



TV soap operas in HIV education

Reaching out with popular entertainment



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Acronyms and abbreviations

AIMAS	Agence Ivoirienne de Marketing Social
BCC	Behaviour Change Communications
BMZ	Federal Ministry for Economic Cooperation and Development (the ministry overseeing GDC)
CARISMA	Caribbean Social Marketing to Prevent HIV and AIDS
DED	German Development Service (now GIZ)
DHS	Demographic and Health Survey
G8	Group of Eight industrialized nations
G20	Group of Twenty Finance Ministers and Central Bank Governors
GDC	German Development Cooperation
GIZ	German International Cooperation (Gesellschaft für Internationale Zusammenarbeit)
GTZ	German Technical Cooperation (now GIZ)
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
IEC	Information, Education and Communications
InWEnt	Capacity Building International, Germany (now GIZ)
KfW	KfW Entwicklungsbank (Development Bank, KfW)
KNAC	Kyrgyzstan National AIDS Centre
MDGs	Millennium Development Goals
MIC	Multi-Indicator Cluster Survey
NGO	Non-governmental Organization
ODA	Official Development Assistance
PANCAP	Pan Caribbean Partnership against AIDS
PSI	Population Services International
TRaC	Tracking Results Continuously (a PSI monitoring tool)
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDP JP	UNDP Joint Programme on the Response to HIV/AIDS in Kyrgyzstan
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers

The German HIV Practice Collection

Peer-reviewed

Objective

In 2004, HIV experts working for German development agencies and their partner institutions worldwide launched the German HIV Practice Collection. From the start, the objective has been to share good practices and lessons learnt from HIV initiatives supported by German Development Cooperation. The actual process of jointly defining good practice, documenting it and learning from its peer review is considered as important as the resulting publications.

Process

Managers of German-backed initiatives propose promising ones to the Secretariat of the German HIV Practice Collection at ghpc@giz.de. An advisory board of HIV experts representing German development organizations and the Ministry of Economic Cooperation and Development (BMZ) select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and German partners primarily responsible for developing and implementing the programmes or projects.

Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents “good or promising practice”, based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation
- Comparative cost-effectiveness
- Sustainability

Only approaches that meet most of the criteria are approved for publication.

Publications

All publications in the Collection describe approaches in sufficient detail to allow for their replication or adaptation in different contexts. They have a standard structure and are presented in plain language that aims to appeal to a wide range of readers, as well as specialists in the field. The publications also direct readers to useful tools and are issued in full-length and in short versions that can be read online, downloaded or ordered as printed copies.

Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who have developed responses to challenges in the fields of health and social protection. Please also check out our website to comment on, discuss and rate all of our publications. Here you can also learn about proposals and approaches currently under peer review.

Our website can be found at www.german-practice-collection.org. There you can also download the short version of this publication and both long and short versions of other publications. For more information, you can also contact the Managing Editor at ghpc@giz.de.

To download the short version of this report and other publications in this collection, go to www.german-practice-collection.org.

Executive summary

As one of the world's five biggest donors to Official Development Assistance (ODA), Germany is strongly committed to the drive towards universal access to HIV prevention, treatment and care. Much of Germany's contribution comes in the form of financial and technical support for behaviour change communications (BCC), often associated with the social marketing of condoms. This publication looks closely at cases where Germany has supported the production and broadcast of television soap operas as key components of BCC in three very different countries with three very different HIV epidemics.

In Kyrgyzstan, the epidemic is largely concentrated among injecting drug users (IDUs), mostly young males but some female sex workers. It is spreading rapidly and there is concern it could soon spread into the general population. Originally broadcast in 2006, "Love as a Test" aims to get across messages that HIV affects not only "them" but could easily affect you and your loved ones and there are things you can do to prevent its spread and reduce its harm.

In Dominican Republic, there are extremely high rates of HIV prevalence among ethnic Haitians who live in bateyes (settlements on agricultural plantations), rural areas and urban barrios. Originally broadcast in 2007, "Amor de Batey" aims to promote the consistent and correct use of low-cost but reliable condoms and, also, to empower women, improve their health and reduce child mortality.

In Côte d'Ivoire, there are high rates of HIV prevalence throughout the country but much higher rates among women than men. Contributing factors include the common practice of having multiple concurrent sexual relations and low levels of

education and specific knowledge about sexual and reproductive health. Originally broadcast in 1994, "SIDA dans la Cité" has aims similar to those of "Amor de Batey." The first series proved so successful that it led to a second series, originally broadcast in 1996-97, and then to a third, originally broadcast in 2003. All three series have proved popular throughout French-speaking West and Central Africa.

This publication shows how each series was developed, provides brief synopses, summarizes the results of formal evaluations and provides informal assessments. It draws lessons and concludes that television soap operas can make significant contributions to national responses to HIV. The most successful series are based on sound research, reflect the realities of life as it is lived by their target audiences, and are developed in a professional manner that ensures they meet high standards both as entertainment and as educational tools.

Successful HIV prevention requires a continual stream of BCC and a ready supply of low-cost condoms. Series of soap operas have their greatest and most lasting impacts on people who watch many episodes and may watch each episode more than once. An original series, with subsequent series added on, can have a long life as an effective contribution to BCC, through repeated broadcasts and through bi-products that may include feature films and educational DVDs.

Introduction: arts and media in the response to HIV

Ignorance, fear, stigma and discrimination, and gender inequality block the road towards universal access to HIV prevention, treatment and care. Unblocking the road requires getting information through to masses of people and changing their attitudes and behaviour. It is especially critical to get through to those most at risk of being infected or affected by HIV but that is seldom easy. Globally, more than half are under 25 and at an age when people underestimate their vulnerability to harm and resist attempts to warn them about risky or irresponsible behaviour and its possible consequences. The rest may be older but illiteracy, beliefs or simple lack of interest may stop them from taking advantage of access to reliable information about HIV even when it is readily available on posters, in pamphlets, in clinics or drop-in centres, or at public meetings.

The creative arts, including popular entertainment, can overcome barriers and be powerful agents for social change. They can draw in people of all ages and from all backgrounds with the promise of stimulating and enjoyable diversion from their daily routine and then inform them and change their attitudes and behaviour without even seeming to try. The mass media can extend their reach into private homes where thousands or millions of people can read, listen or watch without fear of public exposure and embarrassment.

"Audience ratings showed that, in South Africa, education programmes on television rarely reached 500,000 viewers, whereas prime time drama regularly attracted audiences of seven million and more." **Source: UNAIDS (2005)**

Focus of this publication: three TV soap operas

This publication focuses on the potential of a particular genre of television drama, soap opera, to make significant contributions to national and regional programmes that aim to accelerate progress towards universal access to HIV prevention, treatment and care. They are called “soap operas” or simply “soaps” for two reasons. First, they tell stories about the universal comedies and tragedies of daily life – sexual awakening, romantic love, marriage, infidelity, pregnancy, birth, illness, death, relations within families and among friends, problems at school or work, financial difficulty, alcohol and drug abuse, sexual coercion and violence – but sometimes in a manner reminiscent of opera, with speeded up and exaggerated action and emotional expression to fit the story within a short time-frame and hold viewers’ attention. Second, they attract proportionally more female viewers than do dramas about war, crime and adventure – and, historically, when shown on commercial television were often accompanied by ads for laundry and dish-washing soap.

The following section provides an overview of why and how German Development Cooperation supports soap operas as integral components of national and regional HIV programmes. Subsequent sections look at three German-supported series of soap opera designed to reflect and respond to three very different epidemics in three very different countries: Kyrgyzstan in Central Asia, Dominican Republic in the Caribbean and Côte d’Ivoire in West Africa.



Producing a soap opera is an opportunity to provide expert training and professional experience to local film-makers, as Sergio (above) will attest.

Germany's support for "soaps" in the response to HIV

As a member of the European Union, the G8, the G20 and the United Nations and one of the world's five biggest donors to Official Development Assistance (ODA), the German Government is strongly committed to playing a leading role in achieving the goal of universal access to HIV prevention, treatment and care as soon as possible. German Development Cooperation (GDC) – the Federal Ministry for Economic Cooperation and Development (BMZ) and the organizations responsible for implementing the Government's international development policies – supports national and regional programmes that aim to accelerate progress towards that goal.

A large share of GDC's support comes in the form of German Financial Cooperation, administered by the KfW Entwicklungsbank (Development Bank, KfW), and much of that share goes to support the social marketing of condoms and associated information, education and communications (IEC) or behaviour change communications (BCC). German Financial Cooperation currently supports the social marketing of condoms in 30 African, Asian, Caribbean and Central American countries.

The rest of GDC's support comes in the form of German Technical Cooperation. The German Technical Cooperation (GTZ) has technical experts in all the low- and middle-income countries with which Germany has bilateral cooperation agreements and they support a wide range of HIV programmes, most of which have IEC or BCC components. The German Development Service (DED) provides development workers (e.g., nurses, teachers, media specialists), Capacity Building International, Germany (InWEnt) provides training, and both DED and InWEnt often support the IEC or BCC components of social marketing and other HIV programmes.

