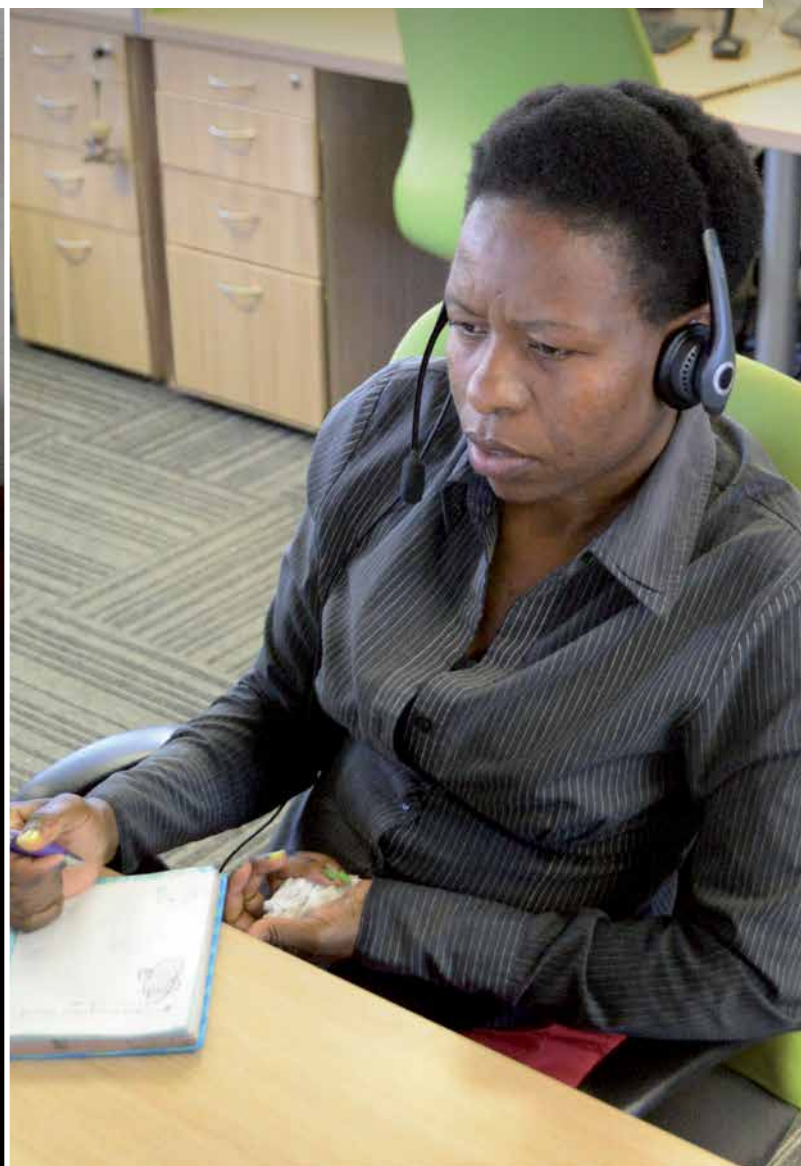


BMZ



Federal Ministry
for Economic Cooperation
and Development



Counselling youth by mobile phone

A South African loveLife HIV prevention programme

A publication in the German Health Practice Collection

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German Health Practice Collection

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The Collection covers projects supported by German Development Cooperation (GDC) and its international and country-level partners around the world. GDC includes the Federal Ministry for Economic Cooperation and Development (BMZ) and its implementing organisations: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and KfW Development Bank (KfW). The projects are drawn from a wide range of technical fields and geographical areas, at scales running from the local to the global. The common factor is that they make useful contributions to the current state of knowledge about health and social protection in development settings.

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Acronyms

AIDS	acquired immune deficiency syndrome
BMZ	Federal Ministry for Economic Cooperation and Development, Germany
DED	German Development Service, now GIZ
GDC	German Development Cooperation
GHPC	German Health Practice Collection
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HIV	human immunodeficiency virus
KfW	KfW Development Bank
NLT	New loveLife Trust
STI	Sexually transmitted infection
ZAR	South African Rand
M&E	monitoring and evaluation

Executive summary

This publication tells the story of loveLife, its Contact Centre and the centre's offer of psycho-social counselling by land-line, mobile phone and internet. It focuses on Germany's support for measures to ensure the Contact Centre offers psycho-social counselling of best possible quality to as many people as possible. All of these things aim to prevent HIV and promote sexual and reproductive health and general well-being among South Africa's adolescents and young adults.

Situation

South Africa is among the countries most affected by the HIV epidemic and its young women are especially vulnerable. From 1990 to 1999, the estimated number of South Africans living with HIV grew from 49 thousand to 3.7 million and HIV prevalence grew from 0.2% to 12.6%. Repeated surveys have shown that prevalence has since levelled off at a high level (12.6% in 2012) but this is due in part to the fact that people infected with HIV are living longer as anti-retroviral therapy becomes increasingly available.

Annual incidence of new HIV infections among South Africa's young women (15-24) declined by almost two thirds from 5.5% in 2002-2005 to 2.1% in 2008-2012. HIV prevention among young men (15-24) has been less successful but annual incidence of new infections among them is at a lower level than among women, peaking at 1.1% in 2005-2008 and declining slightly to 1.0% in 2008-2012.

High prevalence of HIV among South Africa's young people is best understood in the context of the many other challenges the majority of them face and these include poverty, economic and gender inequality, lack of education and job opportunities, and lack of access to youth-friendly health services.

Approach

Launched by a civil society/government partnership in 1999, loveLife (now a civil society organisation) set out to prevent HIV among all South African youth by focussing most of its attention on in-school and out-of-school adolescents 12 to 17 years old living in the country's informal settlements and rural areas. Its approach has always been holistic, based on the understanding that you can only change adolescents'

risk-taking attitudes and behaviour if you give them the hope and self-confidence they need to meet the full range of challenges they face in their daily lives.

Over the years, loveLife has developed the wide range of programmes it now delivers through its country-wide networks of 860 hubs, 470 youth-friendly health clinics and 22 youth centres. It supports these programmes mainly with two types of peer educator. Specifically, each year it recruits, trains and deploys more than a thousand recent high-school graduates it calls groundBREAKERS. To extend the reach of its groundBREAKERS, it recruits and deploys many more young people it calls *mpintshis* (Zulu for buddies).

The Contact Centre is a key component of loveLife's holistic approach. Its Youth and Parent lines allow people of all ages to access information, referrals and psycho-social counselling provided by nine qualified counsellors, five operators and ten groundBREAKERS. Its 'Plz Cal Me' function allows those on mobile phones to request call-backs and avoid phone charges. And its Mizz B serves as a fictional agony aunt who writes a newspaper column and invites communication by regular mail, email or text-chat.

Germany's approach to supporting the Contact Centre has been to assign it a quality assurance advisor. Since 2011, this advisor has been initiating and/or supporting development of a range of measures and tools to ensure psycho-social counselling of best possible quality and to extend the offer of such counselling to more people by making good use of mobile communications technology. A key measure was a quality assessment and improvement study, which was designed and executed in late 2012/early 2013 and included analysis of the centre's routine monitoring data plus a survey in which 420 callers participated.

