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This end-of-year report illustrates the progress of the Children's Radio Foundation's Future Positive initiative during phase one (June 2013-May 2014). The following integrated narrative summaries and logic framework findings highlight the diverse successes and challenges of the project, and reflect on the dynamic collaborative processes with the target group and beneficiaries that continue to shape the larger direction of the initiative.

Future Positive in Numbers

- **45 youth trained** to report on HIV and AIDS on an on-going basis, amongst this number, **10 youth have been trained** to report on the intersections between LGBTI issues and HIV and AIDS
- **5 partner CSOs** enlisted into the Future Positive network
- **12 facilitators from partner CSOs trained** to assist target youth to utilise radio production and practices in their programmes
- **7 youth-led outreach interactive dialogue events** held for youth and wider community on being infected or affected by HIV
- **15 radio broadcasts** hosted on community station Radio Zibonele

I. Executive Summary

Introduction

The idea for Future Positive (FP) was developed in 2012, in conversation with staff at Médecins Sans Frontières (MSF) in Cape Town, South Africa and civil society organisations (CSOs) working in the Khayelitsha community, where an estimated 28% of the community is infected with HIV. While anti-retroviral therapy (ART) is

available, it has proven difficult to get young people to access treatment and services. In 2010, up to 70% of the eligible youth in Khayelitsha's clinics were "lost to care" before starting ART, and 60% of these losses occurred immediately after testing HIV positive. Oftentimes, youth only return to the clinic when they are gravely ill, making treatment exceedingly difficult. In conversation with project partners, community leaders, and HIV positive youth, it was revealed that stigma presented the most significant challenge to youth in accepting and disclosing their HIV status, which made them less eager to access clinic services. It was noted by youth in focus groups that while HIV messaging is omnipresent, there are few platforms for young people to speak openly about experiences of living with HIV in ways that reflect the realities and challenges they face.

Future Positive and stigma

Future Positive, in its engagement strategies set out to create bold new spaces for youth dialogue, and in so doing, to create clear and consistent pathways to treatment and healthcare services for young people living with HIV.

As an object of scrutiny, stigma as a concept is multi-layered and difficult to unpack. At the start of this project we set out to erode stigma towards HIV positive young people. Stigma is what keeps youth from sharing their status with their loved ones. It is what discourages them from going to the clinic to access health services. Stigma is what doubly affects LGBTI youth who are infected with HIV, who are often ostracized from their families, experience on-going physical and verbal abuse and often feel silenced within their community.

As our baseline surveys revealed that young people less than 20 years of age tested highest on the stigma scale out of all age groups, our interventions were shaped around reaching youth populations with real and raw experiences and messages around issues of HIV and AIDS. We drew clear lines that intersect radio training and production work and the physical space of the clinic, and developed our programme strategy around utilising radio as a means of engendering youth-friendly clinic spaces.

It should be noted that the youth in our target group embodied stigma in multifarious and often contradictory ways. Some, while open about their status to their peers, went to great lengths to conceal their status to their partners and family members. Others served as advocates for openness in public spaces, but they themselves struggled with disclosure in their own private lives. Young lives are dynamic and ever evolving, particularly in economically and socially challenged realities. We now realise the structural flaws in our idealistic desires to erode stigma experienced by HIV positive youth, and have shifted the ways in which we speak about what we are doing, and the impact we are trying to make. At the same time, we are proud of the chipping away of stigma that our programmes have produced, and believe that many critical fault lines have been significantly unsettled in the process. Future Positive takes as its point of departure the acknowledgement of the complex dynamics of stigma as they are embodied within individuals and the wider collective. We are invested in creating a dynamic and collaborative process for youth participation and dialogue that leads to self-reflection, growth, and community building around issues of HIV and AIDS.

