

Presentation to the Social Development Portfolio Committee

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CEO: New loveLife Trust

13 November 2012



Overview

1. Summary of achievements
2. DSD performance
3. Impact study
4. Strategic priorities:2012-2014
5. Income received

1. SUMMARY OF ACHIEVEMENTS

Highlights in 2011

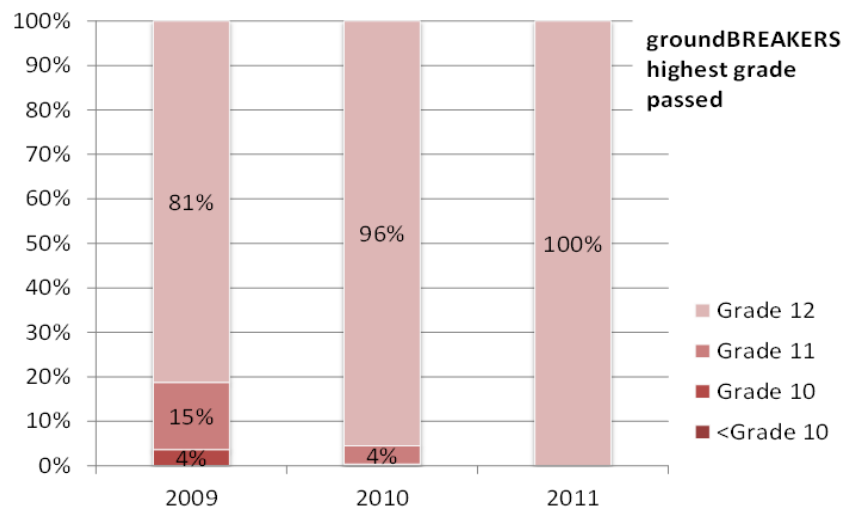
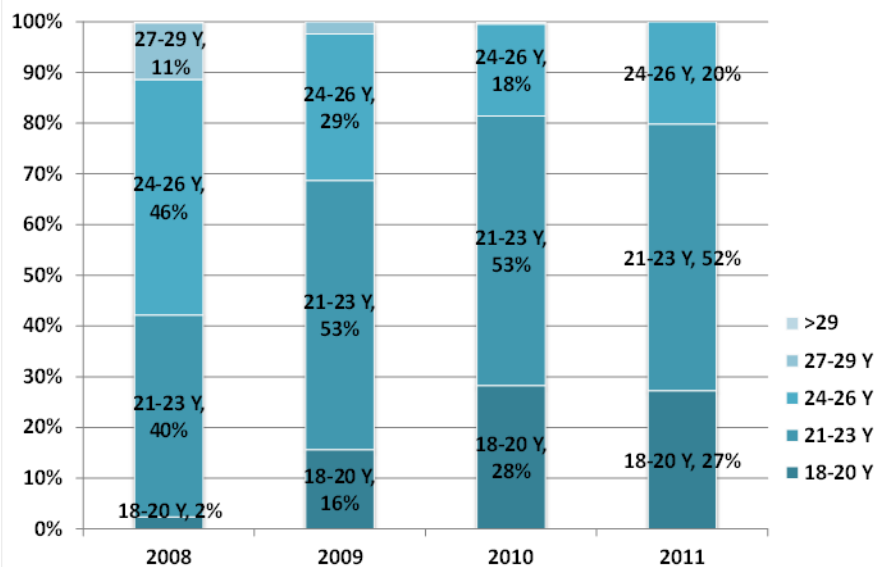
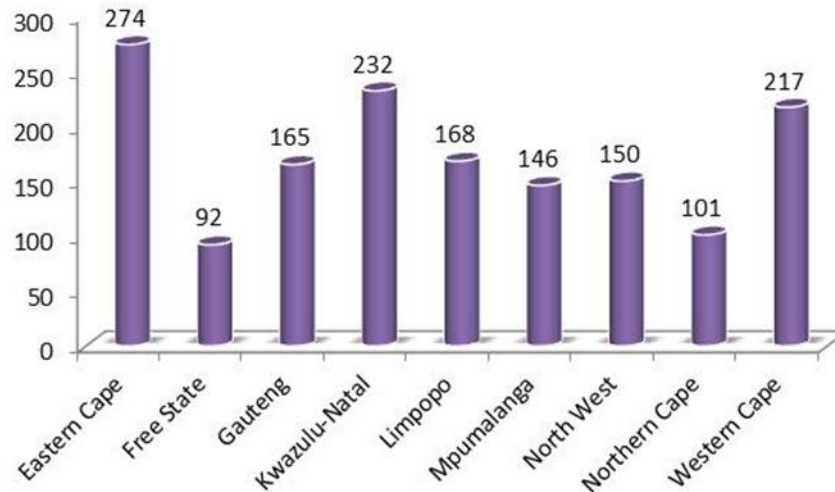
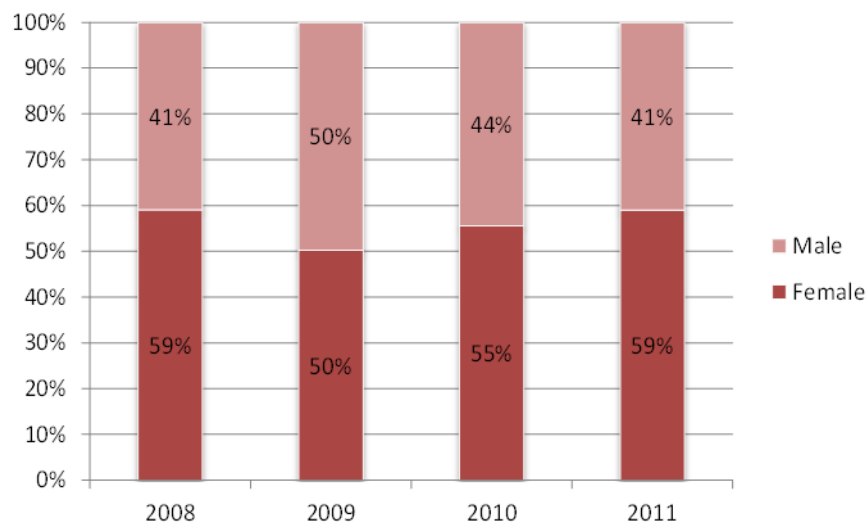
- Successful pilot of a mobile monitoring tool for quick and efficient reporting and monitoring
- 1 454 778 registrations in loveLifestyle programmes and over 3 079 814 site based event participants and 605 858 calls to our call centre.
- Launch of Make Your Move TV programme on SABC1
- Born Free Dialogues on radio
- Linking about 500 young people with opportunities
- Launch of the Nakanjani campaign



Distribution of sites nationally

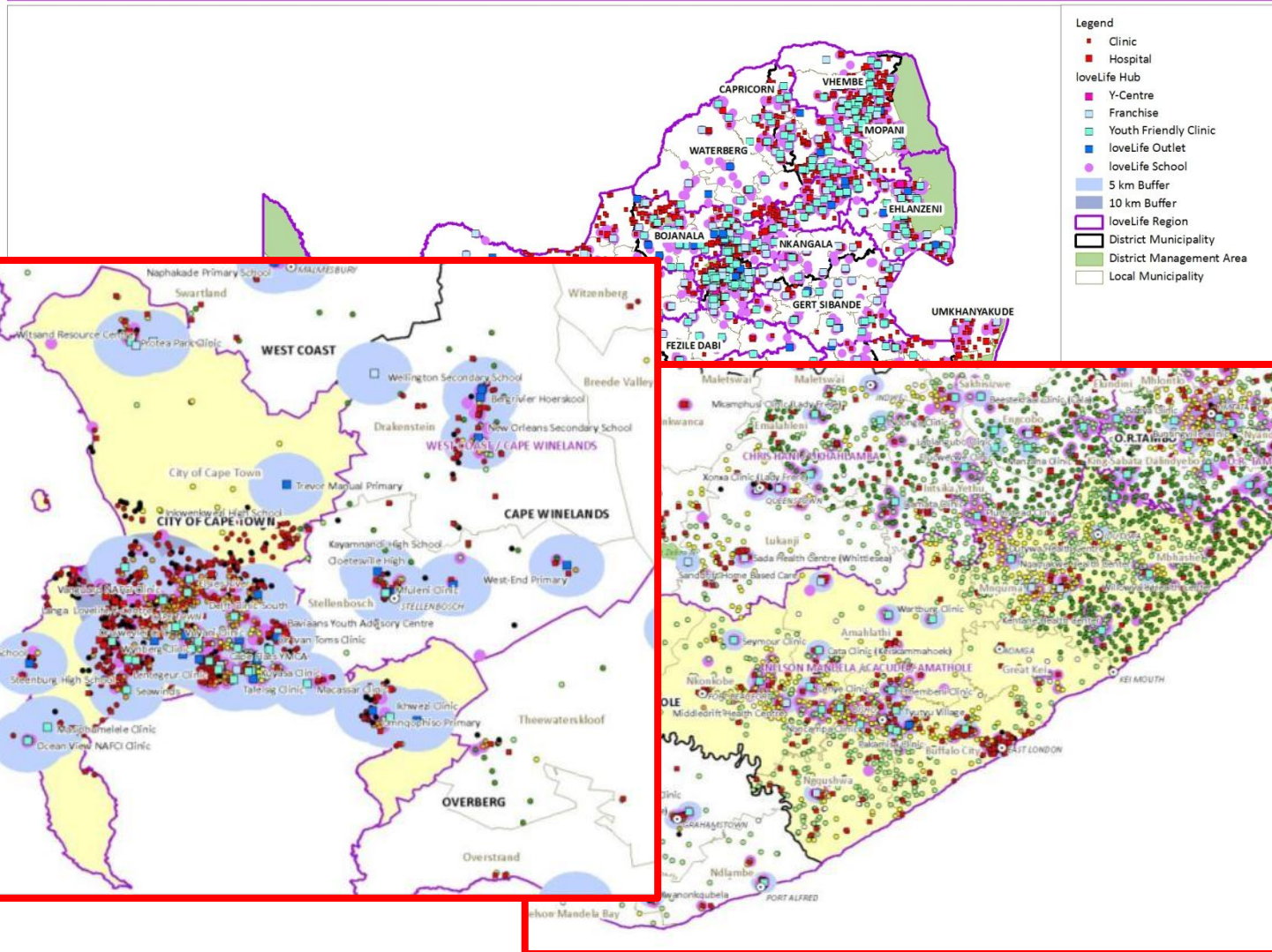
	EC	FS	GP	KZN	LP	MP	NW	NC	WC	TOTAL
Franchise	22	15	7	29	16	28	21	28	9	175
loveLife Outlet	3	13	3	26	2	5	26	22	55	155
Y-Centre	3	2	1	3	2	2	2	1	2	18
Youth Friendly Clinic	98	44	74	55	97	49	41	31	43	532
GRAND TOTAL	126	74	85	113	117	84	90	82	109	880

