

# She Conquers National Campaign for Adolescent Girls and Young Women

22 February 2017



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## Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
HIV	Human immunodeficiency virus
SANAC	South Africa National AIDS Council
STI	Sexually-transmitted infection
TVET	Technical and vocational education and training
UNAIDS	United Nations Joint Program on HIV & AIDS
WHO	World Health Organisation

## Glossary of Terms

**Adolescence** – The period after early childhood and before adulthood where there are key changes in biological and emotional development

**Adolescent** – Young person aged 10 to 19 years

**Age-disparate relationships** – Sexual relationships where the age gap between sexual partners is five years or more; a main epidemiological concern for HIV and other STI transmission, and unplanned pregnancy

**Age of consent** – The legal age of consent to have sex in South Africa is 16 years old

**Biomedical approaches** – Approaches that are focused on human biology and are related to medical science

**Behavioural approaches** – Approaches that involve engaging with repetitive human actions, usually with an individual-level focus

**Children** – Persons under the age of 18; female children aged 0 to 17 are referred to as girls; male children aged 0 to 17 are referred to as boys

**Combination prevention of HIV** – A strategy that combines biomedical, behavioural, and social/structural approaches to HIV prevention with a focus on achieving the most effective mix of evidence-based responses conducted within a human rights framework

**Gender** – Social expectations and norms related to the roles of boys, girls, men, and women in society and to their relationships with others; gender includes how a person expresses themselves in relation to their sex

**Gender-based violence** – Any violence that is related to a person’s gender or sexuality; includes sexual violence, abuse or exploitation, physical violence, as well as verbal, emotional, and psychological abuse or harassment

**Legal age for accessing condoms, contraceptives, and HIV testing** – 12 years old

**Orphan** – a child aged 0 to 17 whose mother, father, or both parents have died

**Risk** – The likelihood of acquiring HIV or becoming pregnant through behaviours or actions

**Sexuality** – How a person expresses their sexual desire and sexual relationship with others; includes emotional and physical forms of expression

**Sexual orientation** – Whether a person is sexually attracted to the opposite sex (heterosexual), the same sex (homosexual), or people of both sexes (bisexual)

**Social approach** – Engage with activities conducted in a social or community context, usually with a group-, community-, or society-level focus

**Structural approaches** – Linked to social approaches, but more directly related to human systems of knowledge, culture, religion, laws, politics, and economic factors

**Statutory rape** – Any penetrative or non-penetrative sexual act with a child under the age of 16

**Teenagers** – Young persons aged 13 to 19

**Vulnerability** – Factors that limit a person’s ability to prevent infection or pregnancy; can include physiological or biological factors that predispose a person to infection or conception, as well as personal, contextual, and social/structural factors

**Vulnerable child** – A child aged 0 to 17 living in poverty whose welfare and family circumstances include parental abandonment, living in poverty, being abused or malnourished, or being affected by family circumstances related to poor health

**Young men** – Males aged 18 to 24

**Young women** – Females aged 18 to 24

**Youth** – The period between childhood and adulthood; persons aged 15 to 34

## Executive Summary

The She Conquers National Campaign for Adolescent Girls and Young Women is a three-year, evidence-based campaign for South Africans by South Africans to reduce HIV infections. Adolescent girls and young women 16 to 24 years old face a disproportionate burden of HIV, which negatively impacts their quality of life. These high rates are compounded by high levels of teenage pregnancy, school dropout, sexual and gender-based violence, and limited opportunities for economic independence. The Campaign will align existing policy and programmatic initiatives to address this undue burden and empower South Africa's youth to take control of their future.

The Campaign will be rights-based, evidence-based, multi-sectoral, youth-led, and driven through peer education and peer support. Adolescent girls and young women will drive the Campaign, support the implementation of interventions, and provide input into the strategy and direction of the Campaign.

The Campaign has five **Objectives**:

1. Reduce new HIV infections among girls and young women
2. Reduce the incidence of teenage pregnancy
3. Increase retention of girl learners in school until matric
4. Reduce sexual and gender-based violence experienced by girls and young women
5. Increase economic empowerment of girls and young women

The structure, goals, and target populations of the Campaign are informed by robust evidence that demonstrates the undue burden placed on adolescent girls and young women, the negative long-term effects that result, and the HIV transmission pathway.

An established **Core Package of Interventions** will address the biomedical, socio-behavioural, and structural factors that contribute to these health and social issues. The biomedical interventions will increase access to sexual and reproductive health information and services through adolescent and youth-friendly clinics and the Integrated School Health Programme. Socio-behavioural interventions focus on increasing community mobilisation and support; access to peer groups and clubs; opportunities for awareness and information on gender, violence against girls and young women, substance abuse, stigma, and discrimination; and access to parenting programmes for parents of teenagers and for teenage and young parents. The structural interventions will increase access to economic opportunities, such as funding to increase access to post-school education, and increase post-schooling options, including employment, mentorship, and internships for youth.

The **primary target population** for this Campaign is adolescent girls and young women aged 15 to 24 years. The **secondary target population** captures other members of the HIV transmission cycle, and includes girls aged 10 to 15, (older) young women aged 25 to 29, and boys and young men aged 16 to 35. In addition to these target populations, the Campaign seeks to address particularly vulnerable groups of the general population, including orphans and vulnerable children; youth that are not in employment, education, and training; young sex workers; youth with disabilities; and rural youth.

The three-year Campaign will be implemented in phases in all districts across South Africa from June 2016 through March 2019. The first phase will consist of 22 sub-districts prioritised based on high HIV burden and other related variables, such as teenage pregnancy and orphan-hood among adolescent girls and young women. Subsequent phases will follow these prioritized sub-districts and learn from their best practices. Implementation of interventions may vary across sub-districts, as interventions are prioritized based on the particular needs of the community being served.