Summary of key findings

The Future Positive CSO Network: Central to the success of the initiative has been the building of a robust network of CSOs working with HIV infected and affected youth in Khayelitsha. FP brings several CSOs together on a monthly basis to share goals and methods on how to engage youth around HIV, and have succeeded in introducing youth to a wider base of knowledge regarding how and where to access assistance and education in their community. This took a great deal of time and energy, yet is well poised to yield positive results in the months and years moving forward. Selecting the right organisations was crucial, and the first four months of project work led to a radical realignment of participating CSOs, and the ways in which the network was structured and managed. In addition, it was evident that this required a convening body (and the associated capacity) to oversee and coordinate with the CSO partners in order to make it work fully. We therefore increased the time allocation of the Future Positive Project Manager and the Project Coordinator to allow for careful and considerate coordination with partner CSOs. This convening role has brought about tremendous results, and has been well received by the partner organisations. The roll out of the Learning Room will further serve as a resource sharing for these organisations, which is scheduled for the beginning of Year 2.

Radio station broadcasts: Through on-going radio production activities and broadcasts at Radio Zibonele and consistent support and mentorship, the young reporters are reaching the community with targeted information. The trained reporters have exhibited increased confidence and communication skills, an increased fluency in topics of HIV and AIDS and services available in the community, and life skills as a whole. The youth reporters have regular call-ins and text messages from listeners, and host a lively debate each week. Relations with the community radio station are sometimes challenged, as the success of the programme carries with it the desire for increased airtime stipends by the community radio station. We are committed to keeping this initiative low cost, and are in talks with MSF on how to rectify this situation.

Clinic-based events: FP not only created the conditions for youth to speak out about their concerns, but also produced a group of young people who have the capacity to host youth-focused radio narrowcast events within the clinic space itself. The network of CSOs within FP have co-created innovative programming around various themes and have succeeded at creating a lively broadcast programme interspersed with debate, interviews, Q&A, live musicians, dance, and interaction with the audience. The clinic manages to draw in its target group for these events, and at the same time, provide them with messaging and health services. The events are also designed to address the larger trends identified in the stigma survey. In surveys conducted at the outreach events, 73% of respondents noted that their opinion of people living with HIV had changed because of the event.

LGBTI youth: The LGBTI focus has not just served to create a platform for issues intersecting LGBTI and HIV and AIDS, but has managed to create a community of concern for LGBTI individuals within Khayelitsha. FP works with both gay men and lesbians, who meet regularly to discuss their experiences, and to package these narratives and content for radio broadcasts on Radio Zibonele. It has been identified

that we need to increase the frequency with which we work with these groups, and we will strive to seek funding to do so in Year 2.

While we are pleased with the results so far, and are confident in the progress we will achieve in the next year, it is clear to us that we will need a longer time frame to realise our objectives to ensure ownership and sustainability by city and provincial authorities. We will be seeking out funding for 2 additional years from diverse sources over the next six months to fund 2015 and beyond.

2. Effectiveness (please see attached table)

Table 2A.: short term outcomes

Table 2B.: Intermediate outcome

Ultimate outcome level results

A survey was conducted in an attempt to arrive at a baseline for one of the two project's ultimate outcome level indicators, namely the levels of HIV/AIDS-related stigma in the community. It was a relatively small sample that was then compared to existing data for the same community. 64 respondents were interviewed in two locations in Khayelitsha. The first batch of anonymous questionnaires was administered to 20 respondents in December 2013, during a World AIDS Day event taking place in Khayelitsha, and the second one to 44 respondents at the Khayelitsha taxi rank in March 2014. The aim of the survey was to establish a *stigma baseline* at the beginning of the project using a *stigma scale*. This study was derived from the Kalichman stigma scale (with 9 stigma statements), which was developed in 2004 and since has been utilised in various South African communities, including Khayelitsha. The implementation of the complex survey was challenging, hence the small sample.