German-supported IEC and BCC often take advantage of the capacity of the creative arts to get HIV-related messages across. This might involve, for example, supporting a band as it composes and performs music with lyrics that get messages through to young audiences; supporting the creation and exhibition of works of visual art with HIV-related themes; involving students in the creation and performance of dramatic sketches that illustrate HIV-related situations and, perhaps, audio-taping or video-taping the performances for use in classrooms, meetings and workshops. Potential for using the creative arts in IEC and BCC is usually identified at the country and local levels and usually found in the traditional and contemporary cultures of those places and in the professional and amateur artists and entertainers who reside there.

HIV programmes, including social marketing programmes, are often national or regional in scope and require IEC and BCC that can reach entire national and regional populations or certain widespread groups within those populations (e.g., adolescents and young adults, pregnant women and mothers with infants, migrant and mobile workers, men who have sex with men, ethnic minorities). The most practical and cost-effective way of reaching large portions of those populations or groups is through the mass media.

A series of television soap operas, in particular, can attract large numbers of people to what can amount to a comprehensive course on HIV. Through several episodes, actors can get around to portraying the various kinds of people most likely to transmit, become infected or be affected by HIV; the situations, attitudes and behaviours most likely to result in infection; the kinds of ignorance, fear, stigma and discrimination most likely to

increase people's vulnerability to infection or to stop them from getting tested and treated; and the care, treatment and support people are most likely to find if they seek it out.

When German-supported IEC and BCC include soap operas, they are usually accompanied by additional information when broadcast or used in educational settings. This may include non-fiction supplements that provide answers to questions raised by particular episodes (e.g., what should a woman do if her partner refuses to wear a condom?); public service announcements telling people where to go for HIV-related services or providing phone numbers they can call for advice while preserving their anonymity; and advertisements for low-cost but reliable brands of condom or water-based lubricant.

The following discussion of GDC-supported soap operas will show that, after the original broadcasts, they may be broadcast repeatedly, distributed widely outside of the original broadcast area, translated into other languages, and edited and repackaged as feature films or short issue-oriented videos that may be used for a variety of purposes. A series of soap operas can have a long life, many different uses and reach a great many people. This means that, potentially, a series of soap operas can be one of the best possible investments of money available for BCC and IEC.

“Love as a Test” in Kyrgyzstan

Kyrgyzstan and its HIV epidemic

Kyrgyzstan has an ethnically diverse but predominantly Kyrgyz, Uzbek and Russian population of 5.3 million people with median age of 23.9 years and average life expectancy of 65.9 years. Three-quarters live on the equivalent of less than US\$ 4 per day, two-thirds live in rural areas and more than half of all jobs are in agriculture. Although Kyrgyzstan ranks low on the UN's Gender Equality Index (102nd out of 157 countries), 80 percent of its school-age girls attend primary, secondary or tertiary school compared to 76 percent of its school-age boys, and its adult literacy rate is more than 98 percent among both men and women.¹

Kyrgyzstan is on a major trading route for opium and its derivatives, including heroin. Most of these drugs are produced in Afghanistan and are bound for Eastern and Western Europe but some are sold en route at comparatively low prices. Injecting drug use was rarely observed or reported in Kyrgyzstan before 1996, when the country's first case of HIV infection was registered. Six years later, a survey found that 3 percent of all the country's prisoners were HIV positive, more than 50 percent of all the prisoners were injecting drug users (IDUs) and, of those, 70 percent shared injecting equipment. Now there are an estimated 50,000 to 81,000 IDUs in Kyrgyzstan and they account for three-quarters of all cases of HIV. The majority are male but it is estimated that there are around 5000 female sex workers and anywhere from 500 to 1500 of them are IDUs.²

From 2001 to 2007, the estimated number of people living with HIV increased from 1,000 to 4,200. HIV prevalence is now 0.1 percent in the general population, but 0.2 percent among young men (15 to 24). UNICEF's 2006 Multi-Indicator Cluster Survey (MIC) found that only 30 percent of young men and 33 percent of young women knew enough about HIV to correctly identify the main ways of preventing sexual transmission and the most common misconceptions about HIV. One implication is that, while women at present account for only one-quarter of all HIV cases, they may account for increasing proportions as infected males infect their wives and girlfriends.



This poster tells people “Love as a Test” is not just about HIV. It is a love story starring one of Kyrgyzstan's most popular male actors.

¹ All figures are the most recent ones available from four sources listed in the references at the end of this publication: UN (2007), UN (2008), UNDP (2007) and World Bank (2008).

² WHO Europe (2008).

Laying the groundwork for mass media strategies³

In Kyrgyzstan, the Vice Prime Minister chairs the Multi-sectoral Committee on AIDS Prevention. The Unit for Coordination and Monitoring in HIV/AIDS does what its name implies and the Kyrgyzstan National AIDS Centre (KNAC) plays a leading role in implementation. The UNDP Joint Programme on the Expanded Response to HIV/AIDS (UNDP JP) is a key forum for multi-partner collaboration on national policy and programme development and implementation. In 2001, the Government launched its second State Programme on the Prevention of AIDS and Sexually Transmitted Infections and, in 2002, the UNDP JP agreed to facilitate the development of mass media strategies for prevention of HIV. The United Nations Volunteers (UNV) were key partners and, through UNV, German Development Service (DED) provided a media specialist.

Gathering the evidence to inform action

A review of several earlier (1999 to 2002) studies of Kyrgyzstan's media and media consumption habits found that:

- Kyrgyzstan's media scene is troubled and fast-changing, with more than 300 scattered newspapers, magazines and radio and television providers that come and go frequently. None of the 23 public and private television channels reaches the entire country but television is nevertheless by far the most reliable way of reaching the majority of people. Eighty-six percent of adults 18 years and older watch television on a regular basis, compared to 64 percent who read newspapers and 48 percent who listen to radio.
- When people in Kyrgyzstan watch television, they watch Russian channels 50 percent of the time, other foreign channels 10 percent of the time and domestic channels only 40 percent of the time. Ninety percent of all content is produced in foreign countries, though sometimes translated into Kyrgyz or Uzbek and shown on domestic channels. (Russian is a second language for most people but the first language is Kyrgyz for 65 percent, Uzbek for 14 percent, and other languages for 9 percent.)

New surveys and focus group discussions held outside of the national capital, in five of the country's seven provinces:

- Asked 1,004 people 15 to 56 years old to list their main sources of information about HIV. Of 15 to 19 year olds, 69 percent listed television, 41 percent newspapers, 34 percent school, and 14 percent radio. Of 20 to 25 year olds, 78 percent listed television, 58 percent newspapers, 21 percent radio, and 14 percent school. Of 26 to 56 year olds, an even larger percentage named television as one of their main sources of information. While all were aware of HIV, few were well informed. Of 15 to 19 year olds, only 33 percent knew that sharing needles is a risk for HIV transmission; only 55 percent knew that condoms are a method of prevention; many believed that HIV is an air-borne disease acquired through casual contact, the symptoms are almost immediate, and you can assume you are free of infection if you take a risk but have no symptoms within the next few days.
- Engaged 110 journalists from television, radio and print media and found that most rarely travelled far from their desks, made long distance phone calls or used the internet and, thus, most had little

³ The information in this section comes from a number of sources. These include telephone and email communications from Michael Unland, a DED media specialist who worked with the UNV and UNDP JP to facilitate development of the mass media strategies; two unpublished draft reports written by Michael Unland, "Analytical

contact with reliable sources of information about HIV. They recognized that HIV is a severe danger to Kyrgyzstan but saw it as only one of the many subjects they cover and not one for which they have any particular responsibility. When tested for their knowledge about HIV, 11 percent did not recognize sharing needles as a risk; 11 percent did not recognize sexual contact as a risk; 46 percent did not recognize mother to child transmission as a risk; only 39 percent knew that some bodily fluids (e.g., sweat) are not a risk, 50 percent that mosquito bites are not a risk, 61 percent that toilet seats are not a risk, and 72 percent that coughs or sneezes are not a risk. Only 79 percent knew that condoms can prevent HIV transmission, and most thought HIV is like most infections in that symptoms appear soon after infection.

- Engaged 1,000 representatives from local NGOs and found they knew considerably more about HIV than the journalists did. They confirmed, however, that journalists rarely turned to them for information about HIV and one reason was their own reluctance to get embroiled controversy.

Drawing conclusions

An analysis of findings from the research – together with general observations about cultural traditions, social attitudes and mass media behaviour in Kyrgyzstan – led to certain conclusions. Open discussion of sex is taboo and most people are also uncomfortable talking about injecting drug use and any other behaviour that is illegal and condemned by religious leaders. (Seventy-five percent of Kyrgyzstan's people are Islamic, 20 percent are Russian Orthodox Christian and many are deeply imbued with traditional moral values.) The school system makes insufficient effort to inform children and adolescents about sexual and reproductive health

and HIV. Out-of-school youth and adults have little access to reliable sources of information, advice or counselling. As a result, people turn to unreliable sources including ill-informed relatives and friends and fear-mongering media.

