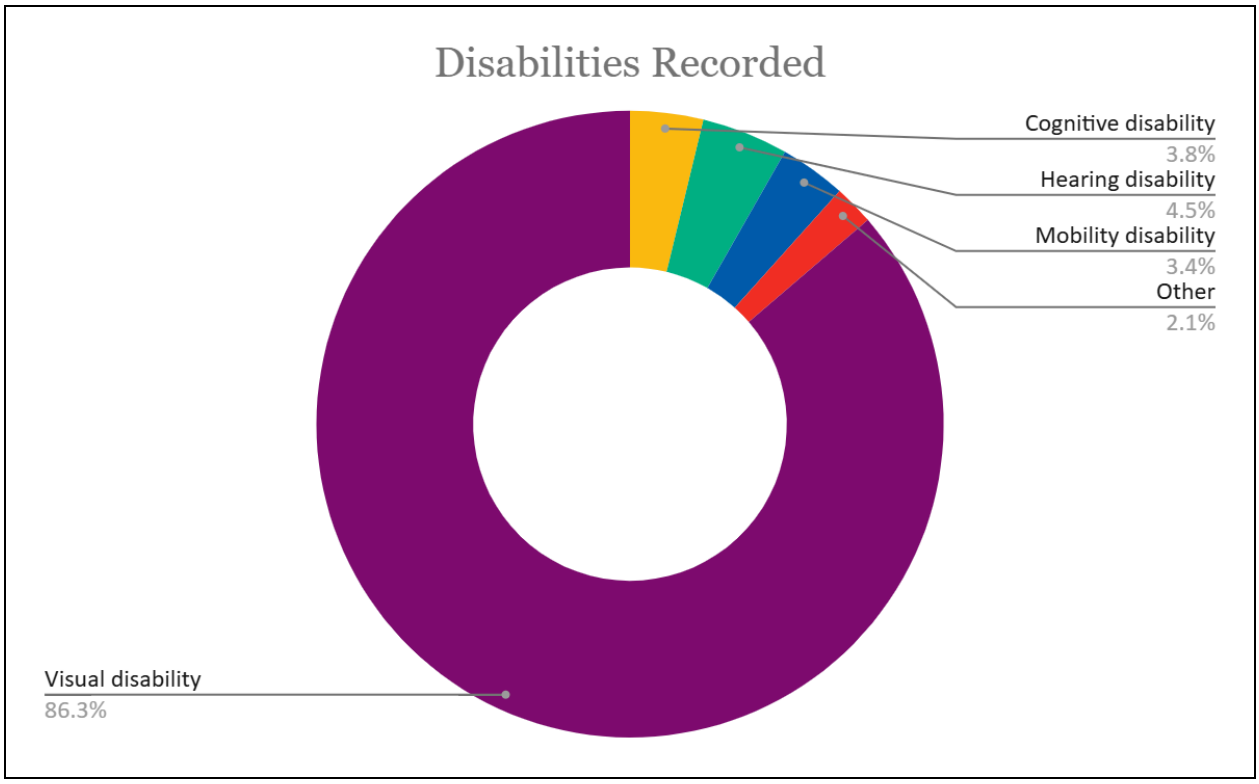


Distance to facilities and long waiting times were identified as key barriers in routine healthcare access.

Mobility constraints disproportionately affect women, reinforcing the importance of community-based service delivery.

5. Disability

A small proportion of participants reported living with disabilities, facing compounded barriers related to mobility, access, and stigma.



Disability intersects with gender to increase vulnerability and limit access to services.