We also realized that our first sample administered during World AIDS Day might have been slightly biased and therefore reveal a very low level of stigma, as the respondents were already sensitized and well-informed about HIV. The second batch of answers amongst diverse community members at the taxi rank balanced out the results. We are currently working towards administering surveys in a more efficient and timely manner in the future and with larger samples, and are in the process of looking at cell phone-based administration and data compiling. We are still confident that these surveys, combined with existing research, give us a satisfactory baseline with the following key results:

General attitude towards people living with HIV

- 48% of the respondents answered only with positive statements, while 30% answered with one negative statement, and 22% with two or more.
- The statements that triggered the most negative answers were "People with HIV should expect restrictions on their freedom" (22%), " I wouldn't be friends with people with HIV" (which rallied 3% of the respondents), and "People who have HIV are dirty", "People who have HIV are cursed" and "People who have HIV shouldn't be able to work," which gathered 6% each.
- The age group with the highest stigma was the below 20 years-old (see attached M&E report for full analysis) with extremely high rates compared to other age groups, especially for the following statements: 39% agreed that "It

is not safe for people who have AIDS to work with children”, 28% agreed with “People who have AIDS should be ashamed,” and 17% agreed with “people who have AIDS should not be allowed to work”.

3. Sustainability and replication

FP has invested heavily in the development of a tight network of Khayelitsha-based CSOs that meaningfully collaborate in the sharing of resources, programme materials, youth support bases, and spaces of interaction and engagement with the wider community of stakeholders. The focus of the project is on the group of trained youth reporters who collect and interact with the stories of youth and their communities about the issues surrounding HIV and AIDS. The material produced is then disseminated through the wider channels of the network that engage with various broadcast, advocacy, and government bodies, including Médecins sans Frontières, the South African Police Services (SAPS), City of Cape Town (CoCpt), the Provincial Government of the Western Cape, and the Provincial and National Departments of Health.

The network is a means of establishing community ownership and collaboration around issues of HIV and AIDS and youth, while building strong partnerships with government structures. After a year, FP has successfully engaged each partner equally through monthly network meetings, where best practices, resource packs, and programme ideas are exchanged. The network has managed to share facilitating methods and to co-create public events and community dialogues that expand the reach of each CSO within the community. It has been an important year of learning and gaining trust, and then establishing community ownership and buy-in. While the relationship building efforts took considerable time and energy, it is believed that they will pay off in the long run, and ensure the sustainability of the initiative.

Year 2 holds the further challenge of facilitating the process of realising the collective vision and mission of the network. The vision includes youth-led, interactive, narrative-centred programs to be at the forefront of our psycho-social methods for HIV infected and affected youth, as well as gaining government support in sustaining programs that can promote local CSOs and clinics as safe and friendly spaces for youth to access prevention education and treatment for HIV and AIDS.

The following list includes both formalised and ad hoc CSOs that have partnered with FP and are enlisted as part of the network working with youth and HIV and AIDS:

- **Radio Zibonele:** Khayelitsha’s community radio station that is engaged primarily with health care education provides FP a monthly slot for the dissemination of youth-produced shows on HIV and AIDS.
- **Health4Men:** an organisation that offers free medical and psychosocial services specifically designed for men who have sex with men (MSM) has partnered with FP to open up dialogues around the intersection of HIV and LGBTI issues.

- **Free Gender:** an organisation that defends the rights of black lesbians living in townships, has partnered with FP to develop ways in which to archive the stories of discrimination against the lesbian community as a way to create awareness around stigma of both HIV and lesbian issues.
- **Ubuntu Africa:** an organisation that offers community-based support programs to improve the health and wellbeing of HIV positive youth living within Khayelitsha, has partnered with FP to offer teenagers living with the virus an innovative way to share their stories and learn from each other's experiences.
- **Nolungile Youth Clinic:** has been supported by MSF since 2005 to provide youth-friendly, integrated services adapted to the needs of young people aged between the ages of 14 and 25. The Clinic and MSF have worked closely with CRF to develop the FP project as an integral psychosocial module that uses radio techniques and broadcast to tackle the issue of stigma and promote the clinic as a youth-friendly centre.

It has been identified that the FP model needs a period longer than two years to make significant strides towards its ultimate outcome. It will require further support to efficiently monitor and analyse the impact of the program in order to influence policy making processes that affect youth and HIV and AIDS. It requires the enabling of further capacity building within the network and resources in which to make a certified model that is replicable in similar contexts throughout the African continent.

