

BACKGROUND

RISE Young Women's Clubs and the Rise TV Talk show were launched in 2014 to empower adolescent girls and young women (AGWYs) aged 15-24 years to prevent HIV and promote Sexual and Reproductive Health and Rights (SRHR). The clubs are a peer support system for AGWYs to support each other, learn together and build their social capital to collectively address and challenge structural drivers of HIV including discriminatory gender norms, gender-based violence (GBV), poor access to health services, and lack of sustainable livelihoods. The Rise TV Talk Show provokes conversations about critical issues which affect AGWYs and is aimed at encouraging them to "rise" above the difficult circumstances which they encounter.

Rise clubs were implemented to include an economic strengthening component in 10 high HIV-prevalent districts in South Africa between 2016 and 2019, with the aim to provide young women with socio-economic development support and opportunities to enable them to become economically active, and consequently, lower their vulnerability.

The Raising Voices of Young Women's Advocacy Coalition was launched in 2016 with a primary focus on creating women's rights awareness and developing skills (leadership, advocacy, gender, democracy and human rights) in a cohort of 40 young women in 3 provinces. The objective was to promote engagement on women's human rights issues and to increase their participation in public policy processes and decision-making, especially at a political and normative level of their societies. It also broadly aimed to raise awareness and conscientize almost a quarter of AGWYs in RISE clubs (n = 5 093) on these issues specifically in the 3 provinces using the coalition members and magazines (distributed to all clubs across the country reaching 21 751).

APPROACH

In this academic year (Jan – June 2020), 469 (104%) Rise clubs have been established and are reaching 111% (n = 5 005) AGWYs who engage on various Rise programme activities - see Table 1 for a provincial/ district breakdown and related activities. A total of 219 458 Rise magazines have been distributed to clubs between 2016 and early 2020. The Rise clubs Facebook page has a fanbase of approximately 12 000 and a reach of 25 000 youth on average, through posts published monthly.

RISE clubs are designed to be self-facilitated by young women who are provided with RISE magazines that introduce important health and life skills. The clubs typically involve the following activities under themes including HIV/AIDS, GBV, SRHR, health, social and economic services, gender equality, feminism and community-based monitoring through:

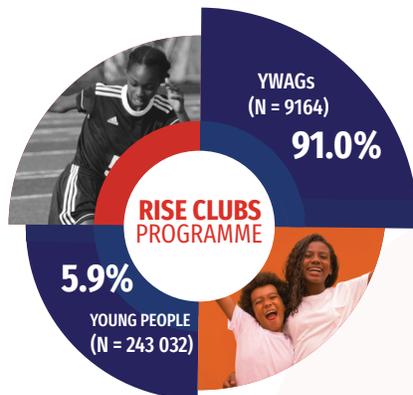
- Regular club meetings
- Events – aligned to health calendar as well as advocacy related
- Projects based on themes according to club booklet topics
- Programme support and monitoring including on booklet topics.

Programmatic monitoring data and recent evaluation key findings are highlighted below to document the successes of the programme to date. These are:

- Routine programmatic performance data from January to June 2020
- A report on the analysis of the impact of the Rise programme using the South African National HIV-Prevalence, Incidence, Behaviour and Communication Survey data, (SABSSM V), 2019/2020
- Process evaluation of the Rise programme across 10 high-priority HIV districts, 2019 using qualitative methods
- Outcome evaluation of the Raising Voices of Young women project in 3 provinces, 2019 using qualitative and quantitative methods.

Province: district/ local municipality	Clubs	Members reached & engaged	Projects by Clubs	Raising Voices Reach - 2016/2018	Youth Zone activation training conducted	SRHR demand creation: uptake/ referrals (HTS, STI screening)	Social Mobilisers (SMs) Coalition members trained
Free State: Mangaung MM	39	392	15	2461 Rise girls 59 YWG peers	1 training 0 activation	193	13 coalition 5 SMs
North west: Maquassi Hills LM	47	469	40	933 Rise girls 85 community peers	1 training 1 activation	212	13 coalition 5 SMs
Northern Cape: Joe Morolong LM	25	249	12	N/A	2 trainings 4 activations	20	6 SMs
Limpopo: Colins Chabane LM	28	353	0	N/A	2 trainings 10 activations	182	6 SMs
Mpumalanga: Bushbuckridge LM	66	868	0	1699 Rise girls 116 community peers	2 trainings 11 activations	78	14 coalition 5 SMs
Gauteng: Ekurhuleni East LM	88	769	0	N/A	1 training 14 activations	0	6 SMs
Eastern Cape: OR Tambo DM	67	666	5	N/A	1 training	10	8 SMs
Western Cape: City of CPT MM	24	303	0	N/A	0	0	4 SMs
KwaZulu-Natal: Maphumulo LM	85	909	7	N/A	2 trainings 9 activations	174	6 SMs
Grand Total	469	5 005	79	5 093	50	875	91

