

An Overview of HIV & AIDS Social Change Communication Efforts in Swaziland

**A Country Paper for the Regional Consultation on Social Change
Communication**

September 2006

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List of Acronyms & Abbreviations

ABC	Abstain, Be Faithful and Condomise
BCHA	Business Coalition Against HIV& AIDS
BCC	Behaviour Change Communication
FLAS	Family Life Association of Swaziland
IEC	Information, Education and Communication
M&E	Monitoring & Evaluation
MOHSW	Ministry of Health & Social Welfare
PMTCT	Prevention of Mother to Child Transmission
SHAPE	School HIV&AIDS and Population Education Programme
SNYC	Swaziland National Youth Council
SRH	Sexual and Reproductive Health
SWANNEPHA	Swaziland National Network of People Living with HIV&AIDS

‘An Overview of HIV&AIDS Social Change Communication Efforts in Swaziland’

Background

In August 2003 African Health Ministers adopted Resolution AFR/RC55/R6 calling upon Member states to intensify HIV prevention efforts and declaring 2006 as the year for Accelerating HIV Prevention in Africa. In Swaziland this resolution was operationalised through the following activities:

- 1) Establishment of a national multi-sectoral consensus on Priority Themes for Accelerated prevention;
- 2) Launch of the National Programme for Accelerated Prevention *as well as follow up activities to identify action areas*;
- 3) A National Symposium on Accelerated Prevention;

Key International Frameworks for the Acceleration of HIV Prevention

In August 2005, the 55th Session of the Regional Committee for Africa held in Maputo adopted Resolution AFR/RC55/R6 calling upon Member States to intensify prevention efforts and to declare 2006 a Year for Accelerating HIV Prevention in the African Region. Following the Maputo Declaration, several international instruments were developed in support of the Acceleration of HIV Prevention.

The Brazzaville Joint Declaration by UN Theme Group:

- ❖ The signatories made a commitment to unite their efforts in implementing a concerted plan aimed at accelerating the prevention of HIV infection in Africa, taking into account behavioural change at both community and individual levels;
- ❖ The declaration also made a commitment to strengthen the mobilization of leaders at all levels to ensure respect for human rights including the gender dimension and the consideration of cultural factors;

Key Priority Areas Identified by SADC Experts¹

In May 2006 an Experts Think Tank Meeting on HIV Prevention was convened in Maseru (Lesotho) to determine the key drivers of the HIV& AIDS epidemic in the SADC region. The Experts recommended intensified action on the following key priority areas:

1. Reduction of Multiple & Concurrent Sexual Partnerships;
2. Preparation of national roll out of Male Circumcision;
3. Addressing gender issues especially from the perspective of male involvement and responsibility for sexual and reproductive health, HIV prevention and support;
4. Continued programming for delayed sexual debut and for the consistent and correct use of male and female condoms;
5. Increased access to counseling and testing;
6. Expanded access to sexual and reproductive health services and to care and treatment;
7. Challenging the underlying structural drivers of the epidemic, notably the complex interaction of poverty, socio-economic inequality and wealth;
8. Intensification of multiple approaches, including involvement of people living with HIV (PLWHA) and the media to reduce stigma and increase openness and discussion, including of sexuality and to uphold human rights;
9. Emphasizing STI control and prevention whilst expanding and making treatment more effective, including with respect to HSV-2.

¹ Expert Think Tank Meeting on HIV Prevention in High Prevalence Countries in Southern Africa, 10-12 May 2006.

Report Objectives

The objectives of the study were to facilitate the Documentation of the Swaziland experience with respect to Social Change Communication Efforts.

Terms of Reference

- ❖ Identification of sector coordinating/umbrella bodies and implementing partners to be consulted during the exercise;
- ❖ Development of a working schedule and facilitation of consultative meetings;
- ❖ A desk review of relevant documents and materials on behaviour change communication campaigns and programmes;
- ❖ Development of a position paper on the social change communication initiatives and programmes implemented in Swaziland.