Results

A 2011 study found that youth who participate in loveLife's programmes are significantly more likely than other youth to have knowledge, attitudes and behaviour that reduce their risk of HIV infection. The 2012/2013 German-supported quality assessment and improvement study found that the Contact Centre was making its intended contributions to loveLife's holistic approach to HIV prevention among all youth, especially those living in informal settlements and rural areas.

The 2012/2013 study found that a large majority of callers were under 25 years old (80%), were calling from mobile phones (73%) and lived in informal settlements and rural areas (71%). Many asked only for information or referrals but more than 40% asked for counselling. Reasons they asked for counselling covered the full range of issues loveLife's programmes generally cover (e.g., HIV, unintended pregnancy, poor parent-child relations). A large majority were very satisfied (66%), satisfied (15%) or somewhat satisfied (13.5%) with their counselling experience and rated it highly for helping them understand their problems and empowering them to act. Almost all said they would call again if they needed help with another problem and would also recommend that others call if they needed help with their personal problems.

The study also identified needs to improve the friendliness, patience and non-judgmental listening skills of some counsellors, operators and groundBREAKERS. This informed the German advisor's on-going efforts to initiate and/or support development of tools and measures which now include, for example:

- **A Contact Centre Manual** with details on the centre's operations, guidelines and procedures
- **A three-day basic training course** and additional training sessions focusing on specific issues such as sexual coercion and violence
- **Online data-collection and rating forms with drop-down menus** that counsellors, operators and groundBREAKERS fill out during the course of calls
- **An online tool for assessing individual counselling sessions** and weekly calibration sessions with a quality assurance team, during which participants listen to a recording of one of that week's counselling sessions and discuss its strengths and weaknesses

- **An Exchange Platform** enabling all South African providers of psycho-social counselling by phone to share experiences and lessons and to collaborate on training and other matters of mutual interest.

In addition, the study found that most people would prefer to consult with Mizz B by text-chat. This resulted in the mid-2013 addition of a text-chat function that, so far, is attracting more males than females and appears to have lowered the threshold for anyone reluctant to ask for counselling by voice. Over the first year (June 2013 through May 2014) since the launch of the text-chat function, youth and parents have initiated 636,000 interactions with the Contact Centre: 559,000 interactions by voice and 76,000 by text-chat.

Lessons learned

- Psycho-social counselling by phone and internet can make significant contributions to HIV prevention, sexual and reproductive health and general well-being among young people.
- The ongoing revolution in mobile communications makes it increasingly feasible to extend such counselling to the poorest people in the remotest communities.
- Such counselling is low-cost. It costs loveLife EUR 0.70 per call in 2012 and there is potential for lowering the cost by relying less on salaried staff and more on groundBREAKERS or other volunteers.
- It is effective to the extent that it is of good quality and is scaled up, promoted and sustained so it is widely available and people are aware of its availability year after year.

Box 1. Key Messages

Situation. While annual incidence of new HIV infection among South African youth (15-24) has declined significantly since 2002, it is still far too high: 2.1% among young females and 1.0% among young males.

Approach. Since 2011, Germany has been supporting loveLife's holistic approach to HIV prevention. One German focus has been on assuring the quality and extending the reach of the psycho-social counselling offered by loveLife's Contact Centre via landline, mobile phone and internet.

Results. A German-supported 2012/2013 study found that a large majority of callers were very satisfied or satisfied with the Contact Centre's counselling services and felt it helped them understand their problems and empowered them to act. However, some callers pointed to areas needing improvement and their input helped on-going efforts to assure counselling of good quality and, also, resulted in introduction of a new text-chat option.

Lessons learned. Mobile communications technology makes it ever more feasible to provide psycho-social counselling by phone to everyone. It is a low-cost intervention that can make significant contributions to HIV prevention, sexual and reproductive health and general well-being if it is scaled up, promoted and sustained so it is widely available and people are aware of its availability year after year.

loveLife and its Contact Centre: an overview

A pioneer in HIV prevention among South African youth

From 1990 to 1999, the estimated number of South African adults and children living with HIV grew from 49 thousand to 3.7 million and the HIV prevalence rate among South African adults 15-49 years old grew from 0.2% to 12.6%. By 1999, South Africa had far more people living with HIV than any other country and its rate of HIV prevalence was trending steeply upwards (UNAIDS, 2013).

South Africa's health care system was among the casualties. In 1994, a new post-apartheid government had inherited a fragmented and fragile health care system which served the rich minority far better than it served the poor majority. The system was now being overwhelmed by patients with HIV. Many doctors and nurses were becoming infected themselves; many others were suffering from sheer exhaustion; thousands were taking up offers of jobs in Europe, North America and elsewhere.

In late 1999, a public-private partnership responded to this situation with a new initiative called loveLife. The partners included the African Institute of South Africa, Health Systems Trust, Planned Parenthood Association of South Africa (since disbanded), Wits Reproductive Health and HIV Institute, South African Government, and Henry J. Kaiser Family Foundation.

Initially, the partners thought in terms of a five-year project with a target of reducing by half the annual incidence of new cases of HIV among young people 15 to 24 years old, a standard age cohort used by epidemiologists tracking the global HIV pandemic. To achieve this ambitious target, they focussed on adolescents 12 to 17 years old with a mass media campaign that appealed to their interests in the country's dynamic youth culture, in their sexuality and in learning to enjoy active sex lives while also remaining healthy.

Attached to this campaign were two telephone numbers, one for youth and one for parents. By calling these numbers, people could get more information and onward referral to an array of programmes loveLife offered in its own hubs and youth centres and in health clinics, schools and elsewhere. Of critical importance, they could also get psycho-social counselling to help them deal with their own or their children's personal vulnerability.

Evolution with the help of friends

From the outset, the Henry J. Kaiser Family Foundation has been loveLife's faithful friend. Where others saw failure because loveLife fell short of its five-year target, the Foundation saw success because they saw evidence loveLife was having significant positive impacts on young people's knowledge, attitudes and behaviour and, thus, reducing their vulnerability to HIV.



■ Refurbished with German support, loveLife's Contact Centre has 24 stations well-equipped for taking calls from adolescents, young adults and parents.

The Foundation provided guidance and much of loveLife's financing over its first five years. After that, they continued to provide enough support to keep it going for another five years and see it evolve into what it is today. Its full legal name is New loveLife Trust (NLT) and it is one of South Africa's foremost organisations addressing not only HIV among youth but lack of opportunities for education and employment and other conditions that contribute to risk-taking attitudes and behaviour.

Along the way, loveLife has achieved financial support from three South African Government ministries (Sports in 2000, Health in 2001 and Social Development in 2004) and, since 2004, these ministries have been providing its core funding. Other loveLife partners include South African corporations that provide the country's radio, television, newspapers and cinema. They also include major multi-national corporations that promote their own brands while also promoting loveLife's brand and helping loveLife expand and add value to its facilities and programmes. Thanks to financing from Volkswagen, for example, loveLife opened its twentieth Y-Centre (youth centre) in 2012 and it is continuing to expand its network of Y-Centres with the generous support of corporate sponsors.

German Development Cooperation, a loveLife friend since 2008

In 2008, the former German Development Service (DED) assigned an advisor to loveLife's Eastern Cape office to support formation of centres of opportunity. The following year, it assigned three advisors to loveLife's Johannesburg headquarters to support family counselling, monitoring and evaluation, and knowledge management.

