



ROTARY FAMILY HEALTH DAYS (RFHD)

ACTIVATION REPORT

26th & 27th March 2026.

Robega Community Hall, Rustenburg, North West, South Africa

Report Compiled by: Elyjoy Landa RFHA Inc COO

Table of Contents

Executive Summary	3
Community Context and Need	4
Programme Overview	5
Engaging with Primary Partners	9
Role of Impala Mines In Supporting RFHD	9
Role of the Royal Bafokeng Administration in Supporting RFHD	10
Primary and Implementing Partners	11
Planning and Implementing of the Rotary Family Health Days	14
Media Strategy and Plan	15
Monitoring and Evaluation	17
Registrations of Attendants by Age and Gender	18
Service Delivery Outputs	19
Core Se	20
Core Services Provided	21
Gender Intentional Monitoring and Evaluation	24
Pre-Activation: Applying a Gender Lens to Planning and Design	24
Gender-Responsive Design Measures	24
Outcome of Gender-Responsive Planning	25
Exit Interview Results	37
3. Reasons for Attendance	38
Challenges and Recommendations	45
Key Challenges	45
Key Recommendations	46
Recommendations: Strengthening Gender-Responsive Service Delivery	47
Community-Reported Challenges	48
Community Recommendations	48
Rotary Districts and Clubs Acknowledgment	50
Conclusion	51

Executive Summary

The Rotary Family Health Days (RFHD) activation in Macharora villages was implemented on 26–27 March 2026 under the Rotary Action Group for Family Health and AIDS Prevention (RFHA), as part of the national commemoration of World TB Day. The activation aligned with broader efforts to strengthen tuberculosis (TB) awareness, prevention, and early detection at community level in collaboration with Impala Mines and Royal Bafokeng Administration.

The intervention targeted the Macharora villages Robega, Chaneng, Rasimone, and Mafenya which face significant barriers to healthcare access, including long travel distances, limited health infrastructure, and low uptake of preventative services. In response, RFHD delivered an integrated package of primary healthcare services directly within the community, reducing access barriers and promoting early health-seeking behaviour.

A key highlight of this activation was the introduction of rapid TB screening, strengthening the programme's contribution to early detection and linkage to care. This was particularly significant given the ongoing burden of TB within the region and the importance of timely diagnosis in improving health outcomes.

The event was graced by the Kgosana (traditional leader) of the Macharora villages, whose presence underscored strong community leadership support and reinforced the importance of culturally grounded, community-led health interventions. This engagement played a critical role in enhancing community trust, mobilisation, and participation.

Overall, the activation achieved strong uptake of services, particularly in non-communicable disease screening and TB-related services. Gender-disaggregated data indicates that females accounted for approximately 70% of beneficiaries, while males represented 30%, highlighting both successful reach among women and a persistent gap in male participation.

The Macharora RFHD demonstrates the effectiveness of integrated, community-based service delivery models in expanding access to healthcare while contributing to national public health priorities such as TB prevention and early detection. Continued investment in targeted mobilisation, particularly for men and underserved groups, will be critical to strengthening equitable access and maximising impact.

Programme Overview

The Rotary Family Health Days (RFHD) programme, implemented by the Rotary Action Group for Family Health and AIDS Prevention (RFHA), is a large-scale, community-based health intervention designed to expand equitable access to essential healthcare services. At its core, RFHD responds to persistent gaps in health service delivery by bringing integrated, preventative healthcare directly into underserved communities.

RFHA, as a global Rotary Action Group, plays a central coordinating role in the design and implementation of RFHD across multiple countries in Africa. The organisation facilitates partnerships, mobilises resources, and provides technical guidance to ensure that the programme is implemented consistently and at scale. Through this model, RFHA acts as a convening platform that aligns government priorities, private sector support, and community-based implementation.

The RFHD model is built on a public-private partnership approach, leveraging collaboration between national and provincial Departments of Health, Rotary Districts and Clubs, private sector partners, and civil society organisations. This multi-sectoral approach enables the pooling of resources, expertise, and infrastructure, allowing for the delivery of comprehensive healthcare services in contexts where access is otherwise limited.

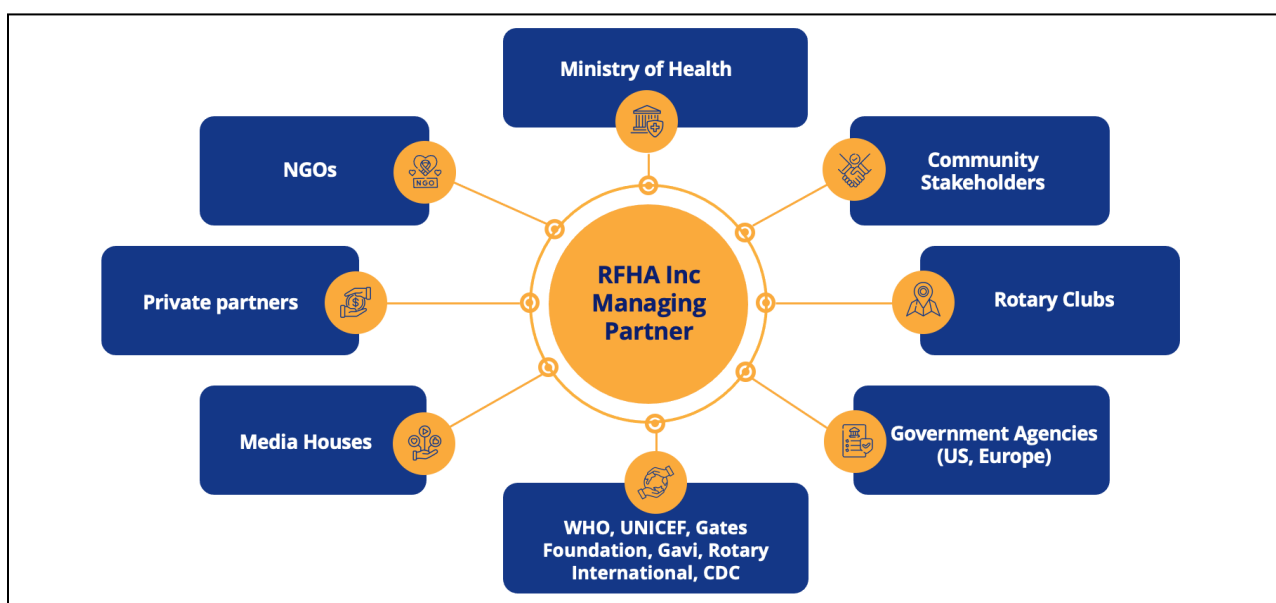
A defining feature of the RFHD programme is its integrated service delivery model. Rather than offering isolated services, RFHD provides a coordinated package of preventative and diagnostic interventions, including screening for non-communicable diseases, HIV and TB testing, maternal and reproductive health services, and health education. This “one-stop” approach reduces the need for multiple facility visits, which is particularly important in communities where distance, cost, and time constraints limit access to care and provide linkage to care and follow through.

The programme is also intentionally designed to be community-centred and responsive. Site selection, service packages, and mobilisation strategies are informed by local health needs and contextual realities. In the case of the Macharora villages, the inclusion of services such as eye care, audiology, and ultrasound screening reflects an understanding of both the burden of disease and the gaps in routine service availability at local health facilities.

In addition, RFHD incorporates a gender-responsive lens, recognising that health access and utilisation are shaped by gender roles, social norms, and structural inequalities. The programme aims to reduce these disparities by ensuring that services are accessible, relevant, and responsive to the needs of women, men, youth, and vulnerable populations.

Strategically, RFHD aligns with national and global health priorities. The programme supports the objectives of the National Department of Health, including the prevention and management of HIV and TB, as well as the growing burden of non-communicable diseases. It also contributes to the implementation of the National Strategic Plan on HIV, TB, and STIs, and advances progress toward the Sustainable Development Goals, particularly those related to health, gender equality, and partnerships.

Through this integrated, partnership-driven model, RFHD not only delivers immediate health services but also strengthens community health systems, improves health awareness, and promotes sustained health-seeking behaviour.



RFHA and Gender Intentionality

RFHA is dedicated to ensuring equitable access to healthcare services through its flagship initiative, the Rotary Family Health Days (RFHDs). This commitment is in line with the principles of gender equality, as RFHA seeks to address disparities in healthcare access and empower communities to achieve improved health outcomes for women, girls, men, boys and marginalized populations. RFHA's efforts to integrate gender considerations commenced in September 2023 after successfully securing a grant from the Gates Foundation.

Strategic Alignment to the Sustainable Development Goals

RFHA aligns to the United Nations Sustainable Development Goals (SDG) in multiple areas, impacting partner company CSR and ESG standards and metrics. Specifically impacting Good health & well-being, Gender Equality and strengthening global partnerships towards common goals. SDG Goal 2: Good Health and Well Being The RFHD offer services based on specific country health issues, with a focus on HIV/AIDS, malaria, tuberculosis, polio and gender intentional health education. The mission is that health care is a human right that everyone should have access to. SDG Goal 5 : Gender Equality RFHA's work also aligns significantly with goal 5 of the SDGs to achieve gender equality and empower women. RFHA as an organization is undergoing a Gender Intentional audit through its current work and best practice metrics. RFHA's gender intentional program aims to deeply embed gender perspectives within healthcare programs and internal operations, which seeks to address gender disparities in healthcare access and participation. This introspective review of organizational structures ensures inherent gender intentionality, aimed at building RFHA's capacity to integrate gender perspectives seamlessly into daily operations and the services it provides to the communities. Through the RFHD communication and services, RFHA aims to create an inclusive and welcoming program for both genders, tackling key gender specific health information, education, medicine and service delivery. Through education we can empower both males and females to have control and awareness of their own healthy lives.

SDG Goal 17 : Partnerships For The Goals Our RFHD programs are built on the foundation of establishing global partnerships for sustainable development, tying in closely with goal 17 of the SDGs. Through the implementation of these partnerships RFHA can execute a proven program of scale and sustainable longevity with a remarkable return on investment.

Also Impacts SDG Goals 1, 6, 10 & 16 Other SDGs that RFHA is impacting include goals 1, 6, 10 and 16. RFHA's goal is to work in opposition to the restraints and restrictions poverty can have on access to affordable health care for all, clean water and medical needs. Through positive collaboration with in-country MOH, RFHA are looking to reduce the inequalities when accessing vital health services. RFHA's initiatives are pivotal in driving forward the comprehensive goals of sustainable development, underlining their significant role in shaping a healthier, more equitable, and collaboratively empowered world.



Engaging with Primary Partners

Role of Impala Mines In Supporting RFHD

Impala Mines has been a valued partner of Rotary Family Health Africa (RFHA) and the Rotary Family Health Days (RFHD) programme since 2024, when they hosted the RFHD Launch site where the Minister of Health announces the annual World AIDS Day Theme in Freedom Park. Building on this strong foundation, the current partnership was aligned to World TB Day, reflecting a continued shared commitment to addressing priority public health challenges. Impala Mines has demonstrated sustained leadership in advancing community-based efforts to end TB, positioning itself as a key stakeholder in local health system strengthening.

Impala Mines demonstrated exceptional leadership by:

Infrastructure & Event Support

- Supported renovations of the Robega community hall and surrounding grounds to ensure a safe, accessible, and suitable venue
- Provided refreshments for community members
- Catered for VIPs and key stakeholders, enhancing stakeholder engagement and experience
- Provided security services to ensure the safety of attendees, stakeholders, and service providers throughout the event

Service Delivery Contributions

- Deployed the Guud Bus to deliver optometry services, addressing a critical unmet need
- Facilitated TB screening services, including the introduction of rapid TB testing
- Rapid TB testing was well received by the community and contributed to increased screening uptake and efficiency

Social Mobilisation & Community Engagement

- Supported community mobilisation through Tapologo Community Health Workers, driving awareness and turnout
- Funded and facilitated the printing and distribution of flyers and posters to promote the RFHD event and available services



Role of the Royal Bafokeng Administration in Supporting RFHD

The Royal Bafokeng Administration played a critical role in the successful implementation of the Rotary Family Health Days (RFHD), serving as both a host partner and a key provider of operational and community support.

Key contributions included:

- **Hosting and Venue Provision:**
The Royal Bafokeng Administration served as the host of the RFHD event, including the securing of the community hall as the primary service delivery site. This ensured a central, accessible, and well-coordinated venue for all activities.

Key contributions included:

- **Provision of Primary Health Care Services:**
The Royal Bafokeng Administration deployed its mobile clinic, enabling on-site delivery of essential primary health care services. This significantly improved access to care for community members, particularly those with limited access to fixed health facilities.
- **Security Support:**
The Administration ensured a safe and well-managed environment by providing security services, facilitating smooth operations throughout the event.
- **Community Mobilisation and Leadership Engagement:**

The Royal Bafokeng Administration played a pivotal role in mobilising traditional and local leadership, ensuring strong community buy-in, participation, and visibility of the RFHD initiative. Their involvement enhanced trust and encouraged community members to access services.