Methodology

The framework methodology for this report comprised of roundtable discussions with national health clusters; Qualitative Interviews with relevant stakeholders and a review of literature relating to SCC interventions.

Limitations

Limitations of the study are in respect of the scope of the analysis and coverage mainly due to the limited time frame. In view of the relatively large number of role players within the national response against HIV&AIDS, a number of important stakeholders have been omitted as a result of time limitations and respondent availability.

The Country SCC Conceptual Framework

Social Change Communication is an interactive process that engages an individual to make informed choices to change attitudes and opinions and to carry out a desired positive behaviour or lifestyle. In the report, the concept of BCC and SCC has been used interchangeably largely because most local programme is centred on BCC.

The Multisectoral HIV& AIDS Strategic Plan 2006-2008

The Multisectoral HIV& AIDS National Strategic Plan 2006-2008, identifies the following thematic areas as Swaziland's top SCC priorities are:

- 1) Abstinence,
- 2) Delayed sexual debut,
- 3) Multiple concurrent sexual partners
- 4) Secondary virginity.

The plan prioritises the 'expansion, intensification and promotion of a variety of complementary prevention approaches including community mobilization, family involvement as well as innovative and effective behaviour change models (2006: 23).

Although the Strategic Plan places heavy emphasis on the development of IEC materials and awareness, in the context of Accelerated Prevention, efforts on the ground have shifted towards an increased focus on BCC. Swaziland's SCC response has experienced a 'paradigm shift from targeting health seeking behaviour towards challenging generic forms of behaviour that perpetuate the spread of the epidemic.'² New messages are centred on the prioritized areas of faithfulness, partner reduction and delayed sexual debut. Since the declaration on accelerated prevention, stakeholders are beginning to place emphasis on the psychosocial transformation of the individual through the flighting of campaigns and messages that deal with the *mindset* and **value frameworks** in communities. The campaigns are shifting the burden of responsibility from the community to the individual through direct, radical messages that address socio-cultural behavioural issues.

² Interview with D.Von Wissel, National Director: NERCHA 20/09/06, Mbabane.

The National HIV& AIDS Communications Strategy 2005

The strategy recognizes the multisectoral nature of the response to HIV& AIDS and calls for strategies and activities that complement each other through active collaboration. Recommended primary approaches are:

- Advocacy and Social Mobilisation
- Information Education and Communication
- Social Marketing

The strategy identified the lack of a regulatory framework for IEC and the lack of evidence based IEC as some of the key communication gaps in Swaziland. In its analysis, the strategy found that:

- Most information packages for HIV& AIDS were directed at urban communities;
- Available communication tools did not cater for the varying levels of education in society;
- There was a lack of coordination by major stakeholders in the development of messages leading to the dissemination of conflicting messages;
- There was a lack of National Communication Guidelines on HIV& AIDS.

In response to these challenges, the strategy recommended a national IEC Coordinating body for quality assurance and further called for the pre-and post testing of all IEC materials and behaviour change interventions. The strategy developed guidelines for baseline data reviews, audience segmentation and the development of BCC materials. The strategy was adopted in April 2005. However its full operationalisation was slowed down due to a institutional review process within NERCHA. NERCHA's amendment (re-alignment) of its response strategy based on stakeholder based sector/theme committees for decision-making and implementation as well as changes in key personnel were key factors leading to the slow down. Some stakeholders are also of the view that the adoption process had not been exhaustive with respect to stakeholder consultations, thus raising concerns over ownership.

The strategy was also completed before the process of the Joint Review of the National Response to HIV& AIDS in Swaziland and it therefore faced limitations in terms of ownership by all stakeholders in the national

response. Furthermore the strategy did not benefit from the outcomes of the Joint Review.³ Although it did not make an assessment of BCC interventions, the Report of the Joint Review of the National Response to HIV& AIDS in Swaziland concluded that the draft HIV& AIDS Communication Strategy was a positive opportunity for Swaziland's response (2005:47). Thus the key to effective progress in terms of Social Change Communication in Swaziland is the full operationalisation of the Communications Strategy.