6. Sexual and Reproductive Health (SRH)

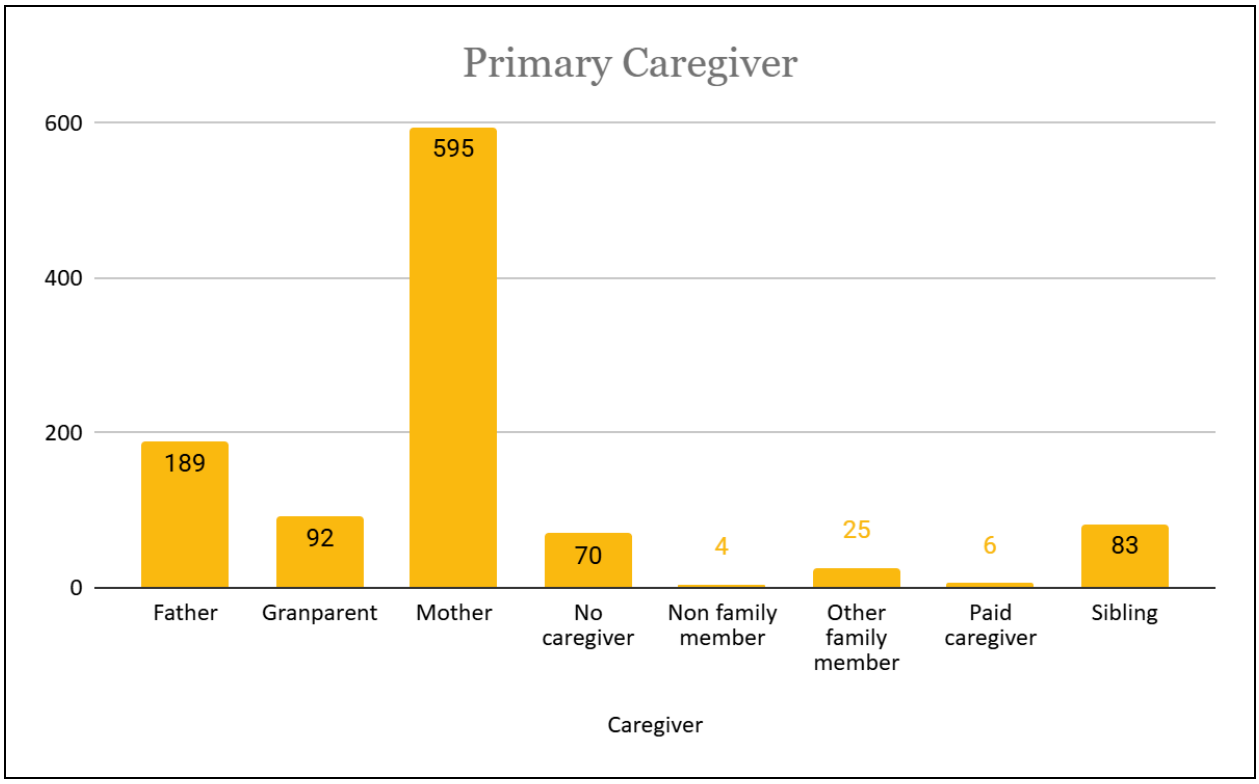
Women are the primary users of SRH services, with limited male involvement. Adolescents face barriers related to stigma, lack of information, and limited youth-friendly services.

Menstrual health challenges continue to affect adolescent girls' participation and wellbeing.

SRH remains a **gendered and age-sensitive gap**, particularly for adolescents and male engagement.

7. Caregiving Roles, Child Health and Household Responsibilities

Women, particularly mothers are the primary caregivers, responsible for child health, clinic visits, and household wellbeing. Household size and number of children increase this burden, contributing to time poverty and limiting women's ability to prioritise their own health.



Child health services are a major driver of participation, reinforcing women's central role in accessing care.

Women's high participation reflects both programme success and **unequal caregiving burden**.

RFHD in Kagiso is successfully addressing **physical access barriers** through its established model. The next phase of strengthening impact should focus on:

- **Improving service efficiency (time and flow)**
- **Increasing uptake among underrepresented groups (men and adolescents)**
- **Enhancing quality, experience, and trust**
- **Addressing gender norms and hidden barriers within households**

Overall, RFHD Kagiso demonstrates that gender disparities in access to primary health care can be reduced through intentional, community-based design that aligns services with the realities of daily life. By integrating services, extending access hours, and actively targeting underserved groups, the intervention was able to reduce key structural and behavioural barriers to care. The findings highlight the need for continued focus on adolescent boys and men particularly in relation to TB services as well as strengthened gender-disaggregated monitoring to support more responsive and equitable programming.

Social Mobilisation

Community mobilisation played a key role in ensuring strong participation at the Kagiso activation. Mobilisation efforts were coordinated through collaboration between local government, civil society partners, Rotary clubs, and community structures.

Mobilisation strategies included:

- **Door-to-door community outreach** conducted by civil society partners
- Community announcements and engagement with local leaders
- Distribution of information through community networks and partner organisations
- Targeted efforts to reach **young people and men**, who are often less likely to access preventative healthcare services

These mobilisation activities helped ensure that residents were aware of the services available and encouraged early attendance at the activation.