Total groundBREAKERS: 1,545 registered 2011; 59% female, 77% between 18-23 years



loveLife interacts face-to-face with 1 in every 3 teenagers

loveLife Presence in South Africa in 2011



Total mpintshis

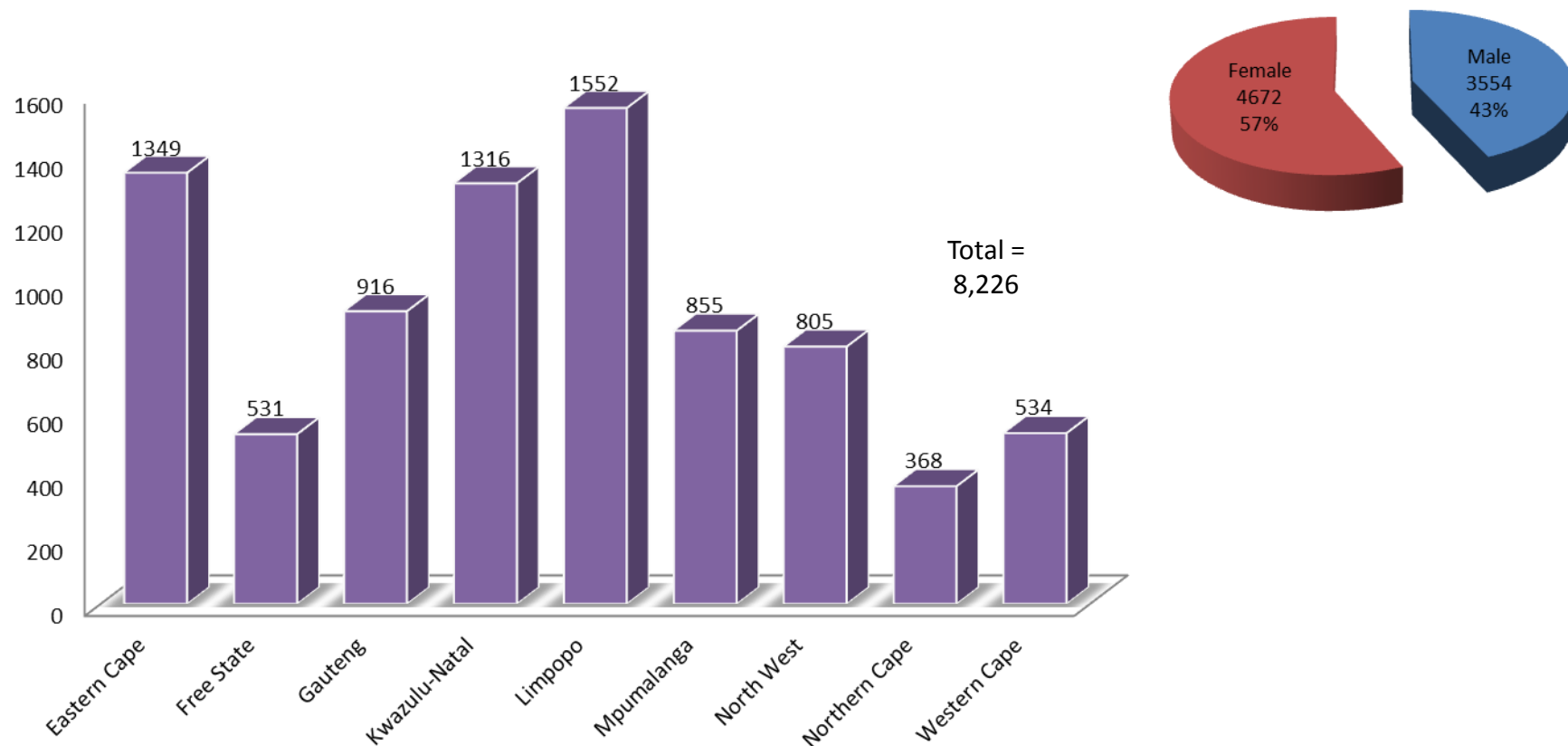


Figure 5: mpintshis by province showing M:F ratio

Source: 2011 loveLife Monitoring Report

Schools

8,321 registered schools by end 2011.
groundBREAKERS implemented programmes in 6,016 schools.

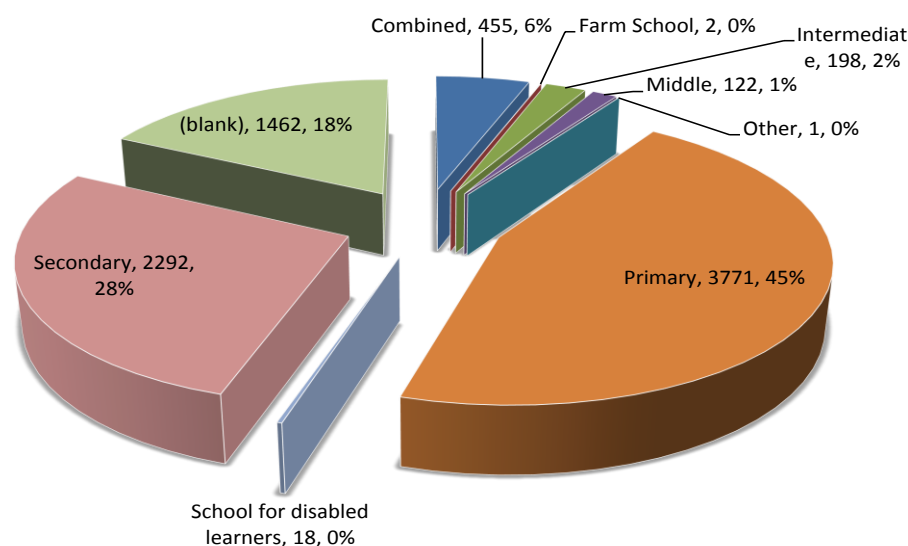
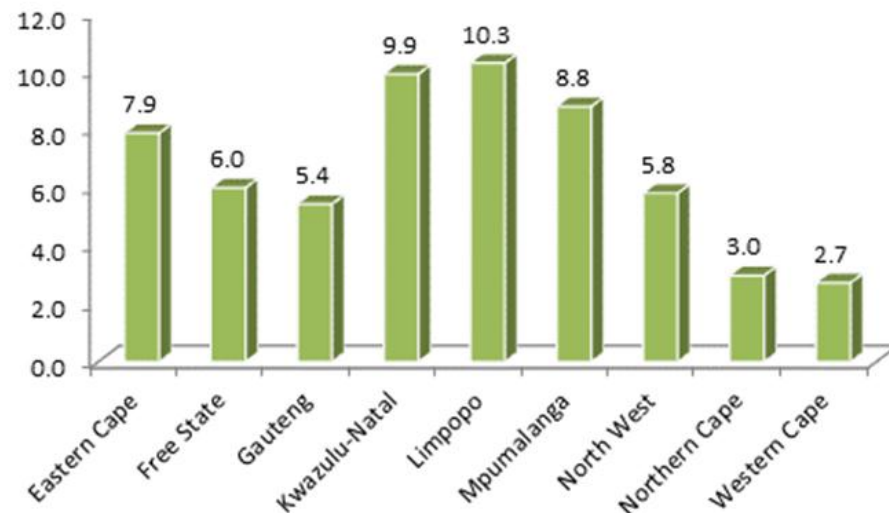
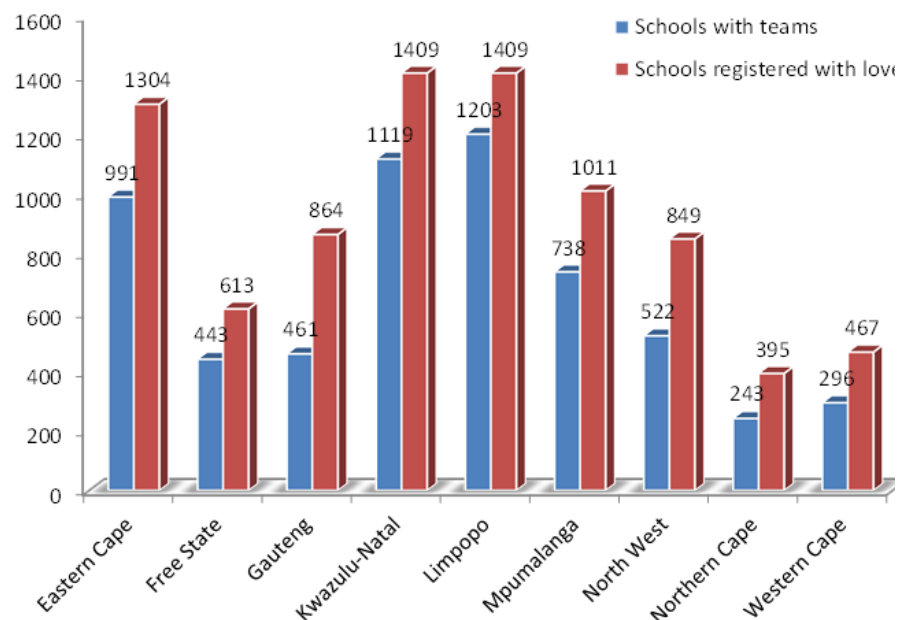


Figure 7: Schools by province and type
Source: 2011 loveLife Monitoring Report

Site-based events (all)