In 2011, the German Federal Ministry for Economic Co-operation and Development (BMZ) merged DED with two other German technical cooperation agencies to form the Gesellschaft für Internationale Zusammenarbeit (GIZ) and commissioned GIZ to implement BMZ's new 15-year (2011-2025) Multi-sector HIV and AIDS Prevention Programme (MHIVP) in South Africa. Ever since, this programme has been supporting government, civil society and private partners in their efforts to strengthen their competence and effectiveness in their own particular fields and has taken a special interest in preventing HIV among youth. In that context, it has been supporting loveLife's efforts to strengthen



■ Six South African youth leaders visited Berlin's AIDS memorial in 2013 while participating in a six-month loveLife/German work-exchange programme.

its external and internal communications, monitoring and evaluation and quality assurance and to forge new partnerships such as the one with Volkswagen. The German-supported HIV and AIDS prevention programme has focussed much of its support on helping loveLife reposition and relaunch its Call Centre under a new name, the 'Contact Centre'. This has involved refurbishing to give the centre a more prominent, functional and comfortable workplace; a survey of callers asking them to evaluate its services and suggest improvements; measures to assure the quality of its counselling services; measures to catch up with the on-going revolution in mobile phone/mobile broadband technology.

Germany's KfW Development Bank (KfW) has contributed by financing development of a new iloveLife mobile-ready portal that allows teenagers to participate in a rewards programme that incentivises them to take up a range of loveLife's offerings, including counselling provided by the Contact Centre.

The Contact Centre and its counselling programme

The Contact Centre is one of loveLife's three essential and mutually dependent pillars, the other two being its media campaigns and its array of national, provincial and community programmes. The media campaigns not only inform adolescents and their parents but also support the branding of loveLife as THE place for them to go for more information and onward referral.

The Contact Centre is a gateway to loveLife. Its staff and young volunteers provide answers to questions and onward referrals, so other loveLife programmes depend on it to push callers through to them. They also deliver the Contact Centre's own counselling programme. The counselling programme is the main focus of this publication but the next two sections put it in national and institutional context.

South Africa, its youth and HIV

A vast, multi-lingual country with a legacy of separation

Today, there are 53 million South Africans of whom 50% are under the age of 25. They are spread over an area 3.4 times the area of Germany. The rank of South Africa's nine provinces by area is the reverse of their rank by population. The smallest province, Gauteng, has only 1.3% of the area but 24% of the population and four of the country's seven urban agglomerations with populations of one million or more.

The 2011 census found that 79.2% of South Africans were Black African, 9.9% were Coloured, 8.9% were White, 2.5% were Indian/Asian, and 0.5% were Other. The 11 official languages were spoken as first languages in this order: Zulu 22.7%, Xhosa 16.0%, Afrikaans 13.5%, English 9.6%, Sepedi 9.1%, Setswana 8.0%, Sesotho 7.6%, Tsonga 4.5%, SeSwati 2.6%, Venda 2.4%, and Ndebele 2.1%.

A legacy of the apartheid era is that almost one-half of Black South Africans live in informal settlements and rural areas. Common features of these places are simple brick houses, traditional houses and make-shift shacks that often lack piped water, flush toilets connected to sewage systems or septic tanks, or electricity, gas and landline telephones connected to local or national grids (Stats SA, 2012a and 2012b; UN, 2012 and 2013).

Poverty and inequality

In 2012, South Africa accounted for only 5.7% of sub-Saharan Africa's total population but 32% of its Gross National Income (GNI). Its GNI per capita of USD 7,460 (Atlas method) placed it well within the 'upper-middle income country' category but it continues to have two spatially separate economies. An advanced modern economy in its urban centres coexists with poverty and deprivation in its informal settlements and rural areas. The top 10% of its population accounts for 58% of its GNI while the bottom 10% accounts for only 0.5% and the bottom half accounts for less than 8% (World Bank, 2014a and 2014b).

Measured against the country's recently established food poverty line (FPL), the percentage of South Africans in extreme poverty (unable to afford an adequately nutritious diet) increased from 26.6% in 2006 to 32.4% percent in 2009

and then decreased to 20.2% in 2011. The 2009 peak illustrated poor people's vulnerability to global financial crises and rising food prices. Measured against the upper poverty line (UPL), the percentage of people that are poor decreased from 57.2% to 45.5% in 2011 (Stats SA, 2014). Only those above the UPL can afford both adequate food and basic non-food items and need not sacrifice one for the other.

Poor education and high unemployment

By 2011, 99% of all South African children from 7 to 13 years old were enrolled in primary school and the successful completion rate was 95%. However, a 2011 evaluation found that 'the teaching in Grades 1, 2 and 3 is so poor, and the learner's ability to read so weak, that they are likely to struggle for the rest of their school years.' The successful completion rate for secondary school pupils was only 43% and many completed only after repeating grades and being pushed through without having acquired foundation skills in literacy and mathematics (RSA, 2013).

Under an expanded definition of unemployment (including everyone available for work, whether they are actively looking or have given up looking), 46% of all working age Black South Africans were unemployed in 2011. Of those 15-19 years old and out of school, 78% were unemployed. Of those 20-24 years old and out of school, 59% were unemployed. As for employed Black South Africans, one-third had incomes so low that their households lived below the UPL (RSA, 2013; Stats SA, 2014).

Gender inequality and violence

South African females outperform males in terms of enrolment and successful completion of secondary and post-secondary education. However, women have accounted for only 43-45% of the non-agricultural workforce (and a smaller percentage of the agricultural workforce) since 1996 and working-women earn 25% less than working-men.

There are no reliable statistics on gender-based violence against females, males or sexual minorities (e.g., gays, lesbians, transgender people) but it is widely recognised as an extremely serious problem calling for urgent action, including better reporting by the police and other authorities (RSA, 2013).



■ *More than 60% of HIV-positive South African males (15-49) have never been tested for HIV, so don't know they are infected.*

Contemporary youth culture and its pressures and temptations

Modern information and communications technology allows South African youth culture to keep up with and sometimes lead trends in global youth culture and that culture's increasing tolerance of attitudes and behaviour once widely thought to be unacceptable. Poverty and inequality are also significant factors driving trends in youth culture. For example, when adolescents cannot afford basic necessities or a few luxuries they are more likely to exchange sex with older adults for those things.

South Africa's first four country-wide HIV prevalence, incidence and behaviour surveys took place in 2002, 2006, 2008 and 2012 (Shisana et al., 2014). Among their findings on attitudes and behaviours that put young people at risk of HIV infection were:

- The percentage of young males (15-24) reporting:
 - more than one sex partner within the past 12 months increased from 28% in 2002 to 37.5% in 2012
 - use of a condom during their last sex act increased from 57.1% in 2002 to 86.2% in 2008 but then decreased to 67.5% in 2012.
- The percentage of young females (15-24) reporting:
 - first sex before they turned 15 decreased from 13.1% in 2002 to 11.3% in 2008 but then increased to 16.7% in 2012
 - use of a condom during their last sex act increased from 46.1% in 2002 to 66.5% in 2008 but then decreased to 40.8% in 2012.
- The percentage of teenage females (15-19) reporting sex with someone five or more years older than themselves decreased from 29.7% in 2002 to 18.5% in 2006 but then increased to 33.6% in 2012.
- The percentage of all males (15-49) reporting they had been circumcised increased from 38.2% in 2002 to 46.5% in 2012 but traditional methods of circumcision remained by far the most common. Older males are more likely to be uncircumcised than younger ones and uncircumcised HIV-positives males are more likely to transmit HIV to their sexual partners.
- The percentage of all young people (15-24) reporting:
 - they had ever been tested for HIV was 50.5% in 2012. The testing of blood samples collected during the survey found that 62.2% of all HIV-positive males (15-49) and 45% of all HIV-positive females were unaware they were HIV-positive.
 - they believed they were at little or no risk of HIV infection was 81.4% in 2012.
- Recreational drug use and heavy alcohol use are common among both young and old and are strongly associated with sexual behaviour that puts them and their sexual partners at high risk of HIV infection.