A national, multi-stakeholder steering committee will bring together government, civil society, development partners, and the private sector to guide the Campaign. The District and Provincial AIDS Councils will also play a lead role in coordinating Campaign activities. Coordination across programmes currently working with youth will foster a targeted, coordinated, and evidence-based response. Partners will promote access to and deliver the **Core Package**

**of Interventions** to implement a country-owned and country-led response addressing the health and social needs of adolescent girls and young women.

Communication is an integral element of the Campaign. The communications strategy recognizes the importance of mobilizing adolescent girls and young women and their communities. The logo and name of the Campaign, *She Conquers*, were developed with youth and signify a youth-friendly and youth-led campaign for a better future for adolescent girls and young women in South Africa.

The Campaign will be monitored over the three-year implementation period using routine monitoring and reporting systems. An end-term evaluation is planned for the final year of the Campaign to assess the success of the Campaign and the objectives achieved.

South Africa has made tremendous strides in the fight against HIV/AIDS, yet adolescent girls and young women are still disproportionately impacted by HIV/AIDS compared to their male counterparts. The She Conquers National Campaign will streamline resources and create partnerships to address this pressing burden and engage young people in improving their own future.

# 1. Introduction

## 1.1. Challenges facing adolescent girls and young women aged 15 to 24

South Africa has made considerable inroads in its response to the HIV epidemic. This progress is evident in the reduction in mother-to-child infection, increase in the coverage of the anti-retroviral treatment programme, and increase in life expectancy, among others. However, HIV infections remain stubbornly high, especially among adolescent girls and young women aged 15 to 24. Research evidence suggests a disproportionate burden of HIV among this group in South Africa, but also in comparison with their peers in other countries. This challenge threatens to reverse the gains the country has made in addressing the epidemic.

HIV infection among this group is intricately linked to related challenges, particularly teenage pregnancies, school drop-out, sexual and gender-based violence, and few economic opportunities. These challenges, discussed in detail below, present barriers to adolescent girls and young women reaching striving to reach their potential, contribute to South Africa, and reach an AIDS-free generation.

### 1.1.1. HIV Infections among adolescent girls and young women

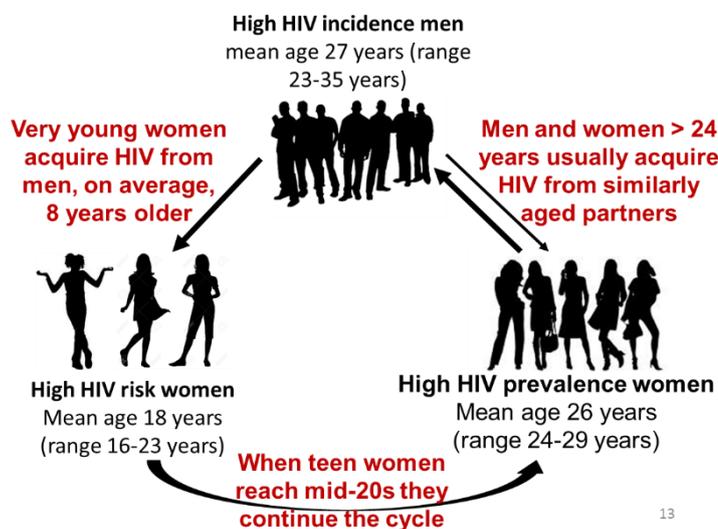
Adolescent girls and young women experience unacceptably high rates of HIV. In South Africa, they face 2,365 new infections per week—more than the next five countries combined.

In 2012, HIV prevalence among females aged 15 to 19 (5.6 percent) is nearly *eight times* higher than the HIV prevalence experienced by males of the same age group (0.7 percent). The HIV prevalence of females aged 20 to 24 (17.4 percent) is roughly three times greater than that of men in the same cohort (5.1 percent).<sup>1</sup>

Phylogenetic mapping of the **HIV transmissions pathway** was conducted in Hlabisa, KwaZulu-Natal and provides an explanation for high incidence and prevalence levels among adolescent girls and young women aged 15 to 24. Figure 1 shows this relationship.

Young women tend to engage in sexual relationships with men roughly eight years older than themselves. Men in this age group have higher prevalence levels, and are therefore more likely to transmit HIV to their younger partners. In their twenties, young women who have already been exposed to HIV from older male partners often have sexual relationships with men in their same age group, thereby continuing the cycle of infection.

**Figure 1: HIV transmission pathway<sup>2</sup>**



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Source: Figure from R Dellar, F Tanser, Q Abdool Karim, et al., Manuscript in preparation

Understanding the HIV transmission pathway is critical to interrupt it and reduce new HIV infections among South African youth.

### 1.1.2. Teenage pregnancy

High HIV prevalence among adolescent girls and young women implies they are sexually active and at risk of falling pregnant. The percentage of females falling pregnant increases twelve-fold from age 15 to 19 (from about 1 percent to about 12 percent).<sup>3</sup>

Early and unsupported parenting among adolescent girls and young women entrenches long-term vulnerability to HIV for both mother and child.<sup>4</sup> Young mothers frequently face increased physical and mental health problems, higher likelihood of school dropout (and subsequent lower educational attainment), and poorer employment outcomes.<sup>5</sup> Although pregnant learners are allowed to remain in school, only about one third of them return to school after giving birth.<sup>6</sup> Children of young mothers also face increased challenges, including enhanced likelihood of growing up in multiple homes and experiencing emotional, physical, and sexual abuse. This, in turn, feeds into inter-generational poverty, poor health, and increased risk of violence.

