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Reaching Out, Reaching All –
Sustaining Effective Policy and Practice for Education in Africa

**Session 4
Tackling HIV/AIDS : Mass-media and international conferences**

**SOUL CITY
Going to scale across borders
The *Choose Life* project**

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1. INTRODUCTION

Since the death of our parents we are alone in the world – me and my five brothers and sisters. We are struggling but people give us the little they can afford. I'd like to get a job myself or start a small business and sell second-hand clothes. But who will take care of the children.

1. Phumzile is only 22 years old. She lives in the Lubombo region in Swaziland. Both her parents died of AIDS.

Eddy's parents are dead too. He lives in Kavango, Namibia. *'My mum died in 1996 and now we live with my grandmother. I miss my mum especially when days go by without food to eat. I wish I had money to buy shoes for myself then I will not be so shy. I left school because no one could pay for me,'* he said.

Kinah Kgwarai is 23 years old and used to live in her grandmother's house in Francistown, Botswana. But she was forced to leave. *'When my uncle and aunt heard that I was HIV positive they made me move out. My brother Lekgobo supported me, so they chased him out too. Lekgobo and I went to live in a small rented house where we look after each other'*.

2. These stories of hardship, neglect and rejection are but a few of many.

- In Swaziland 25.9% of young people under 20 years are infected with HIV.
- By October 1999 the government of Botswana registered 28 801 children as orphans.
- 23% of all adults aged 15 and older are HIV positive in Namibia.

3. The HIV/AIDS pandemic continues to gain momentum in much of sub-Saharan Africa, with devastating personal, social and economic impact.

If ever there was a phenomenon that knows no borders, that bears no discrimination and that spares no victim, it is the HIV/AIDS virus.

President Festus Mogae – Botswana

4. Across the continent the majority of new infections are in young people between 15-25 years old. A recent study in Namibia showed that one in seven youth are sexually active by the age of 14. Young people are most at risk of unwanted pregnancies, STDs and HIV infection.

5. Effective communication is at the cornerstone of most health interventions; whether in providing knowledge, shaping attitudes and behaviour or connecting people to services.

6. Most development initiatives seek to empower people through knowledge which will enable them to make positive and informed decisions about their lives.

7. **The key question is then how to reach the people who need this knowledge most.**

8. Soul City, a multi-media health project in South Africa has been effective in imparting much needed information on health and development, and in changing attitudes and behaviour as well.

It changed my life as well because my friends used to tell me that if you sleep with your boyfriend with a condom he is going to leave you.. But through Soul City I have discovered that I don't have to listen to friends. I should do what I think is best for me, and that is to use a condom.

Soul City Series 4 Evaluation – young, urban female

9. Soul City works primarily within South Africa but the TV programme has been shown in a number of African countries as well. In the last two years Soul City has worked on a sponsored education booklet called *Choose Life*, aimed at 12-16 year olds in Botswana, Lesotho, Swaziland and Namibia.

10. 1, 331, 000 copies of the booklet will be printed and distributed in the four countries in seven different languages. The project is still in process. Three of the four countries have marketed and distributed the booklet, with the Namibian booklet being launched in January 2002.

This paper looks at how the *Choose Life* booklet was developed, marketed and distributed in these four countries. It examines the lessons we have learnt about how to take materials, developed in one context, to scale in the region.

2. WHAT IS SOUL CITY?

11. Mass media is a powerful communication tool, with enormous possibilities to effect social change. Soul City: The Institute for Health and Development Communication, is a multi-media health project. A South African based NGO, it uses mass media to promote health and development, in order to impact positively on the quality of people's lives.

12. It was initiated in 1992 and in the last eight years has become a household name in South Africa for both entertainment and education. It has generated local and international acclaim for its impact on health and development and for the high quality of its education materials.

13. Soul City is not a once-off programme, but an ongoing media intervention that has become popular and credible over time. It uses a concept known as *edutainment* – educating while entertaining.

14. The Soul City media vehicle consists of:

- **a prime-time TV drama series** which has been one of the top two most watched TV programmes in the country.
- **a daily radio drama series in 9 languages** which is broadcast in partnership with the country's biggest radio stations.
- **easy-to-read print booklets (3 per series)** based on the TV series. A million copies per booklet are carried through partner newspapers around the country.
- **an innovative marketing campaign** which brings together the different media elements, creates awareness and promotes brand popularity. It uses radio and competitions, and there is a planned public relations campaign which puts the issues on the public agenda.