A weak, unfriendly health care system

In 2011, South Africans spent 8.3% of their country's gross domestic product (GDP) on health care. That was more than the 5% recommended by WHO but half of the spending was on private health care covering only 16.2% of South Africans, mostly people with higher incomes and private health insurance subsidised by employers. Government spending on public health care for the remaining 83.8% of South Africans amounted to 4.1% of GDP (Brand South Africa, 2012; Pillay et al., 2012).

Since early 2010, national, provincial and district health authorities have been implementing a 10 Point Plan under which, in 2012, they began gradual roll-out (still underway) of a National Health Insurance (NHI) scheme that aims to remove financial barriers to essential health care. In addition, they have been re-engineering primary health care by building new hospitals and clinics and upgrading old ones, improving human resources management and training, and improving quality of care (DoH, 2010; DoH, 2013).

Grace Matlhabe, loveLife's Chief Executive Officer, says that, meanwhile, people living in informal settlements and rural areas often have to travel long distances to reach clinics. Once there, they may have to wait for hours. After waiting, they are likely to be seen by overworked doctors and nurses who lack the time and patience to listen carefully and respond sensitively. When asked, young people say their biggest two fears about going to clinics with any kind of sexual and reproductive health worry are: their consultations with staff may not be kept in strictest confidence; they may be judged, ridiculed or scolded instead of being listened to and provided with whatever services or supplies they may need.

A need to scale up and sustain HIV prevention among youth

A recent joint review of South Africa's HIV, tuberculosis and prevention of mother-to-child transmission programmes and a recent article in *The Lancet* commend the country's progress against HIV and AIDS, particularly among young females (15-24). However, they also point to the need to focus more attention on behaviour change among all young people and most-at-risk people of all ages, including men who have sex with men, sex workers and their clients and recreational drug users (DoH, 2014; Maurice, 2014).

A recent analysis of four country-wide surveys (see Box 2) found that the annual rate of HIV prevalence among South Africans age 2 and over was an estimated 11.4% in 2002, 10.8% in 2006, 10.9% in 2008, and 12.6% in 2012. Among the likely explanations for the persistently high rates of HIV prevalence and for the 2008-to-2012 increase of 1.2 million in the number of people living with HIV are:

- More people infected with HIV are living longer due to the scale-up of anti-retroviral therapy, especially since scale-up began accelerating in 2008.
- Seeing treatment success, many people now believe that HIV-infection is not nearly as serious as it used to be and are letting down their guard. The four country-wide surveys found that, from 2002 to 2008, there were major declines in risk-taking behaviour among young people but, from 2008 to 2012, there was significant reversion to such behaviour.

In 2011, South Africa's Human Sciences Research Council was the lead partner in an impact assessment which found that young people who are exposed to loveLife and participate in its programmes are significantly more likely than other young people to have knowledge, attitudes and behaviour that reduce their risk of becoming infected with HIV (NLT, 2012). Unfortunately, with its existing resources, loveLife is not able to cover more than one-third of them with face-to-face engagement in schools, Y-Centres, youth-friendly clinics, and elsewhere. Nor is it able to keep blanketing South Africa with fresh prevention messages in the media as it once did. Roughly one million South Africans enter their teens each year and successful prevention will require scaled-up and sustained long-term financing.

Box 2. Trends in annual incidence of new HIV infections

In 2002, 2006, 2008 and 2012, the Human Sciences Research Council was the lead partner in South Africa's first four country-wide HIV prevalence, incidence and behaviour surveys. A recent analysis of the findings calculated average annual incidence of new cases of HIV over three overlapping four-year periods. By far the best news arising from this analysis was that the average annual incidence of HIV among young females (15-24) declined by more than 60% from 2002-2005 to 2008-2012. Among all females (15-49) it declined by one-third (see Table 1).

Among young males (15-24) the average annual incidence nearly doubled from 2002-2005 to 2005-2008 before declining slightly. Among all males (15-49) it increased by 25% from 2002-2005 to 2005-2008 before levelling off.

Among all young people (15-24) it declined by 46% from 2002-2005 to 2008-2012 thanks to the impressive decline among young females (Shisana et al., 2014).

Table 1. Average annual incidence of new HIV infections over three overlapping four-year periods

Age group and sex	2002-2005	2005-2008	2008-2012
15-24 years:			
Females	5.5%	3.5%	2.1%
Males	0.6%	1.1%	1.0%
All	2.8%	2.3%	1.5%
15-49 years:			
Females	3.2%	2.2%	2.1%
Males	1.2%	1.6%	1.6%
All	2.2%	1.9%	1.9%

Source: Shisana et al., 2014. *South African National HIV Prevalence, Incidence and Behaviour Survey, 2012*. Cape Town: HSRC Press.

loveLife's approach to HIV prevention among youth

When it exists right next door to wealth, poverty from cradle to grave and generation after generation thwarts many young people. It can deprive them of self-esteem, hope and ambition and give them a 'don't care' attitude and propensity to engage in risk-taking behaviour. When they know the quality of their education is poor and employment opportunities are few, even recent secondary school graduates may have little self-confidence and believe they will never qualify for good jobs.

In all of its offerings, loveLife aims to replace self-defeating feelings with their opposites and to give young people the knowledge, confidence, skills and support (from their peers, parents, teachers, communities, and health care providers) they need to thrive, enjoy good health and well-being and contribute to their families, communities and country. Since 1999, it has gradually established an array of programmes while dropping some, changing strategies, adding others, and engaging in special campaigns, events and other activities. The rest of this section summarises the main elements of loveLife's holistic approach.