Despite its limitations, the draft National Communication Strategy remains a key source of reference for SCC/BCC interventions in Swaziland and it is used as a guideline framework for a number of HIV & AIDS interventions. The SNYC HIV Prevention and Behaviour Change Communication Strategy for Young People (10-24 years) as well as SNAP's PMTCT Communication Strategy were derived from the draft National Communication Strategy.

HIV Prevention and Behaviour Change Communication Strategy for Young People (10-24 years) 2005

This strategy was developed in late 2005 and it is one of the few interventions derived from the National Communication Strategy. Key intervention areas are:

- ❖ Social Mobilisation
- ❖ Behaviour Change Communication
- ❖ Advocacy

The key strength of the Youth Strategy is that it introduces segmentation in the development and application of SCC interventions as well as broad social profiles for each segment. The strategy applies segmentation by Age, Gender, Rural vs Urban as well as in-school vs out of school youth. The strategy has also developed measurable BCC indicators for its target audience.

In terms of quality and impact, the strategy calls for the application of creative skills in the development of messages and stipulates that messages should be 'sequenced to follow the expected behaviour change stages.' The strategy also calls for the alignment of supply (services) with demand to ensure that BCC campaigns record their intended impact.

³ Interview with S. Mngadi, BCC Coordinator, NERCHA, 20/09/06 Mbabane.

Country Scale Up of Acceleration of HIV Prevention Activities

As a follow on to the Declaration on the Acceleration of Prevention, MOHSW has instituted a framework that defines the priority interventions of the health sector called ‘The Strategic Approach to Accelerating HIV Prevention within the Health Sector towards Universal Access 2006-8.’ The strategy calls for a national advocacy strategy to promote accelerating prevention in the health sector at all levels. It further recommends a process of segmentation which intensifies prevention efforts towards areas and populations at greatest risk. However the Strategy fails to address itself towards SCC Interventions.

Shortly after the declaration, the MOHSW in collaboration with the WHO Country Office embarked on a national advocacy campaign for the acceleration of prevention. This campaign culminated in the launch of the Acceleration of Prevention in April 2006. The purpose of the launch was to:

- ❖ Build and strengthen support in the area of acceleration of prevention;
- ❖ Create greater awareness on issues relating to HIV prevention;
- ❖ Place and entrench HIV prevention in the agenda of the media, government, partners and the public;
- ❖ Share information on issues relating to the acceleration of prevention.

A follow up event was a National Symposium on the Acceleration of Prevention held on 27TH April 2006. The symposium provided a national platform for stakeholders to identify and debate new strategies that can best contribute to the acceleration of HIV prevention efforts.

The symposium prioritized the following SCC related interventions:

- ❖ Strengthening life skills education programmes for the youth;
- ❖ Intensifying community mobilization through edutainment;
- ❖ Implementation of the *National Behaviour Change Strategy*;

The National Multisectoral HIV& AIDS Monitoring and Evaluation System was launched in 2005 and it comprises of the following Behaviour Change Communication Indicators:

- ❖ Number of Hours of radio and television airtime that have been allocated to broadcasting HIV-related content in the last 12 months;
- ❖ Number of IEC materials distributed in the last 12 months;
- ❖ Percentage of schools with at least one teacher who have been trained in participatory life skills based HIV& AIDS education and who taught it during the last academic year;

Challenges

There is a dearth of indicators examining the form, content, quality and impact of SCC materials and interventions. The National Multisectoral M&E System is more oriented towards service delivery outputs i.e. the focus is skewed towards the quantity rather than quality. Furthermore there are no standard tools for evaluating the impact of stakeholder based SCC interventions. Thus although Swaziland is awash with amorphous SCC initiatives, it lacks a framework for benchmarking SCC interventions.