The lack of antenatal services for adolescent girls and young women exacerbate the negative consequences of teenage pregnancy. Access to antenatal care is critical, yet attendance at antenatal clinics by youth is particularly poor, and antenatal care for females under 20 years old is less adequate than services provided to older women. Barriers to accessing these services include lack of privacy, confidentiality, fear of coerced testing, and stigma associated with early pregnancy.<sup>7</sup> Adolescent girls and young women also face significant stigma related to termination of pregnancy, which contributes to unwanted pregnancies and birth, as well as illegal abortions that contribute to maternal deaths.

### 1.1.3. School dropout

School dropout is a poignant and pervasive problem in South Africa. Approximately 50 percent of learners dropout after Grade 9. Of those that remain in school, only about 40 percent pass matric. This means a staggering 60 percent of South Africa's youth have no education qualifications.<sup>8</sup>

The top four reasons for learner dropout are: (1) lack of financing; (2) need to find a job; (3) failing grades; and, for female learners, (4) pregnancy.<sup>9</sup> In fact, 33 percent of female-learner dropout is attributed to pregnancy and child bearing.<sup>10</sup> Policy and interventions to reduce school dropout among adolescent girls and young women must address the systemic issues related to poverty and quality of the education provided.

As the risk of early pregnancy increases after school dropout, keeping girls in school is imperative for improved health and educational outcomes for adolescent girls and young women. Young mothers must be supported and encouraged to reintegrate into the schooling system after giving birth.<sup>11</sup> Education is protective and improves access to post-secondary education and job opportunities. Further, girls who remain in school are more likely to have the skills necessary to negotiate safe sexual practices and avoid sexual and gender-based violence.

### 1.1.4. Sexual and gender-based violence

Adolescent girls and young women are frequently exposed to sexual and gender-based violence. Between 17 and 34 percent of adolescent girls and young women experienced intimate partner violence in a given year; between 10 and 40 percent of boys and young men disclosed perpetrating intimate partner violence during that same year.<sup>12</sup> Prevalence is even greater when emotional abuse is included. Non-partner rape is also grossly prevalent. In 2013, over 48,000 rapes were reported to the South African Police Service (SAPS) nationally. In 35 percent of those cases, the victims were females aged 16 to 24. Eighteen percent of these rapes—nearly one in five—involve multiple perpetrators.<sup>13</sup>

Addressing sexual and gender-based violence is critical for improving the sexual, reproductive, and mental health of adolescent girls and young women. Intimate partner violence, rape, and experience of controlling behaviour increase

risk of HIV infection by 1.5 times. These forms of violence also greatly increase risk of teenage pregnancy, non-contraceptive use, poor ART adherence, post-traumatic stress disorder, depression, and suicidal thoughts.<sup>14</sup>

Men who perpetrate gender-based violence are also more likely to spread HIV. Men who rape, are physically violent to partners, or who are highly controlling are more likely to have multiple partners, engage in transactional sex, abuse alcohol or drugs, and have sexually transmitted infections.<sup>15</sup> This power dynamic is exacerbated by norms of gender inequality pervasive in South Africa's patriarchal society. In this context, adolescent girls and young women have little agency to control the circumstances of their own sexual activity and are therefore at increased risk of HIV infection.

Poverty is a potent driver of young women's experience of gender-based violence and strongly associated with rape risk.<sup>16</sup> Interventions focused on women's economic empowerment, gender- and social-norm change, and reducing violence through community building are often effective in improving gender equity and reducing the risk of violence.<sup>17</sup> Service provision for victims is important, but does not reduce violence in the general population. Protection orders, shelters, and counselling help individual women leave violent relationships.

#### 1.1.5. Few economic opportunities

South Africa's youth are critical to the nation's continued growth and development, including economic advancement. In 2015, youth aged 15 to 34 constituted nearly 38 percent of the country's total population.<sup>18</sup> In this same year, adolescent girls and young women aged 15 to 24 years made up over 9 percent of South Africa's fifty five million people.<sup>19</sup> Youth bear the heaviest burden of unemployment. Youth aged 15 to 34 years have made up about 70 percent of total unemployment over the last decade.<sup>20</sup> The rate of youth not in employment, education, or training has also stagnated at a high of around 30 percent since 2012.

Youth poverty is high, varies per province, and mirrors the patterns of unemployment. The economic context of young people in South Africa varies depending on race, class, and location, and directly impacts their quality of life, including access to housing, education, health, and other services. This is especially concerning, as households headed by young people aged 15 to 34 years accounted for 26 percent of all households in the country.<sup>21</sup>

Adolescent girls and young women are particularly impacted by economic opportunity and support networks. Family structure, the presence or absence of parents, and access to income and basic goods fundamentally affect access to schools and other critical services. This, in turn, affects individual behaviours and risk factors. Low levels of economic opportunity and weak support networks make adolescent girls and young women vulnerable to risky sexual behaviour and alcohol and substance abuse, which subsequently increase their vulnerability to HIV infection and exposure to gender-based violence.

South Africa must support young people to ensure that they are empowered to contribute to a vibrant and growing society.

## 1.2. She Conquers Campaign for Adolescent Girls and Young Women

The She Conquers Campaign for Adolescent Girls and Young Women is an HIV prevention campaign aimed at adolescent girls and young women aged 15 to 24 in South Africa. It is a coordinated campaign that seeks to address the disproportionately high burden of HIV among adolescent girls and young women in this age group as well as related challenges, particularly, teenage pregnancy, school dropout, sexual and gender-based violence, and few economic opportunities. It will use a comprehensive package combining social, behavioural, structural, and biomedical interventions. This multi-sectoral campaign will serve as a coordinating framework for efforts by government, civil society, private sector, and development partners focusing on adolescent girls and young women.

### 1.2.1. Goal

She Conquers is a three-year national campaign active from June 2016 through March 2019 to achieve a long and healthy life for all adolescent girls and young women in South Africa.