- **Stakeholder Coordination:**
Through its established structures, the Administration supported alignment between community stakeholders, contributing to effective planning and execution of the event.



Primary and Implementing Partners

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

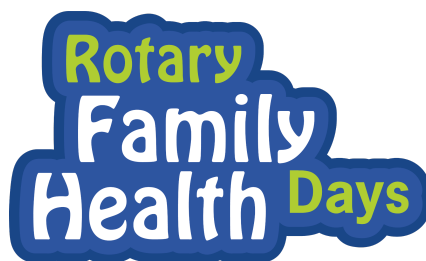
- **National Department of Health (NDOH):** Provided technical oversight and leadership
- **District Department of Health supported by North West Department of Health:** Delivered core services and health personnel
- **Civil Society Forum through the office of the North West Premier:** Provided input on social mobilisation
- **SANAC:** Supported alignment to national HIV and TB priorities and community mobilisation and planning facilitation
- **RFHA:** Served as programme convener, coordinating partners and overall implementation, monitoring and evaluation and gender integration. RFHA also coordinated the provision of Add on services, media support of RFHD and overall reporting
- **Rotary District 9400 & Rotary Clubs:** Provided volunteer mobilisation, coordination, and on-site support
- **The Rotary Foundation:** Provided financial support through Global Grant to Rotary D9400
- **Gift of the Givers:** Provided audiology and optometry services including distribution of menstrual cups and provided hygiene packs to the community
- **Zebra Medical:** Provided ultra sounds to pregnant women
- **Restore Vision:** Donation of reading glasses
- **African Brand Architects:** Strategic media partner for RFHD, design of marketing collateral and media coverage
- **Tapologo:** Led community mobilisation and awareness activities
- **Local NGOs:** Led community mobilisation and awareness activities

Public-Private Partnership: A Rotarian-led initiative delivered through a public-private partnership model, leveraging RFHA's ACCESS platform and working in collaboration with government and private sector partners, including Implats, to enable integrated, community-based healthcare delivery at scale.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



ROYAL BAFOKENG NATION





Planning and Implementing of the Rotary Family Health Days

The planning and implementation of the RFHD activation followed a coordinated, multi-stakeholder approach to ensure alignment, feasibility, and effective delivery. Robega was selected based on strong demonstrated demand for accessible health services, as evidenced by Department of Health data, government technical expertise, and identified community needs.

Robega community hall was selected as the central site due to its accessibility to surrounding communities within the Macharora cluster. The selection process considered population needs, service gaps, and logistical feasibility, ensuring that the intervention reached the most underserved populations.

The timing of the activation was strategically aligned with World TB Month, reinforcing national efforts to improve TB awareness, screening, and early detection. Coordination with stakeholders ensured availability of key partners and avoided overlap with national events.

A diverse range of partners contributed to the success of the activation, including government departments, private sector partners, and civil society organisations. These partnerships enabled the delivery of a comprehensive service package, supported infrastructure and logistics, and strengthened community mobilisation.

The service package was intentionally designed to address the identified health needs of the community, with a focus on:

- Preventative screening for NCDs
- TB and HIV services
- Maternal and reproductive health
- Eye care and specialised services

Community mobilisation was conducted through local networks, community health workers, and communication materials, ensuring awareness and participation across the target communities.

Media Strategy and Plan

The media approach for the Rotary Family Health Days (RFHD) activation in Robega was designed to maximise visibility across local and national platforms, while ensuring strong on-ground storytelling and digital amplification. In-country media engagement was led by African Brand Architects, who managed stakeholder visibility and on-site media coordination. This ensured that key moments such as dignitary engagement, service delivery and community participation were effectively captured and positioned for media coverage.

At a national and local level, the strategy focused on driving awareness and community mobilisation, leveraging local media channels and stakeholder networks to encourage attendance and participation. Internationally, RFHA Communications amplified the activation through its digital platforms, positioning the initiative within broader global health narratives, including World TB Day and the “You and I Can End TB” campaign.

Media efforts were strategically timed across three phases: pre-event awareness, live event coverage, and post-event impact storytelling. Pre-event communications focused on building anticipation and awareness of available services, while real-time coverage highlighted service delivery and community engagement. Post-event, the emphasis shifted to impact, with key metrics 1,500 people reached and over 5,000 services delivered—used to reinforce the success of the activation. Overall, the media campaign successfully enhanced visibility, strengthened partner positioning, and drove engagement across multiple channels.

Media Elements

1. Social Media & Website

RFHA Communications led the digital strategy, delivering real-time and post-event coverage across LinkedIn, Facebook, Instagram, and the RFHA website. Content included updates, photo storytelling, and impact-driven posts highlighting community engagement and service delivery. This approach was highly cost-effective, leveraging organic reach while ensuring consistent messaging. The use of strong visuals and human-centred storytelling resulted in increased engagement and visibility, particularly for partnership-led and on-ground content.

2. Radio

Radio was leveraged to extend reach within the local community, particularly in areas where these channels remain primary sources of information. Coverage focused on promoting the availability of free healthcare services and encouraging community participation. On-ground coordination supported potential interviews and coverage opportunities, helping to amplify key messages around prevention, early detection, and access to care.

4. Media Collateral (Posters, Leaflets, Flyers)

Physical media collateral including posters, flyers, and informational materials, played a critical role in community mobilisation. Distributed locally ahead of and during the activation, these materials provided clear information on services, dates, and location. Costs were associated with design and printing, but the impact was significant in ensuring reach among communities with limited access to digital platforms. The visibility of branded materials on-site also reinforced partner presence and contributed to a cohesive campaign identity.



Monitoring and Evaluation

The Overall Summary

The Rotary Family Health Days (RFHD) initiative relies on an effective digital data collection methodology designed by RFHA, NDOH and the CDC to ensure accurate monitoring, reporting, and evaluation of its community health services. Below is a detailed methodology tailored to RFHD settings, focusing on capturing service delivery data, participant demographics, gender specific barriers and health outcomes.

Digital Data Collection Methodology at RFHD

1. Objectives of Data Collection:

The primary objectives are:

- Monitor the number and type of health services provided.
- Collect demographic data of beneficiaries
- Track referrals provided
- Evaluate program reach and impact for reporting and improvement.

2. Pre-Event Preparations:

- Training of Field Team was provided virtually on:
 - How to use digital devices and tools.
 - The importance of accurate data entry and ethical considerations

3. On-the-Ground Data Collection Process:

- Real-Time Data Entry:
 - Volunteers use mobile devices to register attendants as they arrive at the site
 - Volunteers use mobile devices to capture data as services are delivered.
 - Each client interaction is recorded, including:
 - Demographics: Age, gender, and area of residence and gender intentional questions
 - Services Accessed: Type of service accessed
 - Health Outcomes: Whether referrals were made
 - Exit interviews are conducted as clients leave the site

4. Analysis and Reporting:

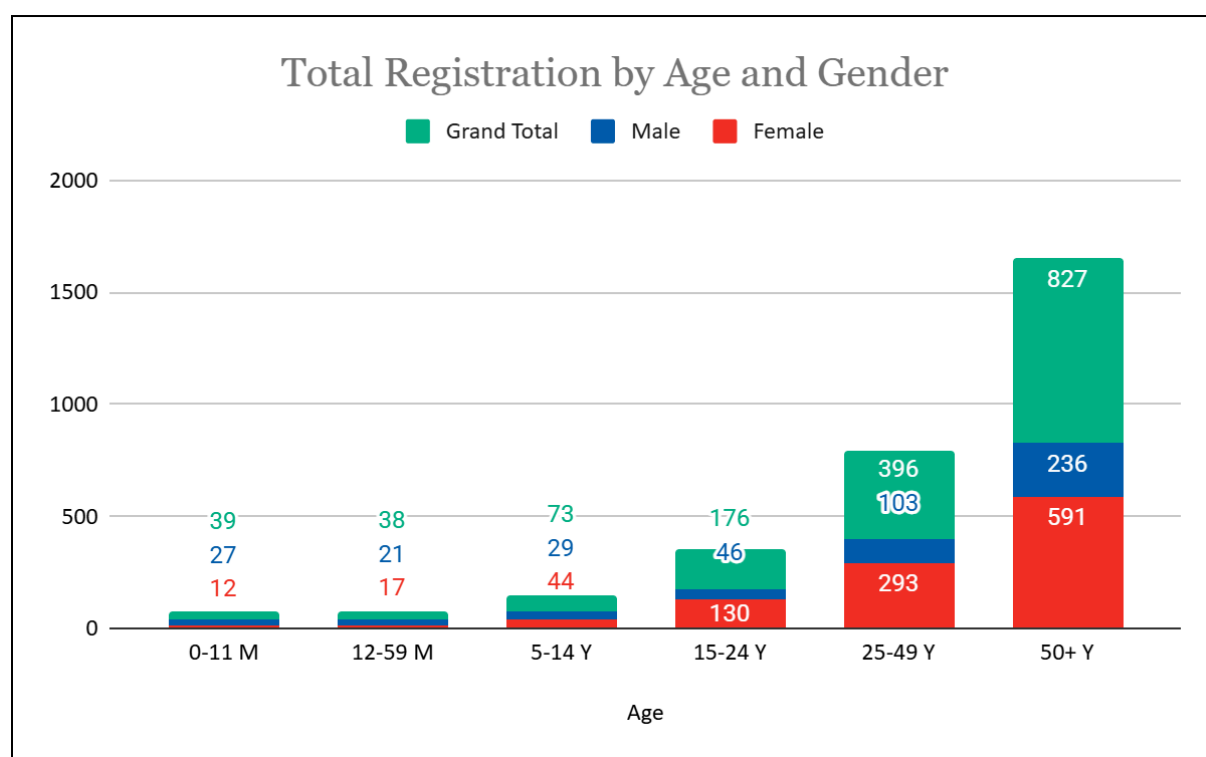
- Data Aggregation: Centralized system aggregates data from all RFHD intervention for comprehensive reporting.
- Visualization: Visual dashboards and reports are compiled for
 - Stakeholder presentations.
 - Identifying trends and areas for improvement

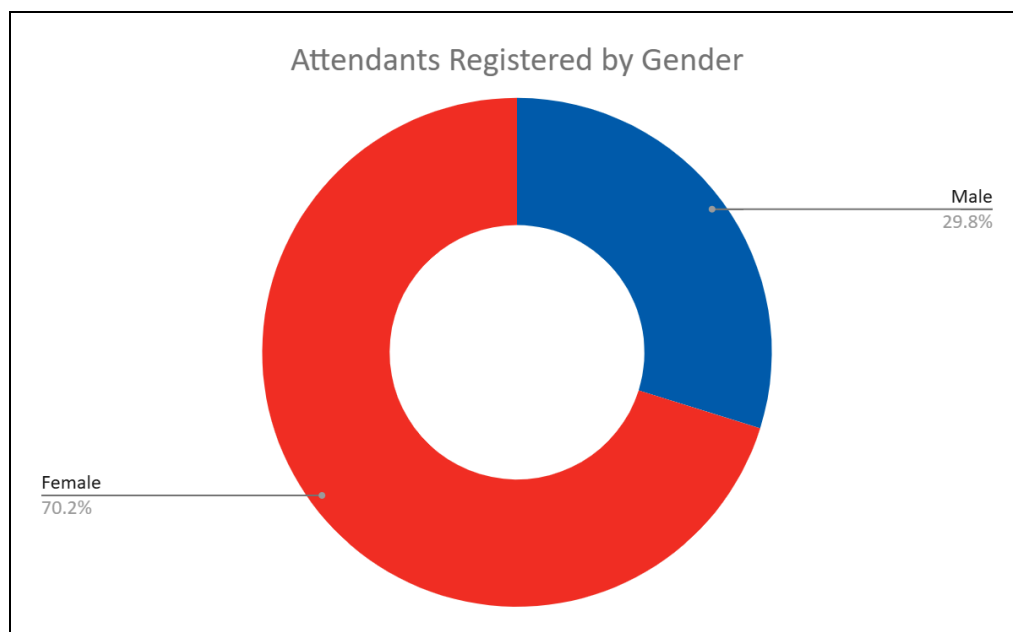
Registrations of Attendants by Age and Gender

Rustenburg registration data shows a strong female skew, with women comprising 70% of 1,549 beneficiaries. Male participation is consistently low across age groups, especially among those aged 25–49, highlighting gaps in men’s health-seeking behaviour and the need for targeted mobilisation.

Attendance far exceeded targets, with 1,549 beneficiaries reached against a revised target of 600, reflecting high demand and effective mobilisation. This also marks growth from 1,000 beneficiaries at the 2024 RFHD launch, indicating increased community trust and awareness as evidenced through the results of the exit interviews carried out where 69% of attendants interviewed had attended a previous RFHD. Over half of beneficiaries (53%) were aged 50+, pointing to strong demand for chronic and age-related services. In contrast, children, youth, and especially young men remain underrepresented, signalling missed opportunities for early intervention.