According to the survey, 5.9% respondents (equating to 243 032 young people) were exposed to Rise TV, clubs and booklets. Programme monitoring data revealed that 91% (n = 9 164) AGWYs were reached with the Rise clubs across 10 districts in South Africa. Qualitative findings also reveal how valuable the programme was found to be:



"It's relevant because they taught us how to write a good CV. We haven't gone to job interviews yet, but they helped us draft a CV that is relevant and a CV that is needed now. So we have our CVs attached to everything, and they said they will go and place them in the companies for if there are any spaces". (Rise Process Evaluation FGD Participant, RISE young woman, Gert Sibande)

"Our role in Raising Young Women's Voices Project is to advocate for your rights and to know that the issues of patriarchy, feminism exist. We must be aware of those things so that you understand where the sources of discrimination may come from in society. We can simply say our role was to be the voice for the voiceless ones, those who cannot stand for them to speak whatever they want to speak about" (Rise Raising Voices outcome evaluation, KII [respondent 1, Mangaung])

Some 3% of young women indicated being aware of Thuthuzela Care Centres (TCCs) as GBV services while 22% of AGWYs reported intimate partner violence (IPV). The multivariate regression model controlling for age, sex, province, exposure to other media and other programmes, revealed that:

- AGWYs exposed to Rise were significantly ($p < 0.0001$, $n = 2\ 663$) 4 times more likely to be aware of TCCs as GBV support services in comparison to those not exposed.

- They also have a 33% statistically insignificant less likelihood of having experienced IPV compared to those not exposed ($p = 0.50$, $n = 381$).
- They have almost one and a half times more likely to have ever done an HIV test compared to those not exposed ($p = 0.03$, $n = 2\ 727$).

"It has been very truthful, motivating and inspiring experience... as a young girl living in a rural area, not knowing what to do when you have cases like rape, and other issues affecting young women. So what I have learned from the Raising Young Women's Voices Project is that we have the rights, and those rights have to be fulfilled and... be respected also." (Rise Raising Voices outcome evaluation, KII, Respondent 31, Dr Ruth Sekgomotsi Mompoti)

"One club in X, an area with the highest new HIV infections and pregnancies in the metro - have a very active club. They marched after one young woman in the community was raped and burned. They were on SABC1." (Rise Process Evaluation KII, Programme Implementer, Nelson Mandela Bay Metro)

A total of 63% of the respondents reported to have ever tested for HIV. Just over half (51%) reported doing an HIV test recently (past 12 months). Significantly ($p = 0.002$) more (72%) of those exposed to Rise reported ever having done an HIV test vs 62% of youth not exposed. Controlling for the same confounders,

"I feel empowered, I have learnt that young women should stand on their feet and be independent. The age group that we are in 16-24 is the most affected with HIV/AIDS because we need money and if we can't find any means of getting money we expect to get it from men. Boys our age don't give us that money, so obviously we would get it from sugar daddies... We have to be independent, and not depend on guys because if we do, guys will give us problems and hit us and it's not nice to be treated like that." (Rise Process Evaluation FGD Participant, RISE young woman, Tshwane)

"They taught us about the types of contraceptives and how to avoid unwanted pregnancies. They taught us about the different types of condoms and different sexually transmitted diseases. They also taught... you need to go for a pap smear more often to avoid getting cervical cancer and all that. We were also taught about pregnancy, teenage pregnancy. Everything was very helpful." (Rise Process Evaluation FGD Participant, RISE young woman, Gert Sibande)

Sixty-seven (67%) respondents reported to have used a condom the first time they had sex – with significantly ($p = 0.02$) more young women exposed to Rise (76%) reporting this compared to those not exposed (66%). A total of 36% reported to use a condom consistency – every time they have sex with their most recent sexual partner; significantly ($p = 0.004$) more young women exposed to Rise (47%) reporting this compared to those not exposed (34%). Exposure to Rise was also associated with a positive but statistically insignificant increase in condom use at first sex (AOR 1.39 95% CI 0.92 - 2.08, $p = 0.11$ $n = 1\ 462$). Lastly, girls exposed to Rise had 32% significant less odds of not consistently using a condom every time they have sex compared to those not exposed ($p = 0.04$, $n = 1\ 105$). Qualitative results support these findings demonstrating how AGWYs were empowered to access sexual and reproductive health services including condoms, HIV testing and family planning to prevent unwanted and unplanned pregnancies.

“What was helpful to me was an encouragement to go to the clinic. Because going to the clinic was not my thing. I was not used to going to the clinic.”
(Rise Process Evaluation FGD Participant, RISE young woman, Gert Sibande)

They also reported receiving life-skills to protect themselves from violence and substance abuse in a fun and supportive environment. They also reported increases in self-esteem. They indicated how participation in the economic empowerment initiative helped improve their numeracy, literacy and communication skills, computer and CV development skills. Some of them applied for ABET and bursaries for further education while others reported being assisted with learnerships and job opportunities.