Future Positive follows MSF's model of community ownership and government partnership. The project has been successful in its attempt to enlist the network CSOs to co-facilitate the program. In year two, FP hopes to further engage various clinics and health centres working with youth and HIV through the use of the online Learning Room, as a way to introduce the initiative and exchange ideas with peer organisations and health care facilities in different parts of the country and the continent. Year 2 will also focus on sharing the successful outcomes of the initiative directly with CoCpt, MSF and provincial government officials, while also creating more opportunities for FP youth to present their produced work in these meetings. The aim is to form an official alliance with the above partners to collectively present the initiative to the Department of Health for potential replication at other HIV and AIDS care facilities and CSOs across the country and continent, and to ensure the long term sustainability and relevance of the Khayelitsha project at the end of the funding cycle.

4. Efficiency (Please see attached table)

Table 4: assessing outputs

5. Relevance

Nolungile Youth Clinic is staffed by both City of Cape Town and MSF employees. In January 2011, MSF Khayelitsha developed a Linkage and Retention in Care Model for Youth at Site C Clinic. The aim of this model is to draw as many young people as possible to test for HIV, and for those who test positive, to keep them in care. The clinic looks to increase the number of youth testing substantially through outreach activities, and endeavours to keep youth in care through a support group offering treatment, alongside a psychosocial support program.

The increase in outreach activities was to be achieved through partnering with community members, stakeholders, CSOs such as Treatment Action Campaign and Children's Radio Foundation to create greater awareness of the youth-specific services provided at the clinic. MSF collaborated with Children's Radio Foundation to pilot a six-month radio project that would bolster the psychosocial program at the youth clinic as well as facilitate outreach activities for the youth within the project. The FP radio project was officially launched in 2013 as a project that allows youth to learn from one another about HIV and AIDS as well as other issues they face in their community. It established an "in-house" radio booth at the clinic that serves as a platform to narrowcast produced stories as authentic messaging that can educate other young people using the facility. The radio booth also serves as a space to host monthly interactive events aimed at engaging youth beyond the clinic. The project has also partnered with the local community radio station to disseminate this messaging into the wider community through a monthly broadcast.

In year two, MSF and CRF will look to measure how much of the FP project activities have influenced adherence to treatment and encouraged testing for HIV amongst young people. Through Most Significant Change stories acquired through youth participants within the project, we have learned that there has been an increase in HIV and AIDS education and a change in perception of the clinic from being an intimidating space, to a youth-friendly space. The MSC stories have also identified the project as a way for youth to acquire life skills such as communication and leadership that have put them in a better position to make decisions for their lives outside of the clinic.

Yolanda Pitoyi (23 years old): "Having a project like this will reduce stigma because as youth we don't listen to older people talking about it. But when it's our age group talking about HIV, we listen cause it's entertaining, it's interesting, it's giving you that thing to listen to what they are saying. The radio project really changes how we see things, not only at the clinic but everything around us. Because of the events, even though its entertainment most of the time, we are learning something out of it."

6. Innovation

Future Positive takes a unique approach to conversations on HIV and AIDS. Rather than broadcasting HIV-themed health messages targeting behaviour change, the project utilizes stories of lived experience—stories of challenge, strategies for success, and multi-layered conversations that resonate with youth.

The most successful of the interventions created by the project to open up spaces for candid dialogue, healthy debate and informal education on HIV and AIDS has been the FP monthly events. These youth-led events are preceded by a workshop where youth research a topic that will drive the conversation of the day. The event looks to collaborate with local artists who offer entertainment, followed by an interview that explores their personal knowledge of the topic and their understanding of the clinic and its services. The event is held together by an open debate that allows the FP youth reporters to meaningfully engage and involve visiting and clinic-using youth in the themed conversation. The monthly events are also a place where CSO partners are invited to participate in making the event relevant to a wider community and create awareness of their respective services. Some of the topics selected over the course of the project have been: “Freedom in Health,” “Imagining Our Future: a HIV free Africa,” “Loving yourself: self-love as a way to prevent infection.” The monthly events have not only allowed the target group youth to hone their skills as leaders and educators, but it has allowed them to speak freely and share their views about health issues. It offers them an opportunity to own the clinic space and direct their course of learning, and allows them to communicate with the nurses and staff in a way not usually available to them on a typical clinic day.