Overall, the data shows significant overperformance, rising uptake, and persistent gender and age disparities, underscoring the need for more targeted mobilisation of men and youth while maintaining services for older populations.





Service Delivery Outputs

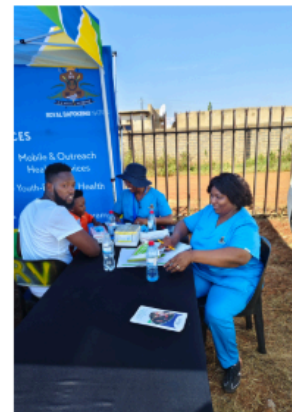
The RFHD activation delivered integrated primary healthcare services focused on prevention, early detection, and referrals, enabling beneficiaries to access multiple services in one visit.

High turnout and multi-service use reflected significant unmet healthcare needs in Macharora, with the one-stop model improving access especially for women and caregivers. Preventative screenings (blood pressure, sugar, cholesterol) saw the highest uptake, indicating gaps in diagnosing and managing chronic conditions.

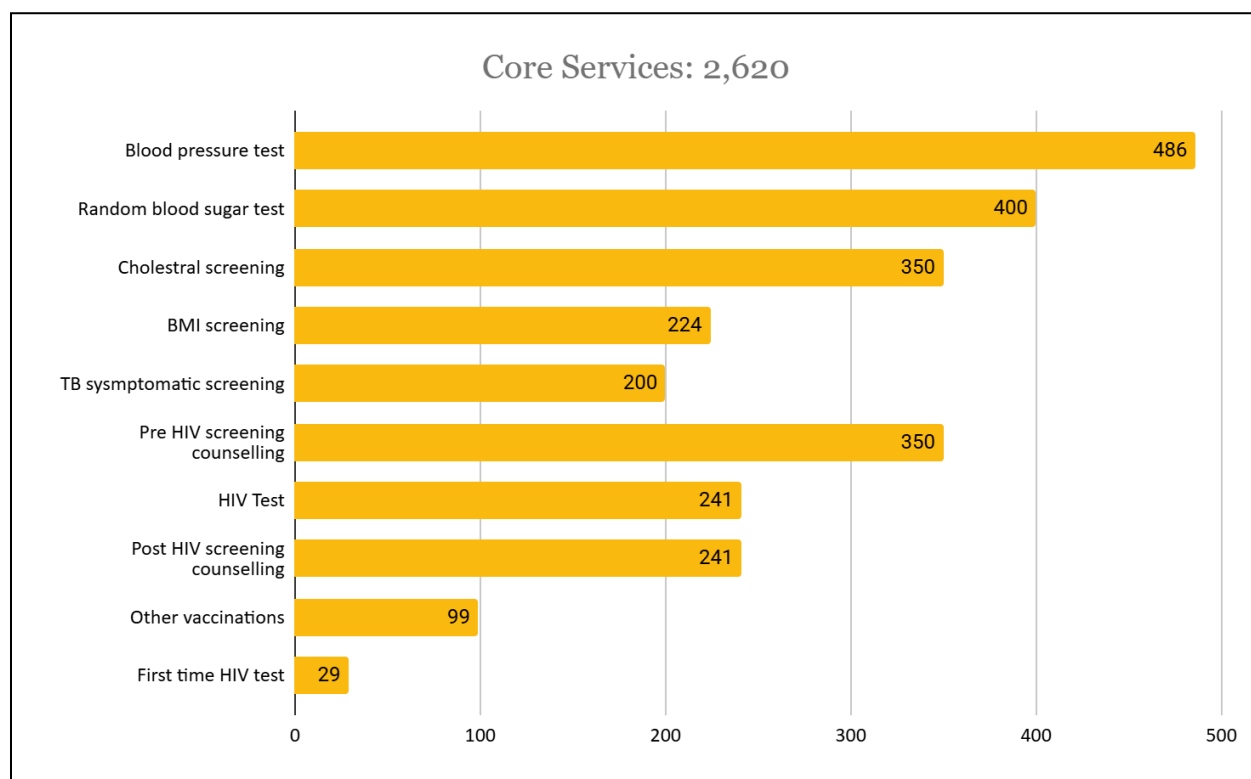
TB and HIV services were widely used, though HIV testing was constrained by limited test kits. Eye care was highly impactful, with many beneficiaries receiving glasses on-site, improving daily functioning.

Maternal and reproductive health services were provided but had varied uptake, while ultrasound services were underutilised due to low awareness. Health education supported behaviour change but saw lower participation.

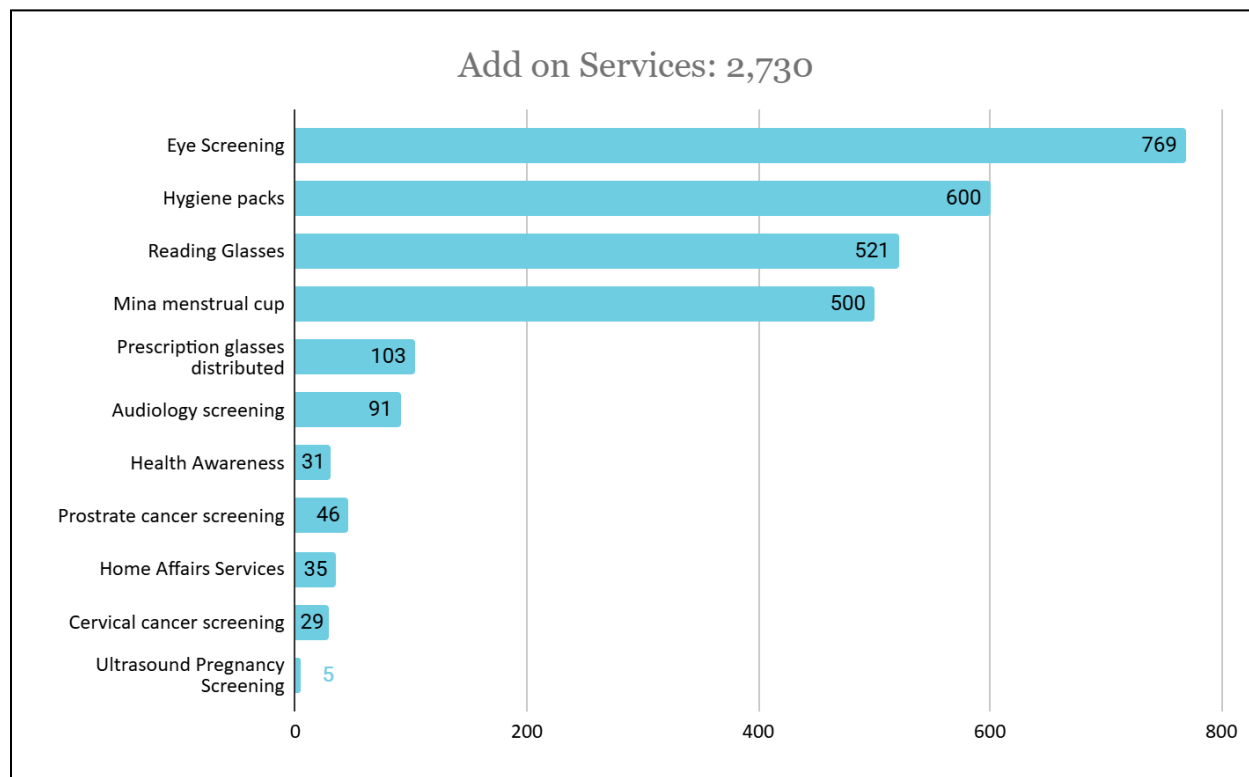
Overall, the model proved effective in delivering accessible, high-impact services, while highlighting the need for stronger awareness and demand creation for underutilised services.



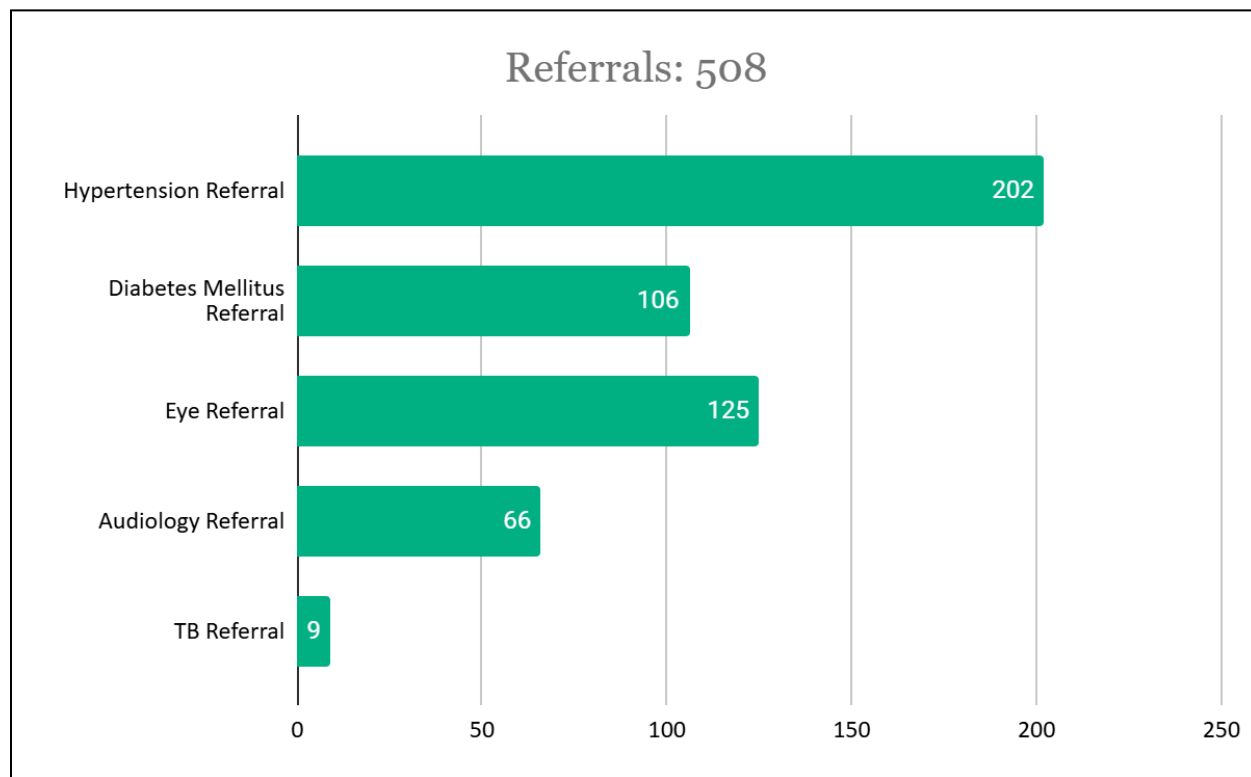
Core Services Provided



Rotary Add-on Services Provided



Service Referrals Provided



Gender Intentional Monitoring and Evaluation

The RFHD Robega activation reached 1,549 beneficiaries, with analysis drawn from attendance, registration, and exit interview data. The intervention was intentionally designed using a gender-responsive approach, ensuring that both planning and implementation addressed structural barriers to healthcare access, particularly for women, youth, and underserved groups. The detailed analysis was conducted in collaboration with a Monitoring, Evaluation and Learning specialist as well as RFHA Gender specialist.