“Other thing I have learned was to learn how to work with other people, meetings, learning new information daily, knowing how to approach people, because I was very shy to approach people and knowing how to present in front of people – I was not having that self-esteem to present in front of people, presenting in front of the people has been improvement in my life.” (Rise Raising Voices outcome evaluation, Female respondent 7, Thabo Mofutsanyana)

“In our community in X (peri-urban) we have a problem, we have girls who smoke, drink and play some cards with the children Grant

money. Since RISE came we are keeping them busy, to be honest, like they don't go to tavern each and every day, they know that when its 2 o'clock I have to go to the meetings. They attend meetings, they are fine, they attend to their children, they do positive things.” (MSC story, RISE fieldworker, Gert Sibande)

“Some of the RISE members have been trained, actually received jobs. One of the girls is trained as a data capturer, full time employed by SABCOHA as a data capturer and 4 other girls who are RISE members are now working on a TB programme.” (Rise Process Evaluation KII, Service Provider)

The Raising Voices of Young Women initiative evaluation revealed that the young women in the coalition were empowered with knowledge on Gender, Power, Democracy and Governance; Leadership and Advocacy; Community Based Monitoring (CBM) using the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) framework; ICT for Feminist Movement Building to develop and advance a local-level advocacy campaign. They also cascaded the information to RISE Clubs through “Peer education and motivational talk sessions” and RISE Magazines.

“CBM. Safeti Pin [an App], it was not safe at all for us because sometimes we have to go to the taverns and interview the tavern owners. Sometimes you have to go to the taxi lane, there's no street lights. Our community is, it is not safe. With Safeti Pin there was no network, there was no networking. It did not want to connect. Okay. It's just not connecting.” (Rise Raising Voices outcome evaluation, Focus Group 1, NMM)

They conducted community mapping, Community Based Monitoring (CBM), conducted safety audits using the Safeti Pin App, facilitated community dialogues – all of which contributed to a submission on an advocacy strategy “Safe Public Spaces for Young Women and Girls” that they prepared and presented to local government structures. They engaged with local stakeholders and the local governance structures; and made significant attempts and faced many challenges to be part of the democratic process - participation in the Integrated Development Plan (IDP) Review process.



“There was IDP amendment we went there, they didn’t invite us, we saw it in the newspaper and then we went there... They said it in the advertisement...They stated that the young men and women, everybody are invited. But when we went there, they were so surprised. Why are you here? And then we said, here’s the newspaper. You invited everybody. So why are you asking that question? And then we, we insisted, we can get inside and they said, you must act like skeletons, you just listen. You just listen... but anyway we respected them.” (Rise Raising Voices outcome evaluation, Focus Group 1, NMM)

“Every community meeting I am there because I want to be a Councillor and I’m going to be a councillor I promise. I told myself... I’m going to be there I am going to be present. I’m going to comment... and I’m going to be given that opportunity. I’m telling you I have that.” (Rise Raising Voices outcome evaluation, KII, Respondent 14, Ngaka Modiri Molema - NMM)

“The Raising Voices Coalition members invited us to the events to do talks on the issues related to safety, so that the community, especially women understand their rights that are required with law enforcement, crime prevention and motivating them to be always on guard. Since the establishment of the Raising Young Women’s Voices Project, there has been a change in the networking, and in some places, crime prevention and teenage pregnancy has reduced” (Rise Raising Voices outcome evaluation, Stakeholder KII, Respondent 21, Dr Ruth Sekgomotsi Mompoti)

CONCLUDING REMARKS

The evaluations demonstrate that RISE is meeting its objectives among AGWYs and that exposure to the Rise programme is associated with HIV testing, negotiating condom use, and awareness of GBV support services after controlling for age, province, education, exposure to other media and other programmes. There are some promising results of exposure to Rise being associated (though not significant in this analysis) with delaying sexual debut, condom use at first sex, preventing teenage pregnancy, having non-discriminatory HIV attitudes, not engaging in age-disparate and multiple sexual partnerships.

The shared experiences are also illustrative of AGWYs self-esteem and collective agency in health and social development amidst constraints in the social and structural context. This includes advocating for the safety of young women in their communities. The intervention also played an important role in developing and enhancing life-skills and providing opportunities (educational and vocational) that facilitate their economic independence in the context of poverty and lack of livelihoods, thereby reducing their vulnerability to HIV and GBV.

The lack of statistical associations between exposure and transactional sex, harmful alcohol use and accessing the clinic for antenatal care may be due to limitations related to the study design, sampling. Implementation challenges, logistics and a lack of basic needs (such as hunger “the need for food”, childcare constraints, transport and a safe meeting venue – where necessary) served as barriers to retaining members in clubs over time.

The sustainability of the intervention depends on ongoing financial resources and linkages to local support structures. Youth – community-based programmes such as this – leveraging off on media platforms, are promising and impact positively on drivers of HIV and GBV prevention among young women. Appropriate and robustly designed studies are essential to measuring and demonstrating impact for these interventions.



Raising Voices of Young Women



² A statistically significant test result ($P \leq 0.05$) means that the test hypothesis is false or should be rejected. A P value greater than 0.05 means that no effect was observed.