

bumb'INGOMSO
yakhelakha

ENDLINE EVALUATION

SUMMARY OF KEY FINDINGS

2026

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bumb’INGOMSO Programme Rationale and Approach

This brief presents a summary of the key findings of the endline evaluation of the Bumb’INGOMSO (BI) programme, a multidimensional HIV prevention intervention targeting adolescent girls and young women aged 15–29 years.

Commissioned by the DG Murray Trust (DGMT), with financial support from the German Government through KfW, BI sought to reduce HIV vulnerability by addressing the multiple and interconnected circumstances influencing the health, wellbeing and future opportunities of adolescent girls and young women.

The programme recognised that HIV vulnerability extends beyond individual behaviour to broader structural challenges, including poverty, unemployment, gender inequality, GBV, limited opportunities, and restricted access to services, all which shape adolescent girls and young women’s choices and ability to act on their aspirations.

bumb'INGOMSO's Theory of Change postulated that a combination of behavioural, biomedical and structural interventions would strengthen adolescent girls and young women’s agency, vitality, identity, purpose and belonging, while improving social support, institutional responsiveness and access to opportunities, thereby reducing their vulnerability to HIV infection.

The project was implemented in BCMM between 2018 and 2025, expanded to Amathole District Municipality in 2020, and continued at a reduced scale through 2026.

The evaluation assesses the programme's performance, outcomes and contribution to improving the wellbeing and HIV-related vulnerability of adeloecent girls and young women within these implementation contexts.

Purpose and methodology of the Endline Evaluation

The purpose of the endline evaluation was to assess the performance of BI and its contribution to changes in the lives of adolescent girls and young women, with particular attention to factors influencing HIV vulnerability. In addition to programme outcomes, the evaluation examined implementation quality, relevance, effectiveness, efficiency, partnerships, sustainability and key lessons for future investment.

Building on the original programme design and the 2017–2018 baseline assessment, the evaluation adopted a theory-driven mixed-methods approach that combined quantitative and qualitative evidence with programme documentation and secondary contextual data to assess both outcomes and pathways of change.

The evaluation combined a repeated cross-sectional survey with qualitative inquiry to assess changes in outcomes among AGYW and examine the pathways through which those changes may have occurred. The endline survey reached 1,500 adolescent gairls and young women across the same geographic areas covered at baseline, enabling robust comparison of population-level trends over time.

Qualitative interviews with programme stakeholders and participants provided additional insight into implementation, perceived benefits and contextual influences on programme outcomes. Together, these data sources allowed the evaluation to examine not only what changed, but also how and why change may have occurred.

Given the absence of a comparison group, the evaluation did not seek to attribute observed changes directly to BI. Rather, it assessed the programme's plausible contribution by examining the extent to which observed outcomes aligned with the programme's intended pathways of change and the broader context in which implementation took place.

Principal Evaluation Findings

Programme reach, participation and perceived benefits



At endline, 77.2% of household survey respondents knew of BI; of these, 42.3% had participated in at least one activity. Among participants, 90.5% rated activities useful or very useful. The most reported benefits were improved confidence (approximately 51%) and ability to care for their health (approximately 38%).

The findings indicate that BI achieved considerable visibility and participant engagement within target communities. However, the study did not analyse data on the duration, frequency and sequencing of participation, which limits the ability to assess whether, and to what extent, sustained exposure to the programme's integrated interventions contributed to observed outcomes.

Education and economic opportunities



Educational attainment showed some of the strongest improvements between baseline and endline. The proportion of AGYW completing secondary education increased from 37.6% to 50.6%, with particularly marked gains among women aged 20–24 years, where completion rates rose from 50.3% to 72.2%.

The evaluation also found a decline in the proportion of respondents citing pregnancy as a reason for not being enrolled in education. These trends are consistent with BI's focus on educational participation, personal development and future aspirations. However, while the findings indicate positive progress, the evaluation cannot determine the extent to which these changes are attributable to BI rather than broader educational, demographic or policy trends.

Despite substantial improvements in educational attainment, economic participation did not improve. The proportion of women aged 20–24 years who were NEET increased from 39.6% to 53.9%, highlighting a disconnect between educational progress and labour market outcomes.

This finding underscores a key lesson from the evaluation: strengthening individual capabilities is unlikely to generate sustained economic outcomes in the absence of adequate employment opportunities. It also points to the significant influence of structural labour market constraints on programme results.