Media campaigns

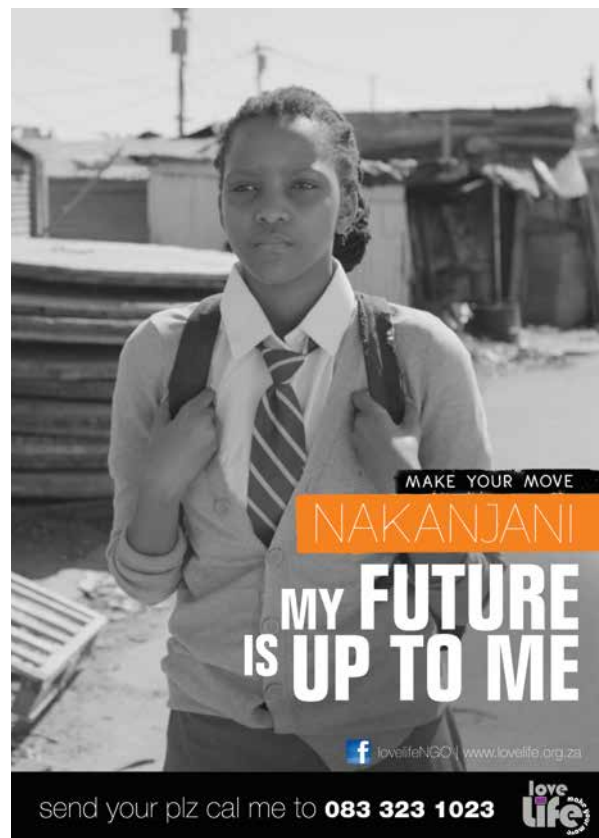
To reach South Africa's large, widely dispersed and diverse population with prevention messages as quickly as possible, loveLife began by putting a large share of its resources into a mass media campaign. At its peak, this campaign was reaching 85% of South Africa's adolescents in their own languages with billboards, radio and television messages and programmes, newspaper articles, public service spots before the main features in cinemas, and loveLife's Uncut magazine and other hard-copy and electronic publications and communications. This campaign built the loveLife brand (its identity as THE place to go for more information and programmes) and provided the Contact Centre's phone numbers for youth and parents.

Grace Matlhape, loveLife's Chief Executive Officer, and Scott Burnett, one of its Senior Executive Managers, say that it is hard to remember how controversial this campaign was at its peak because it changed the whole national conversation

surrounding sex, its good and pleasurable aspects and its potentially harmful consequences. Today, it is much easier for South Africans to discuss these things but there is still need to keep the national conversation alive. Roughly one million South Africans enter their teens each year and there will always be need for mass media campaigns that reach new generations of youth with fresh, attention-grabbing HIV prevention messages.

groundBREAKERS and mpintshis

In 2000, loveLife began training and supporting peer educators and developing its own unique model. Each year it now recruits, trains and mobilises recent secondary school graduates (18-24 years old) to become groundBREAKERS. Over the coming year, they serve as youth leaders and deliver or support the full array of loveLife's programmes in their own communities, provinces and countrywide.



■ Media campaigns tell people how to reach loveLife's Contact Centre.

Also every year, loveLife recruits up to seven additional volunteers per one groundBREAKER and assigns them responsibility for supporting the groundBREAKERS. Called *mpintshis* (Zulu for buddies), they may be as young as 14 and may be in or out of school but among them are recent secondary school graduates or soon-to-be graduates who aspire to become groundBREAKERS. When selecting next year's groundBREAKERS loveLife gives preference to the best of this year's *mpintshis*.

Such was the early success of the groundBREAKERS programme that it was scaled up rapidly and is now recognised as the essential heart and soul of loveLife. At one point, loveLife tried retaining each new group of groundBREAKERS for 18 months but soon decided the programme was providing such benefits to the groundBREAKERS (e.g., new life and job skills) themselves (NLT, 2008) that they should give a new group of secondary school graduates a chance to be groundBREAKERS each year. The groundBREAKERS programme has become, in effect, a post-secondary training school that, each year, prepares hundreds of young people to compete in South Africa's highly competitive job market and to become leaders in South African society.

In 2012, loveLife had almost 1,400 groundBREAKERS and 10,000 *mpintshis* for a total of 11,400 young volunteers delivering its programmes to 3.9 million people right across South Africa (NLT, 2013a). While doing so, they had face-to-face interactions with roughly one-third of the country's 12-19 year olds.

Hubs and Y-Centres

Some of the partners that founded loveLife were national organisations with their own provincial and local offices. They offered these offices as hubs through which loveLife would deliver its programmes to adolescents, parents and others across South Africa. When new CSOs at national, provincial or local level become loveLife partners they, too, offer their facilities as hubs. Today, loveLife has 860 hubs spread across the country's nine provinces and most are in informal settlements and rural areas.

One of loveLife's original partners offered its clinics as youth drop-in-centres. These gave birth to the idea of purpose-built Y-Centres. The first was opened in 2001 and there are now 22, at least one in each province. Y-Centres now deliver loveLife's programmes to both in-school and out-of-school youth in some of the country's more populous informal settlements. In addition, they are often the only places in such settlements (aside from schools) where youth can go to find sports, recreation and learning facilities and programmes (see Box 3).

Box 3. Orange Farm Y-Centre

Orange Farm is a township 40 kilometres south of Johannesburg and the 2011 census found it was home to 164,000 people. The Orange Farm Y-Centre is its only youth centre.

While he conducts a tour in mid-March 2014, groundBREAKER Sithembiso Ncala speaks of his own experience. When he became a groundBREAKER in January, he was 19 years old and so painfully shy he could barely speak in a group. He took an immediate interest in the Y-Centre's MediaWise programme and is now principally responsible for training other Orange Farm youth to use media and, for example, produce and broadcast radio throughout the centre and to nearby households. Sithembiso now aspires to become a radio personality and he already seems well-qualified. The once-shy schoolboy has become a charming and outgoing young man and he's good with words. He laughs that he's become a ham and never misses an opportunity to perform in front of an audience.

In addition to its broadcast studio, the Orange Farm Y-Centre has a classroom, a computer room (with computers donated by the German-supported HIV programme) and rooms for theatre and arts and crafts. It surrounds a courtyard designed to accommodate a range of sports and also used for outdoor music concerts and other events.

An array of programmes and other activities

In 2000, Zola S. Tshabalala became one of loveLife's first five groundBREAKERS. She was just out of secondary school and passionate about sports. After giving Zola basic training in leadership and peer education, loveLife asked her to organise and support sports teams and events and use them as opportunities for peer education. She is now one of loveLife's Regional Coordinators and, at time of this writing, also Acting Manager of Orange Farm Y-Centre.

Zola explains that Y-Centre and hub managers oversee the recruitment, training and supervision of each year's new groundBREAKERS. Depending on their skills and interests, the new groundBREAKERS take responsibility for delivering or supporting one or more of loveLife's programmes, campaigns and events. They use the team approach for many of their activities. In 2012, groundBREAKERS organised and supported almost 77,000 teams of adolescents, parents and others to participate in local, provincial and national activities that fell into broad categories as follows: positive lifestyles and life skills (81%), performing arts and public speaking (11%) and sports (6%).

Box 4. Promoting gender equality and non-violence

Scott Burnett, senior strategy manager, says that loveLife's positive lifestyles and life skills activities 'unpick gender' and help adolescents understand and accept their own gender-identities and sexualities, respect the diverse gender-identities and sexualities of others and relate to each other accordingly. They are at a stage in life when they are exploring and experimenting and often uncertain as to whether or not they belong to a sexuality minority, so loveLife does not divide them into minorities and address minority issues separately. This approach is working so well that participants in loveLife programmes often 'come out' spontaneously and find immediate acceptance by their peers.



■ Games provide loveLife's groundBREAKERS with good opportunities for peer education.