Swaziland: A Summary of On-going SCC Efforts

National Status of UN Joint Plan for HIV Prevention in Africa

Milestone	Action@ Country Level	Lead Agency
Generic Social Mobilisation Toolkit for the year of Accelerated Prevention developed by December 2005	?	UNICEF
Lobbying Heads of State to declare 2006 the year of Acceleration of HIV Prevention	Implemented	WHO
Launch of the year of HIV Prevention	Implemented	UNICEF
At least 3 countries per sub-region assisted to review and develop scale up plans	Implemented	UNAIDS
Sub-regional consultancy data base established by March 2006	Not Implemented	UNAIDS
Country Profiles and regional analysis by March 2006	Not Implemented	WHO
Progress Report on implementation of the joint plan by March 2006	Implemented	UNAIDS

SCC Matrix: National Coordinating Authority (Nercha)

SCC Plan/ Framework	Programme/ Campaign	Key Themes/ Messages	Medium for Dissemination	Coord. Agency	National Programme Forum	M&E Framework
Multisectoral HIV& AIDS Strategic Plan	‘Makhwapheni Uyabulala’ (Against Secret Lovers)	Concurrent multiple sexual partners	Direct radical Messages, Text Messages,	NERCHA	?	Baseline Study
Multisectoral HIV& AIDS Strategic Plan	‘Likusasa Ngelami’ (Accent on the future)	Delayed sexual debut	Commercial advertising, posters	NERCHA	?	Baseline Study

SCC Matrix UN Theme Group

SCC Plan/ Framework	Programme	Key Themes/ Messages	Medium for Dissemination	Coord. Agency	National Programme Forum	M&E Framework
UNDAF/ UNGASS	Community Capacity Enhancement Programme (CCEP)	Community ownership of HIV initiatives	Community Conversations, Drama	UNDP & WHO	?	Baseline Survey
	HIV Editorial policy	Sensitive reporting	Editor’s Forum	UNDP & Editors Forum	?	Media Monitoring Project
	Capacity building on Advocacy skills for WLWHA	Human Rights & Gender	Workshops	UNDP & ICW	?	?
	Review of HIV& AIDS legislation	Human Rights	Legislation	UNDP	?	
Multisectoral HIV& AIDS Strategy	Stigma & Discrimination	Human Rights & Gender	Workshops, Mass Media	UNDP & SWANEPHA	?	?
	PMTCT & Paediatric Aids Project	Male Involvement	Drama, IEC, Storytelling, string game (conversations), Children’s Festivals	UNICEF	Child Protection Network	?

SCC Matrix Health Sector

SCC Plan/ Framework	Programme	Key Themes/ Messages	Medium for Dissemination	Coord. Agency	National Programme Forum	M&E Framework
Health Sector Response Plan (HRSP), Comm. Strategy, NSP	PMTCT, VCT	Concurrent sexual partners, wife inheritance	Radio/TV, Drama, Health Talks, IEC Materials	SNAP, Health Education Unit (HEU)	IEC Action Group	HSR
Condom Strategy	Condom promotion	Sexual Safety	Health talks, exhibitions	SNAP	?	?
	Care & Support & (ART)	Positive living	Health Talks, IEC Materials	SNAP	?	?
HRSP, WHO Regional Health Promotion Strategy	Community Mobilisation	Multiple Concurrent sexual partners, adolescent sexuality, stigma & discrimination	Community meetings	HEU	?	National Multisectoral HIV M&E System

SCC Matrix NGO Consortium (HIV Prevention)

SCC Plan/ Framework	Programme	Key Themes/ Messages	Medium for Dissemination	Coord. Agency	National Programme Forum	M&E Framework
	Male Circumcision	Primary & Secondary Abstinence, Faithfulness	TV/Radio talk shows, testimonies	FLAS	?	Baseline Surveys
	‘Ayihlome Ihlasele’	Fidelity & Delayed sexual debut	TV/Radio talk shows, pamphlets	FLAS	FLAS Membership (12 000)	?
National Communication Strategy	‘The Vibe’	‘ABC’	Radio broadcast	SNYC		Impact Assessment Study
UNFPA Technical Assistance Framework	The Newspage	Sexual & Reproductive Health	Weekly Page Feature in Print Mass Media	SNYC	?	Impact Assessment Study
ILO Code on HIV&AIDS	Workplace Programme: ‘Health workforce, healthy Business’	Multiple Concurrent Sexual Partners	Presentations	BERCHA		?
	Xpressions Television Youth Programme	Abstinence	Television, Health Clubs	SHAPE		

Key Milestones

A key achievement for Swaziland is that most BCC interventions are within the areas prioritized by the Expert Think Tank Meeting on HIV Prevention in High Prevalence Countries in Southern Africa. The majority of interventions are appropriately concentrated towards multiple concurrent sexual partners and delayed sexual debut.