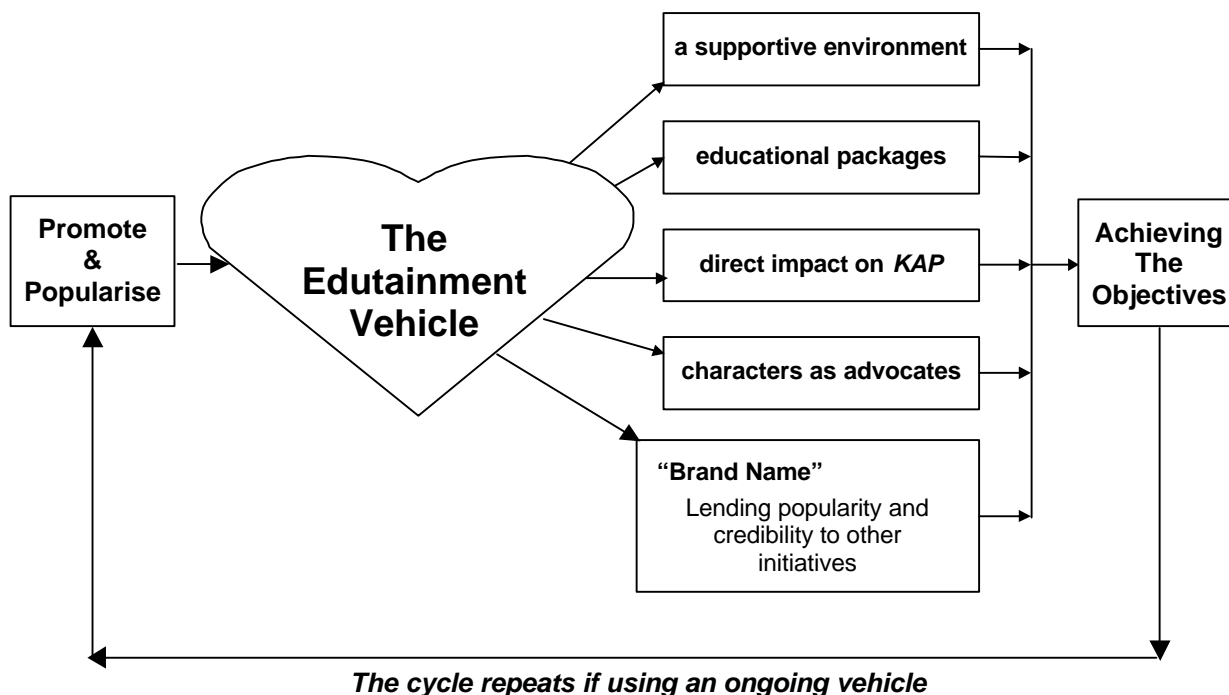
15. Soul City use this media vehicle to reach the largest possible audiences with health and development messages. It also uses the popularity of the brand and the exposure that the mass media gives, for other education interventions which include:

- lifeskills materials for schools
- adult Education materials
- supporting other health and development initiatives
- advocacy around major policy issues that impact on the themes dealt with.

16. The key aspects of the Soul City method are illustrated below.

**Figure 1: The Soul City Methodology
Edutainment at the Heart of a Broad Communication Strategy**

While an Edutainment product has some direct effect in reaching development is most effective when it is seen as core element of a broader integrated communication objectives, it strategy. The challenge is to capitalise on the outputs and opportunities presented by the popularity and direct impact of the product.



17. To date there have been five series of Soul City, which have covered topics such as youth sexuality and reproductive health, TB and violence against women. HIV/AIDS is a topic covered by all series.

18. Soul City recognises that mass media can raise awareness, generate discussion and increase knowledge. It can also play a part in shifting attitudes and behaviour. However, to be effective it needs to be used in the right way.

Key principles of our approach

19. Developing effective educational media is not just about what you do but how you do it. Two elements, research and the creation of partnerships are at the heart of our approach.

- **Research.** Through vigorous research we consult both audiences and experts. All materials are thoroughly tested with the target audience to ensure that the materials work effectively. Through formative research the lived experiences and voices of the target audience are captured, giving the materials resonance and credibility.
- **Partnerships.** Materials are developed in partnership with relevant organisations and people. Communication by itself is not the only answer, it needs to be integrated into wider local initiatives and strategies to achieve maximum impact.

20. Additional principles that govern our work include:

- **Drama can teach!** Human beings have always learnt through stories which can provide positive models for behaviour. Drama creates identification and gives a human face to issues such as HIV/AIDS.
- **Use media when it has access to its maximum audience.** This means prime time for radio and TV.
- **A mix of media (multimedia) works well.** Different media reach different audiences and have different strengths. For instance radio tends to be more rural and TV more urban.
- **Create a sustained intervention or ‘ongoing vehicle’** which gives popularity and credibility over time. This reduces lag time and draws audiences immediately .
- **Promote and market** the intervention to ensure the maximum audience.
- **Brand all material** with one brand to tie the different media together.

Evaluations of Soul City

21. **Soul City has been extensively evaluated and findings conclusively prove that not only is Soul City reaching over 79% of the South African population, but it is also reaching hard to reach rural and illiterate groups.**

22. Soul City has also been evaluated as having real impact in the areas in which it has concentrated, especially in the field of HIV/AIDS, where it has been effective in both knowledge gain and attitude change.