Television is by far the most popular source of information but 90 percent of the content comes from Russia and other foreign countries and most of the 10 percent originating in Kyrgyzstan is of low quality. Whether on television or elsewhere, the quality of reporting on HIV is low. Little of it is specific to Kyrgyzstan and its unique epidemic and much of it plays on people's fears that they could all die of AIDS soon, blames injecting drug users and sex workers, and encourages stigma and discrimination against people living with HIV, no matter who they are or what the source of their infection.

Three mass media strategies

In November 2003, the UNDP JP hosted a five-day "Windows on Risks" workshop with HIV experts and representatives from film, television, radio, print, and the communications sciences. By the end of the workshop, they had agreed on a draft framework for action with three strategies:

- 1. Create and mobilize a mass media alliance.** Engage the mass media, starting with the heads of mass media organizations; encourage them to recognize their collective responsibility to use their power and influence to contribute to the response to HIV; help them develop a common set of policies and an action plan with mechanisms for coordinating and financing their actions.
- 2. Build capacity and provide support.** Create a resource centre for journalists and other content providers, with a database and website; include

HIV as a subject in journalism courses at universities; develop a manual, training modules, seminars, grants for internships, annual bulletins with examples of best practice, and competitions with awards for best coverage of HIV.

3. **Provide IEC and BCC through journalism and the narrative arts.** This strategy was based on recognition that providing people with information is not enough to change their behaviour. In the factual realm, they need in-depth documentaries and interactive programmes (e.g., call-in-shows) that engage them in thinking more deeply about issues and reflecting on the implications. In the fictional realm, they need feature films, television dramas and so on that help them think about HIV and its implications on a more personal level, through characters they can identify with and situations they are familiar with.

During the discussion leading to agreement on the third strategy, participants showed great interest in the possibility of a popular television series mirroring real life in Kyrgyzstan and providing “windows on risks” of HIV. They agreed, however, that any such series would attract few viewers unless it was of higher quality than much made-in-Kyrgyzstan television or else viewers would simply switch to the Russian and other foreign programmes they usually prefer. Given that the total amount of money available for the HIV response in Kyrgyzstan was very modest, producing such a series might be too expensive.

A countrywide controversy and catalyst for action

In 1999, the Kyrgyzstan National AIDS Centre (KNAC) published a book to guide teachers in their efforts to raise awareness of HIV among their

students and teach them how to preserve and protect their own health. Called “Healthy Lifestyles,” most of its 20 chapters dealt with uncontroversial matters such as the importance of personal hygiene, a healthy diet and exercise. Only two focused on sexual and reproductive health and covered sexually transmitted disease and HIV. By 2004, the third version had been published and education authorities in some other Central Asian countries had arranged for translations into other languages. The various versions were in the hands of thousands of teachers and, while use of the book was optional in most schools and classrooms, there was widespread agreement by the state and civil society that it filled a serious void.

Then a group of conservative activists denounced the book, claiming it encouraged children to have sexual relations and violated the moral standards of the Kyrgyz people. They sued the authors (including the head of KNAC) for US\$ 100,000 and, pending resolution of the controversy, the KNAC stopped distributing the book. At the outset of the controversy, the mass media seized on the opportunity for a sensational story they could draw out for many days. They fanned the flames of controversy by providing ill-informed extremists opportunities to broadcast incorrect or misleading information not only about the manual and its intentions but about HIV, people living with HIV and people at risk of infection.

A positive result was that the whole experience served as a catalyst for action. Clearly, something bold had to be done to get across more accurate and balanced messages about HIV than those the media were getting across in the daily news. The Government’s Unit for Coordinating and Monitoring in HIV/AIDS, the UNDP JP and UNV agreed to forge ahead and find a way of producing a popular television series at a cost they could afford.



In "Love as a Test," Adyl's older sister knows he used to inject drugs but does not know he has just tested HIV positive and wonders what is troubling him.

Development of a high quality TV series at very low cost

With Programme Acceleration Funds (PAF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) provides UN organizations at country level with the small sums of money they need for projects that do not fall within their core mandates. During 2004 and 2005, PAF provided the UNDP JP with enough money to work with the Unit for Coordination and Monitoring in HIV/AIDS and the UNV, marshal support from other partners and proceed with developing a television series. Steps included:

- **Engaging and training potential writers.** Local writers, whether or not they had any experience in film or television, were invited to a workshop where they learned that the ultimate aim was to produce a series of television dramas that would entertain while also educating. It would appeal
- **"Best Script" competition.** The writers were then invited to enter 8-page proposals into a competition. There were ten entries involving sixteen writers and the winning team, chosen by experienced professionals in television production and HIV education, consisted of Galina Gaparova, an experienced dramaturge who was also director of the Children's Media Centre in Bishkek, and Rinat Tukhvatchin, a medical student.
- **Advanced training for the winning team.** Capacity Building International, Germany (InWEnt) arranged for training by an expert from the team that created "Lindenstrasse," a popular television series with weekly episodes that had been entertaining German audiences since 1985. He guided the winning team as they developed their proposal into a full set of scripts for a mini-series consisting of four 52-minute episodes.
- **Selection and training of the production team.** A local film production company, Studio Begim, and a local film director, Aktan Abdykalykov, were chosen to make the mini-series. The male lead and other key roles were given to popular local actors and the female lead and supporting roles

were given to less experienced actors and volunteers chosen from among hundreds of Bishkek residents who applied. During production, the expert from “Lindenstrasse” provided guidance on how to meet the requirements of a television series that will attract a mass audience.

- **Information spots to go with the series.** The United Nations Population Fund (UNFPA) financed the production of four six-minute information spots to be shown after each episode. These provided additional information related to issues highlighted in the episodes.
- **Promotion.** UNFPA provided financing and InWEnt provided an expert instructor to work with the UNV and help them develop a plan and then publicize and market the series with the four spots. The promotion strategy included billboards, leaflets and radio spots.
- **First broadcast.** By December 2005, a year after the “Best Script” competition, the series was ready for preview. A popular private television channel in Bishkek agreed to advertise and broadcast the four episodes for free. They did so on four nights in succession, from 16 to 19 February, 2006, and reached an estimated audience of between 150,000 to 200,000 in Bishkek and the northern Chuy and southern Osh provinces.
- **Subsequent broadcasts.** The first broadcast was so well-received that several other television channels immediately expressed their interest in broadcasting it. It continues to be broadcast repeatedly in Kyrgyzstan and in other countries in Central Asia and Eastern Europe. The original version was in Russian and another version dubbed in the Kyrgyz language was produced and broadcast in the summer of 2006, making it more accessible to the many Kyrgyz people who live in rural areas.

The UNFPA produced four Kyrgyz-language posters to publicize the broadcast and also published a Kyrgyz-language newspaper, with much additional information on HIV, and circulated it countrywide during the broadcast period.

- **A feature film.** The four original episodes have been edited down into a feature film suitable for showing in classrooms, public meetings and cinema houses. With sound in the original Russian, this version comes with options for subtitles in Kyrgyz and English.

The total cost of producing and promoting the original series of four episodes came to an estimated US\$ 100,000. Considering that 300 people were involved in various stages of the process outlined above and that the result was a popular series of very high quality, the cost was remarkably low. It would not have been possible if the majority of those people had not been volunteers making generous donations of their time, energy and enthusiasm.

"Love as a Test" synopsis

Adyl lives with his parents, older sister and two younger brothers. A student in information technology (IT) at the National University in Bishkek, he is well-liked by the department's dean and his classmates and expects to begin his career soon. He is already engaged to marry Altynai, with the blessings of his parents and hers.

One day, he and his classmates attend a seminar on HIV at the end of which the university's rector orders them to go for "voluntary" counselling and testing. When Adyl returns for the result, the nurse guides him to the counsellor's office. While giving him information about HIV and asking him about his past, she tells him he is HIV-positive. He confesses that he went through a phase when he injected drugs and recalls that, the very first time, he was injected by a friend who had been injecting himself with the same needle and syringe.

Devastated, Adyl tells no one but loses all interest in life. Everyone wonders why except for Salkyna, one of his classmates. She happened to be leaving the nurse's office with the news that she was HIV-negative just as Adyl was arriving to get his results. She decided to wait, saw the nurse taking him to the see the counsellor and saw how upset he was when he left. She confides her presumption that Adyl is HIV positive to her mother, who calls the rector to insist that Adyl be dismissed from university to protect the health of her daughter and the other students. The news soon spreads to everyone who is important in Adyl's life. As they learn to absorb and adjust to the news, the love each of them feels for Adyl is put to a severe test and his love for them is put to a severe test, too.