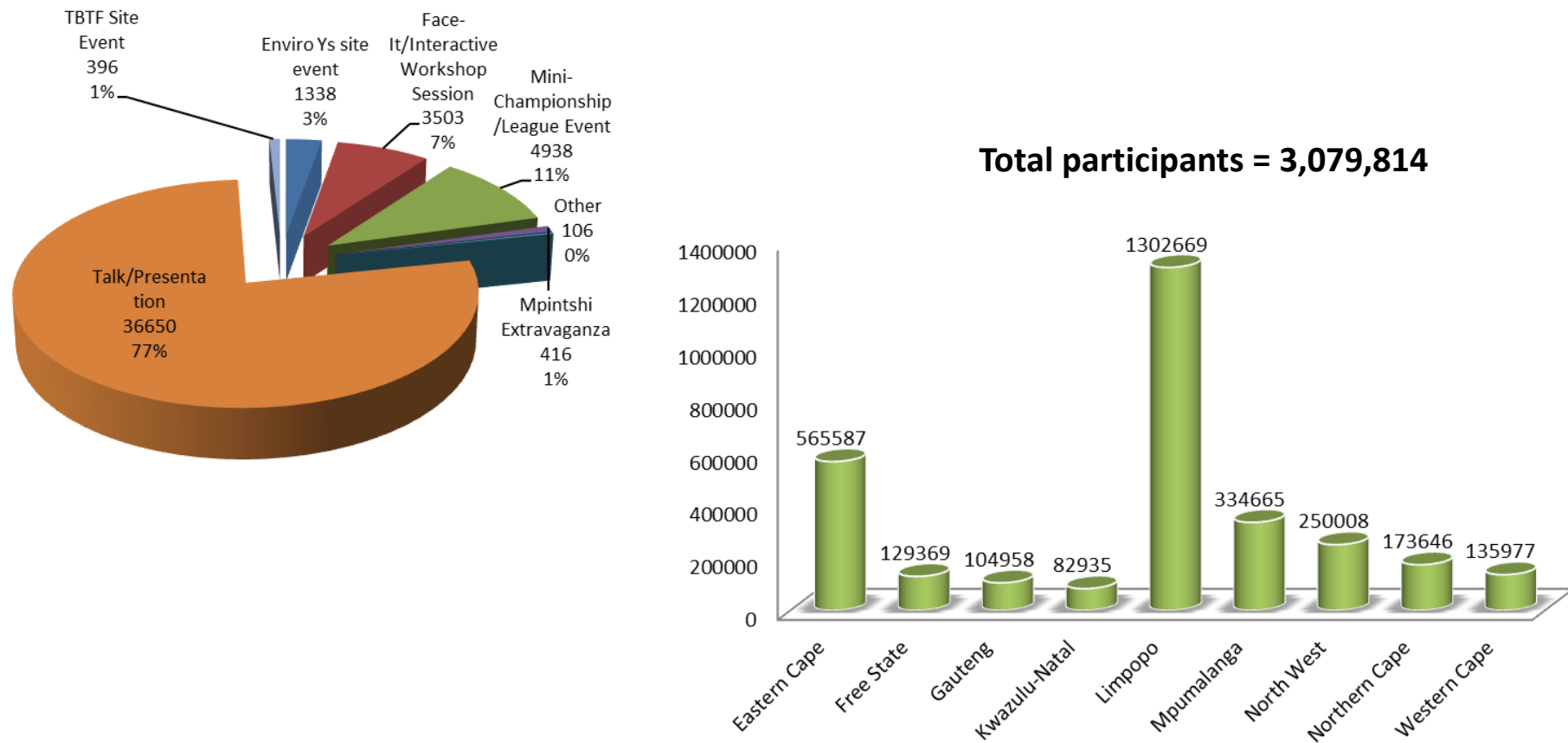


Figure 12: Site events by type and participants

Source: 2011 loveLife Monitoring Report

Born Free Dialogues

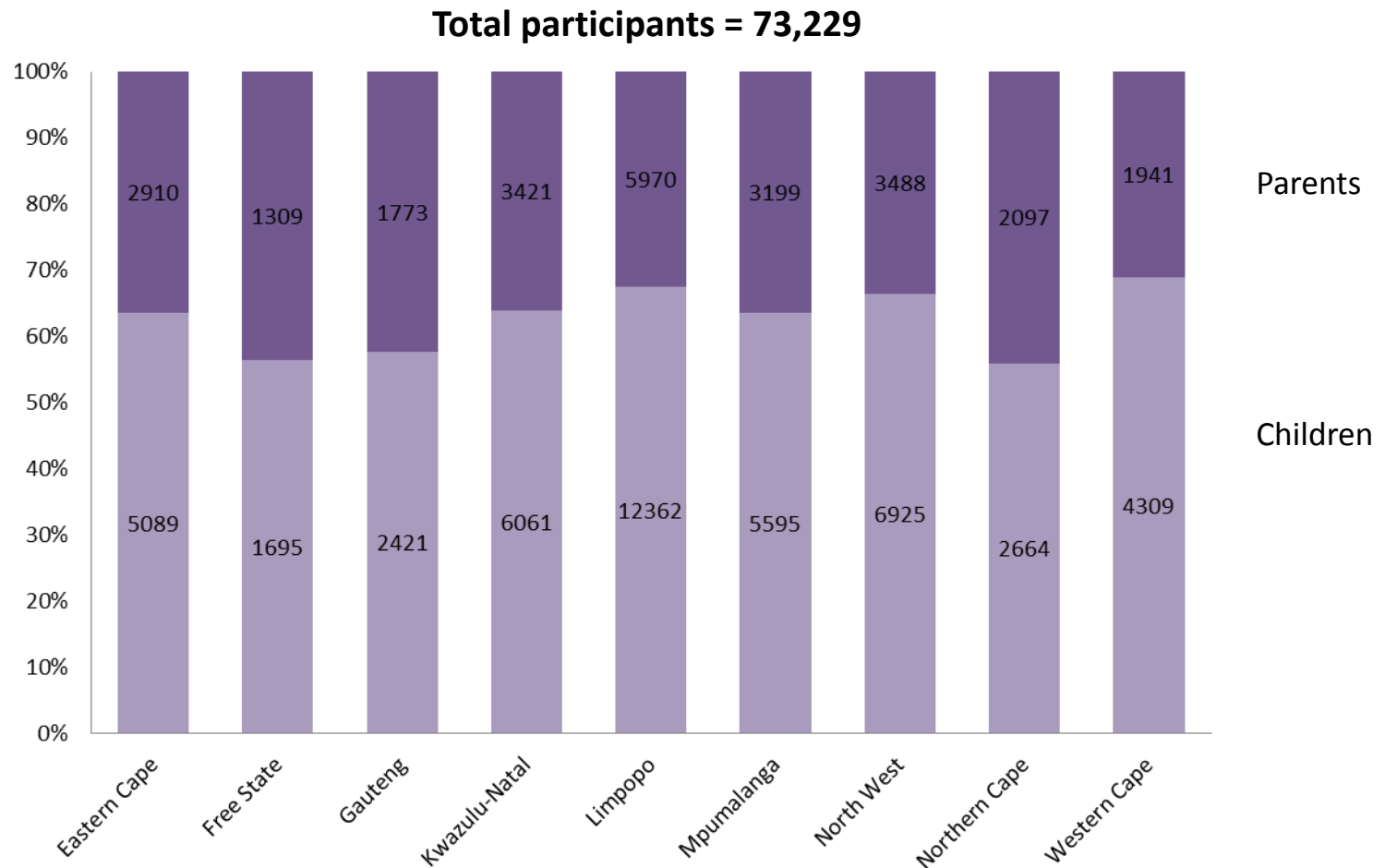
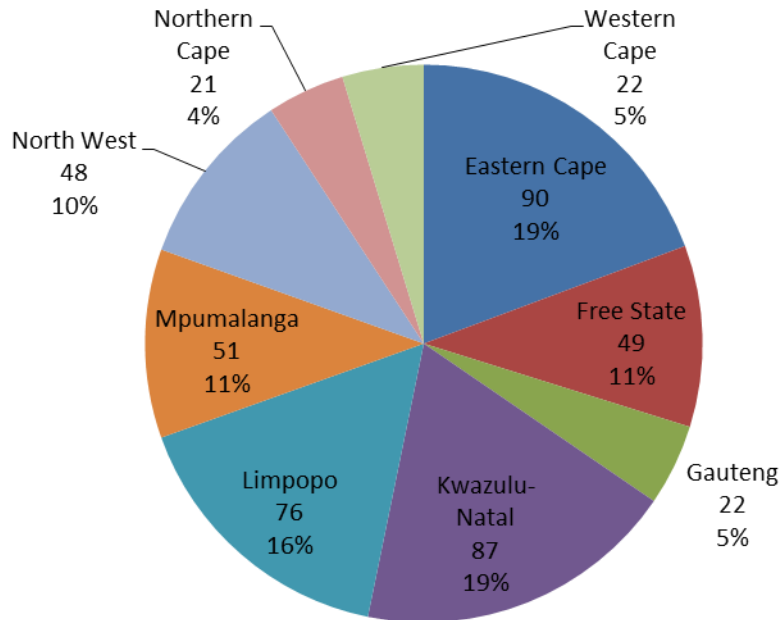