1. Raising the Profile of PLWHA

In Swaziland, the ratio of PLWHA is estimated at 20% of the total population. However over the years there have been limited BCC campaigns customized for this population category. The UNDP/SWANEPHA programmes for dealing with stigma & discrimination, HIV Editorial Policy and capacity enhancement for communities living with HIV& AIDS (CCEP) are critical interventions. The HIV editorial policy seeks to encourage sensitive reporting of HIV& AIDS issues in the media in order to reduce stigma and discrimination perpetuated through insensitive reporting of HIV& AIDS issues through the media. The UNDP programmes also give a high profile to the treatment of gender issues particularly in the media.

2. Harmonising BCC Messages

An important milestone in terms of SCC stakeholder collaboration was demonstrated by FLAS and NERCHA through the harmonization of behavioural messages for the FLAS 'Ayihlasele Ihlome' campaign. This indicates the possibility as well as the opportunities that exist for stakeholders to pool together strategic resources for SCC programmes.

3. Promotion of Secondary Abstinence

The introduction of the campaign on secondary abstinence by FLAS represents a new paradigm in the area of sexual abstinence. Among other things, the secondary abstinence message seeks to break the stigma associated with broken virginity. However the secondary abstinence programme still assumes a low profile in BCC campaigns and it requires further scaling up. Most messages are still limited to primary abstinence with limited emphasis on secondary abstinence despite clear evidence of early sexual debut.

4. Child Festivals

The success of the UNICEF coordinated children's festivals demonstrate the appeal of theme based activities that provide for participatory edutainment among the youth. In view of the limited popularity of print media among young people, the festivals represent an attractive medium for SCC campaigns.

5. Youth Based Campaigns: SNYC 'Newspage'

The SNYC Newspage campaign 'whose campaign line was 'giving *a voice to the youth*', demonstrated an incredible level of demand by young people to be featured in the media and to have their expressions (i.e. through poems) as well as opinions published. Through this campaign, SNYC was allocated a special weekly feature page in the Swazi Observer Newspaper. However the campaign did face limitations due to the limited popularity of the Swazi Observer as well as the associated costs of buying a newspaper.⁴

6. 'A Health Workforce, a Healthy Business': BCHA's Innovative Workplace Campaigns

The BCHA HIV Workplace Programme started on shaky ground with high resistance from employers; 'most employers were a no go area and they perceived HIV as a private personal issue.'⁵ However the environment has improved dramatically and now there are many proactive employers in the fight against the pandemic. Now the key challenge is addressing the concerns of employees (particularly labour unions) that are suspicious of enthusiastic employees. The concerns of these unions are unfounded given the other milestone by BCHA, which was the successful mainstreaming of the HIV& AIDS Code of Ethics into the Industrial Relations Act of Swaziland.

The branding of messages according to the profile of the workforce and sectors in the BCHA programme is a key milestone. At the national level, the umbrella message is that 'Business Cares: A healthy workforce, a

⁴ Audience Reception Research Report for the 'Vibe' and 'Newspage'.

⁵ Interview with M. Hlatshwayo, BCHA Coordinator, 25/09/06, Mbabane.

healthy business.’ However there are also sector specific/relevant messages like the transport sector campaign which appropriates sex synonyms used by transport workers to drive a positive message. An example is the bumper to bumper message.

*‘Bumper to bumper’ = sex without a condom,
Help prevent HIV& AIDS.’*

In this message, BCHA used the lingo applied by transport sector workers to describe unprotected sex and used it positively. This addresses the issue of limited *streetwise* messages that have an appeal to their target audience.