At first, Adyl's only reliable friend is Uncle Egor, an older man who has gone out of his way to befriend Adyl, tell him that he too is HIV-positive and convince him that his life is far from over and he should continue pursuing his dreams. One by one, most of the others come around to passing the test, in part by examining their own lives and recognizing that they too have made mistakes. Salkyna, for example, feels guilty about revealing Adyl's secret. She phones a newspaper and tells them that, as a consequence, the university has expelled Adyl and fired the dean when he protested too much. Classmates who had rejected or stood aloof from Adyl after learning he was HIV-positive now rally around him and the dean and, with their protests, embarrass the university into reinstating both of them.

Altynai fails the test, walking away from Adyl in stunned disbelief when he tells her he is HIV positive and tries to explain why. All along, Adyl has been having daydreams about Kamilla, the girl he has long loved more than any other. They separated over a misunderstanding back in the days when Adyl was injecting drugs. Now he worries he may have infected her with HIV, so he seeks her out to tell her she should get tested. At first she is angry but, eventually, after she has had time to reflect on all that has happened she decides that she still loves Adyl and they are reconciled.

Evaluation of “Love as a Test”

In October and November 2007, *Izildo Pluz* did an independent evaluation of the impacts of “Love as a Test” on people living in Bishkek and in one Kyrgyz village and one multi-ethnic village in the northern province of Chuy.⁴ The research included 14 focus group discussions with a total of 79 adolescents and young adults 14 to 35 years old, divided into different age cohorts; interviews with a total of 15 doctors, university professors, school teachers, representatives of NGOs, and religious and community leaders; a questionnaire survey of 250 households from which a total of 356 people 14 to 55 years old agreed to participate.



Adyl's classmates argue before agreeing to protest when the university's rector learns Adyl is HIV positive and expels him to “protect” the other students.

Some of the key findings were:

- **Who watched?** In Bishkek, 17 percent of the participants had seen “Love as a Test” and, of those, just over half had watched all four episodes or the entire feature film version. In the two villages, 41 percent and 49 percent had seen it and, of those, 80 percent or more had seen all four episodes or the entire feature film version.
- **Why did people watch?** The majority said they had seen trailers advertising the series on television and had also seen posters. They were particularly drawn by the fact that it was made in Kyrgyzstan by some of the country's own well-known creative people, including popular actors. In the two villages, however, many had seen it on DVDs shown during UNFPA “Stepping Stones” training sessions on sexual and reproductive health.
- **Perceptions of the purpose.** In Bishkek, the majority thought the main purpose was to reduce stigma and discrimination against people living with HIV. In the two villages, the majority thought the main purpose was to warn people about the dangers HIV posed to them and their families. For example, one mother said there were already people living with HIV in her village and the main thought going through her mind as she watched was, “My God, I’ve got my baby growing and what will happen to him?”
- **Perceptions of the impacts.** The three impacts people emphasized most were:
 - **On stigma and discrimination.** Many said that the most striking and memorable moments of “Love as a Test” were those showing how badly Adyl and other people living with HIV are treated by society and even by people close to them.
 - **On self-help networks.** Many said they were so moved by how the HIV-positive characters supported each other that they had tears in their eyes. (After Egor befriends Adyl and convinces him that he should live life to the fullest, Egor becomes ill with HIV-related pneumonia. He cannot afford the drugs he needs and Adyl begs his father, who is still not reconciled even to Adyl's HIV infection, to lend him money so he can buy the drugs over the internet.)

⁴ Izaldo Pluz (2007).

- On understanding and provoking thought.** Many said the pieces of information they gathered from “Love as a Test” were not new to them but it had helped them put the pieces together into a whole picture that made things much clearer. At the same time, it raised some questions that it left unanswered. For example, Adyl’s counsellor mentioned a “window period” during which someone newly infected with HIV was most likely to transmit infection to others but did not explain.
- Criticisms.** The three criticisms most often made were:
 - Insufficient detail.** Representatives of some NGOs with HIV-related programmes felt that some issues were addressed too superficially.
 - Too optimistic.** Some thought it was unrealistic in showing that people could be so quickly and easily brought around to overcoming their fear and their tendencies to stigmatize and discriminate against people living with HIV.
 - Portrays disrespectful and immoral behaviour.** “Love as a Test” is set in Bishkek and some older people in the two villages felt that younger people in the film addressed their parents and other authority figures disrespectfully. They questioned the morality of some actions they felt were shown in a positive light. For example, Adyl’s sister meets the dean of the university’s IT department to discuss Adyl’s situation and they immediately start dating each other. A well brought up young woman would never do such a thing without her parents’ permission, they said.
- Rating by adolescents and young adults.** The 79 adolescents and young adults who participated in the focus group discussions were asked to rate “Love as a Test” on a scale of 0.0 (worst) to 3.0 (best) and the combined results were 2.7 on usefulness, 2.4 on plot, and 2.4 on relevance to

the way people live today, and 1.8 on the performances. In both villages, the results were 2.9 for usefulness compared to 2.6 in Bishkek.

- One measure of impacts.** The household survey asked people if they would have a meal with someone they knew to be HIV positive. Seventy-five percent of those who had seen “Love as a Test” said yes but only 40 percent of those who had not seen it said yes.

The participants’ comments quoted or paraphrased in the evaluation report show that they remembered and were keenly interested in many specific details of the story told in “Love as a Test” and that these had provoked them to question how they would behave in similar circumstance. These details had also raised many questions that had motivated them to look for answers by going to other sources or entering into discussion with other people.



Kamilla reflects on all that has happened before deciding she still loves Adyl.

Informal assessment

The media specialist who facilitated development of the three mass media strategies and of “Love is a Test,” says it was the right decision to focus a large share of the limited resources on developing a story that put HIV into its broader context, as one of many issues that concern adolescents and young adults in Kyrgyzstan during a time of uncertainty that creates tensions within their families and drives many to engage in risky behaviour. As a result of that decision, “Love as a Test” has been able to attract young people and their parents and get them talking to each other. It has confirmed his view that “edutainment” via television is the most cost-effective way of reaching masses of people whose preferences and prejudices might stop them from taking advantage of information packaged in more conventional ways.

Advertised as a love story with a hero in the person of a popular actor, “Love as a Test” lures audiences in and holds them by appealing to their emotions. It is especially effective at attracting viewers from outside Bishkek. In Bishkek, people are often fluent in Russian, know some English, have access to commercial films and TV series from the outside world through cable and satellite, and have access to a wide variety of sources of information about HIV and other issues. In smaller towns and villages, many are more comfortable with material in the Kyrgyz language (e.g., the dubbed and sub-titled versions of “Love as a Test”) and find it easier to relate to material produced in Kyrgyzstan and reflecting lifestyles familiar to them.

The media specialist also notes that “Love as a Test” is the first film or TV show in any country in the former Soviet Union where the main character is a person living with HIV. Some experts warned that most people would not accept or identify with such a character, especially if that character had acquired

HIV by engaging in illegal or immoral behaviour, and the authors of most submissions to the “Best Script” competition apparently agreed. They portrayed people living with HIV as victims and portrayed doctors, counsellors and others as their heroic rescuers. The jury agreed that such portrayals would not encourage audiences to identify with the characters, examine their own attitudes and behaviour and think in terms of “this could happen to me or someone I love.”

“Amor de Batey” in Dominican Republic

Dominican Republic and its bateyes

The Dominican Republic has a population of 9.8 million people. Its gross national income (GNI) per capita is US\$ 6,340 but there are huge income disparities. Three-quarters of the people are of mixed European-African ancestry but the wealthiest are mainly Spanish and the poorest are mainly African. With small incomes supporting large families, sixteen percent survive on less than US\$ 2 per day.⁵

Many of the poor are Haitians and include migrant workers who come from Haiti for the long (six-month) harvest season, former migrants who have decided to stay, and their descendants. Some live in poor urban barrios, others are scattered through rural areas and large numbers live in bateyes. These are informal settlements on agricultural (mainly sugar) plantations, where most houses have only one or two rooms and some are makeshift shacks with no water, electricity or indoor toilets.

Since bateyes have no official status, their exact numbers are unknown but in the 1990s there were an estimated 350 to 400 with 200 to 800 residents each. Many residents have no legal papers to say they are citizens with rights to public education, health and other services. As a result, they often have little or no formal education and, while they may speak enough Spanish to get by, they speak Creole to each other. Their local health clinics are often grossly inadequate, the costs of travel to and services at better clinics and hospitals are often prohibitive, and they often have little knowledge about medicine and turn to sorcerers and healers for cures.



Batey life is not easy, but this boy's little sister looks as if there will be no stopping her from getting to where she wants to go.

Extremely high rates of HIV prevalence in the bateyes

In 2007, a special demographic and health survey (DHS) focussed on batey residents and found that the rate of HIV prevalence among adults (15–49) was 3.2 percent, or four times the countrywide rate of 0.8 percent.⁶ There was little difference between the rate among men (3.3 percent) and the rate among women (3.1 percent) but a big difference between the rate among adults in the lowest income quartile (4.2 percent) and adults in the highest income percentile (1.2 percent) and an even bigger difference between the rate among adults with no formal education (6.7 percent) and the rate among adults with some secondary education (1.2 percent).