Among the many activities supported by groundBREAKERS and mpintshis in 2012, these are the highlights:

- **School programmes.** They supported positive lifestyle, performing arts and sports programmes in 6,500 schools. This meant they were covering around one quarter of the country's ordinary public and independent schools including primary (grades 1-7), secondary (grades 8-12), combined (grades 1-12) and intermediate schools (Department of Basic Education, 2014).
- **Adolescent and Youth Friendly Services.** They supported health care services for adolescent and young adults in 470 primary health care clinics, almost one-tenth of the country's primary health care clinics. They have their own space in each clinic and facilitate communications between clinic staff and young patients. They also support staff training in the clinics and during roll-out of a new Integrated School Health Programme across all nine provinces.
- **Dialogues.** They supported 1,226 dialogues in which more than 127,000 adolescents and their parents and other adults participated. These dialogues focussed on topics such as alcohol and drug abuse, unwanted pregnancy and HIV infection and were divided into three types. 'Born Free' dialogues were between youth and parents. Community Dialogues were between youth, parents and other stakeholders such as teachers, social service providers and police. goGogetter Dialogues focussed on orphans and vulnerable children, including households headed by orphaned adolescents left to care for their younger siblings. An estimated 4 million South African children have lost one or both parents to all causes, an estimated 2.5 million to AIDS alone (UNICEF, 2013).

- **loveLife Games.** They supported participation of 840,000 young people in community, district, provincial, national, and regional sports tournaments. There were a total of 1,660 sports events watched by more than 580,000 spectators.
- **Festivals and other events.** They supported the participation of more than 195,000 young people in staging loveLife Youth Festivals and other events (e.g., live performances) that attracted an additional 514,000 young people.
- **Media.** They supported loveLife's website and presence on Facebook, Twitter and YouTube (see Box 5); production of four issues of Uncut magazine and distribution of 950,000 hard copies via hubs and Y-Centres and as inserts in newspapers; production and broadcast of programmes on 24 radio stations, reaching more than 3.6 million listeners. In 2014, they began supporting the iloveLife portal for use by mobile phone.
- **The Contact Centre and its counselling programme.**

Its flexible and adept way of meeting new challenges and seizing new opportunities means that loveLife's strategies, programmes and activities are constantly changing. Interested readers can follow the internet links provided above for up-to-date information. On loveLife's website, they can find a link to the New loveLife's Trust recent Annual Reports (NLT, 2013b).

Box 5. loveLife's online presence

Website: www.lovelife.org.za

Facebook: www.facebook.com/loveLifeNGO

Twitter: <https://twitter.com/loveLifeNGO>

YouTube: www.youtube.com/user/loveLifemedia

Smartphone portal: www.ilovelife.mobi



- *Dialogues strengthen relations between youth, their parents and other elders.*

The Contact Centre's counselling programme

How and why counselling by phone became indispensable

Pioneered in 1953, psycho-social counselling by phone has evolved into an indispensable component of health and social protection systems around the world (see Box 6). In recent years, providers of such counselling have been using new technology to offer counselling in voice and text by landline, fixed internet, mobile phone and mobile broadband. These are the main advantages of such counselling:

- It is the only practical, cost-effective way of making psycho-social counselling available to masses of people. Not even the most developed countries have nearly enough professional counsellors or skilled and experienced lay counsellors to provide face-to-face engagement to everyone who needs counselling.
- It can be provided instantly, without appointment and outside of normal office hours to anyone who has access to a phone or internet connection. People often experience emotional distress and urgent need for counselling at unanticipated times.

- It is usually anonymous and anonymity may be its single greatest strength. It's the rare person who has never been too afraid or embarrassed to discuss a personal problem face-to-face with someone who can see who they are.

South Africa's pioneers in counselling by phone

In 1968/69, LifeLine Cape Town and LifeLine Johannesburg became South Africa's first telephone helplines offering psycho-social counselling by phone and the first two of 18 LifeLine centres now affiliated with LifeLine South Africa (www.lifeline.org.za).

In 1992, South Africa's Department of Health commissioned LifeLine South Africa to establish a nation-wide AIDS helpline. Over the next seven years, the AIDS helpline was severely constrained by low budgets and, consequently, by few phone lines, lack of supervision and quality control, poorly trained and unpaid volunteers, and a high turn-over

Box 6. Samaritans, the World's first telephone counselling service

In 1940s' London, Chad Varah was 25 years old when he made his debut as a vicar by burying a 14-year-old girl who had killed herself because she had mistaken her first period for a sexually transmitted infection (STI). Years later, when a newspaper invited him to write a column about sex, he got letters from 235 readers and 141 were so distressed that they were considering suicide.

By then, England had a well-established telecommunication system with a number anyone could call in case of fire, crime, serious injury and similar emergencies. It occurred to Chad that there ought to be a number anyone could call if they were so distressed that they were on the verge of suicide. He explained his idea to a group of businessmen and they financed what is now widely believed to be the World's first telephone helpline offering psycho-social counselling.

As a vicar, Chad was trained in counselling but quickly found there were more calls than he and his secretary could possibly handle. When people with no training volunteered to help, he dismissed them as 'useless amateurs' until it became evident they were better at taking calls than he was. He concluded that only a few callers needed professional counselling. Most needed no more than someone to befriend them, listen carefully and talk them through their crises (Varah, 1971).

Thus was born Samaritans in 1953. Sixty-one years later, it has 201 branches across the United Kingdom and the Republic of Ireland and more than 20,000 volunteers. It offers counselling by landline, mobile phone and email and via its Listeners' programme in prisons. A recent evaluation found that a large majority of people who contact Samaritans are highly satisfied with the 24-hours-a-day/7-days-a-week support they receive from the organisation's volunteers all trained in establishing friendly contact, listening carefully and showing unconditional acceptance and respect. Most of all people appreciate 'being able to talk anonymously and in complete confidence without fear of repercussions or unwanted interventions' (Pollock et al., 2010).

of the same. Those constraints meant that three out of four calls went unanswered and that, even when calls were answered, callers often received inaccurate information or incompetent counselling.

Among the reasons for the low budgets were that South Africa was much distracted by the struggle for independence and the rest of the world was only beginning to understand the potential dimensions of the HIV epidemic. Perhaps the bigger reason was that everyone knew: the country's landline telephone system offered unreliable services, at best, to the informal settlements and rural areas where the majority of South Africans lived; the majority neither owned landline telephones nor had ready access to them in places where they could be assured of privacy.

By 1999, the situation had changed dramatically. The country's 1994 elections had put an end to white minority rule, HIV prevalence was increasing at an alarming rate, and new technology was offering ever more reliable and affordable mobile phone services to ever more South Africans. By 2002, the AIDS helpline was operating sufficiently well that it was featured as the first of four UNAIDS' case studies on HIV-related counselling by helpline (UNAIDS, 2002). When it established its Contact Centre in 2000, loveLife applied many lessons learned from LifeLine's AIDS helpline experience.

How the Contact Centre works

The Contact Centre is located in loveLife's head offices in Johannesburg. Recently refurbished with assistance from the German-supported HIV programme, it has twenty-four counselling stations with telephones and computers and also has overhead monitors where all can read data from continual monitoring of activities. In addition to its Executive Director, the centre team currently consists of:

- **Two team leaders:** One is a senior counsellor responsible for quality assurance including training, monitoring and coaching of staff and volunteers. The other is a management professional responsible for day-to-day operations, maintaining and upgrading the centre's technology and negotiating agreements with landline, mobile phone and other service providers.