### 1.2.2. Objectives

The Campaign seeks to achieve the following five objectives:

- Reduce new HIV infections among adolescent girls and young women
- Reduce the incidence of teenage pregnancy
- Increase retention of girl learners in school until matric
- Reduce sexual and gender-based violence experienced by adolescent girls and young women
- Increase economic empowerment of adolescent girls and young women

### 1.2.3. Target population

The **Primary Target Population** for this Campaign is adolescent girls and young women aged 15 to 24 years old. This is based on the HIV transmission cycle described in Section 1 of this document.

The **Secondary Target Population** includes young girls aged 10 to 15, older young women aged 25 to 29, and adolescent boys and young men aged 16 to 35. Adolescent boys and young men are included because they are an important part of the transmission cycle. Including these secondary target populations ensures a holistic programming approach to reach the wider population of adolescents and youth in the provision of services.

Particular focus will be on vulnerable groups in this **wider population**, including orphans and vulnerable children; youth that are not in employment, education, or training; young sex workers; youth with disability; and rural youth.

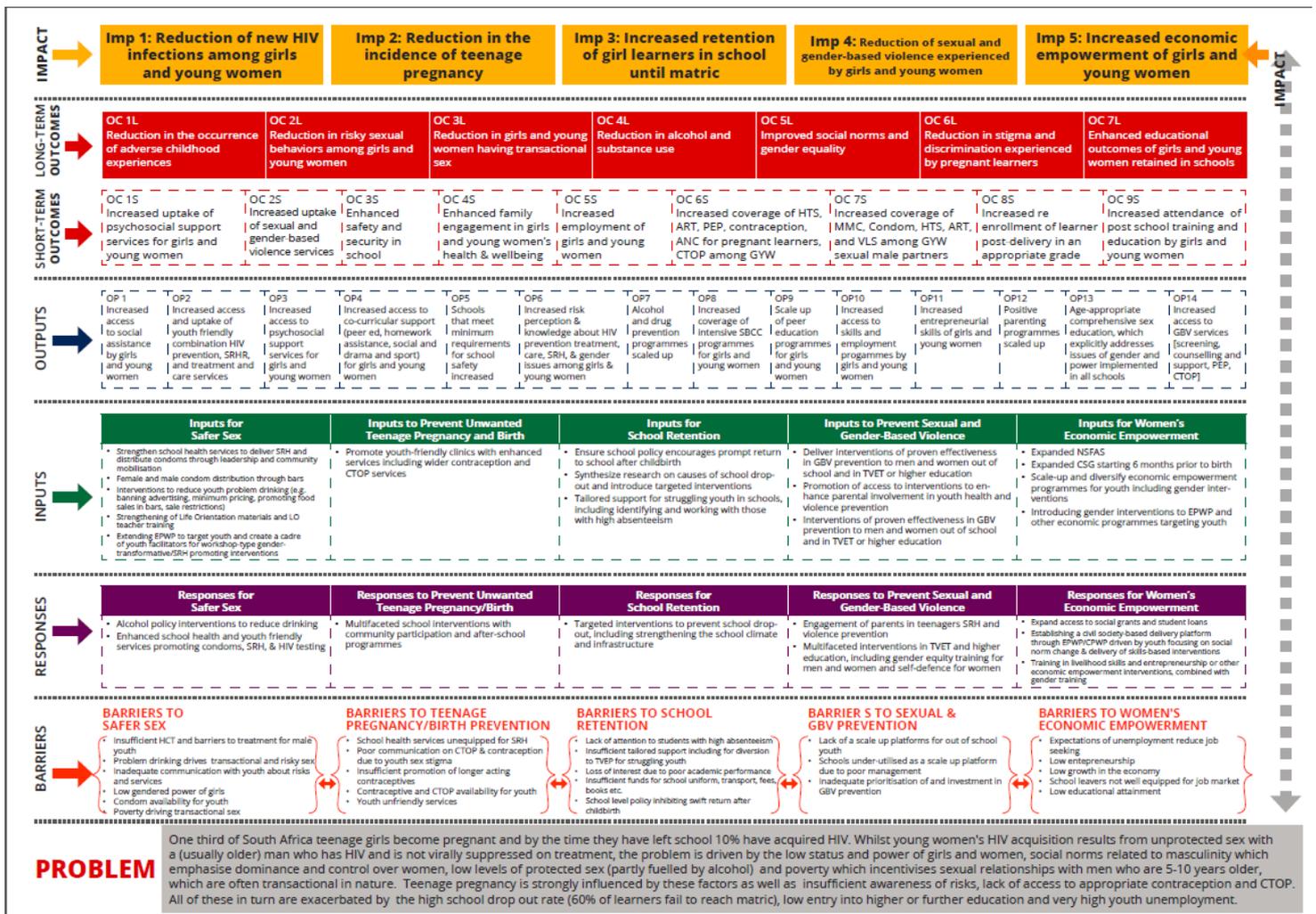
## 2. Strategy

The strategic direction for the Campaign is informed by a theory of change, a transmission model that seeks to break the cycle of HIV transmission, and a package of bio-medical, behavioural, and structural interventions that is segmented according to specific target audiences.

### 2.1. Theory of change

The **Theory of Change** articulates the steps required to achieve the five Campaign **Objectives** (referred to as impacts) and reach the overall goal to achieve a long and healthy life for adolescent girls and young women. Shown in Figure 2, it begins by exploring the barriers that pose the greatest challenges and states the multi-sectoral responses necessary to address them. Specific inputs, outputs, and long- and short-term outcomes are articulated to guide progress toward the five impacts.