Lack of education (rather than gender, age, marital status, or income) was by far the biggest factor accounting for differences in knowledge about HIV. Among young women (15–24), for example, only 12 percent of the least educated compared to 50 percent of the most educated recognized the three main ways HIV transmission can be prevented (using condoms, abstinence and fidelity to one partner) and the three most common misconceptions about how HIV can be transmitted (by mosquito bites, supernatural forces or sharing food).

In general, the perception of risk was low, with 59 percent of men and 55 percent of women believing they had no risk of acquiring HIV. Not surprisingly, then, risk-taking behaviour was high. Among men (15–49), 37 percent had sex with a partner who was not their spouse during the past year and, of those, only 67 percent used a condom on the last occasion; 17 percent had sex with two or more partners during the past year and, of those, only 40 percent used a condom on the last occasion; 7 percent paid for sex during the past year and, of those, only 66 percent always used a condom when

they did so. Among young women (15–24), 25 percent had their first sexual experience before they turned 15 and 69 percent before they turned 18; of those with sexual experience, only 33 had their first experience with their spouse, only 14 percent used a condom on the first occasion and only 39 percent used a condom on the last occasion.

Social marketing of condoms and BCC in the bateyes

Under an agreement with the Joint United Nations Programme on HIV/AIDS (UNAIDS), German Financial Cooperation through the KfW supports regional approaches to the social marketing of condoms and BCC. In 2005, the Pan Caribbean Partnership against AIDS (PANCAP) became the principle partner in the Caribbean and launched a region-wide programme called Caribbean Social Marketing to Prevent HIV and AIDS (CARISMA).⁷ The Dominican Republic and Haiti were chosen as the pilot countries and country offices of Population Services International (PSI) were chosen as the main implementing partners. (In 2007, CARISMA was extended to Belize and Jamaica and, in 2008, to the Eastern Caribbean.)

Under CARISMA, PSI Dominican Republic has established three social marketing programmes. The Youth Programme aims to catch young people (10–14) as they enter adolescence and encourage them to delay sexual debut and also aims to teach the older ones (15–24) the basics of HIV prevention and, if they have sex, to buy and make correct and consistent use of a reliable brand of condom. The Sex Worker Programme aims to encourage all sex workers, including males, to buy and make correct and consistent use of reliable brands of condom and water-based lubricant.

⁶ Centro de Estudios Sociales y Demográficos et al (2008).

⁷ PANCAP et al (2008).

The Bateyes Programme targets the country's large ethnic Haitian population and focuses especially on those who live in bateyes and in rural areas. It targets sexually active adults and aims to increase the sales and the correct and consistent use of

reliable but low-cost *Pantè* condoms. At the same time, through its BCC components, it aims to address the full range of sexual and reproductive health issues and related Millennium Development Goals (see box).⁸

Empowering women and reducing child mortality while responding to HIV

While its full name, Caribbean Social Marketing to Prevent HIV and AIDS, suggests that CARISMA is focussed only on preventing HIV, it has broader purposes outlined in the agreement for financing by KfW. It addresses the full range of sexual and reproductive health issues, including prevention, treatment and care for HIV and sexually transmitted infections. It also aims to contribute to achievement of certain Millennium Development Goals (MDGs) that are widely recognized to be so linked that one cannot be achieved without achieving the others. These are the goals to halt and reverse the spread of HIV and other disease, to empower women, to reduce child mortality, and to improve the health of pregnant women and mothers. Under CARISMA, the Bateyes Programme is especially mindful of these broader purposes as it addresses extremely high rates of HIV in the context of extreme poverty among the Dominican Republic's Haitian migrants and their descendents.

Developing a soap opera

PSI leads a network of partner NGOs for the HIV prevention in the Bateyes. Partners include the Dominican Association for family Planning (ADO-PLAFAM), the Batey Relief Alliance (BRA), Center for Research and Cultural Support (CIAC), Foundation for Health and Well-Being (FUSABI), Movement of Dominican-Haitian Women (MUDHA), and the Sociocultural Movement for Haitian Workers (MOSCTHA). As their names imply, these organizations have a range of mandates but all are engaged in practical work in bateyes promoting health, adult literacy and further education, and women's empowerment.

When it was launched, the Bateyes Programme was informed by the ready knowledge of the Coalition's members and by evidence from a 2002 demographic and health survey (DHS). Compared to evidence from the new 2007 survey described earlier in this publication, it showed that HIV prevalence in the bateyes was even higher back then, at 5.5 percent

among men and 4.7 percent among women, and that people in the bateyes were even less well informed about HIV and even more inclined to engage in high-risk sexual activity.

In 2006, the Bateyes Programme supplemented the 2002 evidence with a new survey of 1,500 batey residents. It found that whether or not people consistently use condoms when engaged in high-risk sexual behaviour does not depend on their knowledge about how HIV infection can be prevented. It depends, rather, on their notions about masculinity and femininity. Many batey residents believe that "real men" do not use condoms and that "real women" love and trust such men and do not insist that they use condoms. The conclusion was that the BCC components of the Programme need to convey two messages: men who use condoms are "real men" and even more masculine and attractive than other men; trust does not protect anyone, male or female, from becoming infected with HIV.

⁸ The information in this and the following section comes from a number of sources. These include telephone and email communications with German Agudelo, Programs Manager, PSI Dominican Republic;

BMZ, KfW and GTZ (2008) listed in the references and the end of this publication.

Also in 2006, the Bateyes Programme sold 5 million condoms and through 326 sales points in 88 bateyes. It trained seven social marketing managers in partner NGOs engaged in bateyes in different parts of the country and also trained 20 supervisors and 137 promoters. To promote the uptake of condoms, it developed a soap opera series called “Amor de Batey” and an accompanying BCC guide for use by NGOs as they conduct HIV-related classes, meetings and workshops in bateyes. It also developed television and radio ads for the reliable but low-cost *Pantè* brand of condom, a brand also displayed conspicuously in the soap opera.

The Bateyes Programme hired Dominican writer Marleny Hernandez to develop the script for “Amor de Batey.” She did so through extensive consultations with the NGOs and batey residents to ensure it was a realistic reflection of life in a batey and addressed the issues that contribute to high prevalence of HIV. The two directors, Hans García and César Omos, were also Dominican and the produc-

tion studio was Mabalo Publicidad, based in Santo Domingo. The main characters were played by a combination of well-known Dominican actors and amateurs. Ready for release in April 2007, “Amor de Batey” was broadcast countrywide by a popular television channel, Canal 11 in July of that year and has been broadcast two times since, most recently just before World AIDS Day in December 2008.

The original version for television broadcast consists of five 20-minute episodes designed to fit standard half-hour television slots with room for ads for condoms and HIV-related information spots. Those five episodes have been edited and reformatted to create an educational version consisting of 12 chapters on DVD. Each of these chapters focuses on a particular issue or set of issues and is designed for use in classrooms, meetings and training workshops. The BCC guide is designed to go with these chapters and to provide further information and guidance for group discussion.



In “Amor de Batey,” Lucy finds new purpose in life and returns to school after joining a support group for people living with HIV.

"Amor de Batey" synopsis

Lucy was raped in her early teens while on her way home from school. She got pregnant, was obliged to leave school and now, at 26, is barely able to read or write. Living with her mother, younger brother and sisters and her own child, she often goes to the bar where her boyfriend Pedro works part time.

Pedro is 41 and hangs out at the bar even when he is not working. He is married with children but that does not stop him from having a girlfriend or from flirting with other women. Lucy is jealous but wants to believe him when he tells her the flirting means nothing and he loves only her. One night he picks up a woman no one has ever seen before. As they leave together he brushes away a Pantè condom a bartender urges him to take. Sometime later, he becomes ill, Lucy persuades him to come with her to see a doctor and they learn he is HIV-positive.

The doctor refers Pedro and Lucy to Martin, an HIV-positive peer counsellor. Lucy listens to Martin's advice, gets tested and learns she is HIV-positive too. She is devastated at first but attends Martin's weekly sessions with a small group of men and women, each with a different story about how they acquired HIV and are now living with it. With support from her new friends, Lucy gets a new lease on life and goes to classes where she learns to read and write. Martin and the group see her through her pregnancy with Pedro's child, and eventually she and Martin become partners and Martin takes on the role of father to Lucy's children.

Meanwhile, Pedro goes to a sorcerer for treatments that include rituals and concoctions that do him no good. When he is feeling well enough, he continues with his old life. No longer welcome at the bar in his batey, he takes a motorcycle-taxi to a bar-brothel in the countryside where he hooks up with sex workers. Eventually, without effective medicine, he dies of AIDS and we are left wondering how many women he might have infected over the years.

In "Amor de Batey" there is much talk among mothers, daughters, sisters and girlfriends and most of it focuses on the attitudes and behaviour of men and women, and how it falls upon women to take responsibility for their own lives, including their sexual and reproductive health, and to protect their children from harm.