The FP Project has also created a curriculum that outlines the tools and processes for implementing a youth radio project that can facilitate dialogues in different youth spaces. After identifying complementary CSOs to collaborate with, the project held a training of trainers (TOT) where 12 participants were taught how to initiate youth-led radio projects in their respective CSOs. This TOT also allowed the various CSOs to interact and establish where their different visions aligned. The training ended with each organization presenting a work plan that listed how they would use the tools given within their work with youth, as well as how they intended to contribute to the network. The culture of sharing knowledge, resources and best practices within the network has proven to encourage accountability in the participating organizations, as well as allowed the network to mentor and show concern for youth beyond their own organizations. In addition, it has allowed all organisations to identify synergies in programming, and to create joint work plans that utilise resources effectively and efficiently.

7. Gender

Studies by UNICEF note that HIV infection rates are up to five times higher among girls than among boys in South Africa. This is largely due to girls’ biological and social vulnerability to HIV, and the associated problematic gender dynamics that cut across all spheres of society.

The FP project engages both male and female participants equally. It is through dialogues that sensitive issues of gender are contested and interrogated by the youth. Youth have been able to engage in friendly debates such as “poverty increases the risk of HIV infection”- which revealed young women to be more vulnerable to being influenced by ‘sugar daddies’ to not use condoms, in case it jeopardizes the chance of them receiving money for school fees or for their households. Another debate that allowed the safe exploration of gender dynamics was titled, “HIV positive women should not be allowed to have children.” Through this debate the youth were able to learn more about the Prevention of mother-to-child HIV transmission (PMTCT) and learned of the different health services that are available to women who are HIV positive.

Within the group of young reporters in the project, even though the young women are the minority, they hold all the leadership positions as the hosts and producers within the group. In this instance, the high number of young men within the group has been positive in deflecting the perception that the clinic is a place for women only, and has played a part in breaking down the stigma faced by young men as not being “masculine” when seeking help at the clinic. MSF struggles to engage young men in its clinic activities, and were keen on male participants in the project.

The on-going interaction with CSOs through focus groups and community dialogues, as well as gay and lesbian HIV positive youth within the FP group, has expanded the focus of the project to also include gender discrimination. In the pilot phase and throughout year one, project participants and youth identified that LGBTI youth were extremely marginalized within the community, and that they needed to be prioritized in the subsequent phase of the project. Through the partnership with Health4 Men and Free Gender, a group of young adults have been trained to use radio tools and storytelling to facilitate youth-led dialogues that focus on the stigma around both LGBTI and HIV positive youth. The 10 participants in this group are producing audio content that is then used as part of their outreach campaigns, as well as building up an archive that will serve as a research tool into creating characters for the production of a first time audio drama on these issues. The audio drama is aimed at allowing the group to creatively engage the issues they face as LGBTI, while also sharing their stories with the community and creating a not so common space where lesbian youth collaborate with gay youth. The radio drama branch has allowed the FP network to tackle gender identity issues and tackle the challenges of stigma and discrimination within the twice-marginalized LGBTI youth groups.

8. Cultural respect and understanding

Future Positive is sensitive and responsive to the local context in which it works, including how youth speak, what they identify with, and the multitude of ways they understand and care for HIV and AIDS.

The radio project is constantly evolving as a result of constant consultation with the trained youth and the CSO network. It was through a focus group on the topic of “disclosure” that the project opened up to include youth who were not HIV positive. HIV positive youth suggested that it would benefit them to interact with youth who

were not infected, but equally affected, as a way of interacting with the many angles of the topic. The youth also felt that the project offered them a space of confidentiality where they were able to disclose amongst each other, but did not feel ready to disclose to the wider community. We discovered that some of the youth were openly disclosed in the clinic space, but had not necessarily disclosed to family and friends. As a result the Future Positive project is sensitive to how it speaks about the group and looks to protect the status of the youth through its different communication platforms.