Figure 2: She Conquers National Campaign Theory of Change

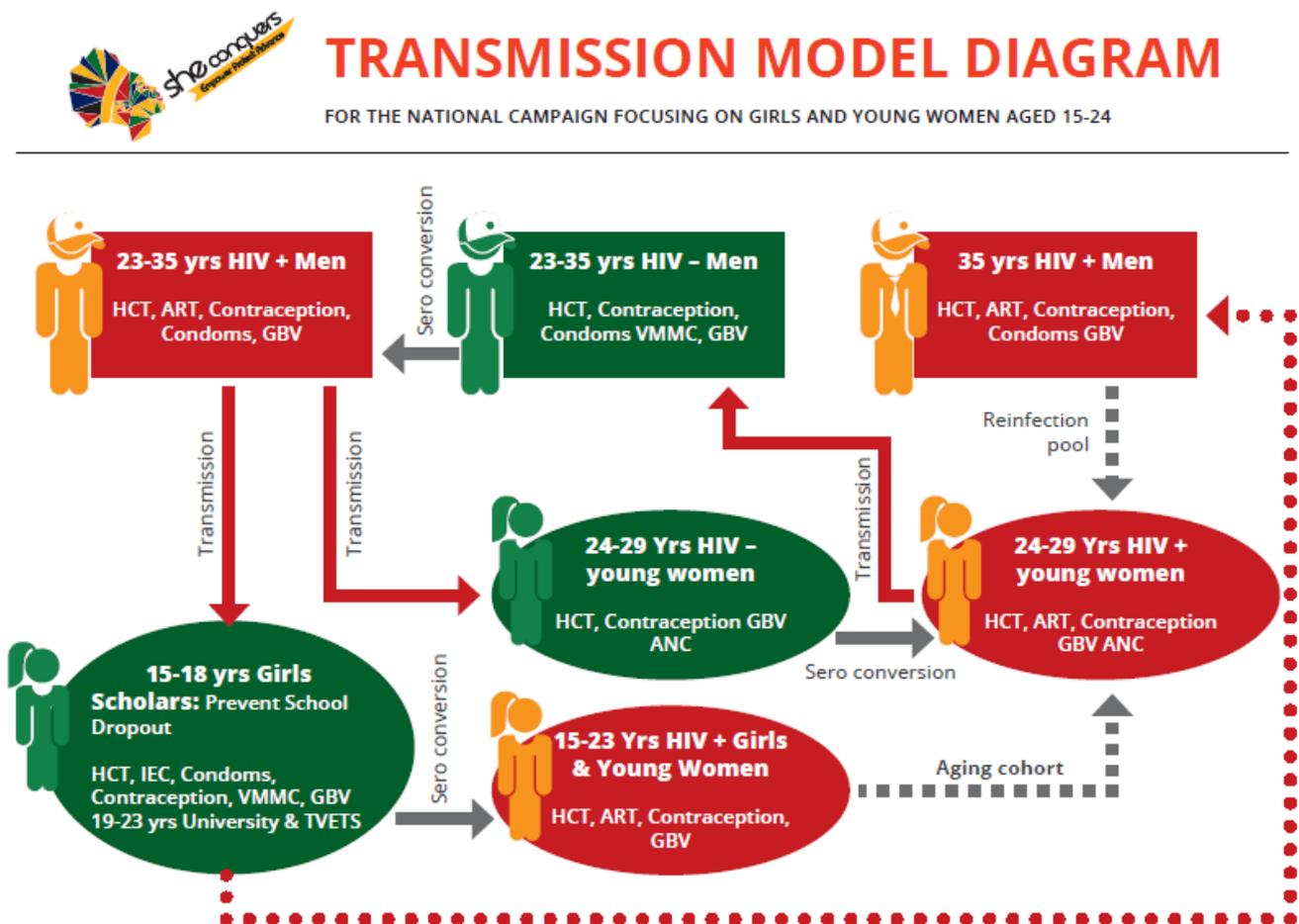


## 2.2. Breaking the cycle of HIV transmission

The HIV transmission pathway (discussed in Section 1) provides guidance on where efforts need to be focused in order to break the transmission cycle. The interpretation of this evidence-based pathway for the She Conquers Campaign is reflected in the transmission model, shown in Figure 3. The model is addressing the specific target groups involved in the transmission pathway in order to break the cycle of HIV transmission where it matters most and identify services required for each of these groups.

For the purpose of the Campaign, the primary target group has been segmented by age, gender, HIV status and social context in terms of in/out of school, TVET or college, and unemployed or employed. A **Core Package of Interventions** has been developed to ensure that the needs and services are tailored to each segmented target group. The aim is to encourage all persons to know their status. Interventions will support HIV negative persons to remain negative and those that are positive to access treatment.