Figure 14: Participants in Born Free Dialogues: Parents vs. Children

Source: 2011 loveLife Monitoring Report

goGogetters and OVC

Total goGogetters = 466



Total OVC supported = 2,021

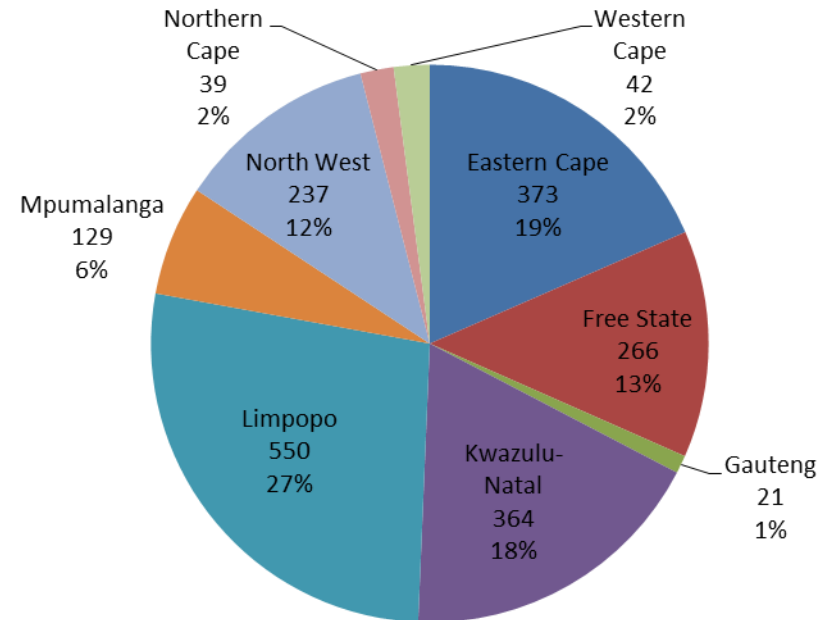


Figure 15: goGogetters and the children they support by province

Source: 2011 loveLife Monitoring Report

Call Centre

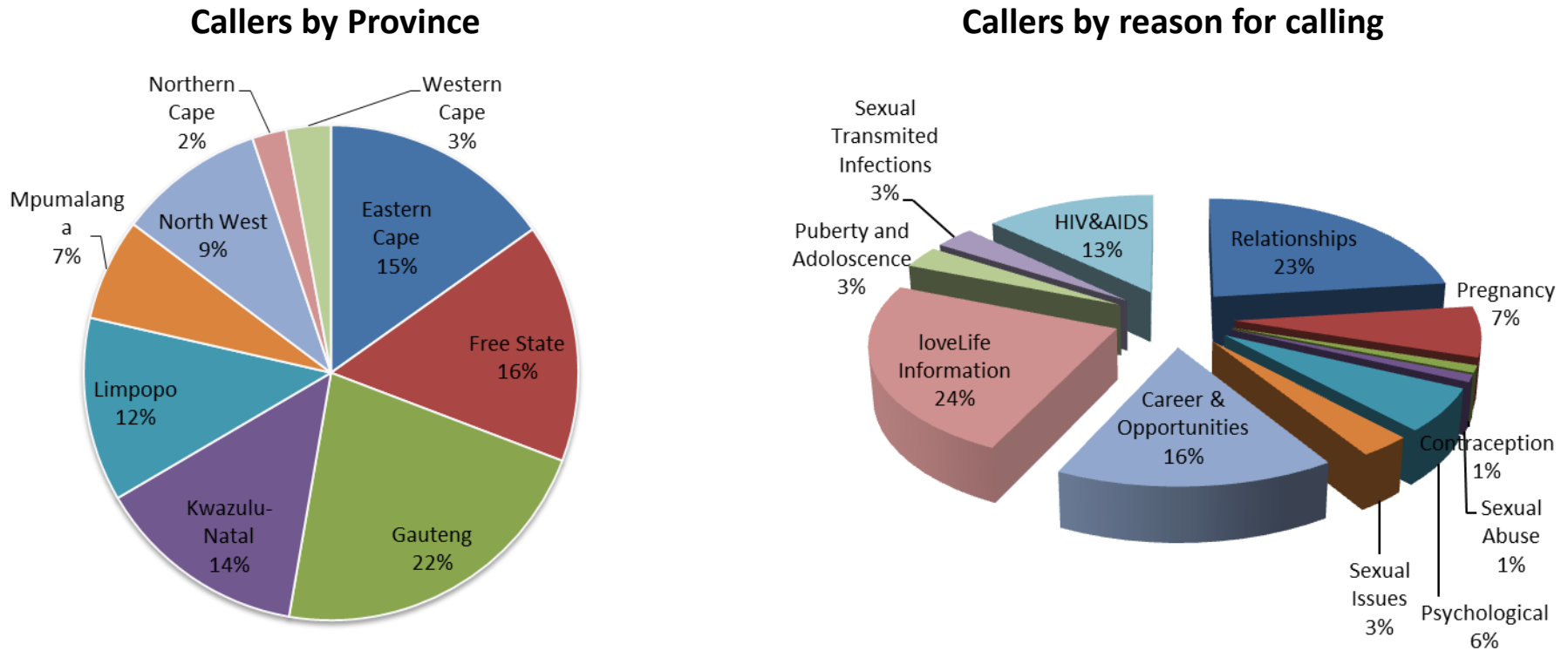
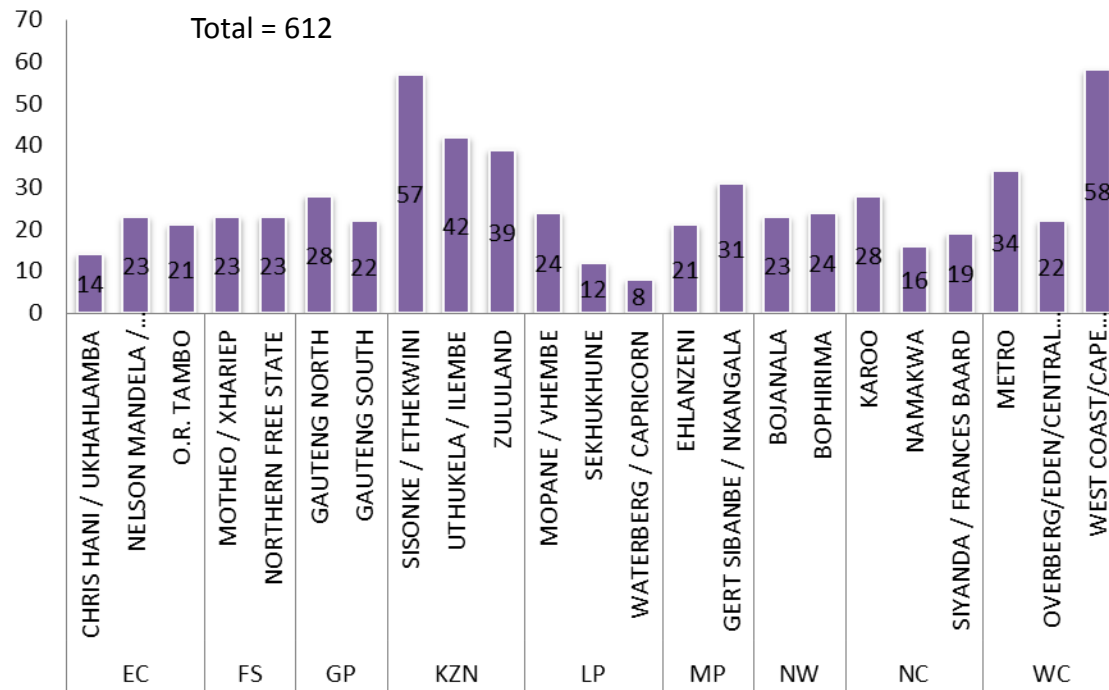


Figure 17: Callers by province and reason for calling

Source: 2011 loveLife Monitoring Report

2. REACH FROM DSD-FUNDED HUBS

groundBREAKERS



Male to Female Ratio of DSD
funded groundBREAKERS
(n=612)

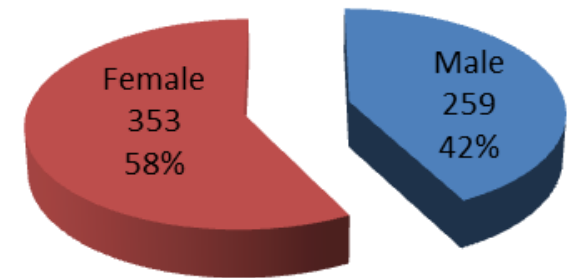


Figure 4: DSD groundBREAKERS by region showing M:F ratio

Source: 2011 loveLife Monitoring Report

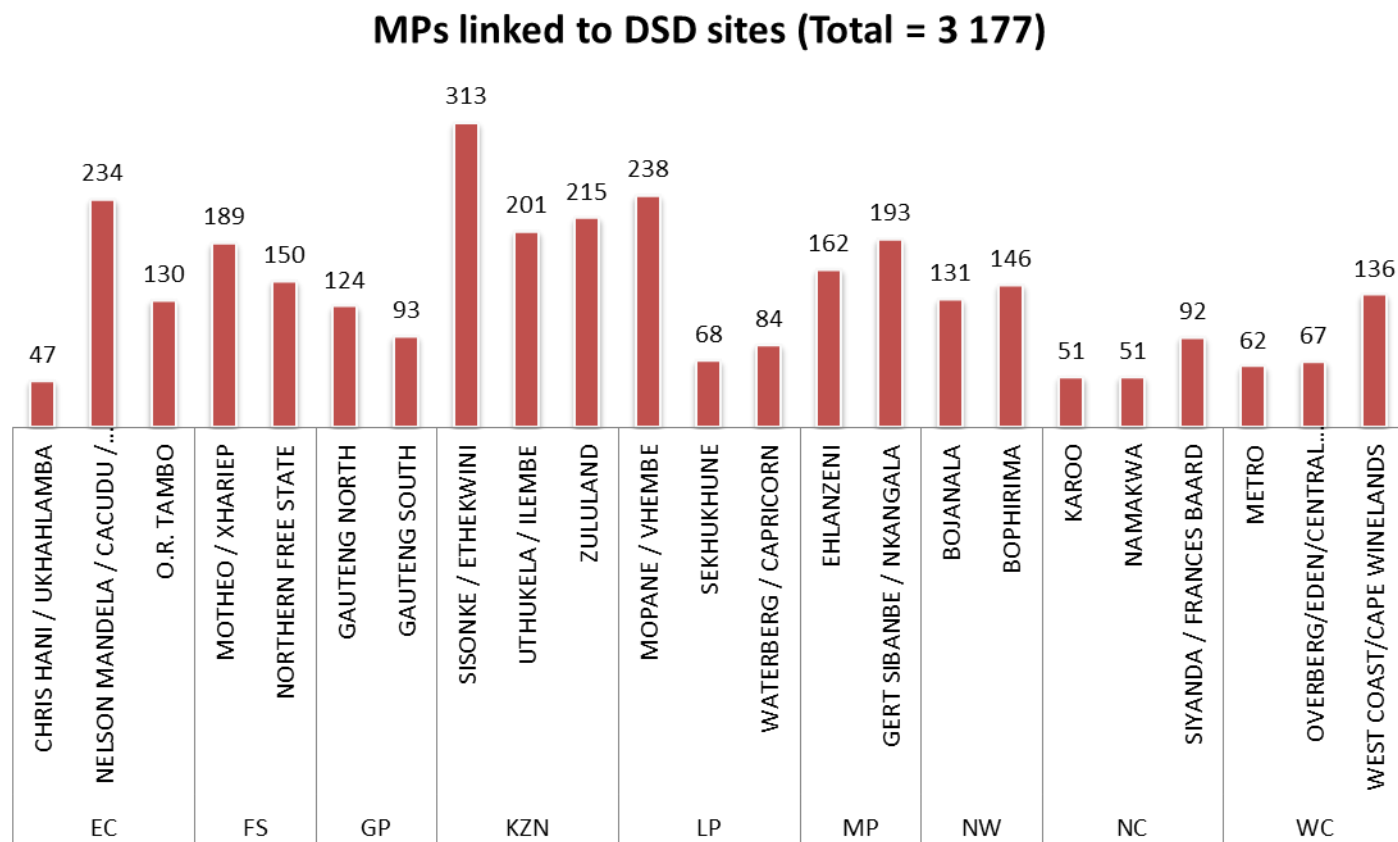


Figure 6: DSD mpintshis by region

Source: 2011 loveLife Monitoring Report

Participants

Team participants linked to DSD Hubs (Total = 553 009)

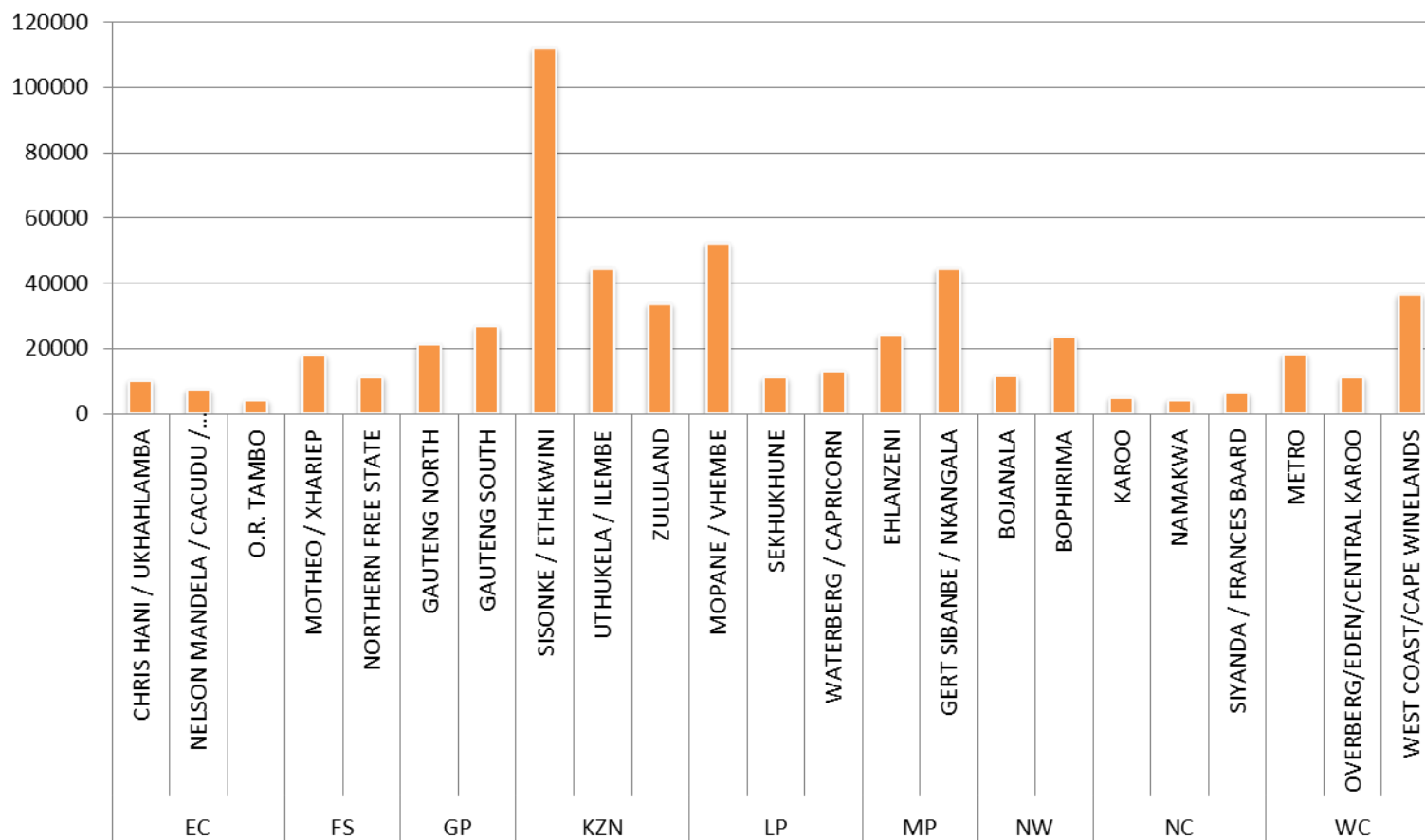


Figure 11: Registrations by region, DSD-funded sites

Source: 2011 loveLife Monitoring Report

3. loveLife IMPACT STUDY

Methodology

- Mixed-methods study
- Household survey
- In-depth interviews
- 239 social network interviews