- **Nine counsellors:** One is a nurse and the rest are social workers or psychologists. They are chosen for their counselling skills, proficiency in some of the country's eleven commonly spoken languages and familiarity with its diverse cultural traditions and socio-economic conditions.
- **Five operators:** Reduced from ten to five due to budget cuts in 2013, the operators all started as groundBREAKERS in the Contact Centre and demonstrated their skill at handling calls. They are usually the first people callers speak to, often at some length, before they are transferred either to a counsellor or a groundBREAKER proficient in their language.
- **Ten groundBREAKERS:** A new group of groundBREAKERS is assigned to the Contact Centre near the beginning of each year, after they have received their basic training. When they arrive, they 'buddy up' with the counsellors and operators and listen in on calls before they begin taking calls themselves.

The centre is open from 9 am to 9 pm weekdays, when its team members work on three overlapping shifts (9-5, 11-7, 1-9). It is also open from 12 to 5 on Saturday and Sunday afternoons. To handle emergency situations, they may call back after one, two and 24 hours and may alert any emergency services that may be available in a caller's community. A recently published Contact Centre Manual provides considerably more detail on the centre's operations and procedures and serves as good supplement to this publication (NLT, 2014).



- *The Contact Centre aims for a mix of males and females collectively able to provide counselling in any of South Africa's 11 official languages.*

Precious Magogodi joined the Contact Centre team as a counsellor in 2002 and is now the Executive Manager. She says the centre is constantly adjusting to new challenges and taking advantage of new opportunities. For example:

- At first, loveLife’s media campaign provided just one toll-free Youth Line through which callers could reach the centre but it soon added a toll-free Parent Line when it turned out that many of the callers were concerned parents.
- At first, loveLife had only professional counsellors but it soon became evident there were far more calls than these professionals could handle. Many callers were not looking for counselling but only for information or onward referral and some were placing what commercial call centres would consider nuisance calls. A few were prank calls but most were from people working up the courage to speak to someone about deeply personal matters and calling several times before they dared to say what was really on their minds. These were calls that could easily be taken by non-professional operators and groundBREAKERS who could forward calls to the counsellors only when appropriate.
- In 2010, the Contact Centre added a ‘Plz Cal Me’ function to its Youth and Parent Lines so callers on mobile phones could request call-backs and avoid phone charges.

How much it costs

By constantly updating its technology and its agreements with service providers, the Contact Centre strives to keep its costs down. In 2012, its annual budget was 4.7 million South African rand (ZAR), roughly 330,000 euros at mid-2014 conversion rates. It handled almost 500,000 calls at a cost per call of roughly ZAR 9.5 (less than EUR 0.70).

Good counsellors with the requisite qualifications are rare, so the centre pays them competitive salaries and does its best to provide them with a pleasant and supportive work environment. It pays operators 7000 rand (490 euros) per month. As for the centre’s groundBREAKERS, the loveLife’s groundBREAKER programme pays them a stipend of ZAR 1200 (EUR 85) per month.



■ A counsellor coaches groundBREAKER Xoliswa Miya while she engages in text-chat with a caller.

How Germany has supported the counselling programme

In 2011, at loveLife’s request, Germany’s then new HIV prevention programme in South Africa assigned a development worker, Conny Jager, to support the centre’s Executive Manager, Precious Magogodi, and her team in their efforts to provide counselling of the best possible quality to youth and parents.

Since then, Conny has initiated and/or supported a number of measures that Precious now describes as the Call Centre’s ‘repositioning and relaunch’ under a new name, the Contact Centre. One such measure was a 2013 survey of callers, discussed at greater length in the next section. It found that most callers were satisfied or very satisfied with their experience but some pointed at needs to improve the friendliness, patience and non-judgemental listening skills of the centre’s counsellors, operators and groundBREAKERS and, also, to increase their knowledge about critical issues such as cervical cancer.

Those findings have informed the on-going work of the centre’s GIZ advisor, who has been supporting development of quality assurance tools and measures since 2011. As of this writing, these tools and measures include:

- **The Contact Centre Manual** with details on the centre’s operations and procedures that make it a good supplement to this publication (NLT, 2014)
- **Counselling Practice Guidelines** for loveLife Centre counsellors: A Handbook (NLT, 2013c), now included as an appendix to the Contact Centre Manual.
- **A three-day basic training course** for new counsellors, operators and groundBREAKERS.

- **Additional training sessions each year**, each focussed on specific topics of common concern (e.g., sexual coercion and violence) or emerging concern to callers (e.g., a new vaccine to prevent cervical cancer).
- **Online data-collection and rating forms with drop-down menus** that counsellors, operators and groundBREAKERS fill out during the course of calls. These collect data on such things as the gender and age of callers, where they are calling from (province, urban formal, urban informal, rural, specific locality), their reasons for calling and 'additional remarks' (e.g., whether or not callers found it hard to talk and the call seemed to satisfy their needs for information, referral or counselling). Towards the end of calls, callers are asked to rate their experience by pressing 1 for good, 2 for average or 3 for poor. The data entered into the forms and the callers' ratings are immediately displayed on overhead monitors for all to see. They are also aggregated and analysed for monthly reports to loveLife's monitoring and evaluation team and quarterly reports to loveLife's partners.
- **An online tool for assessing individual counselling sessions**, with the assessment criteria developed by team leaders and counsellors so the assessments are as objective and non-judgmental as possible. Aiming to do this once per month with each team member, a team leader takes the team member off-line and the two of them spend around an hour discussing the degree to which the counselling session met the criteria. This gives the team member an opportunity to explain, for example, that they had not taken much time to listen to the caller explain a problem because this session was a follow-up to an earlier session with the same caller about the same problem.
- **Weekly calibration sessions** during which counsellors and operators meet with a quality assurance team, listen

to a recording of one of that week's counselling sessions and discuss the strengths and weaknesses of that session, all with a view to honing counselling skills. The quality assurance team currently consists of the team leader responsible for quality assurance, the MHIVP/GIZ quality assurance advisor and the Deputy Head of Social Work at the School of Human and Community Development, University of the Witwatersrand.

- **Modest rewards for good performance** consist of coupons that can be redeemed for inexpensive food, drink, clothing and entertainment items. There is talk of allowing for the accumulation of coupons for more expensive items and, perhaps, also giving certificates or trophies to best monthly performers. These incentives are to compensate for the fact taking 20 or more calls in an 8-hour day can be emotionally draining.
- **A new coaching concept for groundBREAKERS** whereby designated coaches would meet with each groundBREAKER twice per month and work with them on assessing their performance on two pre-recorded calls and on improving their performance.
- **An Exchange Platform** for all South African providers of psycho-social counselling by phone. Established in early 2014, this platform is now being used to exchange experiences, identify best practices and discuss possible joint trainings, staff exchanges, shared databases, agreed data protection measures, cross-referrals and so on. Possibilities include joint quality assurance guidelines such as those developed in Australia (Department of Health and Ageing, 2009) and international collaboration via organisations such as the International Federation of Telephone Emergency Services (IFOTES) and the World Alliance of Crisis Helplines (WACH).