**Figure 3:** Transmission Model Diagram for She Conquers



## 2.3. Core package of interventions

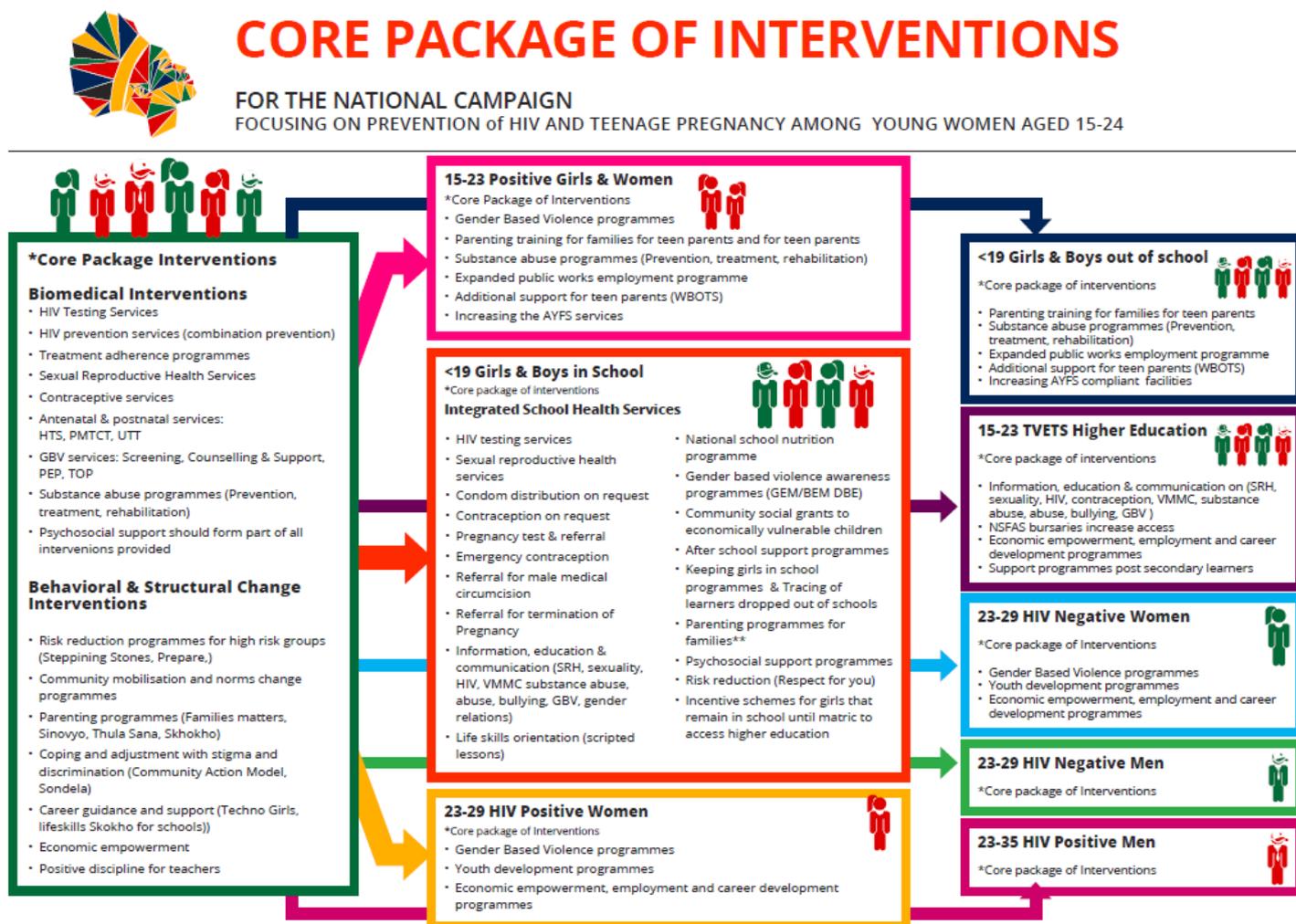
The **Core Package of Interventions** must focus on keeping adolescent girls and young women HIV negative and economically empowered to halt the transmission occurring in transactional relationships and maintain the health and wellness of young people.

Potential exposure to HIV is continuous and influenced by biological and physiological factors. A combination approach for HIV prevention depends on applying a mix of evidence-based biomedical, socio-behavioural, and structural approaches.<sup>22</sup> Interaction between these factors influence likelihood of HIV exposure and the risk of HIV acquisition.

Figure 4 identifies the biomedical, socio-behavioural, and structural approaches that will work together to decrease HIV, teen pregnancy, and sexual and gender-based violence, and increase school completion and economic empowerment. These approaches form the foundation of the **Core Package of Interventions**, which focuses on adolescent girls and young women and includes adolescent boys and young men and the wider social system in which she lives.

Though these interventions should be made available to all young people where possible, particular attention must be paid to reaching core sub-groups of the overall youth population (indicated in Figure 4). These sub-groups are critical in the HIV transmission pathway.

Figure 4: Core Package of Interventions



## 3. Implementation

### 3.1. Step-by-step implementation guide

What follows is a step-by-step guide for Campaign implementation:

#### Step 1: Consultation

- Information sharing
- Identify a coordinating structure
- Identify the provincial lead
- Identify partners and key stakeholders
- Confirm the prioritised districts and sub-districts
- Identify the implementation planning task team
- Agree on the next steps and timeframe towards the development of an action plan

#### Step 2: Planning and coordination

- Convene a meeting with the identified planning task team to develop an action plan
- Identify a process for sub-district partner and programme mapping
- Complete an audit of services tool by all partners
- Collate of audits and identify gaps in the delivery of core package of services in the sub-district
- Develop a plan of action to fill the identified gaps
  - Identify partners to fill the gaps
  - Assist with capacitation regarding She Conquers
  - Set clear timeframes
- Identify schools, TVET colleges, and youth centres in high risk areas for the activation of She Conquers in the priority sub-districts
  - Focus on the quintile 1 to 3 schools with high numbers of pupils from grade 10 to 12
- Assign partners and services to these schools and colleges and surrounding communities to facilitate access to the core package of interventions of the Campaign

#### Step 3: Activation

- Ensure that all providers of services and programmes identified in the audit are introduced to the Campaign and have brand and communication materials for She Conquers
- Align World AIDS Day and any other relevant campaigns and activities to the She Conquers objectives to ensure that all activities for adolescent girls and young women are delivered under the She Conquers banner
  - Plan and execute activities in line with the five Campaign objectives
  - Facilitate youth involvement and participation
  - Inform all districts, sub-districts, and partners about She Conquers and the key messages
  - Use the She Conquers visual identity on all communication and health promotional material
  - Disseminate and utilise the key messages in all communication efforts
  - Link all the web-based and social media references to the Campaign to the She Conquers SA website and social media

#### Step 4: Monitoring, evaluation, reporting

- Indicate events on the national calendar of events
- Track and report progress against the Campaign objectives (see Section 5)