	Qualitative	Quantitative
Number	61	3123
Age range	18-26	18-24
Average age	21.4	20.5
Gender	52.5% men 47.5% women	54.6 % men 45.4 % women
Exposure to loveLife	Interviewees were groundBREAKERS, mpintshis or loveLife programme participants	50% master sample enumerator areas and 50% loveLife sample enumerator areas



Youth vulnerability

- Many young people in South Africa have lost one or both parents, often as a result of HIV/AIDS. In the loveLife 2011 study one in five young people did not live with his/her mother (20%) and one in three did not live with his/her father (34%).
- Of those young people that had lost one or both parents, they were on average 12 years old when they lost their mother and 11 years old when they lost their father.
- Young people whose parents were alive did not always live with them or see them on a regular basis.
- Through its work with parents/care-givers loveLife experienced that half of all parents are single parents.

	loveLife 2011
Mother alive	82%
Living with their mother	80%
Father alive	69%
Living with their father	66%
Loss of mother (average age)	12.2
Loss of father (average age)	11.7

Qualitative findings: Parents

- They desired the presence of adults who could guide and support them and the choices they make. This included their education or employment prospects and the lack of adults made it difficult for them to fulfil their goals to access study and work opportunities.
- Male role models were particularly lacking in their lives, as young people often did not know their fathers or did not have contact with them.
The lack of adults in young people's lives left them feeling isolated and without support networks. In the absence of parental support, they often turned to elder community members, relatives or structures such as churches and NGOs to provide them with support.

1. Young people in South Africa accept high levels of risk as part of everyday life

RISK TAKING

"Taking a risk, it's one of the important steps in life, but it depends how. Because life - according to my understanding - life it's risky. If you don't want to experience risk you will be poor for the rest of your life. Even being poor you are under risk exactly. Risk is part of life."

23 year old male mpintshi

CALCULATED RISKS

"Actually, I will say that I take calculated risks. I wouldn't go out for something that I never heard anything about... when I am about to take a risk in doing something I would first pre-determine my steps; what are the advantages and disadvantages? If I lose how much damage would it bring to me? And if I win, how much will it help others also, in terms of benefitting from whatever risks that I am taking. ...Yes, sometimes, I have taken negative risks. You will find that you didn't know what to expect."

20 year old male groundBREAKER

RISK AND CONFIDENCE

"I think if I take risks, it would make me more of a confident person or stronger person. 'Cause I'd see other people who love to talk and the opportunity is very wide for them. If you are shy, there's some things that pass you [by]."

23 year old female groundBREAKER

2. More young people are getting tested for HIV and are doing so more frequently

66% of young people in the survey had tested for HIV in their life

HIV Prevalence	Total	HIV positive female	HIV positive male
loveLife 2003 (15-24)	10.2 %	15.5%	4.8%
HSRC 2008 (18-24)	10.5%	17.4%	3.3%
loveLife 2011 (15-24, self-reported)	5.2%	6.6%	3.9%

	No loveLife exposure	loveLife exposure
Frequency of HIV testing		
Once	52.45	51.1
More than once	47.6	49
Desire to know status		
	52.8	60
Time of last HIV test		
less than a year ago	75.5	69.3
1-2 years ago	16.7	23.2
2-3 years ago	4.9	5.8
More than 3 years ago	2.9	1.7

3. Young people are beginning to assess their HIV risk more accurately

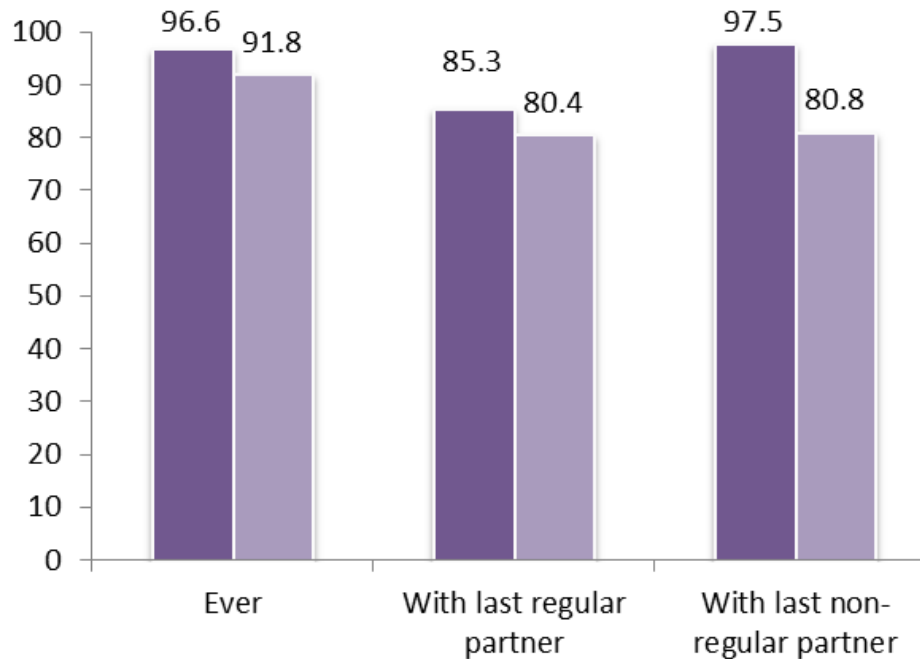
What do you think your chances of getting HIV/AIDS are?	Exposure to loveLife programmes vs no exposure			
	1 year (%)	No Exposure or less than 1 year loveLife exposure (%)	At least 1 face-to-face (%)	No Exposure to any face to face programme (%)
No risk at all	34	35.5	31	37.2
Small	43.5	44	43	43.3
Moderate	9.9	5.3	12	9.1
Great	10.2	8.5	12.1	7.2
I already know that I am HIV positive	2.5	2.8	2	3.2



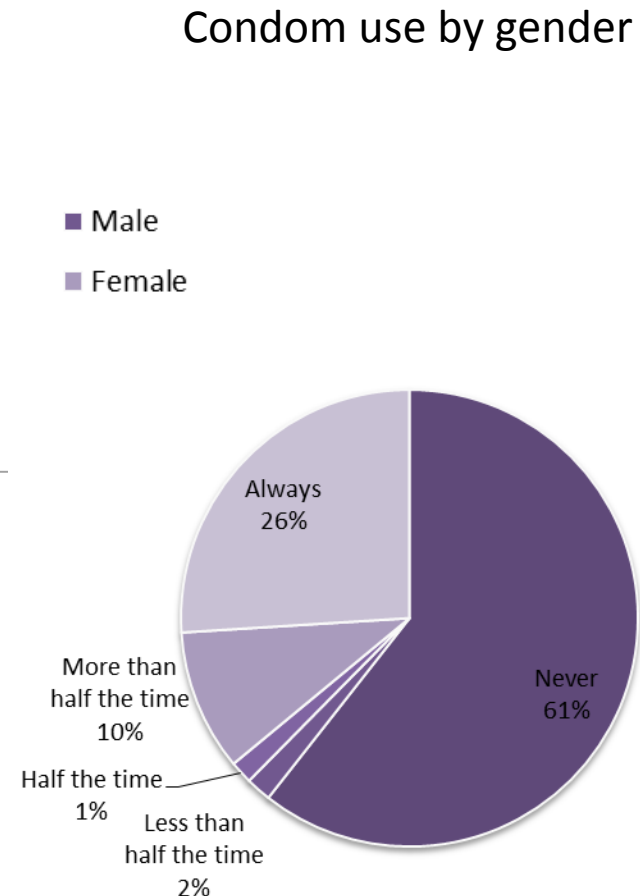
loveLife exposure and risk perception

One third of young people (35%) in the study did not see themselves as at risk of contracting HIV but were less likely to see themselves at no risk of contracting HIV. Whilst the number of young people that consider themselves to be at small risk has increased, the data around moderate and great risk remains inconclusive.

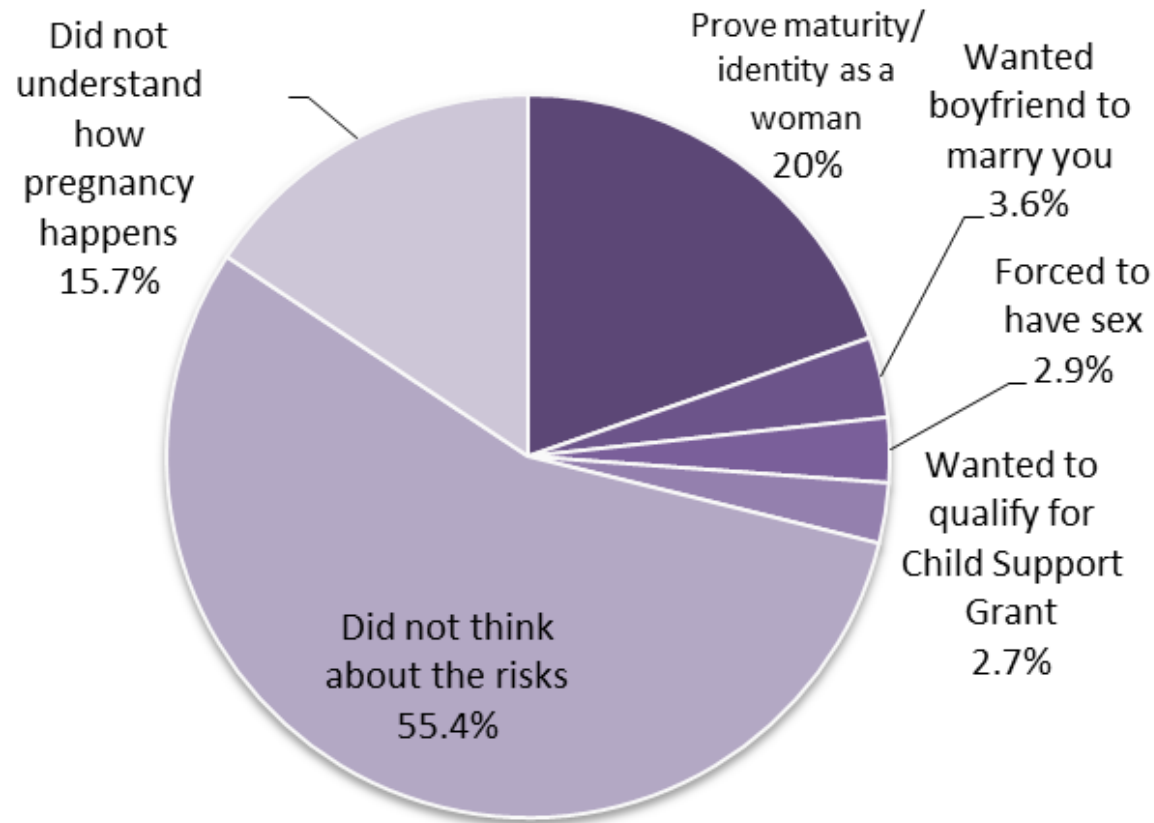
4. Young men report close to 100% condom use with their most recent casual partners, but condom use overall is inconsistent



Condom use with transactional partners



7. 20% of female participants reported having had a teenage pregnancy between the ages of 12-19 years. Almost three out of four first pregnancies were unintended



Reasons for falling pregnant

5. Nearly one in ten (7%) of sexually active young men and women have had transactional sex but one in four responded when asked about condom use with their transactional partner

POVERTY

"If you are poor you can come against that. You can become a prostitute. You can become anything that is wrong, just because you want to make your home like everybody else. You want to have a cell phone, you want to have the jeans of so and so and whatever stuff. Even if you are a girl, just because you go for guys that are having money so that you can have money. So being poor is a big problem just because every people want to have money, it depends on how they get the money."