Pre-Activation: Applying a Gender Lens to Planning and Design

The planning of RFHD Robega was informed by a gender analysis of the Macharora community cluster, which identified key barriers:

- Limited access to healthcare facilities, with long distances to the nearest hospital
- High burden of care on women, including caregiving and reproductive health responsibilities
- Low health-seeking behaviour among men, particularly for preventative services
- Limited availability of specialised services (e.g. ultrasounds, audiology, eye care) at local clinics
- Transport and cost barriers, disproportionately affecting women, elderly individuals, and low-income households

Gender-Responsive Design Measures

To address these barriers, the RFHD intervention applied a gender lens in three key areas:

1. Site Selection

- The activation was located within the community to ensure walkable access, reducing transport and cost barriers
- This particularly enabled:
 - Women with caregiving responsibilities
 - Elderly populations
 - People with limited mobility

2. Service Package Design

Services were intentionally selected to reflect gendered health needs, including:

- SRHR services (HIV testing, family planning) targeting women and youth
- TB screening, recognising high burden across both men and women
- Ultrasound services, addressing gaps in maternal health diagnostics
- Eye care and audiology, responding to unmet needs in the community

3. Integrated Service Delivery Model

- A one-stop service approach was adopted to reduce multiple visits
- This directly addressed:
 - Women's time constraints and caregiving burden
 - Men's preference for quick, accessible services

Outcome of Gender-Responsive Planning

The application of a gender lens resulted in:

- High overall attendance (1,549 beneficiaries), exceeding targets
- Strong female participation (≈68–70%), indicating reduced access barriers
- Increased access for:
 - Older populations (50+)
 - Women with multiple health needs
- Improved uptake of integrated services, particularly among women

However, the outcomes also highlight that:

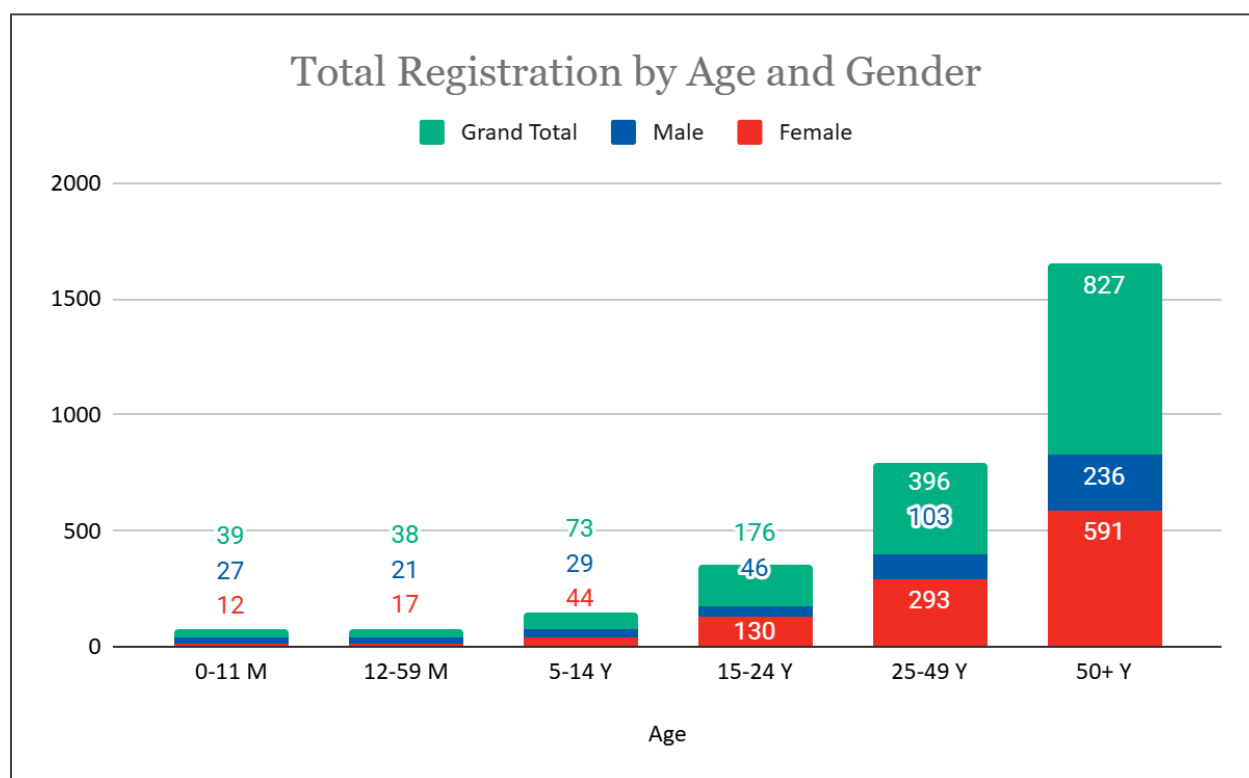
- Male participation remained low (≈30–32%), indicating that structural and behavioural barriers persist
- Certain services (e.g. ultrasounds) remained underutilised due to awareness gaps, not access

1. Gender, Age, Marital Status, and Household Profile

Participation was female-dominated, with the largest groups being:

- 50+ years
- 25–49 years

Women were the primary users of services, reflecting both health needs and caregiving roles. Men, particularly younger men, were underrepresented.



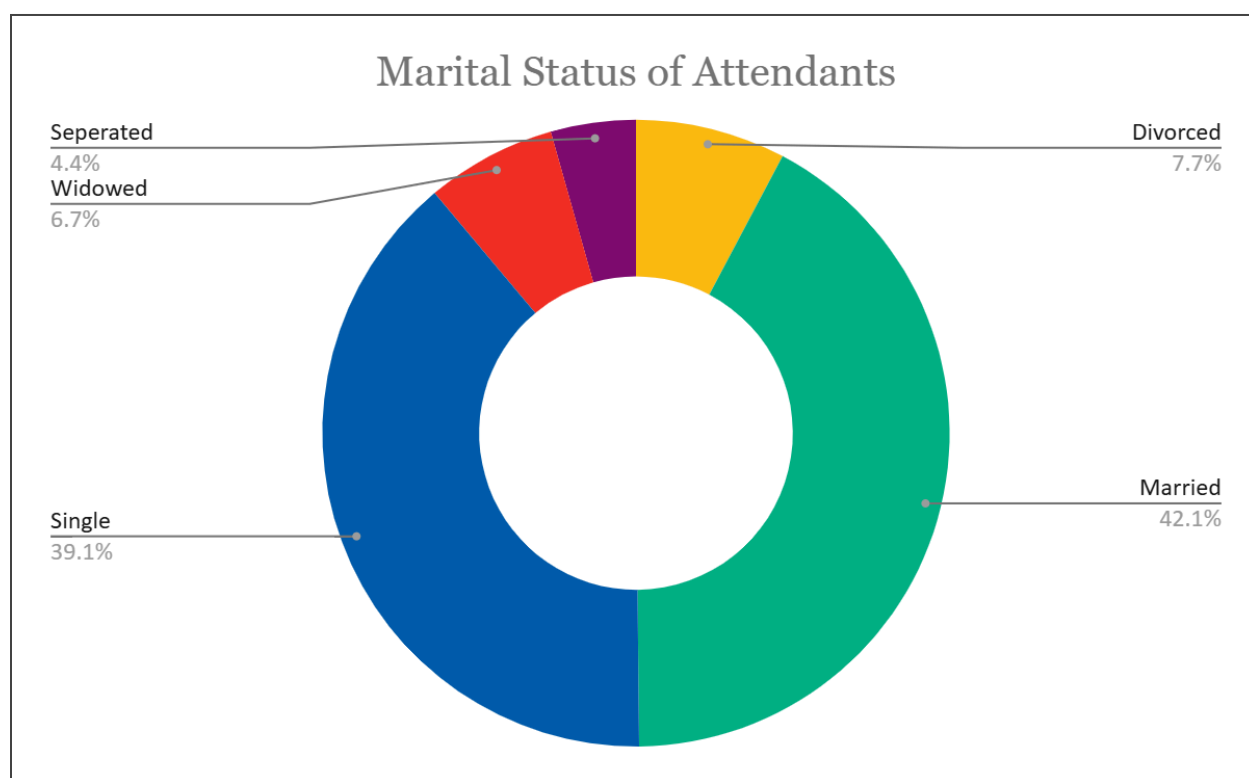
Marital Status Insights

Registration data indicates a mix of:

- Married/cohabiting individuals
- Single individuals
- Widowed and separated participants (notably among older women)

Key patterns include:

- Married/cohabiting women were more likely to seek preventative and family health services
- Single women (especially youth) showed higher uptake of HIV testing and preventative care
- Widowed and older women (50+) formed a significant portion of attendees, likely linked to chronic care needs
- Men's attendance showed less variation by marital status, but overall remained low across all groups

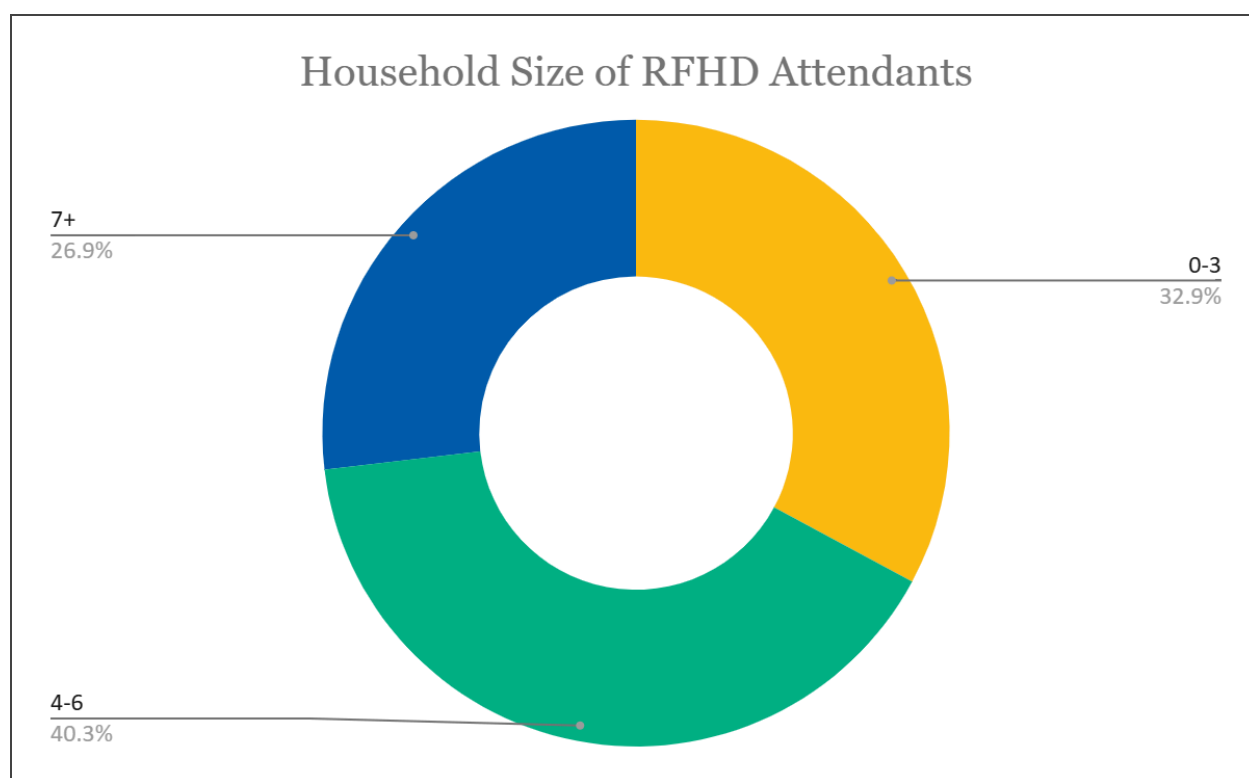


Marital status influences health-seeking behaviour and type of services accessed, particularly among women, where care responsibilities and life stage play a significant role.

Household Size and Number of Children

Registration and exit data indicate that many participants—particularly women—come from medium to large households, often with:

- Multiple dependents (commonly 2–4 children or more)
- Multi-generational household structures, especially among older women



Key observations:

- Women, particularly mothers, are responsible for managing the health needs of multiple dependents, including children and sometimes elderly family members
- Larger household sizes increase:
 - Frequency of health needs
 - Financial and time constraints
 - Reliance on free, community-based services
- Households with more children showed:
 - Greater utilisation of child health and general screening services
 - Increased demand for integrated services to address multiple needs in one visit

Household size and number of children significantly influence health-seeking behaviour, with larger households driving higher demand for accessible, integrated services.