23. Some key findings of a recent evaluation of series 4 found that:

- **The Soul City television series reached 79%** of its urban target population and 68% of its rural target population.
- Both quantitative and qualitative evidence show that Soul City played **a major role in increasing accurate knowledge about HIV/AIDS and in shifting people’s attitudes and behaviour.**
- **Soul City TV and print material have also increased communication** on key topics.

When I got home the first time with this book my mother read it. She [said], “really do you know about sex?” ...I started communicating with her about sex because it was easier for her to talk with me because she had an idea that I now know what sex is. So now it’s easier for me to ask her, ‘Mom if I do this and this will it cause me harm?’

Pilot study – Soul City Grade 9 Lifeskills materials

Moving into the region

24. Since 1996 Soul City has been used in a more limited way in a number of other African countries. This has mainly been in the form of the TV programme, which has been sold to nine national broadcasters in different parts of Africa. In Zambia, Namibia and Mozambique various other Soul City materials have been adapted for local use as well.

25. At present there is a dearth of effective African communication materials and the skills to produce them. In the last two years Soul City has worked on a sponsored publication for all youth aged 12-16 in Namibia, Botswana, Lesotho and Swaziland. The two-year process has taught Soul City a good deal about going to scale in the region. Most importantly, it has learned about working with local partners.

3. THE *CHOOSE LIFE* PROJECT – AN OVERVIEW

26. As noted above, in most of sub-saharan Africa, acquired HIV infections are highest among 15-24 year olds. The Choose Life project essentially addresses the HIV/AIDS pandemic in Sub-Saharan Africa by positively informing adolescent sexual behaviour in order to reduce teenage pregnancy, HIV and other sexually transmitted diseases. International and local research indicates that effective lifeskills/sex education helps delay the commencement age of sexual activity and results in an increase in safer sexual practices. Furthermore, educating young people to adopt safer sexual behaviour does reduce HIV/AIDS risk.

27. The project aimed to produce, market and distribute an HIV/AIDS publication for all youth aged 12-16 years in Lesotho, Botswana, Swaziland and Namibia with adapted versions for each country.

28. **Project challenges:** the 3 challenges facing the project were to:

- 1. Create appropriate materials for each country.**
- 2. Distribute the materials effectively**
- 3. Ensure that they are used.**

29. The original plan was to adapt (with minimal changes) a Soul City adult education booklet entitled, *AIDS in our Community* for young people. However, through the process of research and working with partners in each country, it became clear that a very different publication was required for a youth audience. An effective HIV/AIDS booklet for youth cannot simply provide accurate information on how HIV/AIDS is transmitted. It needs to deal with a range of issues that affect and impact on the sexual decisions and choices that young people make. Teenage sexual activity is profoundly influenced by feelings of self-esteem, an ability to be assertive and an understanding of what sex really means in a relationship. Young people need appropriate knowledge and information, as well as opportunities to practice life and decision-making skills.

The format of the booklet

30. Young people need a fresh approach. If we want teenagers to read we need to give them something that they want to read; that speaks to them in a voice and language they know, with a look and feel that is young and vibrant.

When they [young people] see a face similar to theirs they can relate to the information talked about.

Youth, focus group Namibia

31. The *Choose Life* booklet was developed in a way that would appeal to youth.

- Simply written stories deal with a range of relevant lifeskills e.g. Being a teenager, Violence in Relationships, Standing up for yourself and Living with HIV/AIDS.
- Full-colour photographs give a vibrant youth feel
- True stories and youth voices create identification

- Through quizzes and interactive questions skills are practiced, discussion and debate promoted and community action encouraged.
- Celebrities act as role models to carry key health messages

We have to ensure our youth are appropriately armed in their expedition as they choose life and live it to the fullest. This book ...nourishes youth with lifeskills that are critical for survival and success in today's challenging environment.

Joy Phumaphi, Minister of Health – Botswana launch

4. AN OUTLINE OF THE PROCESS

32. As previously stated in this paper, developing effective educational media is not just about *what you do* but *how you do it* as well. **Research** and the **development of partnerships** – at the core of Soul City’s approach – informed the way we worked in the region.

33. **Project process:** the process has involved the following phases:

Phase 1: **Research**

Phase 2: **Develop core publication**

Phase 3: **Pre-test in each country**

Phase 4: **Develop country specific versions**

Phase 5: **Design marketing & distribution strategies**

Phase 6: **Print and Distribution**

Phase 7: **Project Evaluation**

Phase 1: Research

The aim of this phase was to consult with key people in each country on the viability of the project; ascertain the distribution possibilities and select a local partner.

34. We felt that a partner could establish local ownership in the country and best coordinate the activities. As the project developed their role became much more complex than we initially anticipated. (See page 17 for the list of partners selected.)

Phase 2: Develop core publication

The aim of this phase was to develop a core publication for youth 12-16 years on HIV/AIDS which would be pre-tested in each country and could form the basis of country specific versions.