22 year old male groundBREAKER

HE GIVES ME MONEY

"I don't know how to call that thing. I go to a party and then I get a boyfriend and I go with him and I come back the morning, he gives me money. I don't know if that's prostitution indirectly, but that's how they do it. They call them 'transactions'. You can have the one that is working, a married man, the guy who's working, you know, they have quite a number of them, because they know with a married man, they can't have many activities to do because he has a family to take care of."

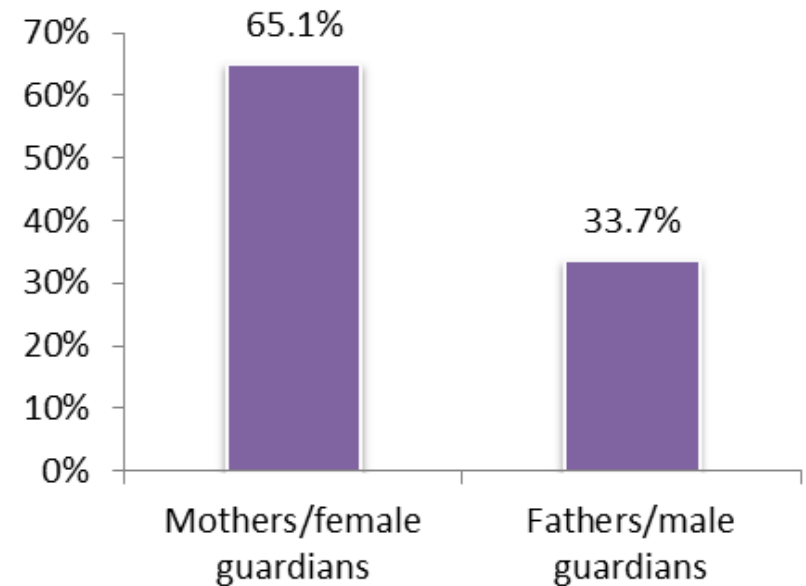
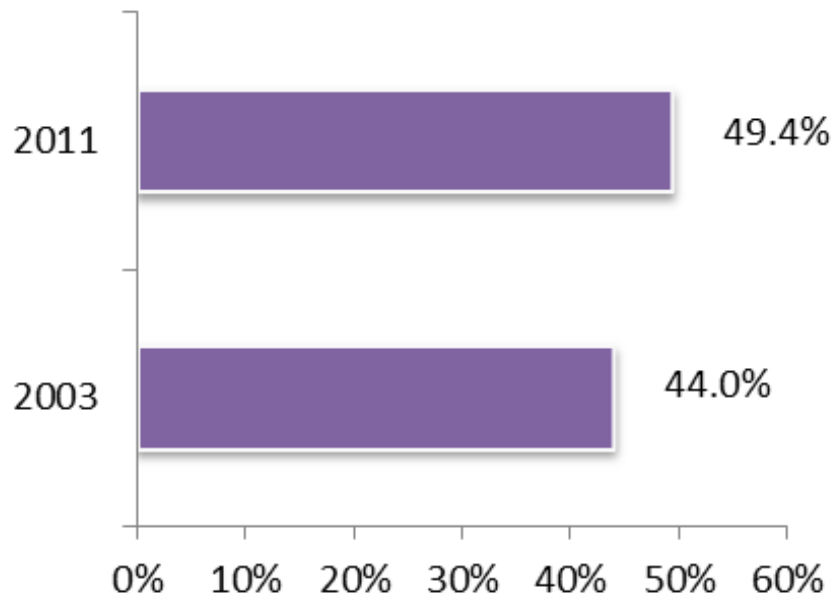
21 year old female groundBREAKER

DATING OLDER PEOPLE

"Poverty has made a big challenge in our community because some other times people, young girls will date older people so that they can have something to eat at home, something to do."

23 year old male mpintshi

6. Intergenerational communication about HIV/AIDS has increased but the engagement of young people with their male guardians remains limited

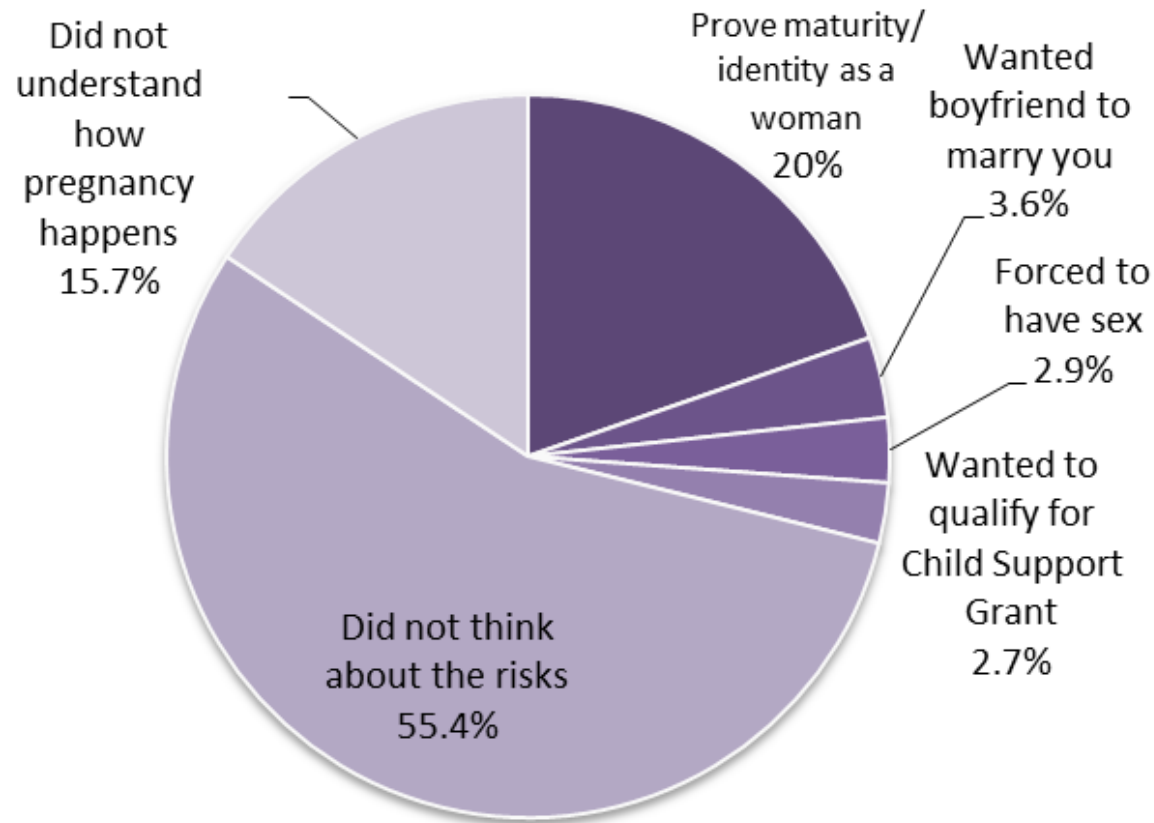


MY FATHER?

"On my dad's side, ah, he's just a person... Just a father but then not much a support or anything."

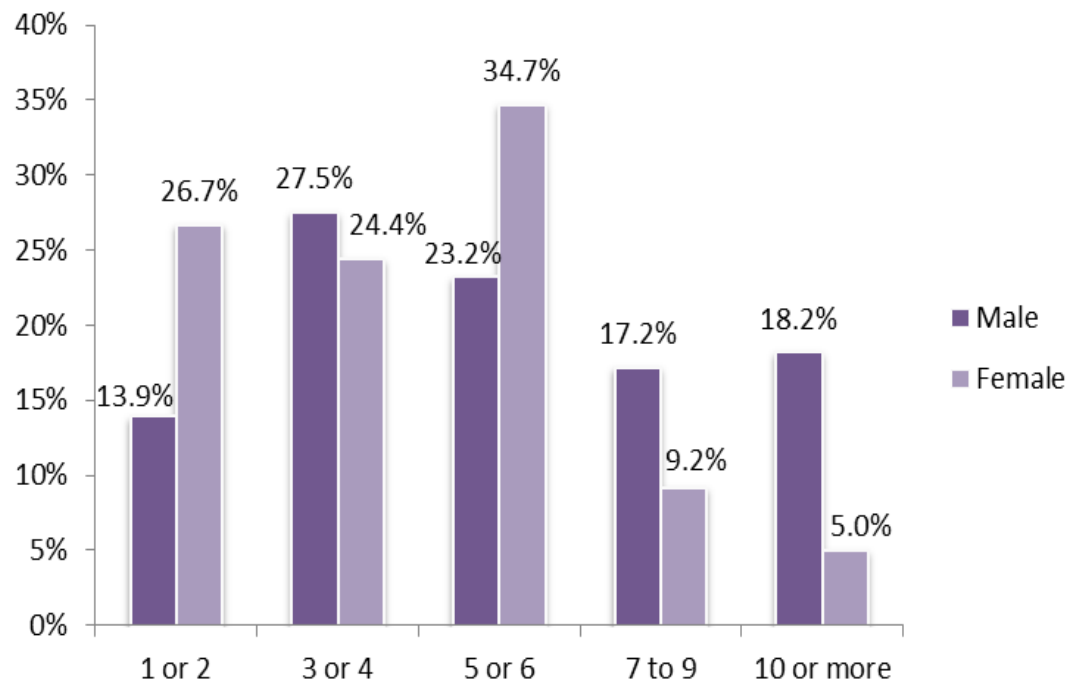
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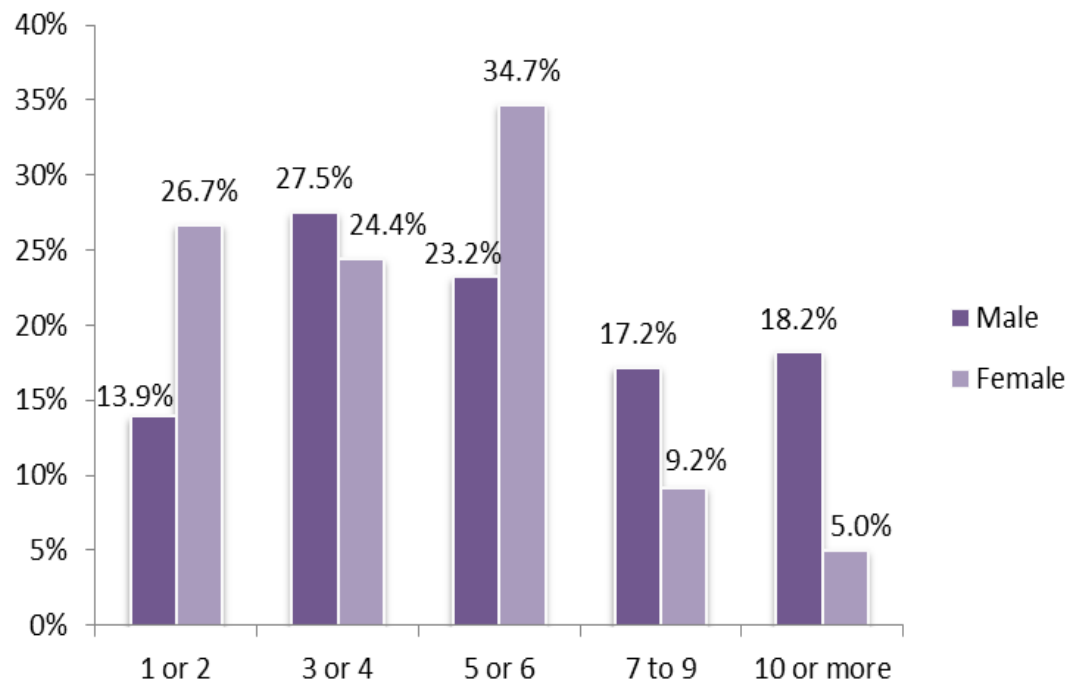
8. The majority of young people had not drunk alcohol in the past year, but more than half of those who did drink, drank excessively