2. Service Utilisation and Health-Seeking Behaviour

Clear gender differences were observed in how services were used:

- Women accessed multiple services per visit, including HIV testing, TB screening, and general health checks
- Men typically accessed single services, often for immediate concerns

This indicates that:

- Women engage in preventative and comprehensive care
- Men engage in episodic and reactive care

TB screening showed more balanced uptake across genders, suggesting that accessible, fast services reduce gender disparities

However:

- HIV testing was constrained by stock shortages, limiting uptake, particularly among women and youth
- Ultrasound services were underutilised (only 5 conducted), despite high potential demand

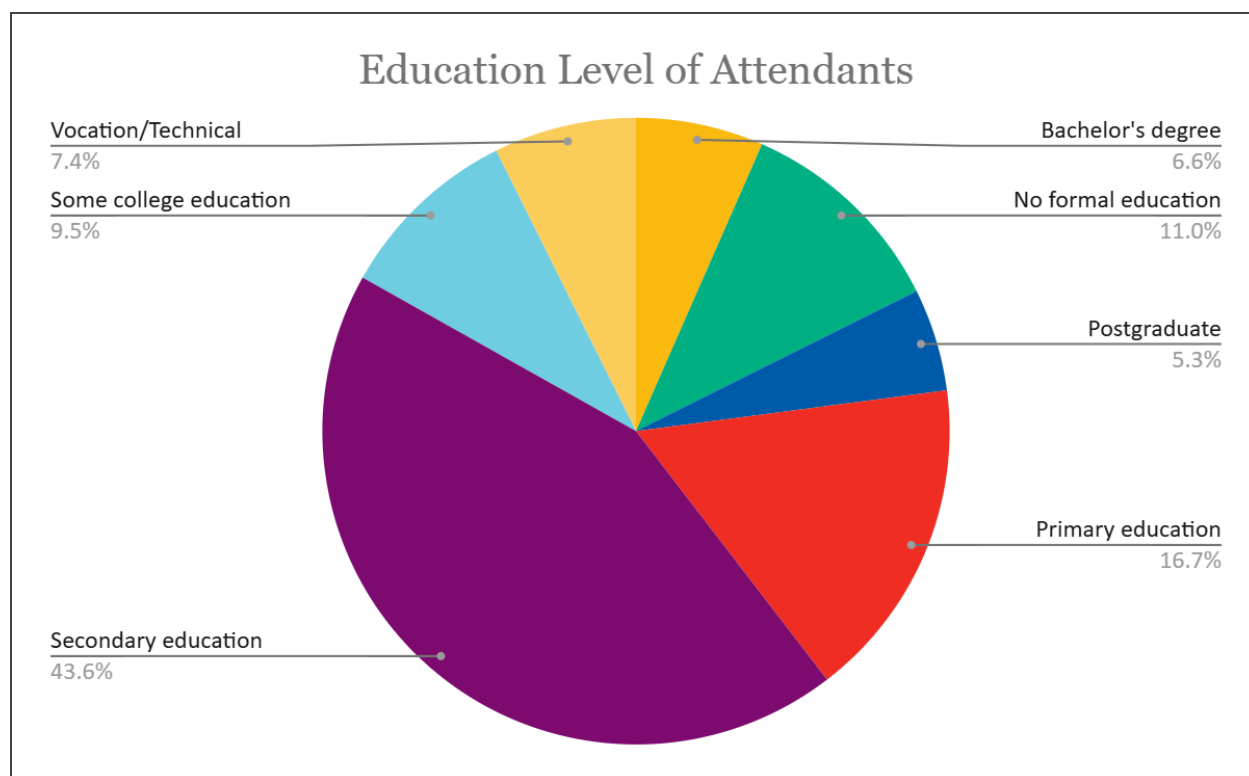
3. Education, Awareness and Health Information

The majority of beneficiaries had primary to secondary education levels, influencing health awareness:

- Women demonstrated strong functional health literacy, effectively navigating multiple services despite lower formal education
- However, limited awareness of specialised services (e.g. ultrasounds) contributed to low uptake

To address this, social mobilisation materials (leaflets) were translated into the local language, improving:

- Accessibility of information
- Community understanding of available services
- Inclusivity for beneficiaries with lower literacy levels



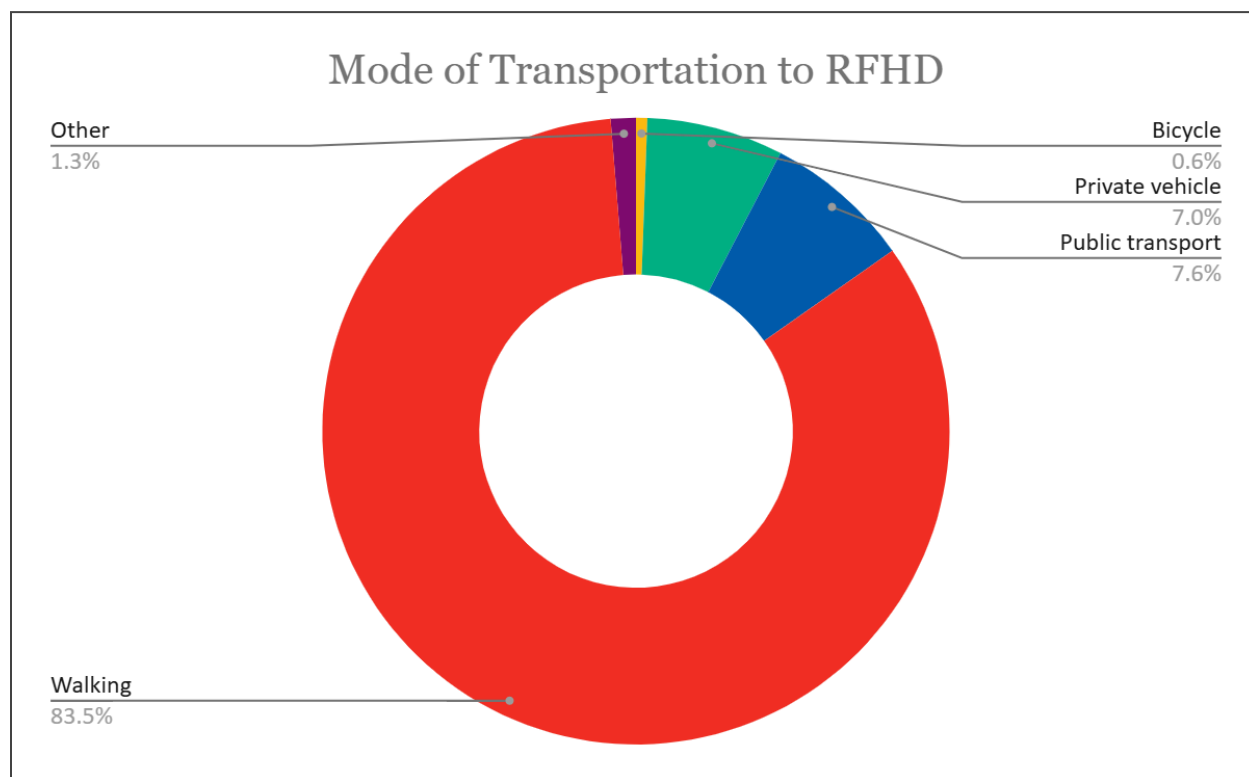
While translation improved access to information, more targeted and service-specific messaging is still needed to drive uptake of specialised services.



4. Transport and Physical Access

Most beneficiaries accessed the site by:

- Walking
- Limited use of public transport

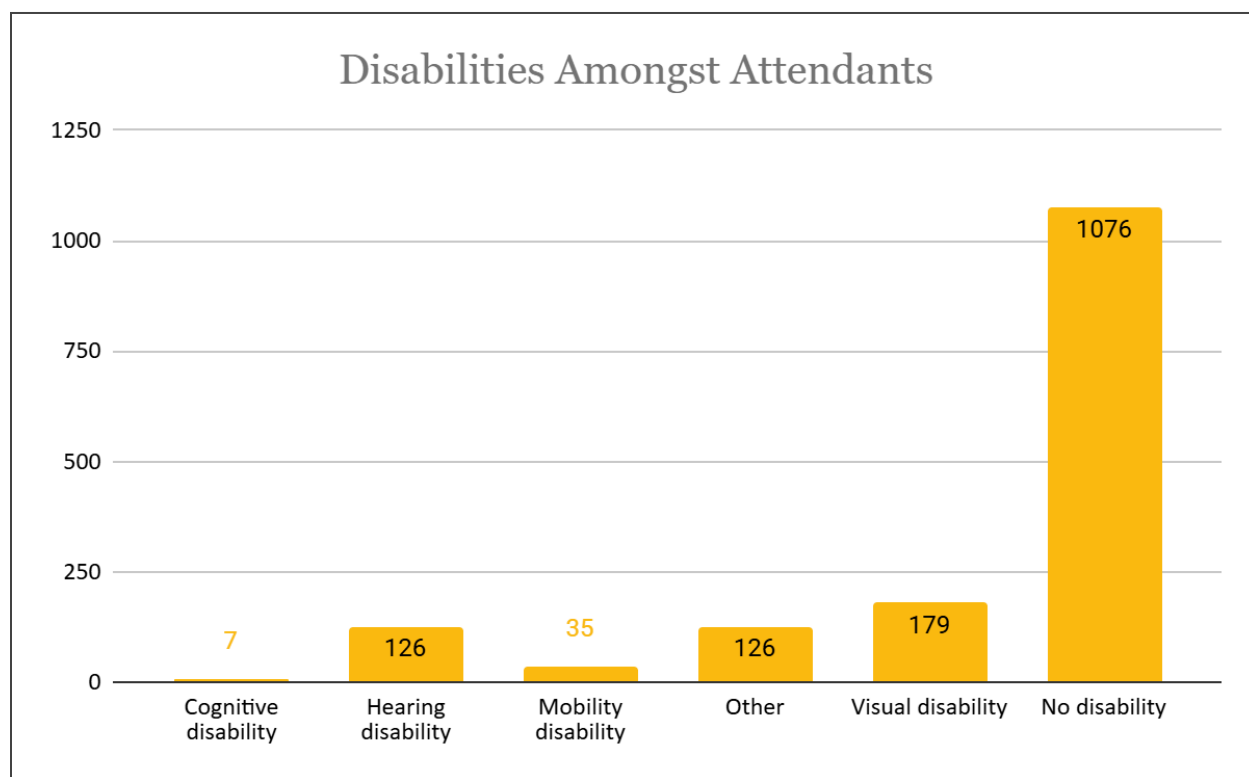


This highlights that:

- Proximity is a key driver of access, particularly for women, elderly individuals, and low-income households
- Community-based delivery significantly reduces financial and logistical barriers

5. Disability Inclusion

Reported disability levels were low, likely due to underreporting and stigma.



Where present:

- Beneficiaries with disabilities benefited from reduced travel barriers
- The integrated model improved access to multiple services in one location

However, the data suggests a need for:

- Improved identification of persons with disabilities
- More intentional inclusion strategies

6. Sexual and Reproductive Health (SRHR)

High uptake among women, particularly for:

- HIV testing
- General reproductive health services

Access to Mena menstrual cups was provided as part of the SRHR package, supporting:

- Menstrual health management
- Dignity and long-term cost-effective solutions for women and girls

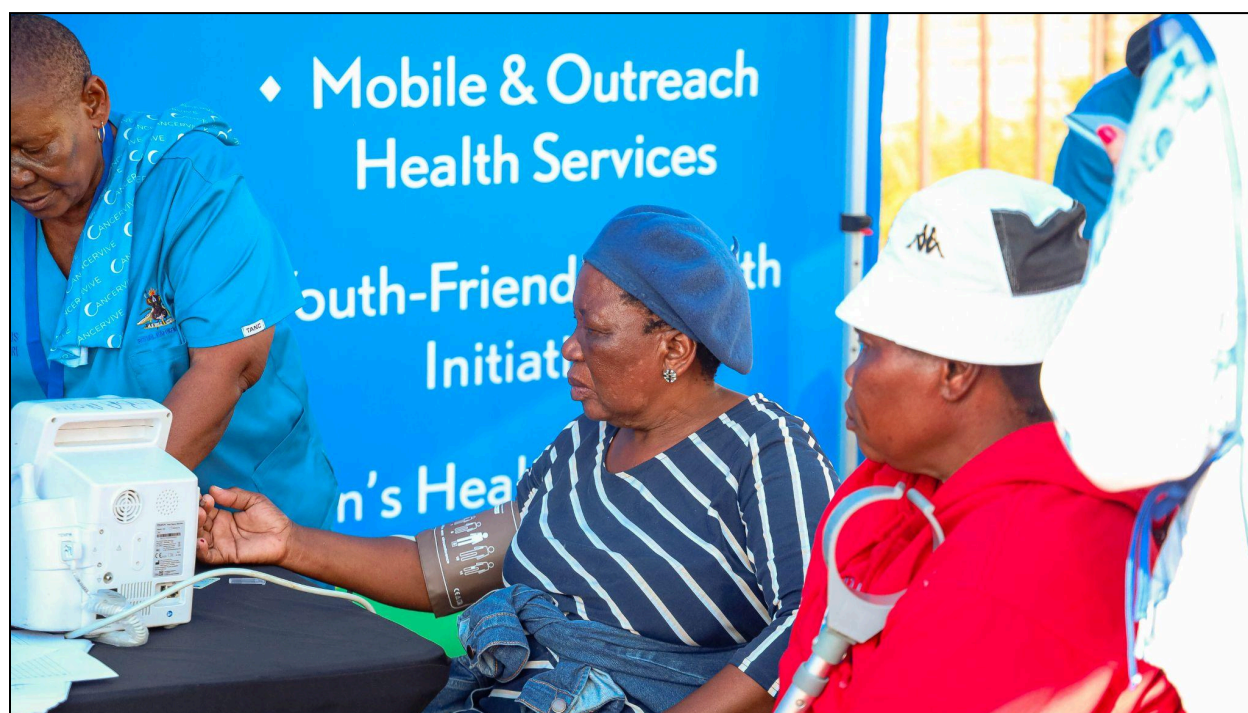
This intervention is particularly significant in:

- Reducing period poverty
- Supporting school attendance and daily functioning among young women