35. A new publication called *Choose Life – Living with HIV/AIDS in our community* was researched and developed in SA ready to be tested in the 4 countries. During Phase 2 we conducted a second round of consultation meetings in the four countries with key people in the health and education sector to get feedback on the core publication and explain the testing process.

Phase 3: Pre-test in each country

The aim of pre-testing was to ensure that the booklet was relevant and appropriate for local use and to inform the development of a country specific version.

36. This process involved administering questionnaires and conducting focus group discussions with the target audience. It also included a stakeholder workshop in each country to present the research findings. On the basis of the research findings and a mandate from stakeholders, final recommendations for the development of a country specific version were made.

Phase 4: Develop country specific versions

The aim was to develop country specific versions of the booklet and do translations if these were shown to be necessary.

37. Originally we had envisaged that Soul City would do the rewriting (based on the findings in Phase 2). But in the process of working with country partners, it became clear that a strong local input into material development and writing was needed for an effective product. During this phase black and white copies of the new booklet were shown to stakeholders for final approval.

Phase 5: Design marketing & distribution strategies

The aim was to distribute the booklet to all 12-16 year olds in each country and to promote and popularise its usage .

38. The original broad strategy envisaged was to:

- Distribute through the school system in consultation with the departments of education in each country
- Identify other potential distribution points
- Run a promotional campaign using radio, to encourage youth to access the material. This would include a competition element and a promotional campaign using radio, to encourage teachers to use the publication. The concept of a national radio promotional campaign has been developed by Soul City in order to create awareness of our materials. This broad strategy was adapted and modified to suit the needs and priorities of the different countries.

Phase 6: Print and Distribution

39. By January 2002 a total 1, 331, 000 copies of the booklet will have been printed and distributed in the four countries in seven different languages;

- In Botswana: one edition in English with some Setswana translations
- In Swaziland: two editions; English & Siswati
- In Lesotho: two editions; English & Sesotho
- In Namibia: 3 editions; Afrikaans (with key word translations in Otjiherero); English (key word translations in Lozi and Rukwangali) and Oshivambo.

Phase 7: Project Evaluation

The aim is to critically evaluate the implementation of the *Choose Life* project, its reach and its reception by the primary target audience.

40. What was originally planned as a 10 month project has lasted approximately 2 ½ years. While the timing has varied from country to country, the breakdown on page 14 gives a general overview of the project time scale.

The project took longer for a number of reasons. These include:

- The level of local capacity in each country
- **The need for a new approach to reach a youth audience.** The core *Choose Life* booklet was totally reworked and was not a simple adaptation of an existing Soul City publication as originally envisaged

- **Misjudgements on our part of how long working across borders can take**
 - **The inevitable telecommunications breakdowns** (e.g. telephone lines down in Lesotho)
 - **The informal and formal training** that took place along the way
 - **Distances and difficulties of travelling** within countries, during the testing phase
 - **Consultation**, particularly with senior government officials, takes time.
41. From the beginning the process was an inclusive one. It was labour and resource intensive. But this approach is essential to ensure local ownership.

Take time to put all role-players in place to ensure full support, proper co-ordination and success of this project.

Participant at Stakeholders' meeting – Lesotho

5. PROJECT TIMELINES

Process	Swaziland	Lesotho	Namibia	Botswana
Phase 1 Project research	April 1999	April 1999	April 1999	April 1999
Phase 2 Core publication ¹	4/'99 – 4/2000	4/99 – 4/2000	4/99 – 4/2000	4/99 – 4/2000
Phase 3 Pre-testing ²	May – June 2000 (2 months)	May – August 2000 (4 months)	May – October 2000 (6 months)	April – July (4 months)
Phase 4 & 5 Dev country versions and M & D plans ³	July 2000 – June 2001 (1 year)	September 2000 – August 2001 (1 year)	November 2000 – Nov 2001 (1 year)	July 2000 – December 2000 (6 months)
Phase 6 Print & Distribute ⁴	Launched 6 July 2001	Launched 6 September	To launch January 2002	Launched January 2001
Total	Approx 2 yrs	Approx 2 ½ yrs	Approx 2 yrs 9 months	Approx 1 yr & 9 months
Phase 7 Evaluation (10 months)	September 2001 – June 2002	September 2001 – June 2002	September – June 2002	September – June 2002

42. A number of key issues emerged during this process which deserve close consideration. They may be important to any future regional initiative. In the next section of the paper we will examine some of these issues.

¹ This includes the time from the initial country visits. It involved reconceptualising the content and format of the booklet for youth, research, sending draft outlines to the four countries for feedback, rewriting, editing, design and printing. It also includes sending copies of the core booklet to stakeholders in countries for feedback. There was also a 2nd country visit to discuss the core booklet, utilizing the school system for distribution and the testing process.

² This includes up to the stakeholder meeting at the end of the research process. This took time to organize.

³ The development of the country specific booklet and design of the marketing and distribution strategy ran concurrently. This time also involved extensive training in for example writing, developing marketing campaigns and proofreading copy.