Informal assessment

“Amor de Batey” was nominated for a 2007 Cassandra Award, the Dominican equivalent of an Academy Award. In 2008, some months before the third broadcast of the series took place, a Tracking Results Continuously (TRaC) survey by PSI Dominican Republic found that out of 1,487 people interviewed in bateys, 27 percent had seen “Amor de Batey” and, of those, 43 percent had seen it twice, 12 percent had seen it three times, and 11 percent had seen it four or more times. Of those who had seen it, more than 80 percent had seen it when it was broadcast on television while the rest had seen it only on DVD.

“Amor de Batey” is comparatively new and there has been no formal evaluation of its impacts on the knowledge, attitudes and behaviour of its target audience. However, the Programs Manager with PSI Dominican Republic believes that the broadcast version has played a significant role in the uptake of the millions of condoms being marketed by NGOs under the Bateyes Programme and that the 12-chapter education version is proving to be an even bigger success. NGOs are finding that those chapters and the accompanying BCC guide provide them with the tools they need to conduct successful group counselling sessions and to do education and training in classrooms, meetings and workshops. They work not just for the target audience of Haitians in bateyes and rural areas but for people of all backgrounds and, especially, for people in the poor barrios of Santo Domingo and other cities. In fact, the characters, attitudes, behaviour and situations portrayed in “Amor de Batey” are familiar to anyone who lives in the Dominican Republic and in many other countries in the Caribbean.



As Lucy and a counsellor listen, Pedro explains how he thinks he acquired HIV but fails to mention that he picks up other women in bars and never wears condoms.

“Amor de Batey” was released too late to be credited with the marked decline in HIV prevalence in bateys shown by comparing results of the DHS surveys done in 2002 and 2007, or to be credited with the increased knowledge of HIV and improvements in attitudes and behaviour also shown. However, the Bateyes Programme was well underway by the time the 2007 survey was done and the intention is that “Amor de Batey” will contribute not just to continuation but to acceleration of the trends towards increase in knowledge, improvement in attitudes and behaviour and decline in HIV prevalence in bateyes and countrywide.

“SIDA dans la Cité” in Côte d’Ivoire

Côte d’Ivoire and its HIV epidemic

Côte d’Ivoire has a population of 19.3 million people with a median age of 18.5 years and life expectancy of 48.3 years. While French is its official language, it has six main ethnic groups, 60 dialects and a mix of Muslims, Christians and adherents to indigenous religions. Fifty-five percent of its residents live in rural areas and two-thirds of its workers are employed in agriculture. Half survive on less than US\$ 2 per day and Côte d’Ivoire ranks near the bottom on the UNDP’s Human Development Index and Gender Equality Index. Compared to its boys, its girls are little more than half as likely to attend primary or secondary school and its adult literacy rate is 61 percent among men but only 39 percent among women.⁹

An estimated 750 thousand of the country’s residents have been internally displaced by ethnic conflict but, despite its own problems, Côte d’Ivoire attracts refugees and migrant workers from neighbouring countries with worse problems. Many of the migrant workers are single young men.

According to recent estimates by UNAIDS (with retrospective adjustments to take new evidence into account), the rate of HIV prevalence among Ivoirian adults (15 – 49) declined from 6.0 percent in 2001 to 3.9 percent in 2007 and, over the same period, the annual number of HIV-related deaths declined from 43,000 to 38,000.¹⁰ Expert observers caution against over-interpreting the meaning of these declines. They point to evidence, for example, that “the isolation and decreased mobility associated with conflict-affected areas can actually hinder the spread of HIV¹¹.”

Much higher rates of HIV prevalence among women

Whatever the trends in HIV prevalence among all adults, there continues to be great concern that in all age cohorts and right across the country – in Abidjan (the national capital) and in all regions – the rates of HIV prevalence are very much higher among women than among men. The latest DHS survey, in 2005, found that the rates of HIV prevalence among women (15 – 49) ranged from a high of 8.6 percent in Abidjan to a low of 2.7 percent in one northern region and averaged 6.4 percent across the country. By comparison, the rates among men ranged from a high of 6.1 percent in Abidjan to a low of 1.7 percent in the same northern region and averaged 2.9 percent across the country, less than half the rate among women. Among young women 20 to 24 years old, the countrywide rate of HIV prevalence was 4.5 percent and that was 15 times the countrywide rate of 0.3 percent among young men of that age.¹²

Thirty percent of married Ivorian women are in polygamous unions where their husbands have two or more wives. As in other sub-Saharan African countries where there is a tradition of polygamy, there is a contemporary pattern of multiple concurrent sexual relations within and outside of marriage. This means people are connected through vast sexual networks that allow HIV to spread rapidly. The situation is exacerbated by the fact that Ivorian men tend to be much older than their wives or other sexual partners and, thus, to have had more opportunities to become infected by HIV. This means that, by comparison to younger men, they are much more likely to infect younger women with HIV.

⁹ All figures are the most recent ones available from four sources listed in the references at the end of this publication: UN (2007), UN (2008), UNDP (2007) and World Bank (2008).

¹⁰ UNAIDS (2008).

¹¹ IFRC (2008).

¹² Ministère de la Lutte contre le Sida et al (2006).

The 2005 DHS survey found that Ivorian women know considerably less than Ivorian men know about HIV. Also, rural women know considerably less than urban women, the poorest women know considerably less than the wealthiest women and the least educated women know considerably less than the most educated women. Despite being more knowledgeable about HIV, however, the wealthiest and most educated women are far more likely to engage in high-risk sex (outside of marriage with a non-cohabiting partner) than are the poorest and least educated women. Thirty-three percent of all women (15 – 49) said they had had high-risk sex within the past year but 47 percent of women in the highest income quintile said they had done so, while only 21 percent in the lowest income quintile said they had done so; 58 percent of the most educated women said they had done so but only 23 percent of the least educated said they had done so.

Whether engaged in comparatively low-risk or high-risk sex, wealthier and better educated women were far more likely to take precautions but even many of them failed to do so. Among young women (15 – 24), only 51 percent of the wealthiest and 12 percent of the poorest used condoms during their first sexual experience; only 44 percent of the wealthiest and 32 percent of the poorest used condoms during their most recent sexual experience; only 53 percent of the wealthiest and 21 percent of the poorest used a condom during their most recent high-risk sexual experience. Among all women (15 – 49), only 20 percent of the wealthiest and 2.4 percent of the poorest had ever been tested for HIV; only 7.2 percent of the wealthiest and 1.2 percent of the poorest had been tested within the past six months.

Social marketing of condoms and BCC in Côte d'Ivoire

The Côte d'Ivoire Social Marketing Programme was launched in 1991 and German Financial Cooperation (through KfW) has been a financial partner since 1996. The Ministry of Health has overall responsibility, while the Agence Ivoirienne de Marketing Social (AIMAS) has responsibility for implementation. Population Services International (PSI) provided oversight until 2007 but no longer does so. Other partners include the Ministry for the Prevention of HIV/AIDS, Ministry of Education, Ministry of Defence, Johns Hopkins University Center for Communications Programs, Family Health International, Care International, and a number of national and local NGOs including faith-based ones.

From the outset, basic aims have been to market the *Prudence* brand of low-cost but reliable condoms and get people who engage in high-risk sex to use them consistently and correctly. Back then, the annual rate of HIV prevalence was continuing to increase rapidly and women were continuing to account for rapidly increasing proportions of all new cases. It was evident that the marketing campaign would have to target women at least as much as men, and convince women that they had the right and responsibility to insist that their male partners wear condoms.

While it was well known that an effective HIV prevention campaign should focus on the people at highest risk of infection, it was also known that those people were scattered right across the country's large geographic area. Disproportionate numbers of

them lived in Abidjan, the country's largest city by far (with a population that has almost doubled since 1991 and approaches 4 million today), but many of them lived in small and remote villages. Less than half of all households received electricity but, with or without electricity in their own homes, families commonly gathered in the central courtyards of their compounds to watch television and many people also watched television in bars. In addition, whether on television or radio, soap operas have long been the most popular of all kinds of programme in Côte d'Ivoire.¹³

Developing a series of soap operas, then a second and a third

In light of the above knowledge, the partners in the Côte d'Ivoire Social Marketing Programme decided to produce a soap opera series as one of their main social marketing and BCC tools. They agreed it would have to reflect the fact that some people prefer to emphasize abstinence before marriage and fidelity within marriage as HIV prevention measures. But it would also have to address the realities of modern life in Côte d'Ivoire and make it clear that condoms are the safest option for sexually active people, especially for those who engage in high-risk sex.