Male participation in SRHR remained low, reflecting ongoing gender norms

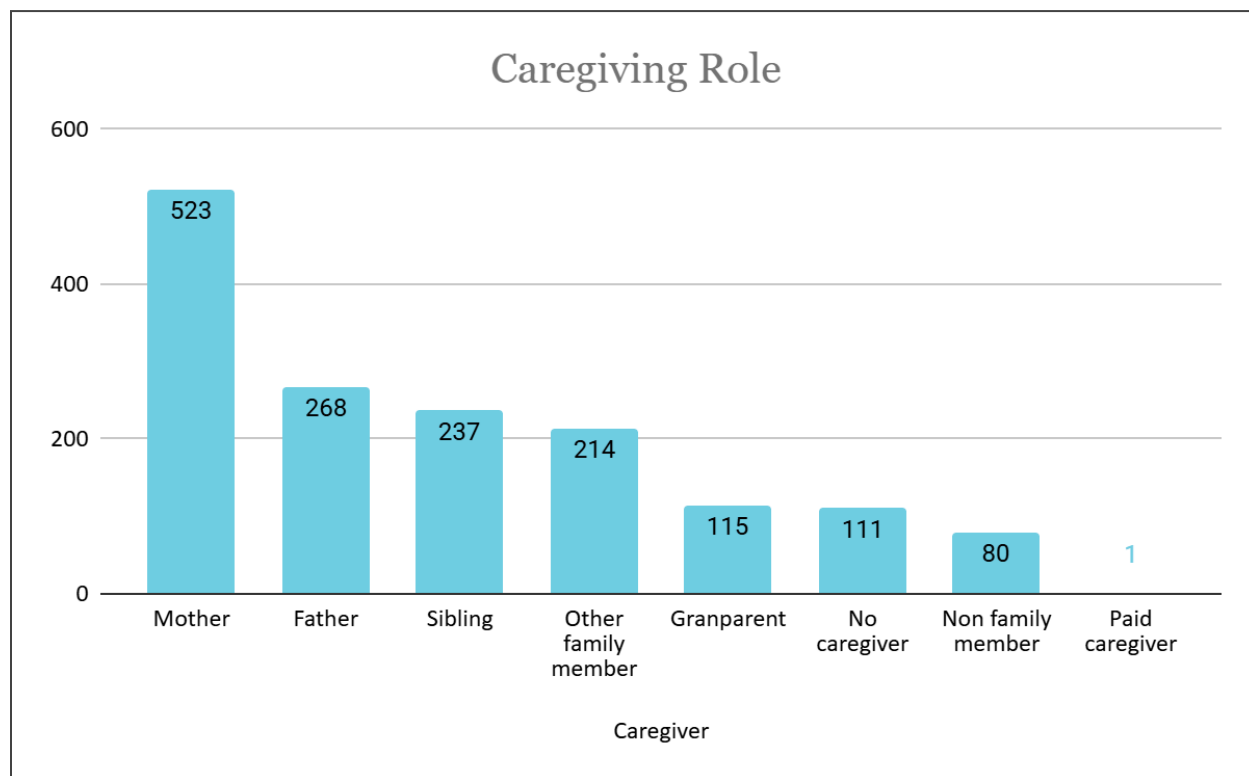
HIV testing demand was high but constrained by stock shortages, affecting:

- Women
- Youth



7. Caregiving Roles, Child Health and Household Responsibilities

Women attended as both service users and caregivers, with mothers specifically identified as the primary caregivers within households



Mothers were most frequently responsible for:

- Bringing children for services
- Managing family health needs
- Seeking care on behalf of dependents

Attendance patterns therefore reflect household-level health-seeking, not just individual needs

Men's participation remained individual and limited, with minimal evidence of caregiving-linked attendance

The central role of mothers reinforces the need for integrated, one-stop services, as women are managing multiple health needs simultaneously across the household.

RFHD helps mitigate some barriers through:

- Familiar community settings
- Integrated service delivery

However, deep-rooted gender norms still influence who accesses what services

9. Privacy and Dignity in Service Delivery

Exit data suggests generally high satisfaction with service delivery, but also highlights:

- The importance of:
 - Confidential spaces for sensitive services (HIV, SRHR)
 - Clear communication during service provision
- Potential constraints in:
 - Maintaining full privacy in high-volume, open community settings

Privacy is particularly critical for:

- Women accessing SRHR services
- Men who may already be reluctant to engage

Ensuring dignified, confidential service delivery is essential to improving uptake across both groups.



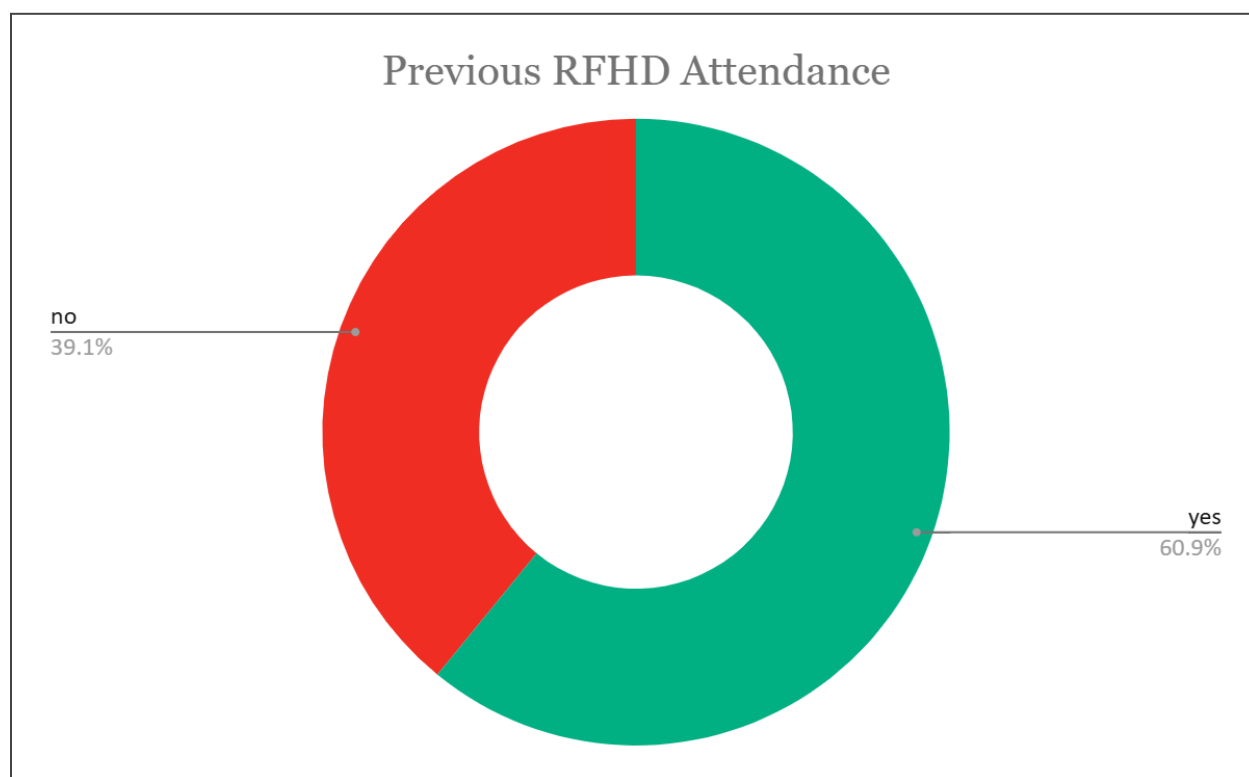
Exit Interview Results

A total of 87 exit interviews were conducted with beneficiaries at the Rotary Family Health Days in Rustenburg. The interviews were administered on-site at the point of exit, using a structured questionnaire to capture participant experiences, access to healthcare, reasons for attendance, and awareness of the event.

Data collection was conducted through face-to-face engagements, allowing for both quantitative responses and brief qualitative insights. This approach ensured immediate feedback from participants following service utilisation, providing a reliable reflection of participant experience, service demand, and access barriers within the community.

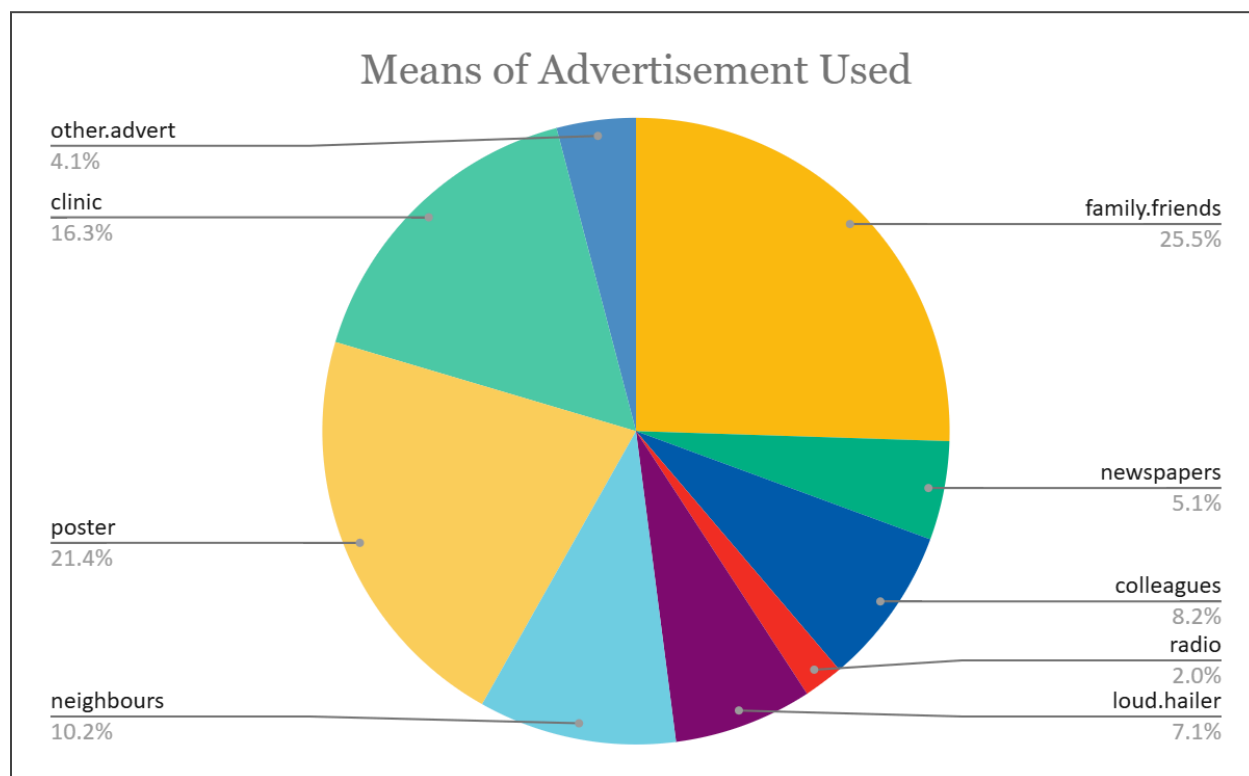
1. Prior Attendance

A majority of participants (61%) were repeat attendees, indicating strong trust and satisfaction with RFHD services. The 39% first-time attendees reflect continued reach into new populations, though the programme shows signs of maturity within the community.



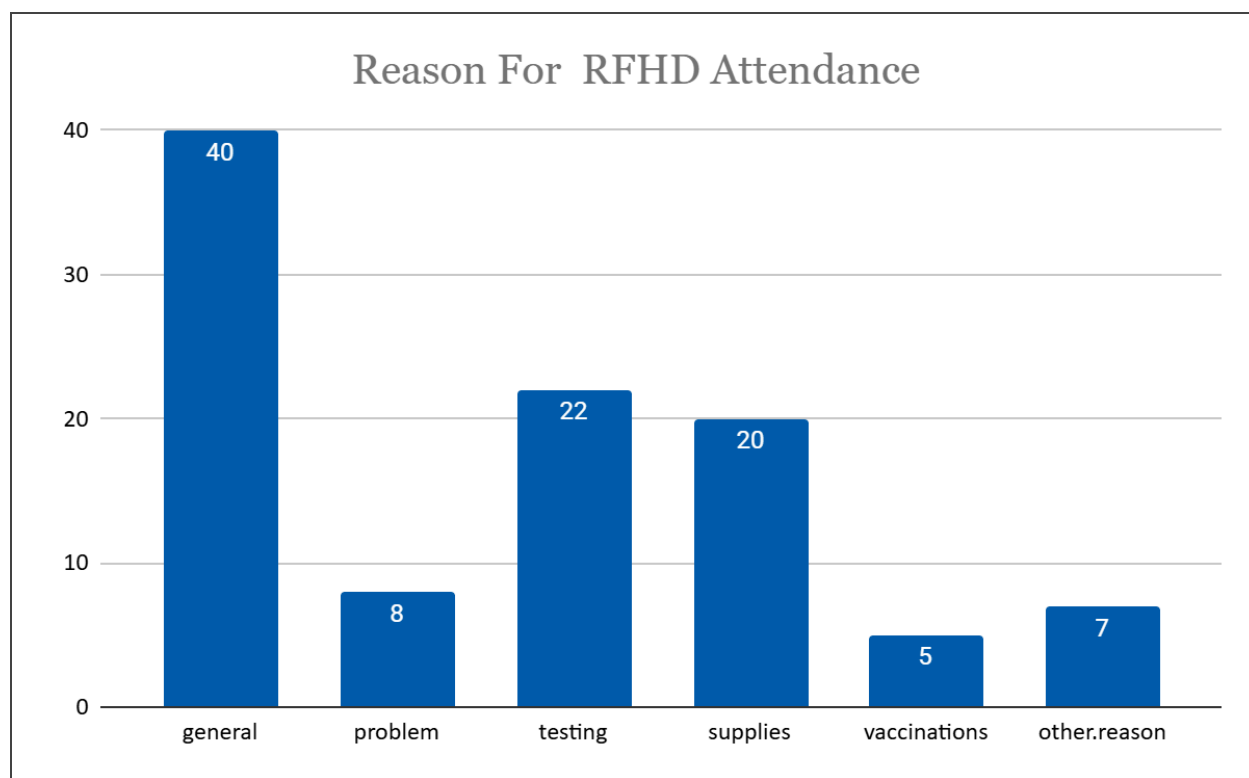
2. Awareness & Mobilisation

Attendance was driven by word-of-mouth (family, friends, community networks), supported by posters and clinics. Limited use of mass media suggests mobilisation is effective but locally concentrated, with opportunities to expand reach.