Access to healthcare and HIV prevention



Health service outcomes presented a mixed picture. Although waiting times improved, overall satisfaction with healthcare services declined, indicating that service quality is shaped by more than operational efficiency. Factors such as provider attitudes, confidentiality and responsiveness remain critical to adolescents' experiences of care.
At the same time, there was little change in comprehensive HIV knowledge or recent HIV testing, with neither indicator improving significantly over the evaluation period. These findings suggest that gains in agency and access do not automatically translate into changes in HIV-related behaviours and underscore the influence of broader health system and contextual factors on programme outcomes.

Sexual behaviour, gender norms and intimate partner violence



The evaluation found mixed trends in sexual behaviour, relationship vulnerability and experiences of violence. Encouragingly, fewer AGYW reported sexual debut before age 15 and involvement in age-disparate relationships, particularly among younger participants. However, increases in multiple sexual partnerships and transactional sex among girls aged 15–19 suggest persistent vulnerability in some areas.

Gender attitudes became more equitable overall, and selected indicators of intimate partner violence improved, with reported sexual IPV declining from 6.8% to 4.1%. However, emotional abuse and controlling behaviour remained prevalent, with reports of controlling behaviour among 15–19-year-olds increasing from 43.9% to 59.1%.

These findings underscore the complexity of addressing relationship dynamics and gendered vulnerability. While programmes can strengthen knowledge, attitudes and personal agency, these gains do not automatically translate into greater negotiating power within relationships or protection from violence. Relationship outcomes remain shaped by broader social norms, economic dependence, partner behaviour and the availability of effective support and protection systems.

Social support, agency and risk perceptions



The evaluation suggests that BI contributed positively to participants' confidence, aspirations, social connectedness and sense of agency, with mentoring and peer support emerging as important drivers of these changes.

However, improvements in risk awareness did not consistently translate into safer behaviours. This finding underscores a central lesson of the evaluation: behavioural outcomes are influenced not only by individual knowledge and agency, but also by the social, economic and structural contexts in which young women make decisions.

Three overarching findings emerge from the evaluation.



Agency is necessary but not sufficient for behaviour change. While gains in confidence, aspirations and decision-making strengthened AGYW's capacity to pursue opportunities, outcomes remained dependent on supportive relationships, responsive institutions and broader socioeconomic conditions. The discrepancy between improved educational attainment and declining economic participation illustrates this constraint.

The effectiveness of multidimensional interventions is determined not only by their design, but by the extent of their integration and participants' sustained exposure. Mentoring and peer support helped connect AGYW to services and opportunities, but lasting outcomes relied on the quality, responsiveness and continuity of complementary interventions across multiple domains.

Adaptability enhances programme relevance but introduces trade-offs for implementation fidelity and evaluability. BI's responsiveness to emerging needs and disruptions, including COVID-19, enhanced programme relevance but created challenges for implementation consistency, monitoring and attribution of results.

Together, these findings affirm the value of combination prevention approach while highlighting the need to refine its bumb'INGOMSO's Theory of Change. In particular, the evidence points to the need for a more explicit articulation of how individual capabilities interact with social relationships, institutional responsiveness and access to meaningful opportunities to produce sustained developmental and HIV-related outcomes.

Lessons and implications for future programming

The evaluation provides several lessons for future programmes seeking to address HIV vulnerability and broader adolescent development. Assumption- that opportunities will be available.

Collaborations across sectors

The evaluation reinforces the programme's underlying theory that individual agency alone is insufficient to drive sustained outcomes in contexts characterised by persistent structural constraints. While agency can enhance young women's capacity to make informed choices, the realisation of those choices remains dependent on access to opportunities, supportive institutions and enabling socioeconomic conditions.

Partnerships with government

The evaluation suggests that the effectiveness of combination prevention is contingent on the integration, intensity and sustained delivery of programme components, allowing interventions across individual, social and structural domains to reinforce one another and maximise their impact.

Institutional partnerships

Institutional partnerships require sustained investment. External programme support alone cannot sustain gains in healthcare, GBV responses and education where public institutions lack resources, staff or organisational capacity.

Adaptability to the changing environment

Programme adaptability requires stronger monitoring, evaluation and learning systems, with systematic documentation of changes to content, delivery and partnerships to support implementation assessment and future replication.

Lifecycle approach -changing needs of young people and different stages

Adolescent girls and young women’s needs and vulnerabilities vary by life stage. Younger adolescents may need more support with gender norms, relationships, safety and educational progression, while older young women increasingly face challenges around employment, economic independence and transitions to adult roles.

Mentoring and peer connections

Mentoring and peer networks provide important platforms for sustained engagement. They can support confidence, belonging, information-sharing, referrals and community participation, particularly when linked to responsive institutions and appropriate professional services.

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