It was clear that producing a series that met those criteria would require assembling a predominantly Ivoirian production team. Alexis Don Zigre, a well-known Ivorian playwright and founder of an Abidjan theatre company, agreed to develop a script through extensive consultations with HIV experts and representatives of NGOs, including faith-based ones. Hanny Tchellely, a well-known Ivoirian film star, agreed to be the producer and helped assemble a cast of well-known Ivorian actors who agreed to work for nominal fees alongside amateurs. The director and the rest of the crew were mostly Ivorian, too, and during production it was decided to feature Ivoirian reggae singer Alpha Blondy, one of Africa's most popular musicians, on the sound track.

Called "SIDA dans la Cité," the series was ready for broadcast in 1994. There were eleven 15-minute episodes, designed to fit standard half-hour television slots when followed by 10-minute debates and ads for Prudence condoms. Each episode introduced at least one new theme and was carefully crafted to actively engage viewers, provoke questions and discussion, and serve as a teaching aid. The total cost of all eleven episodes was around US\$ 50,000.

From the first weekly broadcast, "SIDA dans la Cité," proved to be the most popular television program in Côte d'Ivoire. In February 1995, it



Agence Ivoirienne de Marketing Social (AIMAS) used posters, t-shirts, baseball caps and a theme song by Alpha Blondy to publicize the first broadcast of "SIDA dans la Cité" and advertise Prudence condoms.

¹³ The information in this and the following section come from a number of sources. These include telephone and email communications from Goussou Koudou Lazare, Executive Director of AIMAS,

and from Jean Karambizi, consultant with Abt Associates; a number of web pages found on the websites of ID2, New Internationalist, NLM Gateway, PSI, and Soul Beat Africa.

won the award for best fiction film in the television/video category at the Panafrican Film and Television Festival of Ouagadougou (FESPACO), held every two years and the largest film festival on the African continent. During 1995, Canal France International broadcast “SIDA dans la Cité” throughout Africa and it was subsequently rebroadcast by national television stations in Benin, Burkina Faso, Burundi, Central Africa Republic, Democratic Republic of the Congo, and Republic of the Congo – all of them francophone countries in West or Central Africa.

Such was the success of the first series of eleven episodes that the partners in the Côte d’Ivoire Social Marketing Program and the Burkina Faso Social Marketing Program agreed to produce a second series, this one consisting of twenty 26-minute episodes. GDC, through KfW, provided financing that allowed AIMAS to become the first social marketing organization with its own production studio. Most key members of the original creative team performed the same functions in the new production. (Hanney Tchelley formed her own company, African Queen Productions, which was given credit as a producer of the second series.) The main characters and the actors who played them in the first series continued on through the second series, but with the new production studio and a more generous budget of around US\$ 100,000, the plot could be more complex and involve more characters and locations, including locations in Burkina Faso.

The second series was first broadcast from October 1996 to February 1997 and proved as popular as the first, not only in Côte d’Ivoire, but throughout francophone West and Central Africa. An evaluation commissioned by PSI (and summarized later in this publication) found that the second series was especially successful at reaching people who engage in high-risk sexual activity and increasing their use of condoms, and the partners in the Côte d’Ivoire Social Marketing Program subsequently agreed to commission a third series of 16 episodes of “SIDA dans la Cité”.



Filming a scene for “SIDA dans la Cité,” the third series.

The 31 episodes contained in the first two series of “SIDA dans la Cité” conform to television soap opera tradition in that they can be seen as one long story with many chapters that follow some of the main characters from beginning to end, while others characters come and go. The 16 episodes of the new series break with that tradition in that they tell four new stories with new main characters, though some of the main characters from the first long story continue to appear. These four new stories allow the series to go more deeply into HIV-related issues surrounding courtship and marriage, mobile workers, polygamy, and mother to child transmission. The new series was ready for broadcast in 2003 and, with support from the Coca-Cola Africa Foundation, was shown in Côte d’Ivoire and nine other countries of West and Central Africa that year. The other countries were Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Gabon, Guinea, Mali, Senegal, and Togo. The cost of the new series was around US\$ 175,000, though some of that was for additional equipment for the studio.

"SIDA dans la Cité" synopsis

Series 1 and 2: When Jackie learns that her husband, Serapo, is HIV-positive she leaps to the conclusion that he has been unfaithful and leaves him, taking their two children with her to their village. There, she is too ashamed to admit what is troubling her and the village Chief sends her back to be with her husband. She tells her best friend Mado why she is so angry, having no idea that Serapo is the mysterious "international civil servant" to whom Mado attributes her pregnancy. Still angry, Jackie agrees to go for voluntary HIV counselling and testing and, before she gets her results, the counsellor tells her that Serapo may not have been unfaithful. He may have acquired his infection from her and she may have acquired it from someone else before she got married. When Jackie protests that it is years since they got married and she is not ill, the counsellor tells her an HIV-positive person can remain healthy for years and can continue being sexually active. He tells her that whether or not a sexually active woman is HIV-positive, she should always carry a condom and insist that her partner use it. So the story continues, gradually throwing light on most of the issues surrounding the spread of HIV in Côte d'Ivoire.

Series 3 and its four parts: In "L'Histoire des Fiancé," Alex and Nathalie have their parents' approval and are engaged to be married when Nathalie suggests they go together to get tested for HIV. Alex is shocked, but it gives him occasion to think about his past. In "Adams le Routier," Adams is a truck driver who listens to the story of his HIV-positive friend, reflects on his own roadside adventures with casual partners and decides he should go and get tested. His girlfriend Kadi is not happy about this because she is determined that they are going to have children. In "Amin Séry," Amin is one of two wives of a village chief. When she is wrongly accused of using sorcery to kill her co-spouse (who, in fact, died with the symptoms of HIV-related illness but was never tested for HIV), she moves to Abidjan where she works in a small café-bar and, to make ends meet, sometimes accepts proposals from customers to exchange sex for money. Things get complicated when her husband comes to the city to get tested for HIV. In "Fatoumata, Mère Séropositive," Fatouma is pregnant when she learns she is HIV-positive. Overwhelmed, she does not know how to tell her husband Joseph, who has just paid the dowry. When she works up the nerve to tell him, he confirms her fears by repudiating her. Jackie (from Series 1 and 2) is now a counsellor at the HIV testing centre and works with Fatouma to bring Joseph around to better understanding of the situation, to save the unborn infant's life and to learn to live with HIV in the family.

Evaluation of "SIDA dans la Cité"

In February 1997, researchers from Johns Hopkins University, University of Pennsylvania and Tulane University surveyed a random sample of 2,171 individuals in Abidjan and two villages to the north and northeast of the city.¹⁴ Their purpose was to assess the reach and impact of the second series of "SIDA dans la Cité" shortly after its original broadcast. They deliberately chose places served by electricity and noted that this skewed the sample towards people with somewhat higher than average standards of living and levels of education but that the sample was probably fairly representative of the audience that could be reached with a television series. Among their findings were:

- **Characteristics of the sample.** While 52 percent of the women were married, only 37 percent of the men were married, reflecting the fact that women are younger when they marry and are often in polygamous marriages. More than a third of the women had no education and more than a quarter had only some primary education, whereas almost two-thirds of the men had at least some secondary education.
- **How many watched?** Of the women, 68 percent watched at least one episode and 41 percent watched ten or more episodes. Of the men, 62 percent watched at least one episode and 27 percent watched ten or more episodes.
- **Characteristics of those who watched.** Women who lived in Abidjan were more likely to have watched than women who lived in the villages; women with higher levels of education and occupational status were more likely to have watched than other women. Male watchers were even more likely to have higher levels of education and occupational status than male non-watchers. Whether male or female, younger people were more likely to have watched than older people.
- **Success at reaching those who engage in high-risk sex.** Those who engaged in high-risk sex (outside of marriage with a non-cohabiting partner) were far more likely to have watched than others. Nearly half of the sexually active women who watched had engaged in high-risk sex when they last had sex; nearly two-thirds of the sexually active men who watched had done so. (Those with higher levels of education and occupational status were far more likely to have engaged in high-risk sex. Younger women were far more likely to have engaged in high-risk sex than older women, but the decline in sexual risk-taking with age was much less pronounced among men.)
- **Success at increasing condom use among women.** By comparison to women who had watched no episodes, women who watched up to nine episodes were no more likely to have used condoms when they last had sex but women who had watched 10 or more episodes were 1.4 times more likely to have used a condom when they last had sex. That multiple was approximately the same for women of all socioeconomic levels.
- **Much greater success at increasing condom use among men.** By comparison to men who had watched no episodes, men who had watch five to nine episodes were 1.7 times more likely to have used a condom when they last had sex and men who had watched 10 or more episodes were 2.7 times as likely to have done so. Those multiples were approximately the same for men of all socioeconomic levels.

The researchers concluded that "SIDA dans la Cité" effectively reached a large share of its target audience, sexually active adults who engage in high-risk sex, and had the intended impact of increasing condom use substantially. They also concluded that repeated exposure to soap operas bearing HIV information is necessary before the impacts are significant, and that continuous information through multiple media channels – including multiple soap opera series that are repeatedly broadcast – are likely to have the greatest impact on condom use.

¹⁴ Shapiro S, Meekers D and Tambashe B (2000).