⁴ We have calculated up to the official launch of the publication. The actual distribution took between 6 – 8 weeks. The marketing campaign ran over 2 weeks. It started a week or two before the launch and continued after it.

6. CONSULTATION

43. In Phase 1 & 2 Soul City travelled to each country on a fact finding mission and met with key people working in the education and health sector to assess the viability of the project and establish a local partner. A year later (Phase 2) we consulted again to get feedback and support for the core publication and the testing process.

44. During this process we consulted with approximately 74 different decision-makers and representatives of organisations. These included ministry of education heads and officials; heads of curriculum development units; senior officials in health departments; key local funding agencies; heads of national AIDS programmes and a range of NGOs working with youth and education (including HIV/AIDS).

Findings

- **Soul City credibility.** In all the countries stakeholders were familiar with Soul City through the TV series which can be received by some of our neighbours. In addition, in Namibia the first and second TV series had been broadcast and two of our booklets had previously been adapted. This gave the project credibility and support from the beginning. For example, at a meeting of NGOs in Swaziland it was reported that: 'Lots of our youth are already aware of Soul City'.
- **South African dominance.** While there was support for Soul City, some anxieties about 'South African dominance' were expressed along with the benefits of having local material.
- **A valuable initiative.** While some people expressed the view that a more appropriate booklet for youth was needed, most people felt that it was a valuable initiative to explore. In Namibia for example it was stated that, 'youth, teachers and parents are desperate for access to information and good materials'.
- **Better communication.** Many people spoke about the need to 'bridge the gulf of silence' between parents and children.
- **Endorsement of process.** A great deal of enthusiasm was expressed for the consultation process. 'If the project was to be owned by the people, then they must be involved in the process'. In Swaziland one ministry official stated that, 'his department would support the project if all stakeholders were involved'. However, caution was also expressed about the fine line between consulting and getting things done. A line that is always difficult to tread!
- **Concern to test what works.** For example in Botswana it was said: 'Something which works in SA does not automatically work here'.
- **The importance of utilising the schools for distribution** came up strongly as 'the bulk of our target audience are in schools' Many people expressed concern to bolster and support existing lifeskills programmes.
- **A need to locate the booklet within wider health education programmes.** There was a strong concern expressed that this booklet needs to be linked to existing country plans and programmes. In Namibia at a large meeting with the Namibia Network of AIDS Service Organisations (Nanaso) one representative said: 'This

booklet would provide good support to our existing activities ...There is definitely room within our programmes. It could be used as back-up information’.

- **Need for initiatives to be co-ordinated.** In all countries National AIDS plans had been developed. However, many people expressed concern about the lack of co-ordination both within and out of government around the implementation of these plans. At the Lesotho Stakeholders’ workshop one delegate called for: ‘co-operation, co-ordination and communication between different roleplayers’.
- **Importance of buy-in from the Ministry of Education.** It became clear that the Ministry of Education plays an important role both in an advisory capacity and in helping facilitate distribution to schools.
- **The local environment’s impact on the project.** The consultation meetings alerted us to the way in which the environment e.g. local support services; attitudes to the disease and cultural norms and practices would impact on the project. However, there was rarely a uniform view on these issues.
- **Local capacity.** A number of people spoke about the problem of capacity within the country to produce quality materials or deal with the HIV epidemic. In Lesotho, for example there is a real lack of HIV/AIDS services available and very poor condom distribution.
- **Growing recognition that the scale of the epidemic requires frank and direct interventions.** We had anticipated that stakeholders might find certain aspects of the booklet too direct and frank, for example the page on How to Use a Condom. However, this was not the case. Most people felt that in tackling the AIDS epidemic, countries needed to deal with the issue of safe sex among young people head-on.

It became clear that extensive consultation is essential. When one starts a new initiative there is always the danger of reinventing the wheel. Local actors have often grappled with problems for years and can provide innovative and locally relevant solutions.

7. ROLE OF PARTNERS

45. In April 1999 the following partners were selected in each country to establish local ownership and co-ordinate the project in the country.

- **Botswana:** Population Services International (PSI)
- **Lesotho:** Catholic Council of Lesotho (CCL) – this changed to The Lesotho Network for AIDS Service Organisations (Lenaso) during phase 4. Lenaso, a consortium of organisations working in the field of HIV/AIDS was keen to support the project as their first major initiative. Choose Life was formally endorsed by Lenaso members at a meeting in Maseru early this year.
- **Namibia:** Population Services International (PSI) – changed to Red Cross in Phase 4. PSI staff were too stretched to continue with the project. The Namibian Red Cross, had decided that HIV/AIDS and specifically communication was a priority for them and was keen to partner us. They have extensive rural outreach
- **Swaziland:** Schools HIV/AIDS and Population Education (Shape)