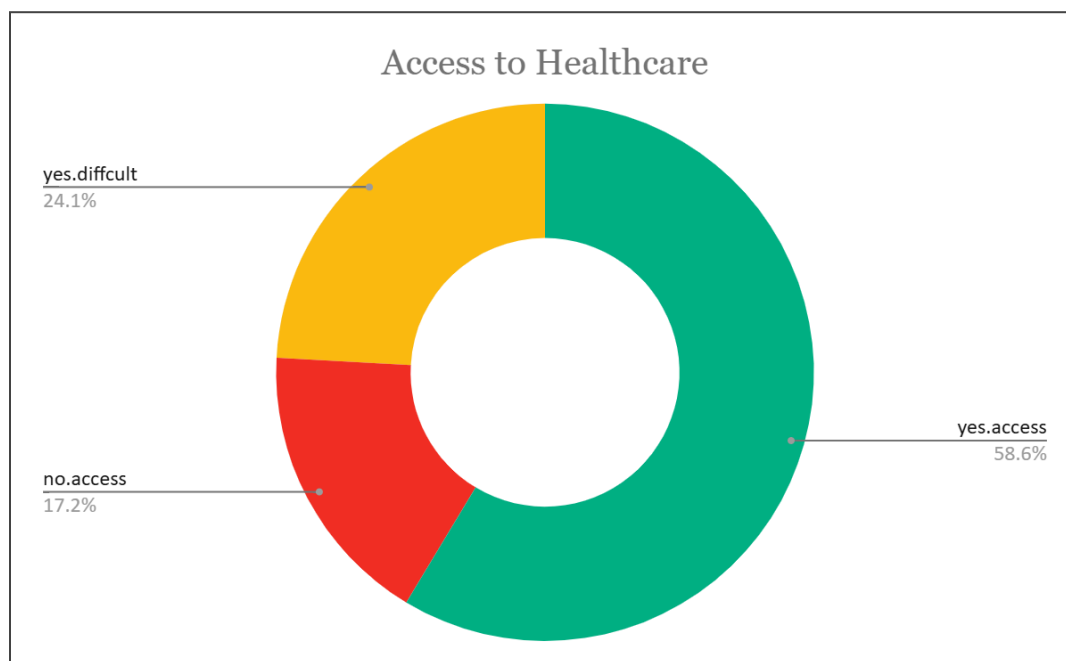
3. Reasons for Attendance

Participants mainly attended for general check-ups and testing services, confirming RFHD's role as a preventive health platform. Demand for health supplies further reflects underlying resource gaps.



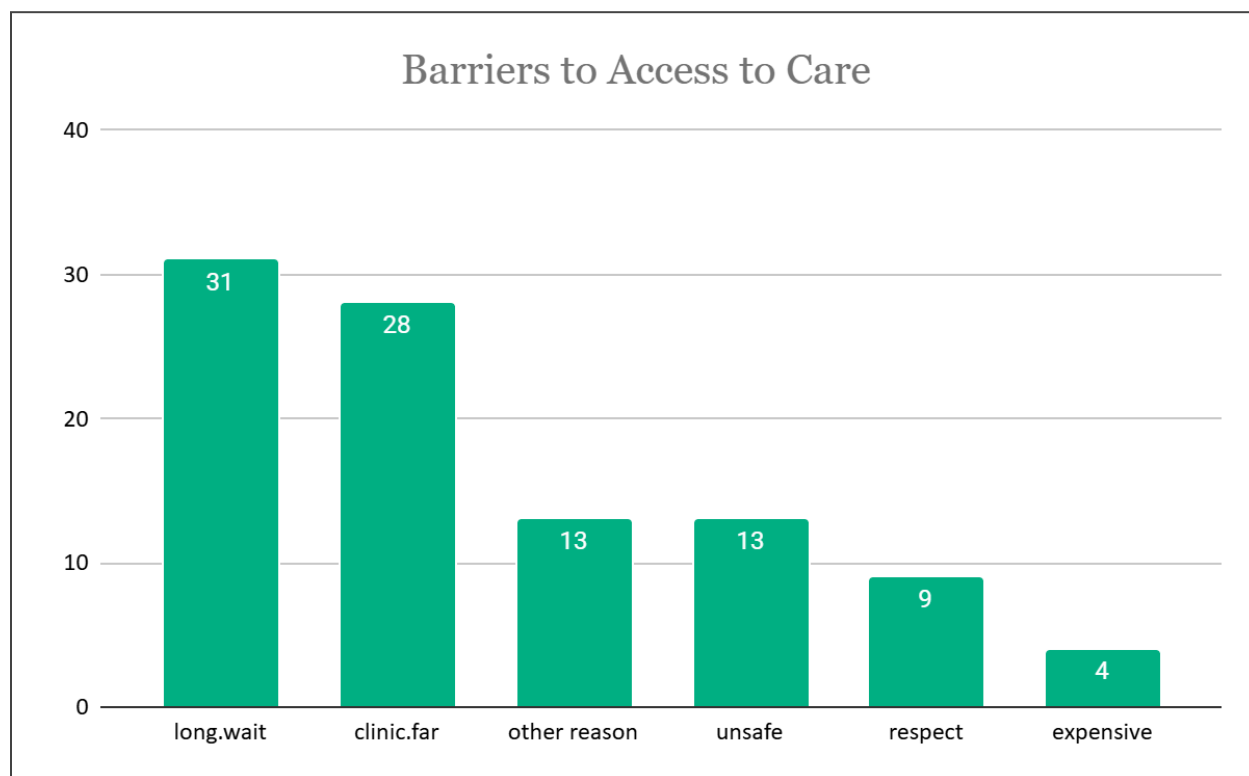
4. Access to Healthcare

While 59% reported having access to healthcare, 41% experienced limited or no access, highlighting RFHD's role in reaching both underserved and unserved populations



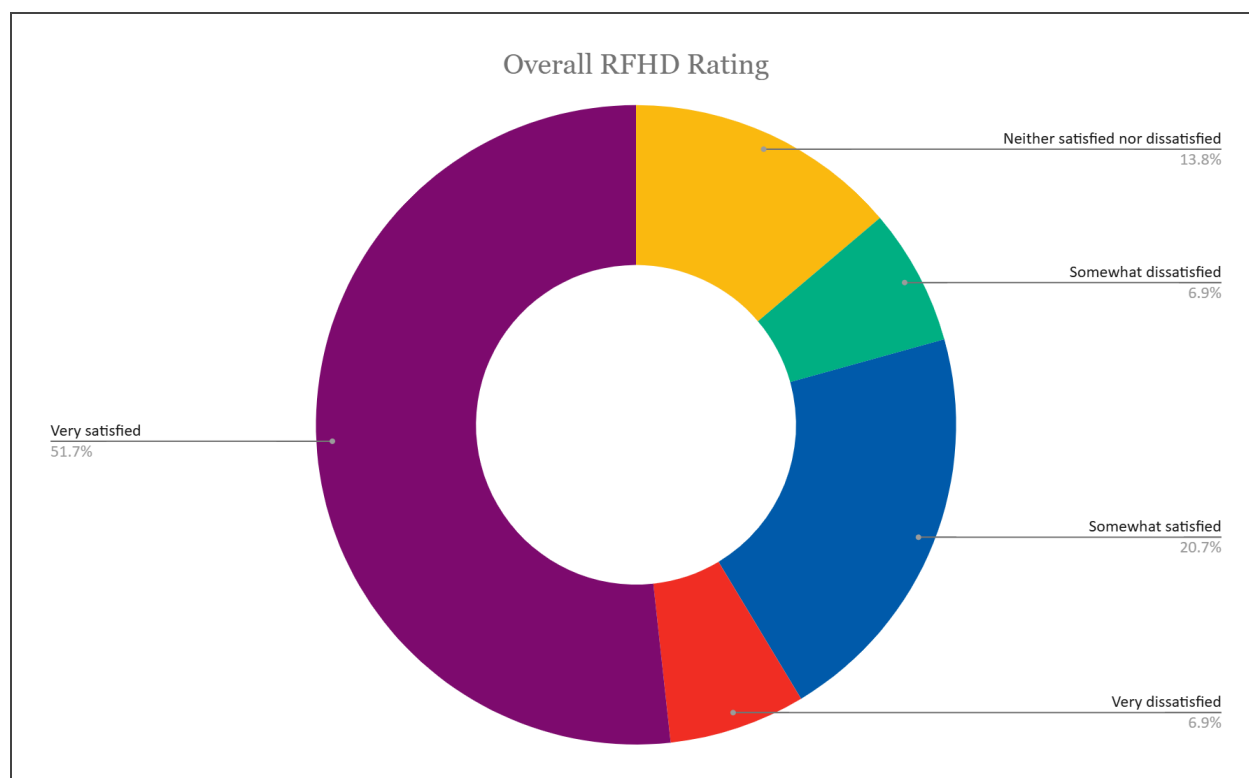
5. Barriers to Access

Key barriers included long waiting times and distance to facilities, pointing to system inefficiencies and geographic constraints. Cost was less significant, indicating barriers are primarily structural.



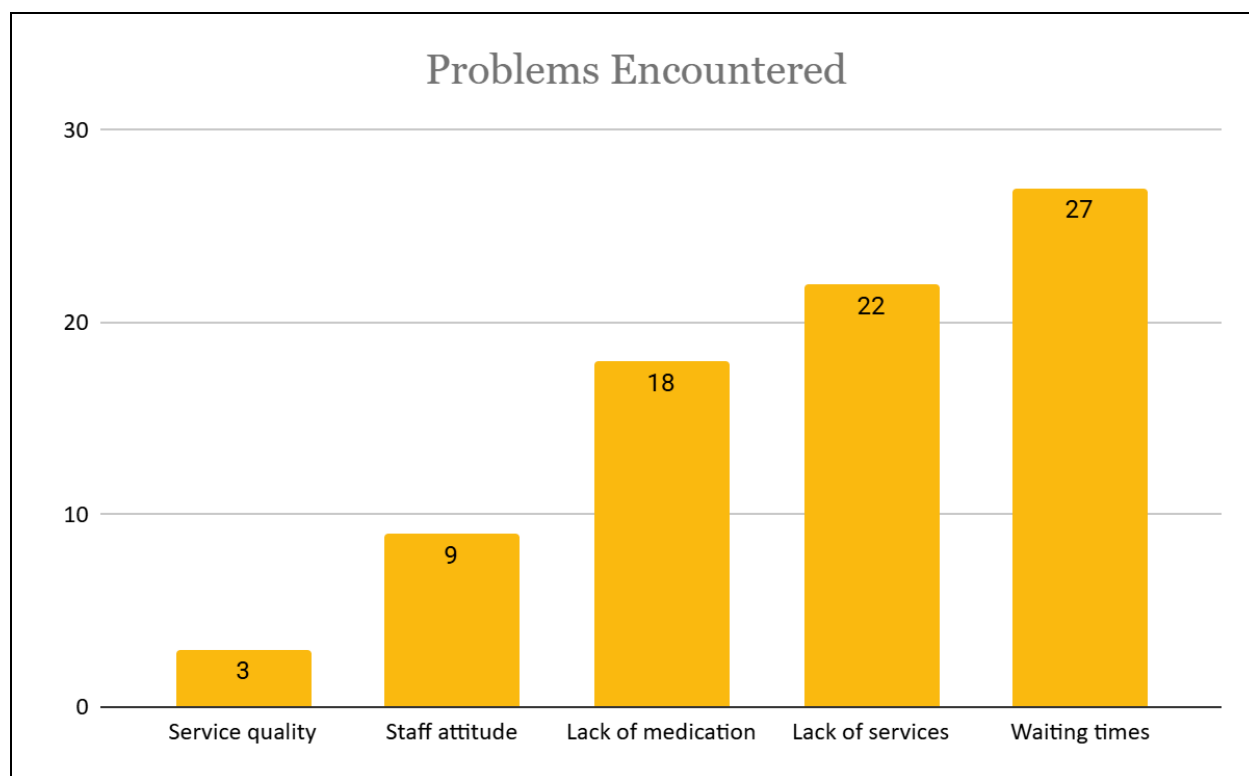
6. Participant Experience

Overall satisfaction was high (73%), reflecting strong programme acceptance. However, neutral and negative feedback (28%) was linked to waiting times and service access issues, highlighting areas for improvement.