Many of the youth have also expressed it is far easier for them to engage each other and produce their audio content in the local language. The project has worked alongside the partner MSF and trained youth mentors to co-facilitate the workshops in order to ensure greater and easier understanding of both the radio and HIV and AIDS education curriculum. It will eventually benefit the project to translate all educational and training material into the dominant language of isiXhosa within the FP project.

9. Learning and Knowledge Management

Year one of the Future Positive project focused on collecting various aspects of knowledge from a multitude of curricular materials, training models, media, as well as on-the-ground experience with the CSO network and partnering institutions.

The Future Positive training manual was developed in year one and is made of a range of educational practices around the topic of youth and HIV and AIDS, as well as the organization's previous insights and experiences in training. This training manual is an open resource which will be made available on the CRF website under "Learning Room."

The Learning Room looks to interact with a global community, sharing insights and exchanging methods with informal and formal organizations working in a similar context. It is a platform to experiment, question, archive and share what we are doing as a way to collect a wide range of expertise to contribute towards the creation of a replicable model, that can be successfully implemented in similar projects around Africa.

The online Learning Room is due to be launched at the beginning of year two and is designed to be user friendly and simple. The architecture comprises of a 3 tier learning space that can be navigated through the titles of: Media, How we learn, How we work.

- The **Media** space shares multi-media material created by the Future Positive youth as well as found material. The content will speak to our learning and interests around youth empowerment through media as well as youth advocacy in HIV and AIDS using media. The different formats included in this section include sound clips, videos and still images.
- **How we learn** is a space to share academic research, project reports, handbooks and commissioned articles on youth empowerment through

media, statistics and figures around measuring stigma, youth in public health, youth participation in HIV and AIDS advocacy. This will be a critical component that looks to posit our project into a greater social study. The impact of our project and sites challenges and solutions going forward.

- How we work is a space to share what we are learning through our training experience and the implementation of our training in different contexts. It will entail the learning of others who have used our methods and create a forum listing successes and suggestions. It will touch on the impact of our project and manufacture solutions to improve our methodology.

10. CONCLUSION

Addressing challenges and looking forward:

- While we have achieved buy-in from clinic staff and mid-level management, there is further need to engage with higher levels within the leadership. This has been brokered at an introductory stage, yet requires more follow up and a strategic approach.
- We require access to more space within the clinic facilities, and need additional capacity from the clinic-based staff to run the programmes at full capacity.
- More financial support is needed to design and implement more substantial M&E studies, including accessing existing baseline data, running additional community surveys, and tracking more youth within our programmes.
- New avenues of broadcast and distribution are necessary to accommodate the growing number of youth reporters trained within the Future Positive radio projects as it expands in year 2.

The project thus far has been successful in its direct implementation of training of youth and CSO network staff, as well as finding innovative ways to disseminate youth produced material on HIV and AIDS. It has successfully introduced a progressive platform for youth to engage the clinic space and to empower themselves through leading and planning health education events. The project will continue to find new ways in which to further enlist authority, advocacy groups, government and healthcare centres to capacitate communities to develop and manage interventions that can focus on tackling the issue of discrimination and stigma towards HIV positive and LGBTI youth in Khayelitsha.

Year 2 represents an exciting time for the FP radio project in the implementation of the Learning Room. The Learning Room will offer the project a way in which to exchange knowledge, resources and best-practices with other Commonwealth grantees and organizations working with youth and HIV worldwide. The project team will also enlist more informal partners such as 'grandmothers' acting as Home-based care workers with direct access to potential beneficiaries and participants. FP also looks forward to varying its dissemination platforms by enlisting religious institutions, public transport spaces, 'shebeens' and theatres as a way to increase the reach of the project.