A good resource: "Getting the Message Across"

Getting the Message Across: the mass media and the response to AIDS, part of the UNAIDS Best Practice Collection, provides South African case studies that show three different ways of using television to reach certain target audiences with HIV-related IEC and BCC.¹⁵ One describes the development and impacts of a 13-part television soap opera called "Soul City," launched in 1994 and now into its eighth series. Another describes the development and impacts of a series of documentary-talk-shows (each beginning with a 10 minute documentary about an HIV-related issue, followed by a discussion led by an HIV-positive presenter) called "Beat It," launched in 1999. The third describes the development and impacts of "Takalini Sesame," launched in 2000. It is a special South African version of "Sesame Street" designed to provide children with an age-appropriate education about HIV and its impacts on children and their families. Based on field research by its author, **Getting the Message Across** amounts to a guidance manual on how to go about developing a soap opera or alternative form of mass media presentation. It also provides a list of other resources and a more exhaustive set of lessons learned than the ones provided in this publication.

Lessons learned

- **Know your epidemic.** The most effective interventions in a country's HIV epidemic are always based on the best possible understanding of that epidemic, and a soap opera is no exception. To know who is at risk, where they live and the attitudes and behaviours that put them at risk is to know your target audience and the messages you need to get across to them.
- **Know your media.** Knowing how to reach your target audience requires knowing which media they have access to and which media they prefer. The evidence suggests that, wherever television is available, it reaches the broadest possible audience. Even if people do not have television in their own homes, they often watch it in the common areas of residential compounds or in public places and commercial establishments. If they cannot watch a regular television broadcast, they can often watch a programme on DVD. However, in a country where HIV is concentrated in small groups within the general population, it may require careful research to determine whether or not television is the most practical and cost-effective way of reaching members of those groups.
- **Make it professional.** Much of the power of television drama lies in its capacity to attract viewers who would not choose to watch educational programmes. In most parts of the world, viewers now have access to television programmes of high quality and will quickly lose patience with a poorly written story, bad acting, amateurish camerawork, and so on. There are many advantages to having a creative team consisting largely of country nationals and, fortunately, creative people tend to be adaptable. A playwright or novelist, for example, can learn how to write a good television script if given training and support from an experienced script-writer. Also, it is seldom hard to find inexperienced people with keen interests in and natural talents for technical jobs and acting who, with training and support, can work alongside experienced technicians and actors.
- **Make it local and realistic.** The power of television drama as an educational tool lies in its ability to portray characters with whom viewers can easily identify, and to put those characters in situations in which viewers can easily imagine themselves. There is also a question of national



The third series of "SIDA dans la Cité" tells four stories of four episodes each. One is about Fatoumata, who learns she is HIV positive when she is pregnant.

pride, so that many viewers will be especially interested in tuning into a television drama produced by and featuring creative people from their own country.

- **Put time and care into developing the storyline and script.** First rate HIV-related “edutainment” puts special demands on a creative team. It is vitally important that the team include experts in HIV and education and that it gets inputs from people living with HIV and people at high risk of infection. It is also vitally important that the team take time to develop themes and fit them into a compelling story in an order that makes sense not only from an entertainment point of view but from a teaching point of view.
- **Put time and care into developing supplementary material.** Burdening a television drama with too much information will destroy its capacity to hold and engage viewers. At the same time, it can stimulate interest and raise questions that will prepare viewers to receive information that might not otherwise interest them. Taking best advantage of viewers’ new readiness to learn requires paying careful attention to producing supplementary material that may include, for example, short information spots to accompany each episode, newsletters to be distributed during the broadcast period, training and teaching guides and courses to be used in conjunction the series. Daily newspapers, magazines and other media may agree to collaborate on distributing supplementary material at reduced cost or for free.
- **Anticipate bi-products.** Edited and repackaged as a feature film or the chapters of an educational DVD, a series of television soap operas can be put to other uses and it is best to anticipate these other uses during the production process. It may be appropriate, for example, to extend some scenes with more didactic material for inclusion in the educational DVD but to leave those extensions out of the broadcast version. It may also be worth anticipating the possibility that the series may be broadcast in other countries and to try and ensure it will be easily understood there, without compromising on its local content and appeal.
- **Anticipate the need to evaluate impacts.** Too often, people do not think of how they will evaluate an intervention until after they have already made it. By then, it is too late for baseline research that will enable “before” and “after” comparisons. If the impacts of a soap opera are to be assessed by surveys and focus group discussions, it would be well to consider “before” and “after” surveys and focus groups discussions.
- **Sustain the effort.** Successful HIV prevention requires a continual stream of HIV information and BCC. Otherwise, people may hear the message but not really get it or, if they get it, they may soon forget it. Also, there are always new audiences for HIV prevention messages, including new people entering adolescence, beginning to engage in high-risk sex, considering marriage, learning they are pregnant and so on and, thus, becoming ready to hear messages that did not particularly interest them before. Rebroadcast of old episodes and broadcast of new episodes can be effective ways of continuing to get the message across and keeping it current with changing lifestyles and emerging situations.

Peer Review

For a publication to be included in the German HIV Practice Collection, the editorial board and two external reviewers must agree that the programmes or projects it describes come close to meeting most if not all of eight criteria. Their assessments are based on the information provided in the publication and, on that basis, their assessments of the three soap opera projects described in this publication can be summarized as follows:

Effectiveness. There is enough evidence to show that all three soap operas continue to be successful in terms of reaching target audiences, conveying their intended messages, increasing knowledge, and changing attitudes and behaviour. However, in all three cases monitoring and evaluation has been weak and this makes it impossible to judge exactly how successful they have been.

Transferability. The diversity of the countries and their cultures, socio-economic conditions and HIV epidemics serves to demonstrate that televised soap opera, as a genre, is a highly transferable and adaptable tool for HIV-related BCC. The publication says enough about how each soap opera series was developed to give people in other countries or regions ideas about how they might go about developing their own soap operas.

Participatory and empowering approach. The processes for developing all three soap operas were highly participatory and empowering when it came to using local talent and skills and giving specialist training where necessary. The soap opera in Dominican Republic may have been more participatory and empowering when it came to involving target audiences in script development. Its educational version, on DVD, and accompanying IEC material are now being used in a continuously participatory and empowering way in meetings and workshops for target populations.

Gender awareness. All three soap opera projects were strong on gender awareness from the outset and address the gender issues in their countries in gender sensitive but realistic ways. They encourage both men and women to think in terms of “this could happen to me and people I love” and to lay no blame but, instead, to take responsibility for their own actions and to consider the welfare of their sexual partners and others who may be living with HIV or at risk of infection, regardless of gender.

Quality of monitoring and evaluation. National governments and international donors are increasingly concerned that their financial resources are limited. They are putting increasing pressure on programme and project teams to provide evidence that they are aiming for and achieving results. These three soap opera projects are weak on monitoring and evaluation procedures that would produce that evidence. They might better have started by defining their target audiences more precisely, establishing baseline data specific to those audiences, setting targets (e.g., percentage increases or decreases in certain specific items of knowledge, attitude and behaviour), and pre-determining when and how they were going to measure progress towards those targets and, then, to take corrective action if called for.

Innovation. Launched in 1994, the Côte d'Ivoire project was a pioneer in harnessing the power of television drama for HIV education. There has been continuing innovation from one series to the next in Côte d'Ivoire and, also, innovation in producing the series in Kyrgyzstan and Dominican Republic. A series of soap operas practically begs for innovation as it is developed by teams of creative artists, experts in HIV and education, and representatives from target populations.

Comparative cost-effectiveness. The three examples show that a series of soap operas can be broadcast repeatedly and to ever widening audiences, reaching far beyond its country of origin. It can also be repackaged as a feature film or a set of educational DVDs and used in classrooms, training workshops and public meetings. The Côte d'Ivoire and Kyrgyzstan examples show that the costs of producing a good series of soap operas need not be great and, on a per-person-reached basis, a soap opera can be a highly cost-effective form of HIV education. Reviewers commented, however, that they would have liked to see more about the money and how it was allocated during the development of each series of soap opera.

Sustainability. The comments under “comparative cost-effectiveness” apply here, too. The “SIDA dans la Cité” experience, in particular, shows that a series of soap operas can be an effective way of delivering HIV education and marketing condoms to masses of people in many countries over many years and that new episodes can be added to respond to situations of emerging concern.

One of the external reviewers also did a “state of the art” assessment of the three soap opera series by answering questions suggested by three recent publications, one on effective HIV programmes in general and two on the effective use of mass communications in HIV programmes. Not all of the questions could be answered satisfactorily based purely on the information found here. However, considering that this particular publication is not meant to be a report on the results of a rigorous assessment, the three soap opera series came out well. Readers may wish to refer to those three publications before they embark on developing a series of soap operas. That way, they can take steps to ensure that future assessors will be able to find positive answers to all their questions. The three publications are listed in the References, next, as Bertrand J et al (2006), Sweat M (2008) and UNAIDS (2005).

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