Statistical analysis also suggested that alcohol and drug use are linked to low self esteem. In a multivariate prediction model, low levels of self-esteem were associated with ever having used drugs, drinking alcohol before sex in past 3 months, using cannabis or drugs before sex in the past 3 months

Number of alcoholic drinks consumed on a typical day when drinking

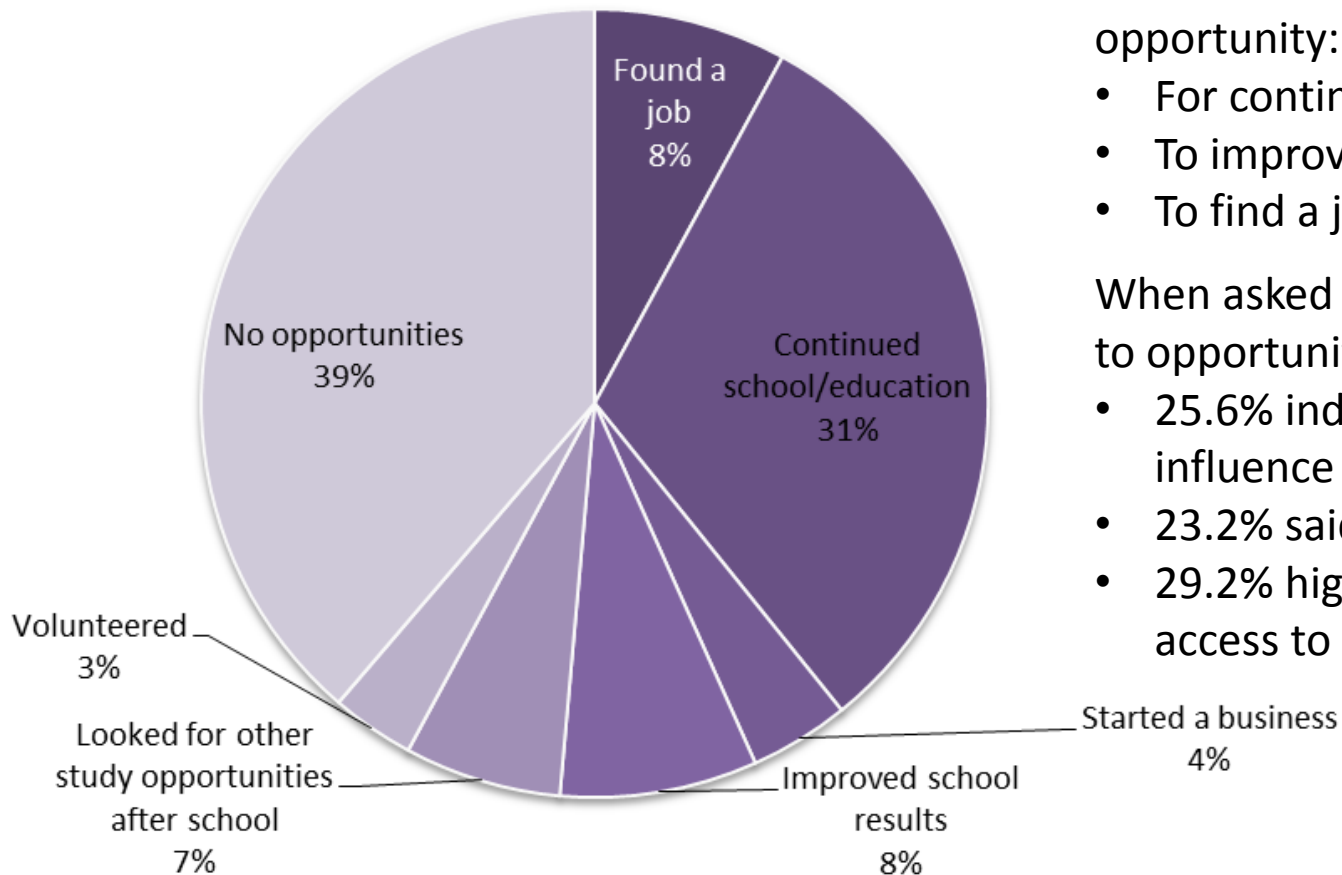
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Number of alcoholic drinks consumed on a typical day when drinking

9. Young people know what they want out of life, but not all believe they will have the opportunity to achieve their goals



Access to opportunities created through loveLife

Nearly half of the interviewees indicated that loveLife gave them an opportunity:

- For continued school/education
- To improve school results
- To find a job

When asked what prevents access to opportunities:

- 25.6% indicated negative peer influence
- 23.2% said poverty
- 29.2% highlighted a lack of access to information

10. A cluster of individual, social, and structural factors predict risky behaviour

Significant correlations in uni- and multi-variate analysis		Ever diagnosed with an STI	Self-reported HIV positive status	Multiple sexual or multiple concurrent partners	Adolescent pregnancy	Inconsistent condom use with non-regular partner
Individual factors	Ever tested for HIV			x (females)		
	Deficient sense of future			x	x (males)	
	Uncertain identity					x
	Low perception of HIV risk			x (males)	x	x
	Low partner risk reduction self-efficacy			x		
	Mobility (stayed away from home for more than a month in past year)	x				
	Unwanted pregnancy				x (males)	
	Inconsistent condom use	x				
	Ever used IUD				x	
	Male circumcision		x	x (males)		
	Ever used dual method				x	
	Ever rhythm method				x (males)	
	Ever used contraceptive pill				x (males)	
	Hazardous/harmful alcohol use			x (males)		
	Ever used drugs			x (females)		
Social factors	Social network resources			x (high) (females)	x (low)	
	Coercion				x	
	Peer pressure to have sex			x		
	Talked with partner about condoms in past 12 months		x			
Structural factors	Educational attainment (grade 8-11)	x				
	Educational attainment (grade 12 and higher)	x	x			
	Inequality in relationships				x	
	Difficulty in accessing condoms		x			
	Unemployment				x	
	Employment			x (males)	x	

Talking points on loveLife's impact: 1

Which of the following loveLife resources/programs/activities have you been exposed to? ()	Total	
	% of the respondents exposed to loveLife	% of total sample
Games, festivals and recreational leagues		
Participated in loveLife Games	43	14.4
Participated in loveLife "Sport and Recreation Leagues" programme	31.5	10.1
Attended/participated in a loveLife youth event or festival	28.8	8.6
Modular programmes		
Participated in loveLife "Motivation"	38.3	14.3
Participated in loveLife "Debating" programme	20.4	5.3
Participated in loveLife "Loving Life" programme	18.5	8.2
Participated in loveLife "Guide to Action"	15.4	8.1
Participated in loveLife "Ultimate Dance" programme	14	3.9
Participated in loveLife "Centre Stage" programme	9	3.5
Participated in loveLife "Make My Move" programme	8.3	3.3
Participated in loveLife "Body-Is" programme	7.9	2.9
Participated in loveLife "Cyber-Is" programme	4.7	1.3
Dialogues		
Participated in a loveLife Community Dialogue	5.5	1.3
Participated in a loveLife Born-Free Dialogue	3.4	1.5
Visited a loveLife site		
Gone to a loveLife Clinic	30.9	10.8
Gone to a loveLife Y-Centre	16.4	3.6
Gone to a loveLife Outlet	7.4	2.0
Gone to a loveLife Franchise	5.9	2.0
Call Centre		
Called the loveLife Call Centre on 0800 121 900	7	2.3
Used loveLife's 'Mz Call Me' on 083 323 1023	3.8	2.2
Website and social media		
Used the loveLife Web site	6.9	1.4
Contacted loveLife on Facebook	5.7	1.3
Used MYMsta, loveLife's mobile social network	4.7	1.7
Interaction with loveLife Implementers/		
Interacted with a loveLife goGetter	3.2	1.3
Had a conversation about sex, sexuality or relationships with a loveLife groundBREAKER or mpintshi	20.3	7.2
Volunteered as a groundBREAKER or a mpintshi		
Volunteered for loveLife as a groundBREAKER or mpintshi	4.6	1.3

- Nearly all young people know about loveLife
- One in three had participated in one or more of loveLife's face-to-face programmes