7. Adopting Commercial Media for High Profile HIV Campaigns

The NERCHA *Likusasa* and *Makhwapheni* campaigns employed commercial advertising and branding methods to communicate a behaviour change message. This increased the profile of the SCC efforts and enabled BCC messages to break through into the mainstream advertising market sided by side with popular consumer products. Despite the high associated costs, commercial campaigns also enable BCC campaigns to tap into the creativity of the advertising industry to develop penetrating messages.

Lessons Learnt

The Impact of BCC Messages

The effectiveness of a consistent message is reflected by the high impact recorded by Radio programmes over other media. However programme packaging is also a vital ingredient. The fact that *Likusasa*’s popularity outstripped long established programmes can be partly attributed to the branding strategy.⁶ A programme broadly titled ‘*Temphilo*’ (Health Issues) does not elicit the same appeal as a branded programme because the ambiguous titles conceal potentially good content. Thus during the survey, *Temndeni* (FLAS programme) was ranked the lowest in a sample of six despite the popularity of FLAS SRH services particularly among the youth.

⁶ Nercha, 2006. Report for the Evaluation of the Radio Campaign ‘Ngoba Likusasa Ngelami’

The title *Temndeni* which connotes family matters in Siswati, does not elicit any information with respect to the content of the programme and the target population, whereas the *Likusasa* brand has a definite appeal to the young who are anticipating a future. These results also attest to the fact that most current BCC campaigns are based on ‘tired concepts’ and HIV prevention messages lack flavour.⁷ There is therefore a need to couple the acceleration of prevention with drastic messages.

Scope of BCC Campaigns

Most respondents in this review alluded to widespread duplication and lack of integration in SCC Campaigns. In spite of capacity limitations, implementing agencies are preoccupied with attaining national coverage for their programmes at the expense of community specific (customized) interventions and this tends to create shifting/changing audiences thus limiting the ability to consistently monitor the impact of programmes and campaigns. The low attention paid to customized interventions also limits creativity on the part of agencies.

Pre-testing BCC Campaigns

The negative reaction by some stakeholders to the NERCHA driven ‘*Makhwapheni*’ campaign provided lessons in favour of pre-testing using an exhaustive sample as well as embracing a human rights perspective in SCC campaigns. Despite the massive social mobilisation around the ‘*makhwapheni*’ campaign, it was still viewed by some stakeholders as a campaign against women living with HIV & AIDS reflecting the limited application of the pre-testing process. However the highpoint of the campaign was that it stirred a national dialogue on the issue of secret lovers. A key lesson for Swaziland in this regard, is the importance of developing a credible message when dealing with sensitive socio-cultural issues. Ethical issues such as children’s exposure to messages on sexual behaviour also highlight the importance of pre-testing. This calls for creativity and systematic application of behaviour change methodologies. According to the National HIV&AIDS Strategic Plan 2006-2008, the country does not have organized platforms and publications for information exchange among partners of the national response (2006: 69).

⁷ Interview with M. Nkonyeni, SNYC Communications Officer, 25/09/06, Mbabane.

The Design of SCC Programmes

The design of most SCC programmes is not based on a strategic communications framework but only on the technical frameworks that define the necessary health responses. Therefore although many SCC programmes are technically sound in terms of their conceptualization, they do not translate to effective interventions because the competent methodologies for their dissemination are not applied. Most interventions are not pre-tested and therefore they tend to be on a parallel plane vis-avis their target audiences.

However SHAPE is an exception to this rule. It carries out a sequential pre-testing process for its Health Communication for Change Television programme – *Lusweti*. The steps involve:

- (a) Consultation with key role players
- (b) Literature Review
- (c) Target Audience Research
- (d) Message Design
- (e) Pre-testing
- (f) Script Drafting

BCC Campaign Feedback

The experience of the SNYC is that programmes with limited participation by stakeholders tend to have a limited impact. Limited participation also undermines the application of participatory feedback mechanisms thus making it difficult to determine the real impact of BCC interventions. For example a key lesson for the SNYC *Newspage* programme which was flighted in the Swazi Observer was that the print media was not very popular with young people and this is exacerbated by the country's low reading culture.