Findings

46. The role of the local partner is central to the success of the project in the country.

- **The partner brings legitimacy and local buy-in.** This is important not only for consultation but for distribution and marketing as well.
- **Understanding of context.** The local partner provides an understanding of political, social and cultural norms and practices which is essential for the effectiveness of any communication initiative.
- **Negotiating the political playing field.** The AIDS arena can be a nightmare. In all four partner countries there is a plethora of task teams, cabinet committees and sub-committees, AIDS strategic plans and implementing committees. The partner plays a crucial role in finding a route through this maze, which is often difficult and time-consuming. For example, in Swaziland Shape worked tirelessly to successfully set up a meeting with the critically important Information Education and Communication (IEC) team. The IEC is a national task force in Swaziland which is mandated by government to approve all HIV/AIDS materials in the country. Their endorsement of *Choose Life* was crucial. Finally, at a meeting between the IEC and Shape at which 28 people attended, the IEC gave feedback on the booklet and officially endorsed it.
- **Effective monitoring.** The local partner has a key role to play in monitoring distribution and marketing. A distribution agency needs to effectively track and monitor deliveries. However, there will always be queries, complaints and requests which the country partner needs to manage. In Botswana for example, complaints came in that a few schools had not received copies. PSI followed it up and in most cases found that the booklets had been delivered but not given to the relevant teacher. In another instance, a guidance teacher had kept the booklets in her cupboard to use with students next year. PSI negotiated with the teacher concerned to give the booklets to the students.
- **Ensure a synergy with other HIV/AIDS initiatives and a cohesion of messages.** The initiative must be integrated into the local HIV/AIDS strategy A partner can ensure that mixed or conflicting messages don't occur. An amusing example of this

was in Swaziland. The original booklet used a heading: *'Trust won't protect you'*. However, a new brand of condoms were being marketed called Trust condoms. An unfortunate mixed message!

- **Leverage other opportunities.** A local partner is best placed to use the brand to take advantage of other opportunities. This in turn increases the potential for social change. For example, in Botswana PSI used the Choose Life brand to get radio coverage on a popular teentalk programme.
- **Seek local solutions to problems.** A partner is best placed to explore local solutions to problems. This has been particularly successful in distribution. For example in Lesotho, a solution was found to use maize food bags to get the booklet to difficult to reach rural areas.

8. THE TESTING PROCESS

47. The aim of pre-testing the core publication was to inform the development of country specific versions.

The move you have made [to test] is good in understanding people here, especially the youth.

Participant at consultation meeting – Swaziland

48. Testing outcomes:

- **To assess the effectiveness of the booklet;** its appropriateness for local use in terms of its educational message, readability, cultural sensitivity, language level and format
- **To assess the potential usage of the booklet** by teachers and other educators in schools and within HIV/AIDS programmes
- **Based on research findings to make recommendations** for changes to the booklet

49. The research methodology involved:

1. **Administering a questionnaire** to youth before and after giving them the booklet to read, to see if their attitudes and knowledge levels had changed as a result of reading the booklet.
2. **Conducting focus group discussions.** A minimum of 8 focus groups with young people (in and out of school) and a minimum of 3 focus groups (or key informant interviews) with gatekeepers – teachers, parents, church leaders, principals and relevant officials in the education ministry – were conducted to collect qualitative data. In some countries site observations in schools to observe classroom practice were also conducted.
3. **A stakeholder workshop** to present research findings, discuss recommended changes and get a mandate to develop a local booklet.

9. SOME RESEARCH FINDINGS

50. In Botswana, Lesotho, Swaziland and Namibia testing showed that the booklet was effective in increasing knowledge and awareness around sexual issues and HIV/AIDS and promoting discussion and debate among young people. The use of stories, young people's views and voices created empathy and identification. People wanted to read and talk about the booklet.

You cannot see it [the booklet] and not want to read it.

Lesotho, youth focus group

51. Most importantly the testing provided crucial information on what young people liked and didn't like in the booklet; which stories were and weren't effective and what changes would be needed in an adapted version.

We have gone through the publication and found it to be useful and youth friendly. It is factual, resourceful, colourful and attractive. The topics are in simple language that can be understood by the target group.

Namibia

Some of the key overall findings are outlined below.

52. The booklet increases knowledge

The testing findings showed that the booklet was effective in enhancing readers' understanding of HIV/AIDS. The booklet also clarified confusions and improved readers level of knowledge.

The findings of the study in Swaziland confirm findings of a recent study by the Ministry of Education (1999) that Swazi youth are quite knowledgeable on issues of sexuality, STDS and HIV/AIDS but they still have misconceptions. Evidence indicates that the Choose Life booklet has been useful in clearing some of the misconceptions, hence improving knowledge.

Shape – Choose Life pre-testing report

I liked page 23 because I never knew how to use a condom, now I know.

Swaziland

I know now that I do not have to fear wet dreams.

Namibia

53. **Changing attitudes**

The booklet was effective in changing attitudes:

I used to think that if a man beat a woman, this showed that he loved her. Now I don't believe that anymore.

Namibia

54. **Format promotes reading**

Research showed that the use of young voice, real stories and photographs is an effective way to encourage young people to read. The interactive features (quizzes and questions) also helped to get readers thinking and talking.