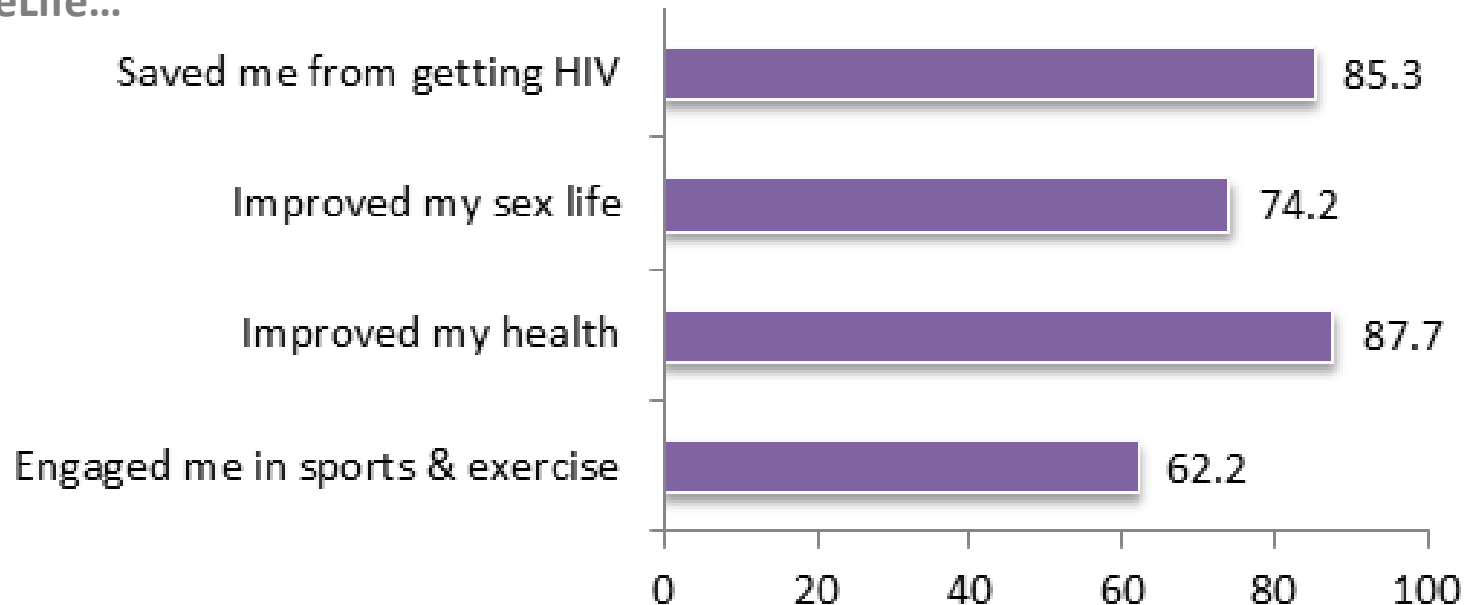
Talking points on loveLife's impact: 2

Who have you ever talked to about HIV/AIDS?	No loveLife Exposure (%)	At least 1 year loveLife exposure (%)
Teachers	76.5	90.3
Friends	83.8	88
Health worker/Nurse/Doctor/ Clinic	69.4	76
Brothers/Sisters	70.3	80.8
Mother or female guardian	60.4	75
Other relatives	57.7	74.5
Community members/neighbours	28.4	54.6
Father or male guardian	30.8	39.9
Religious leader	22.5	34.8
Initiation schools	9.3	16.9
Average degree of communication	50.9	63.1

- Young people exposed to loveLife were more likely to communicate with their friends, teachers, relatives, communities and health-care providers than those who had not been involved in loveLife's programmes.

Talking points on loveLife's impact: 3

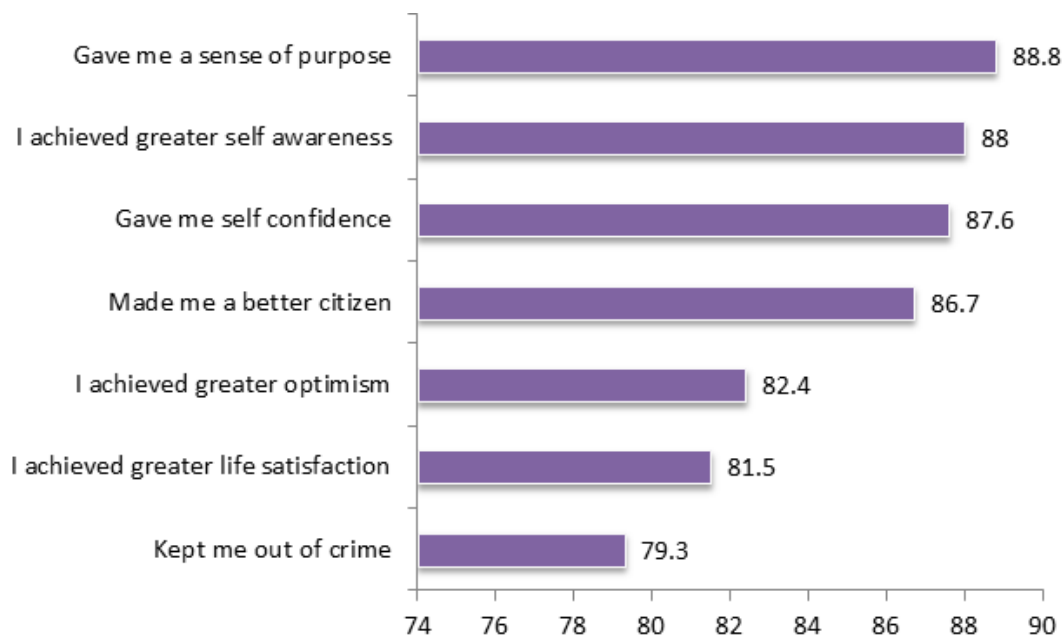
loveLife...



- **Exposure to loveLife improved young people's sexual health**
- When young people were asked what difference loveLife had made to their lives, they said that loveLife made them more aware of the risks of unprotected sex (93%); enabled them to talk to their friends about sex, sexuality and relationships (79%); reduced their number of sexual partners (76%) and encouraged them to use condoms more regularly (74%).

Talking points on loveLife's impact: 4

loveLife...



- Participation in loveLife gave four out of five young people a sense of purpose in life
- Direct engagement with loveLife's programmes raised young people's level of critical consciousness, gave them self-confidence and promoted healthy emotional development.
- In the qualitative interviews, many described loveLife as providing them with a 'home'.

Talking points on loveLife's impact: 5

- **Almost all young people said all South Africans should participate in loveLife.**
- The majority of young people (89%) said that loveLife was a good thing for South Africa and 96% said that all South Africans should participate in loveLife.
- Three quarters of young people (72.6%) felt loveLife needs to reinvent itself to remain relevant to South Africa's youth.
- One in five young people felt that loveLife was only about HIV/AIDS.
- Four out of five young people still saw the need for loveLife's HIV prevention work even though ARVs to treat HIV are available.
- However, three quarters felt loveLife needs to reinvent itself to remain relevant

Intermediate outcomes in relation to loveLife exposure

- Several intermediate outcomes were assessed in relation to loveLife exposure through logistic regression models
- loveLife face to face exposure was significantly associated with a greater sense of future and decreased HIV/AIDS stigma
- loveLife multi-media exposure significantly increased self-esteem and self-efficacy among young people

Programme exposure	Relationship control	Self-efficacy	Self-esteem	Sense of future	Stigma
Face to face programme exposure	-	-	-	X (1-2 programmes)	X (5 or more programmes)
Multi-media content exposure	-	X (2-4 products)	X (2-6 products)	-	-



Recommendations

- Renew focus on the risks of transactional sex for men and women
- Explore ways of working with young men and women to decrease the rate of pregnancy
- Work with South Africa's youth and the communities in which they live to explain the link between their individual challenges and the wider structural forces impacting on their risk behaviour and their access to opportunities

4. STRATEGIC PRIORITIES: 2012-2014

Strategic Priority 2012-14: “High Innovation, High Impact”

1. Scale up for population-level impact
2. Deepen targeting of most at risk populations- especially young women
3. Generate knowledge about young people and risk behaviours
4. Challenge the structural drivers of HIV head-on
5. Add currency to youth leadership

1. Scale up for population-level impact

- Epidemiological models suggest that to achieve a population-level impact, loveLife would need to expand its participation to include 50% of its target market (Harrison 2006).
- Existing models for scaling up:
 - Youth Friendly Services
 - Social Franchising
 - Social Mobilisation – e.g. goGogetters
 - loveLife Games Partnership model
 - Integrated School Health Programme

2. Deepen targeting of most at risk populations

- Women are more at risk:
 - Power inequalities created by poverty, gender imbalances, and a lack of opportunity combine with much higher than expected transmission efficiency rates (previous studies had estimated below 0.5 per partnership, but new estimates indicate 0.74-1.00 with 95% C.I. from 0.56-1.00) (Pettifor et al. 2007).
- Poor and marginalised communities:- addressing the triple challenges of poverty, unemployment and inequality
 - Strong association between poverty, low education and social marginalisation, and HIV infection.
 - HIV in geographically isolated communities susceptible to infection may be accelerated, aggravating marginalisation and income and related inequalities.

2. Deepen targeting of most at risk populations

➤ Farms:

- A cluster of factors demanding urgent intervention (possibly including migrancy, powerlessness of young women, alcohol or substance abuse and transactional sex) may have made such communities more susceptible to infection – compounded by the relatively insular nature of farm existence

➤ Children:

- One in six children (aged between two and eighteen) in South Africa have lost a parent (Brookes, Shisana & Richter 2004).
- There has been no decline in the relevance of the goGogetter programme to directly linking more vulnerable children to loveLife programmes.

2. Deepen targeting of most at risk populations

➤ Interventions

- Barriers to the uptake of female condoms may be addressed through proper social marketing, as part of a comprehensive prevention package for young women.
- Programmes will be expanded to urban informal settlements.
- Programmes will be expanded to deep rural and farm areas.

3. Generate knowledge about young people and risk behaviours

- Knowledge is an essential public good (Stiglitz 1999)
- Substantially greater emphasis should be placed on translational or operational research that will enable available technologies and strategies to achieve maximum impact (aids2010, 2009: 39).
- loveLife is building research capacity both in-house as well as with a partner, to create knowledge about young people and risk behaviours.
- This knowledge will not only inform the future development of the loveLife campaign; it will also provide a diversified sustainability strategy for the organisation, and contribute to reputation and brand management.

4. Challenge the structural drivers of HIV head-on

- To achieve zero new infections, a “revolution” in HIV prevention is needed (UNAIDS 2010).
 - Young women in marginalised communities account for a significant number of new infections in South Africa.
 - Analysis of the drivers of infection among this group shows that they are largely contracting HIV from older men: the larger the gap in age, the greater the likelihood of infection (UNICEF 2011).
- A two-year experiment in Zomba (Malawi) showed possibilities in conditional cash transfers for HIV prevention

4. Challenge the structural drivers of HIV head-on

- loveLife will launch a new programme to intervene structurally and directly in the lives of young people who find themselves at the margins of their societies.
- The programme will be developed in partnership with the private sector and with other key partners. The core concept is to offer cash and other material incentives for risk reduction strategies.
- The programme will be implemented through loveLife's mobile social network.
- An essential part of the design of the programmes will be the concept of social entrepreneurship, ensuring that there the continuum of youth leadership and public innovation is built throughout loveLife programmes.

5. FINANCIALS

Expenditure breakdown

EXPENDITURE FOR PERIOD JANUARY TO DECEMBER 2011

	DOH		DSD		DSR	
Support Costs	11 085 289.99	19%	7 730 384.13	18%	2 361 907.98	10%
Audit/Bank Charges/Insurance	827 058.55		649 724.91		236 385.46	
Municipal/Rates/Licenses	535 850.92		474 821.90		68 642.81	
Office Maintenance/Security/Cleaning/Repairs	1 146 026.97		445 404.47		300 924.84	
Postage/Courier/Distribution	496 321.13		411 984.69		285 166.38	
Rental-Premises/Equipment	929 107.22		942 487.99		105 914.13	
Staff Costs	7 150 925.20		4 805 960.17		1 364 874.36	
Programme Costs	48 469 404.35	81%	35 640 908.67	82%	20 610 692.09	90%
Media/Advertising/Merchandise	4 102 483.45		1 273 060.13		624 764.92	
Research/Consultancy/Project Management	1 541 524.93		903 099.13		450 819.90	
Staff Costs	28 603 700.80		19 223 840.70		5 459 497.46	
Stationery/Printing/Office Supplies	2 519 691.05		2 350 424.33		696 370.96	
Telecommunications & IT	2 342 804.49		1 992 762.71		393 418.08	
Trainings/Workshops/Events/Meetings	2 504 823.22		3 088 692.20		4 938 777.21	
Travel/Accommodation/Transport	6 854 376.41		6 809 029.47		8 047 043.56	
Total Cost	59 554 694.34	100%	43 371 292.80	100%	22 972 600.07	100%

Thank you loveLife

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