Lack of Stakeholder Consensus

One of the biggest challenges that confront the BCHA Workplace programme is the development of consensus between programme stakeholders. A similar lack of consensus also obtains with respect to stakeholders in the national response. In the BCHA campaign, trade unions

have a different agenda vis-à-vis the intentions of the programme and they have used the programme to perpetuate mistrust in the workplace.

Effective Messages for Vulnerable Marginalised Audiences

One of the challenges facing BCHA, is the development of effective messages that can be absorbed by marginalized audiences in the textiles sector who are mainly women. Employers in this sector are reluctant to provide company time for HIV&AIDS programmes and this creates a challenge for BCHA to design a creative campaign that will break through such barriers. This entails disseminating effective messages in a medium that will penetrate the target audience without them being exposed to the conventional health talks or presentations. A similar challenge exists for the rural business sector (including farming, forestry), where most employees are barely exposed to HIV&AIDS campaigns.⁸

Despite the massive output of HIV & AIDS information, risk prone practices still prevail and these are fuelled by a combination of low levels of education, cultural myths and practices such as witchcraft. In the transport sector, it was found that macho contests of sharing and competing for girlfriends was still very prevalent. Similarly transport workers still had firm beliefs that ‘pretty/beautiful’ women were HIV clean. Thus there is a pressing demand for messages that will penetrate through socio-cultural and literacy barriers.

Matching Messages to Prioritized Themes

The challenge of matching prevention messages to prioritized HIV& AIDS themes was well articulated through the ‘*makhwapheni*’ campaign. The limitation of this campaign was centred on the argument, that secret lovers do not adequately address the issue of concurrent multiple sexual partners in Swaziland. This fact is accentuated by the value system that tolerates polygamy and therefore most multiple sexual partnerships are neither covert nor shameful to the Swazi male because concurrent sexual partnerships have a legitimating philosophy through polygamy.

⁸ Interview with M. Hlatshwayo, BCHA Coordinator, 25/09/06, Mbabane

Conclusions

Key Challenges to SCC in Swaziland

1. A key challenge facing SCC in Swaziland is the ad-hoc operationalisation of the National HIV& AIDS Communication Strategy.
2. The design of programmes is based on many different frameworks for SCC programming thus creating challenges in terms of approaches, standards and harmonization;
3. In the absence of an operational national communications strategy, social change communication initiatives in Swaziland lack:
 - A framework for reviewing and standardizing social communication change methodologies;
 - A framework/ guideline for pre-testing social change communication materials and campaigns;

Thus in terms of impact and effectiveness, BCC campaigns in Swaziland still fail to adequately answer to the following criteria:

1. Are programmes evidence based?
2. Do programmes respond to key drivers of the epidemic?
3. How can SCC be harnessed to deal with sensitive social and cultural issues?

Recommended Next Steps

Recommended Next Steps for Swaziland are as follows:

1. Updating and Refining the National HIV Communication Strategy to take into account the recommendations of the SADC Expert Think Tank as well as to establish ownership by all stakeholders;
2. Operationalisation of the National HIV Communication Strategy to ensure that Swaziland has one agreed M&E framework for SCC upon which all BCC programmes will be anchored;
3. Convening a national dialogue to agree on a consultative framework for Social Change Communication. Such a forum can also be used to ensure that SCC messages are **mutually reinforcing**.
4. Capacity building for stakeholders to assist them in improving the packaging of social change information for current programmes;
5. Empowering stakeholders with knowledge on best practices in behaviour change communication;
6. The **segmentation** of target audiences is vital for ensuring that messages and campaigns are relevant and attractive to target audiences.
7. The uses of soft technology based interactive messages such as the internet have not been fully exploited in Swaziland, and there is a need to explore SCC campaign possibilities in this area.

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List of Respondents

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