It is a book with all the relevant information for youth, only it is even better because it is written in a clear way and has beautiful pictures which all make it enjoyable to read.

Youth, Lesotho

55. **Facilitates communication**

Youth, parents and teachers said that the booklet helped to facilitate communication inside and outside the classroom.

The booklet is very useful because as parents, it is very difficult for us to talk to our twelve-year-olds especially about sexual education.

Parent, Botswana

The story Being a Teenager provoked a lot of discussion among participants in all the groups. Group members were very enthusiastic and said that that was the most educative and interesting session they'd ever been involved in.

Lesotho – youth focus group facilitator

56. In addition testing showed us which stories were most effective. There were local differences, which we will discuss later. But there were also similarities some of which were:

The pages on relationships and gender issues were particularly well received and focus group discussions on these topics were often vigorous and heated. In Swaziland over 90% of the pupils identified information on sexual rights as the most important information they learnt from the booklet.

This booklet should be distributed quickly to the youth because it will help us a lot. Nowadays boys hit or hurt girls.

Swaziland

The agony aunt column was particularly popular.

The pages on death and dying were not liked. In Swaziland close to 60% of the participants suggested that these pages be removed. Writing messages in memory of dead people is not a common practice in Swazi society.

A better reflection of rural youth was needed. This was particularly true in Lesotho and Namibia.

On the whole respondents (including parents) liked the directness and frankness of the language. A small percentage felt that some of the more explicit language should be toned down.

There was a strong suggestion to include local youth and celebrities. Soul City actors were well known in Lesotho and Swaziland, less so in Botswana and Namibia.

There are many different groups in Namibia and the faces of the children must reflect this. When they see a face similar to theirs, they can relate to the information talked about.

Girl, Namibia

It is time we called a spade a spade because calling it a garden tool has contributed to the spread of the disease.

Parent – Botswana

Stakeholder workshops

57. At the end of the testing process, stakeholder workshops were held in all four countries. The aim was to present the research findings, get feedback on the booklet and a mandate to develop a local version. At all the workshops there was a high level of participation from senior officials within ministries, the church, local funding agencies and NGOs. Many of the issues that had come up during the consultation process emerged again like the need to link the booklet to broader programmes and the importance of school distribution. One issue worth noting is the response to the page on *How to use a condom*.

58. As previously mentioned, we had anticipated that stakeholders might find certain aspects of the booklet too direct and frank, for example the page on *How to Use a Condom*. However, this was not the case.

59. All stakeholder workshops supported the research findings that the page on *How to use a condom* should remain. This was despite earlier predictions from stakeholders that ‘80% of teachers will reject this page’. However, it was recommended that this be balanced by a stronger abstinence message elsewhere in the booklet and the inclusion of a religious voice.

Country differences

60. The testing process highlighted a number of similar responses but it also showed some of the differences. When one looks at the final versions of the booklet that each country developed, the differences are very clear. Approximately two thirds of the booklet stayed the same and one third changed. Some of the changes in the different country versions are worth highlighting:

- **Local celebrities and role models are different in each country.** While some of the Soul City characters remained many were replaced by a range of stars from soccer players, to beauty queens and radio DJs.
- **Some South African youth colloquialisms** were replaced with local English usage.
- **How to link the booklet to existing AIDS services** changed from country to country. For example where to get condoms, HIV testing, contraceptives and information on health issues.
- **In all countries the page on death and dying was dropped.** In Botswana it was replaced with a story on an AIDS care project. In Swaziland , where there are few orphan support programmes, the story highlights the plight of orphans and suggests ways for communities to deal with the problem.
- **Other content issues and local myths were included** for example, the problem of sugar daddies in Lesotho and alcohol abuse in Namibia.

10. MARKETING

61. A book is not a book until it is read! In terms of the three challenges of the project (see page 9) marketing and distribution are core components.

62. Quite simply our marketing and distribution goals were to:

- Get the booklet into the hands of all 12-16 year olds (effective distribution)
- Create awareness of and demand for the booklet
- Get kids to use it!

63. In any marketing and communications campaign you need to know who your target audience is – who do you want to reach with your product. With *Choose Life* the target market was:

1. Primary audience (youth 12-16 years old, in and out of school)
2. Secondary audience (gatekeepers; teachers, parents, principals, etc.)

64. Marketing and distribution work closely together. In all the countries, we worked with a marketing and distribution agency to develop a model and implement the strategy.

The *Open the Box* campaign

65. In terms of school distribution, our experience in South Africa (partners confirmed that their situation was similar) was that it is one thing to get materials to schools. It is another to get the material out of the principal's office and into the hands of teachers and pupils. The journey that needs to be travelled from central depots to schools across the country, is often less hazardous than the journey from a storeroom in a school to a classroom!

66. We therefore developed a model called the Open the Box campaign, which aimed to encourage the relevant gatekeepers in schools or clinics to distribute the booklets to the youth.