Media Strategy and Plan

The media approach for the Rotary Family Health Days (RFHD) Robega activation aimed to maximise visibility across local and national platforms, supported by strong on-ground storytelling and digital amplification. African Brand Architects led in-country media engagement, ensuring effective capture of key moments such as dignitary visits, service delivery, and community participation.

Locally, the strategy focused on awareness and community mobilisation through media and stakeholder networks. Internationally, RFHA Communications amplified the activation of digital platforms, aligning it with global moments like World TB Day and the "You and I Can End TB" campaign.

Media efforts were phased across pre-event awareness, live coverage, and post-event storytelling. Pre-event content built anticipation, live coverage highlighted engagement, and post-event messaging emphasised impact—reaching 1,064 people and delivering over 5,000 services. Overall, the campaign strengthened visibility, partner positioning, and multi-channel engagement.

Media Elements

- Social Media & Website: Real-time and post-event content across LinkedIn, Facebook, Instagram, and the RFHA website, using visuals and storytelling to drive engagement cost-effectively.
- Radio: Promoted free services and community participation, extending reach in areas reliant on local radio.
- Media Collateral: Posters and flyers supported mobilisation and ensured accessibility of information, while reinforcing on-site branding.

Challenges and Recommendations

Challenges

- Unfavourable weather conditions impacted planned outdoor service setup
- Space constraints due to relocation of services indoors
- High turnout created pressure on service points and waiting times
- Limited service test kits due to increased attendance
- Need for increased awareness on full service package available
- Limited participation from Rotarians and Rotary led add on services

Recommendations

- Increase service test kits availability for high-demand services
- Enhance queue management and client flow systems
- Expand community mobilisation messaging to include full service offering
- Continue strengthening youth and male-targeted outreach strategies
- Rotary D9400 to strengthen early and structured engagement of Rotary Clubs through clear role definition, incentives, and co-ownership of service delivery through the appointed RFHD lead.

Summary of Feedback From The Community (Data from exit interviews done on site)

- **Positive Experience:** Most participants were satisfied, appreciated the services, and are willing to return.
- **No Improvements Needed:** A significant number reported everything was fine.
- **More Services & Supplies**: Demand for expanded health services, medication, hygiene/skin care products, and equipment.
- **Food Provision:** Frequent concern about lack of food.
- **Waiting Times:** Need to reduce long queues and improve efficiency.
- **Logistics**: Suggestions for alternative site accessible to the community
- **Communication:** Strong need for better advertising, more information, and more frequent events

Rotary Districts and Clubs Acknowledgment

We extend our sincere appreciation to The Rotary Foundation, Rotary International and local Rotary Districts and Rotary Clubs from across the world in particular USA, Europe, Great Britain and Canada whose financial and logistical support made this initiative possible. Your generous contributions, strategic coordination, and hands-on involvement ensured the effective delivery of services and the smooth execution of all activities. This collective commitment reflects the strength of Rotary's network and its unwavering dedication to advancing community health and wellbeing.

- **The Rotary Foundation**: Support through Global Grant to D9400 South Africa
- **Host Club**: Rotary E-Club of Eagle Canyon, South Africa D9400
- **International Host District**: D1145 UK
- **DDF contributions:** D9400, D1146, D2430, D2440, D1100, D1120 D1175, D1220, D1240, D1820, D5180
- **Cash Contributions:** Rotary Club of Point West-Sacramento, Rotary Club of Marburg, Rotary Club of Bartie-Huronia
- Rotary E Club of D9400
- Rotary Club of Pretoria East

Conclusion

The RFHD Kagiso activation demonstrated the continued importance of community-based health outreach initiatives in expanding access to preventative healthcare services.

Despite weather-related challenges affecting the planned outdoor service set-up, partners successfully adapted operations to ensure uninterrupted service delivery. The strong turnout reflects both effective community mobilisation and the high demand for accessible healthcare services.

By aligning the activation with TB Awareness Month and the lead-up to World TB Day, the event strengthened community awareness around TB prevention and screening while delivering essential healthcare services to residents of Kagiso and surrounding communities.

RFHA extends sincere appreciation to all partners who contributed to the success of this activation, including government, Gift of the Givers, Zebra, Rotary leadership, civil society organisations, and community stakeholders. Your collaboration and commitment were instrumental in delivering impactful health services to the Kagiso community.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