## 3.2. Phased implementation plan

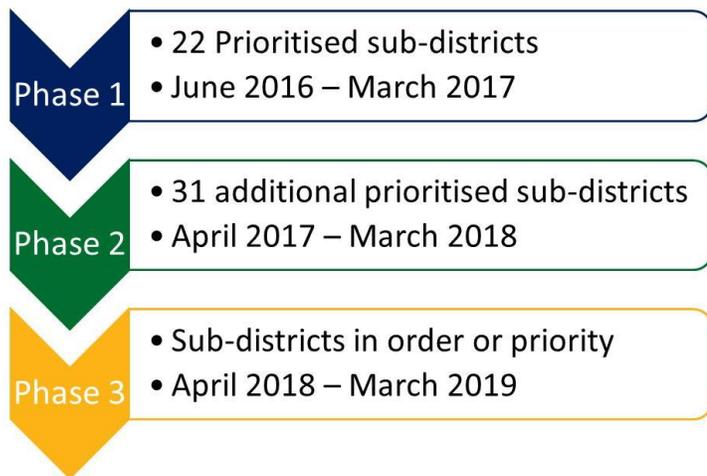
The Campaign will be implemented in a stepwise approach with initial focus on high HIV burden areas with greatest need. Districts will then be phased in until national coverage is achieved.

The 53 sub-districts prioritized for implementation in Phase I and II are listed in the Appendix. These sub-districts were selected based on factors related to the five Campaign **Objectives**. Specific indicators used to prioritise these sub-districts include delivery in facility under-18 years, children under 10 years old living with HIV, HIV positive antenatal clients, estimated number of orphans and vulnerable children, and estimated number of children not enrolled in secondary school.

The Campaign will be active from June 2016 through March 2019. The roll out of Campaign activities will occur in a phased approach over this period in three phases. The first phase will focus on twenty-two prioritised sub-districts. Phase II will begin in April 2017 and include the addition of thirty-one sub-districts. Phase III will begin April 2018 and will include the remaining sub-districts in order of priority. Figure 5 indicates a broad overview of the Campaign plan for roll out and implementation.

Campaign activities and focus areas will be determined for each month of the Campaign's duration and will align to annual and monthly departmental campaigns, like Youth Day in June, National Women's Day in August, World AIDS Day in December, and Sixteen Days of Activism for No Violence Against Women and Girls in November and December.

**Figure 5:** Campaign road map



## 3.3. Joining the dots

There are currently many departments, partners, donor agencies, and sectors working with youth and implementing programs to address problems similar to the Campaign **Objectives**. However, there is a lack of coordination across these programs and funding streams, and many interventions are not targeted or driven by evidence-based approaches.

This Campaign seeks to address this lack of coordination by fostering partnerships between organisations with similar programming. The **Theory of Change** will inform all projects and programs focusing on adolescent girls and young women. The **Core Package of Interventions** will be used to deliver a targeted and evidence-based approach. The **M&E Indicators** will monitor and evaluate all initiatives addressing the primary and secondary targets of the Campaign.

The coordination of all strategic partners working with adolescent girls and young women is a critical element of the Campaign.

### 3.4. Coordination and planning

The proposed management and coordination structure for the Campaign includes:

**Steering Committee:** The Steering Committee will be represented by key government departments that implement HIV activities, the South African National AIDS Council (SANAC), and provincial representation. It will provide strategic direction and oversight for the implementation of the Campaign at the highest political level and ensure mutual accountability. It is the decision-making body that reviews issues that cannot be resolved by the project team, and will review work plans of the Technical Working Group. It will leverage commitment and support from the relevant government departments, civil society, development partners, and the private sector.

**Technical Working Group:** The Technical Working Group will comprise representatives of key development partners and civil society, and will be co-chaired by a member of the National Department of Health, a representative of the Office of the Deputy President, and the SANAC Secretariat. The group will incorporate DREAMS, Global Fund AGYW programmes and KfW structures. It will carry out the directives of the Steering Committee and is responsible for implementing and monitoring Campaign programming. This includes strategic and technical support and overall guidance for Campaign planning and implementation.

Existing structures will be used to manage and coordinate the Campaign at provincial and district levels, duplication will be avoided, and what currently exists will be effectively leveraged. Where active and effective, the AIDS Councils will play a lead role in coordinating Campaign activities.

**Provincial AIDS Councils:** The Provincial AIDS Councils will create strategic partnerships in the province to coordinate Campaign implementation and will report to SANAC.

**District AIDS Councils:** The District AIDS Councils will create strategic partnerships in the districts to coordinate Campaign implementation and will report to the Provincial AIDS Councils.

## 4. Communication

### 4.1. Communication strategy

The Campaign **Communication Strategy** is based on a framework that recognizes the importance of mobilising adolescent girls and young women and their communities. It includes information, education, and communication (IEC) materials and activities with messaging based on the Campaign **Objectives, Theory of Change,** and the **Core Package of Interventions.** The communication elements will work together to show the nation and the world that South Africa (including government, civil society, NGOs, and corporate partners) is working with young people to address high HIV infections among adolescent girls and young women.

Partners of the National Campaign are one of the greatest assets in reaching and communicating with adolescent girls and young women in their communities. **Visual Identity Guidelines and Communication Toolkit** will be shared with all partners. The **Visual Identity Guidelines** will include brand values, the logo and supporting graphics, typography, and direction for using these materials. The **Toolkit** will include branded IEC materials (like bookmarks, posters, and pull-up banners). Partners are strongly encouraged to use these materials to amplify and align the national effort.

#### 4.1.1. The She Conquers brand

The Campaign name was selected by a young South African woman and youth representatives worked with the Campaign's creative team to adapt the logo. They chose the bold and bright colour combination of the South African national flag to visually communicate their national pride and commitment to the country.