67. The campaign elements consisted of:

1. **Product Packaging** (colourful sticker and tape on the box) to promote the booklet and competition
2. **A competition for pupils** (inserted into the booklet) with great prizes attached.
3. **An information pack for teachers** consisting of an introductory letter, poster, a facilitators competition information flyer, and notes on how to use the materials to promote learning (for teachers)⁵
4. **Letter to the principal** endorsing the material from the PS of Education

⁵ The same information pack was given to gatekeepers responsible for distributing the booklet to out of school youth e.g. nurses in clinics. The letters were adapted accordingly. Samples of some materials are attached as Appendix A

The *Open the Box* campaign was supported by radio spots for parents and youth and print media. The objectives as well as the different campaign elements were broken down in the following way:

Marketing and Communications

Objective	Marketing & Communication Elements
1. To advocate and lobby support for <i>Choose Life</i> with secondary audience gatekeepers – e.g government officials adolescent health advocates, decision makers and teachers	Personal contact (meetings, lobbying) Launch Newspaper editorial Print adverts in press
2. To create excitement and interest in the product when boxes arrive at the distribution outlet	Open the box: product packaging
3. Lobby support of school principals to pass on the booklet to relevant teachers	Open the box: letter from PS
4. Encourage facilitators to hand out the booklet to youth.	Facilitators' competition
5. Create awareness of the booklet and encourage young people to read it.	Radio Competition Poster
6. Create awareness of the educational value of the booklet among parents	Radio

68. While the broad elements of the marketing components were the same in Swaziland, Lesotho and Botswana different countries used the media in different ways. For example:

- **Botswana made use of an extensive roadshow tour** to promote the booklet to both in and out of school youth. The roadshows were done at randomly chosen schools and selected BP filling stations.
- **In Lesotho radio has a reach of 75% of the population** and radio adverts were broadcast in both Sesotho and English for parents and youth.

Leveraging other opportunities

69. In the first part of the paper we discussed Soul City's communication model and how a successful social brand can be used to leverage other opportunities. Lesotho provides an interesting example of how this worked. We ran into distribution difficulties as the cost of reaching rural areas was extremely high.

70. We explored the possibility of approaching a local company to come on board as a commercial partner on a trade exchange basis. The advantage of this was that it might solve a financial problem and at the same time build an important partnership between an NGO and a commercial organisation.

71. Local business partners are important not only in terms of financial support but also in terms of the marketing opportunities they bring. Soul City has successfully worked with BP and MTN in South Africa. A successful brand presents opportunities for a mutually beneficial co-operation between NGOs and commercial organisations. Some of these benefits include:

- Advertising space on the product and promotion campaign elements (including radio, posters)
- Product branding
- Association as a key player in the implementation of AIDS education

The maize bag solution

72. We finally found an innovative solution! We made an agreement with Lesco foods, who are currently distributing 165,000 copies of the booklet inside selected maize bags that sell in far-flung rural communities. The booklets are covered in a plastic sleeve to protect them and a label has been sewn on the outside of the bag telling customers that there is a free health booklet inside!

73. In exchange Lesco foods have a full-colour advert on the back of the booklet as well as product acknowledgement on other promotional elements such as posters. Their product is being promoted to 400,000 young people around the country as well as key decision-makers and teachers. And our booklet is getting to places we otherwise couldn't reach.

11.DISTRIBUTION

74. All countries used the school system as the primary distribution vehicle to reach youth but the out-of-school sector were accessed differently. The following table shows the distribution reach and outlets in the different countries.

75. It is best to contract distribution out to a commercial company who have experience of packing and dispatching. They need to have effective recording and proof of delivery systems in place. The partner however, needs to monitor distribution and answer queries and requests. The table below shows the print quantities and distribution outlets in the four countries.

Distribution outlets

Country	Quantity	Distribution outlets
Botswana	400 000	Schools: junior & senior secondary Out of school: teacher training colleges District youth offices BP filling stations Roadshows Botswana College of Distant Ed
Swaziland	116 000	Schools: 177 high schools Out of school: Tinkundla Centres Clinics
Lesotho	435 000	Schools: 1050 primary schools and 154 high schools Out of school: NGOs (Lenaso members) Maseru Roller Mills District Hospitals Adolescent Corners
Namibia	380 000	Schools: 170 000 school learners (Gr 7-12) Out of school: Namcol Red Cross Regional Centres Post Offices Community Libraries Clinics

12. CONCLUSION

76. Soul City is an African solution to African problems. As such, we are well placed to work regionally. Working regionally allowed for the sharing of experiences and learning from each other in a practical and immediate way. And the learning goes both ways. We have all learnt a great deal from each other.

77. Going to scale in the region creates the possibility of building regional capacity which in turn will strengthen the fight against HIV/AIDS in Africa. At the same time, establishing strong country partners ensures that the project is locally owned and relevant and appropriate to the country's needs and concerns.

78. The crucial processes of consultation and the forging of partnerships provide the foundation for effective materials development across borders.