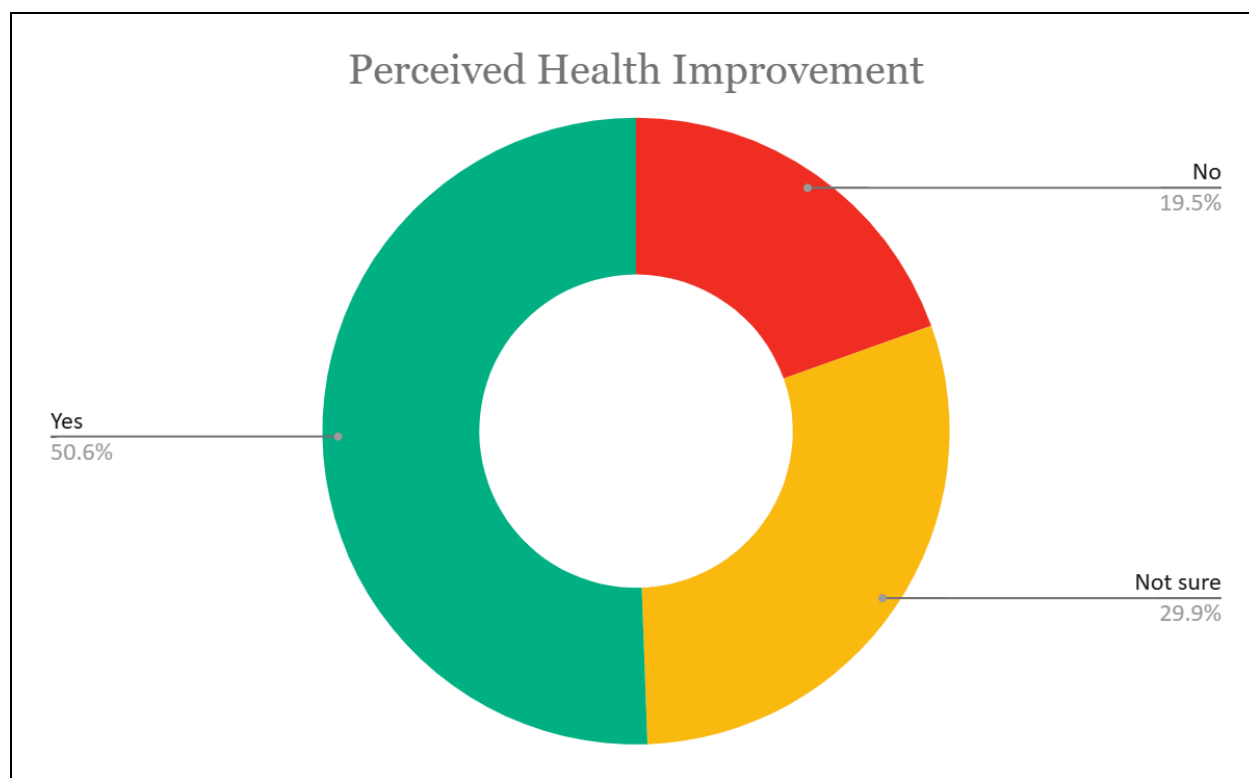
7. Reported Problems During the Event

A notable proportion of participants reported experiencing problems during the event, primarily related to long waiting times, queue management, and incomplete access to services. These issues align closely with overall satisfaction trends, indicating that operational inefficiencies are the primary drivers of negative experiences. Addressing these challenges will be critical to improving both service completion rates and participant experience.



8. Perceived Health Improvement

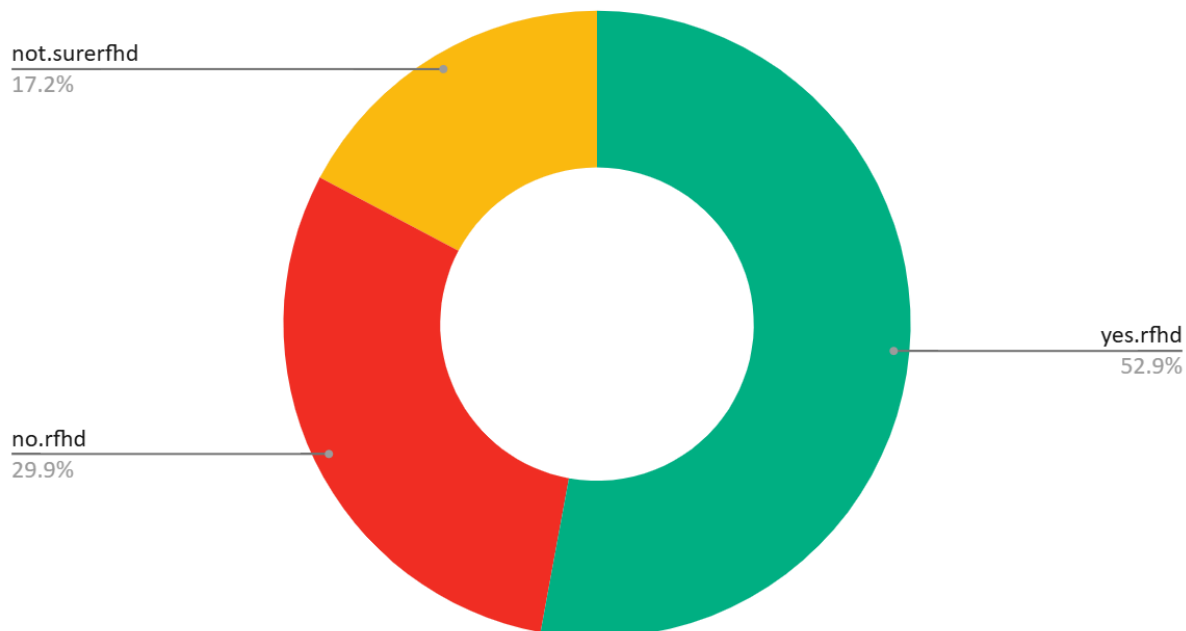
Most participants indicated that attending the RFHD would positively influence their health, reflecting the strong perceived value of the services received. This suggests that RFHDs contribute to increased health awareness, early detection, and preventive care behaviours. Any uncertainty among participants indicates a need for stronger health education and follow-up messaging to reinforce impact.



9. Future Attendance (Retention Potential)

The majority of participants expressed willingness to attend future RFHD events, indicating high programme acceptability and sustained demand. This aligns with the high repeat attendance observed and reinforces RFHD as a trusted, community-valued intervention.

Future Attendance (Retention Potential)



Challenges and Recommendations

Key Challenges

- Delays in site set-up and operational readiness
Community members arrived before services were fully set up, and delays in team briefings impacted the timely commencement of service delivery.
- Late confirmation of services
Final confirmation of participating services was still underway a day before the event, affecting planning, coordination, and preparedness.
- Stock shortages of critical supplies
Insufficient availability of HIV test kits and essential consumables constrained service provision.
- Low uptake of specialised services
Services such as ultrasounds were underutilised, indicating a need for stronger pre-event mobilisation and awareness.
- High demand for limited-access services
Significant need for services such as eye screening and audiology, which are not readily accessible through routine primary healthcare.
- Long waiting times and service bottlenecks
High client volumes resulted in delays, particularly for high-demand services like TB screening and general consultations.
- Limited integrated service offering
Gaps in integrated services, particularly those targeting men, were observed, affecting the comprehensiveness of service delivery.
- Service delivery gaps against mobilisation messaging
Dental services were communicated as available but were not provided on the day, impacting community expectations and trust.

Key Recommendations

- Strengthen pre-event planning and service confirmation
Finalise and confirm all participating services well in advance to ensure adequate planning, coordination, and readiness.
- Ensure timely site readiness and team briefing
Complete set-up of all service points and conduct team briefings prior to community arrival to enable prompt service delivery.
- Improve supply planning and availability
Ensure adequate procurement and distribution of essential commodities, particularly HIV test kits.
- Enhance mobilisation and demand creation
Align mobilisation messaging with confirmed services and strengthen awareness strategies to improve uptake of specialised services.
- Expand and integrate service offerings
Strengthen provision of integrated services, with targeted inclusion of services that improve access and uptake among men.
- Prioritise high-demand services
Expand provision of services such as eye care and audiology to better respond to community needs.
- Improve client flow management
Optimise site layout and introduce queue management measures to reduce waiting times.
- Align communication with service availability
Ensure that all services communicated during mobilisation (e.g. dental services) are confirmed and available on the day to maintain credibility and trust.

Recommendations: Strengthening Gender-Responsive Service Delivery

- Increase male participation through targeted mobilisation, flexible service hours, and male-focused messaging on preventative health
- Strengthen youth engagement, particularly for young men and women, with youth-friendly services and SRHR education
- Improve awareness of all services, using local-language materials and clear, service-specific messaging (including child health, SRHR, and specialised services)
- Enhance demand creation for underutilised services (e.g. ultrasounds, eye care, audiology) through pre-event mobilisation and referrals
- Ensure adequate supply of key commodities, especially HIV test kits, to meet demand and avoid missed opportunities
- Promote integrated, one-stop service delivery to respond to women's caregiving roles and large household responsibilities
- Support caregivers, particularly mothers, by designing efficient services that reduce time burden and enable access for multiple dependents
- Expand SRHR services, including menstrual health support (e.g. Mena cups), and promote male involvement in reproductive health
- Address cultural and social norms that limit men's participation and reinforce unequal caregiving roles
- Strengthen privacy, dignity in service delivery, particularly for HIV and SRHR services
- Improve disability inclusion through identification and accessible service points
- Strengthen data use and gender analysis to inform targeted outreach and improve equitable service utilisation



Community-Reported Challenges

- Long waiting times and slow-moving queues
- Poor queue management and numbering system not always followed
- Participants waiting long periods without assistance
- Some individuals not receiving services at all
- Limited access to certain services due to requirements or time constraints
- Inconsistent availability of medication and health services
- Resource constraints affecting service delivery
- Lack of food/refreshments during long waiting periods
- Socio-economic barriers affecting ability to stay and access services
- Menstrual health challenges among adolescent girls (e.g., period pain)
- Limited access to menstrual health support and products
- Lack of caregiver guidance for adolescents on puberty and SRHR

Community Recommendations

- Improve queue management and reduce waiting times
- Increase staffing at high-demand service points
- Strengthen triage and service flow systems
- Ensure all attendees receive assistance
- Increase availability of medication and screening services
- Expand reproductive health and SRHR services
- Provide menstrual health education and sanitary products
- Strengthen support for adolescent girls and caregiver involvement
- Provide food or refreshments during events
- Improve overall participant comfort and experience
- Strengthen pre-event communication on services and requirements
- Improve community mobilisation and awareness efforts



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-Huronion
- Rotary E Club of D9400
- Rotary Club of Pretoria East

Conclusion

The RFHD Robega event successfully demonstrated the value of integrated, community-based health services, with strong attendance and increased service uptake reflecting high demand and improved reach. The programme effectively addressed key health priorities, including HIV testing, TB screening, and maternal and child health, while reinforcing positive health-seeking behaviour within the community.

The event also reaffirmed the importance of gender-responsive approaches, with higher participation among women, particularly in caregiving roles, and the need for more targeted strategies to increase male engagement.

We extend our sincere appreciation to all stakeholders, partners, healthcare workers, volunteers, and community members whose collective efforts made this event possible. Their commitment continues to play a critical role in improving access to essential health services and advancing community wellbeing.



Acronyms

AGYW	Adolescent Girls And Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CDC	Centres For Disease Control And Prevention
CHW	Community Health Worker
EPI	Expanded Programme On Immunization
HBV	Hepatitis B Virus
HCT	HIV Counselling And Testing
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HTS	HIV Testing Services
IEC	Information, Education And Communication
M&E	Monitoring And Evaluation
MMC	Medical Male Circumcision
NCD	Non Communicable Diseases
NDOH	National Department Of Health
NDP	National Development Plan – Vision 2030
NGO	Non-Governmental Organisation
OVC	Orphaned And Vulnerable Children
PCA	Provincial Council On AIDS
PEPFAR	United States Presidential Emergency Fund For AIDS Relief
PIP	Provincial Implementation Plan
SANAC	South African National Aids Council
STI	Sexually Transmitted Diseases
TB	Tuberculosis
UNAIDS	Joint United Nations Programme On HIV/AIDS
USAID	United States Agency For International Development
USG	United States Government
UTT	Universal Test And Treat
VCT	Voluntary Counselling And Testing
WHO	World Health Organisation