**Figure 6:** She Conquers National Campaign Logo



The logo is representative of a young woman with a nation behind her. She tilts her head towards the sun, harnessing the light and looking to the future, announcing the youth of South Africa as brave and victorious. The icon features an African crown, alluding to the African young woman as a queen in her own right. As queen, she shines and conquers.

#### 4.1.2. Campaign messaging

A messaging framework based on the five Campaign **Objectives** and the **Theory of Change** will guide the key messages for the campaign.

Campaign messaging in all communication materials will be empowering and encouraging. It will make adolescent girls and young women feel confident that they have the power to create the life they wish to live and can access the services necessary to support them. They will be encouraged to join the She Conquers campaign and participate in the decision-making processes within their schools, clinics, and communities.

Messages will emphasise that men should respect adolescent girls and young women, encourage men to believe in their ability to make healthier choices for themselves and the women they care about.

To achieve this, Campaign messages will be age-appropriate, tailored to each target demographic, conversational in tone, and engaging and youthful.

#### 4.1.3. Communication strategy objectives

The Communication Strategy (Annexure 2) focuses on the five Campaign **Objectives** that will facilitate access to the available services. The strategic design followed for the communication will be through three mutually reinforcing approaches: advocacy, social mobilization, and behaviour change communication.

These objectives aim to ensure a nationwide campaign implemented by all stakeholders who speak with one voice.

In the priority sub-districts:

90 percent of the partners will include communications interventions in their plans

80 percent of youth in quintile 1, 2, and 3 secondary schools and TVET colleges can explain how HIV is spread and name at least two strategies to prevent it

80 percent of youth in quintile 1, 2, and 3 secondary schools and TVET colleges can give at least one reason why knowing their HIV status is important

60 percent of the community is aware of the challenges sexual and gender-based violence poses to adolescent girls and young women and can identify one way of protecting and supporting those that are most vulnerable

80 percent of youth mention the importance of staying in school at least until matric as a means of accessing better opportunities in life

80 percent of youth can identify services in their area that are for the prevention, care and treatment of HIV, prevention of pregnancy, substance abuse and career development support

## 4.2. Communication Implementation Plan

The implementation plan is attached as Annexure 3.

## 5. Monitoring, evaluation, and reporting

### 5.1. Monitoring & Evaluation (M&E) framework

A Campaign M&E task team, coordinated by the SANAC secretariat in collaboration with the Presidency and participating departments, developed the M&E framework (see Annexure 4) and will provide technical guidance during implementation. The framework is informed by the **Theory of Change** and the five Campaign **Objectives**. It includes indicators at the output, outcome, and impact levels to ensure practical and effective program implementation at every stage.

The following targets have been set:

- Decrease new HIV infections in adolescent girls and young women by at least 30 percent from 90,000 per year to less than 60,000 per year
- Decrease teen pregnancies, in particular decrease under-18 deliveries from 73,000 by at least 30 percent to 50,000
- Increase retention of adolescent girls and young women in schools by 20 percent
- Decrease sexual and gender-based violence among adolescent girls and young women by 10 percent
- Increase economic opportunities for young people, particularly for young women, by increasing youth employment by 10 percent

Each indicator—whether it is impact, output, or outcome—aligns directly with one of the objectives of the campaign. The baselines and targets for each of the indicators were set using data from high-quality, large-scale, and easily-accessible national survey instruments. Using these kinds of tools to provide baselines will help avoid over-burdening the prioritised localities with dual or redundant reporting. Reporting of data will be aligned to the current respective sectoral or departmental Management Information System (DHMIS) Standard Operating Procedures.

Table 1 below lists these core indicators, alongside their baselines and targets:

**Table 1:** She Conquers Campaign M&E Core Indicators

Indicator	Baseline	Target
Number of new infections among girls and young women	1744 (per week)	Decrease by 30%
Deliveries in public health facilities for adolescent girls 18 years and below	73,000 (2015)	Decrease by 30%
Adolescent birth rate	62.81% (2003)	Decrease by 30%
Female learner dropout rate from school	4% (2010)	Decrease by 20%
Proportion of ever-married or partnered girls or young women aged 15 to 24 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Ages 15-19: 7.7% Ages 20-24: 7.3% (2012)	Decrease by 10%
Number of female rape cases reported to SAPS	10% reduction every year (2009)	20% reduction per year
Youth unemployment rate	36.9% (2015)	Decrease by 10%
Percentage of youth not in education, employment, or training (NEET)	32.9% (2015)	Decrease by 10%
Percentage of girls and young women aged 15 to 24 who had more than one sexual partner in the past 12 months and who reported the use of a condom during their last intercourse	39% (2012)	Increase to 50%
Proportion of girls and young women aged 15 to 24 who have had transactional sex in the preceding 12 months with a partner who is 5 or more years older than themselves	16% (2012)	Decrease by 50%
Proportion of women and men aged 15 to 24 who say that a husband is justified in beating his wife in any situation	40% (2011)	Decrease to 32%
Percentage of Grade 12 youth that obtained a National Senior Certificate (NSC) from a school	70.7% (2015)	Increase by 20%
Percentage of learners from ordinary public schools that attend no-fee schools	79.14% (2014)	Remains stable or increases
Percentage of learners attending public schools who benefitted from the school nutrition programme	79.7% (2014)	Remains stable or increases
PHC utilisation rate among adolescent girls	n/a	Increase to 75%
Percentage of girls and young women aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	25.3% (2012)	Increase to 70%

## 5.2. Evaluation

An end-term evaluation is necessary to determine the impact of the Campaign. An impact evaluation will be undertaken in the third year of the Campaign. It will also be important to carry out evaluation of the process indicators to determine the extent to which the Campaign is being implemented as designed and whether programmes are accessible and acceptable to the target population. Evaluations will be undertaken in alignment with any planned population level surveys.

## Resources

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