- *Left: Counsellors and operators holding the weekly calibration session at the Contact Centre.*
- *Right: Every three months, the entire Contact Centre team meets to share experiences and discuss ways of improving their performance.*

Box 7. One Contact Centre groundBREAKER's story

Xoliswa Miya is 21 years old and lives in Soweto with her maternal grandmother, two aunts, an uncle and a cousin. She has never met her father but knows her parents are always fighting and her grandmother does her best to protect her from 'the family politics.' She was in her second year of university studying criminology when she had a breakdown because she could not cope with those politics. Shy and withdrawn, she felt sorry for herself and spent most her time at home alone and reading.

Xoliswa says she was saved from wallowing in self-pity by a friend, a groundBREAKER who urged her to attend some events. At these, she was so impressed by how young people were learning to express themselves that she applied to become a groundBREAKER herself. In early January 2014, she took two weeks of basic training where she learned about unwanted pregnancy, HIV and STIs, and the situations, attitudes and behaviour that contribute to them.

After basic training, she joined the Contact Centre team. At first, she found it hard to take calls because so many callers were in family situations similar to her own. She listened in on calls taken by the counsellors and operators and they encouraged her to take calls herself, listen carefully, provide whatever useful information she could, be honest about what she didn't know, and transfer calls to operators and counsellors when she felt she was getting out of her depth.

Xoliswa says that, after three months as a groundBREAKER she has acquired self-confidence and strong motivation. She finds her work very rewarding. Most callers come from families bound by traditions that make it almost impossible for teenagers to talk to adults when they have sexual feelings and don't have even the most basic information about sexual relations, sexual health and reproduction. What they learn from their peers is not helpful. Their peers put pressure on them to look as attractive as they can, with nice hair and clothes they cannot afford unless they go with older people who pay for these things.

Asked about her calls today, Xoliswa says one was from a 16 year old girl whose friend was pregnant and didn't know what to do. Xoliswa suggested the best thing would be for the friend to work up the courage to tell her parents and get their support for telling the parents of the boy who got her pregnant. She reminded the caller that, traditionally, the father's family is responsible for seeing to the needs of the mother and child. The caller said her friend was too afraid to tell anyone and was thinking, instead, of going for a backstreet abortion. Xoliswa told her a backstreet abortion could kill her friend or else do her so much harm that she would be unable to have children later in life, when she is ready. Instead, she should take her friend to a clinic and learn about safe medical abortion. The caller said, 'Oh, I didn't know we could do that. Thank you so much. That's what we'll do.'

Another call was from the son of a chieftain who wanted him to go up into the mountains for traditional circumcision. He was afraid for his life. Xoliswa suggested that he go to a clinic and learn more about traditional and medical circumcision and tell his parents what he learns. He said he had already done that but his father still insisted on traditional circumcision. She suggested he turn to his mother, see if he could get her to listen and call back if that didn't work.

Asked about her own future Xoliswa said, 'I will definitely go back to university. I used to think a girl from Soweto is only very small and cannot expect to be anything more than a shop clerk. Now I have received so much positive feedback about my ability to listen, observe and communicate that I feel I am designed for something that will use this ability. I want to continue in criminology because I am fascinated by forensics, in finding out who commits crimes and how and why they do it.'

Monitoring and evaluating the Contact Centre's work

The M&E system and a quality assessment and improvement study

Over the years, the Contact Centre has developed increasingly sophisticated mechanism for receiving and distributing incoming calls and responding to Plz Cal Me messages that allow callers on mobile phones to request call-backs. These mechanisms keep track of how much calls are costing the centre and, also, automatically record all calls and collects data on the origin of incoming calls, the destination of outgoing calls and the duration of calls. As discussed in the foregoing section, with the GIZ advisor's support, the centre has also developed online forms that its counsellors, operators and groundBREAKERS fill out during the course of calls. Collectively, all of these things constitute the centre's monitoring and evaluation (M&E) system.

In late 2012 and early 2013, the GIZ Advisor supported design and implementation of a quality assessment and improvement study that included a review of the literature, an analysis of 2011 and 2012 annual data on calls collected by the M&E system, interviews with the centre's counsellors and operators and a survey of callers (NLT, 2013b). The desk work for the study was done by loveLife staff and the GIZ advisor while the German-supported HIV programme provided 100,000 rand (roughly 7,000 euros) to cover the fees and expenses of three field workers.



■ A groundBREAKER records data on drop-down forms during a counselling session.

Study findings drawn from routine monitoring

Findings drawn from 2011 and 2012 annual data collected by the M&E system include:

Call volume depends on push from media. The centre received 493,603 calls in 2012, down 23% from the 605,858 in 2011. Call volume has always fluctuated because it largely depends on media to push people to call. It shoots up immediately after radio programmes or newspaper articles raise people's awareness and provide them with the Contact Centre's numbers. At the height of loveLife's media campaigns in the early 2000s, the centre was receiving up to 300,000 calls per month.

A large majority of callers are young people using mobile phones. In 2012, 95% of all calls came in on the Youth Line and 73% of the callers on that line used the Plz Cal Me function, indicating they were on mobile phones. Of the 5% calling on the Parent Line, 87% used the Plz Cal Me function. Almost 80% of callers are under 25 and more are female than male. In 2012, 10% were less than 15 years old, 38% were 15-19, 31% were 20-24, 13% were 25-29, 5% were 30-34, 4% were 35 or more; 55% were female, 45% male.

More than 40% of callers ask for counselling. In 2012, 43% of all calls were for counselling, up slightly from 42% of all calls in 2011. Most of the remaining calls were for information, publications or referrals.

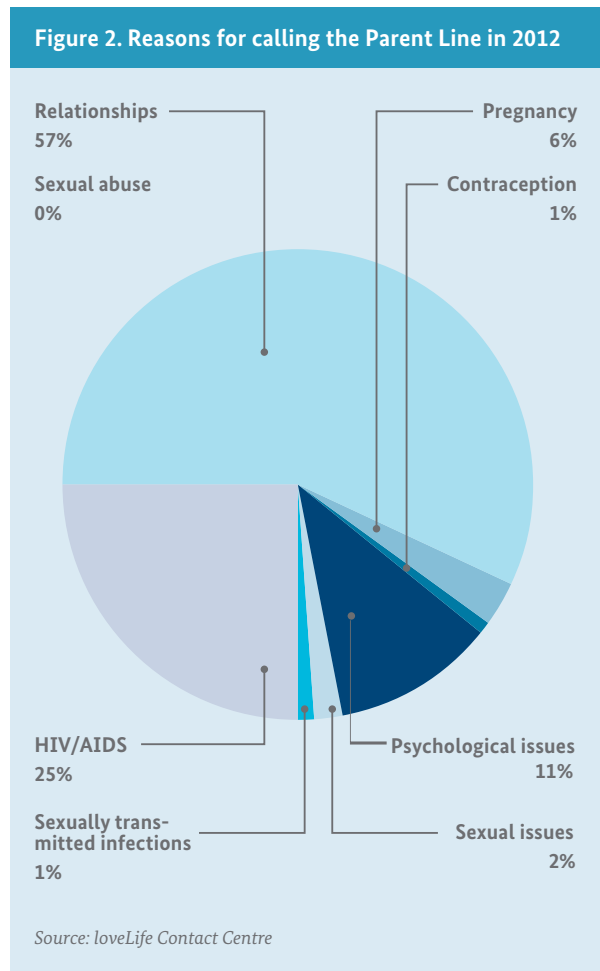
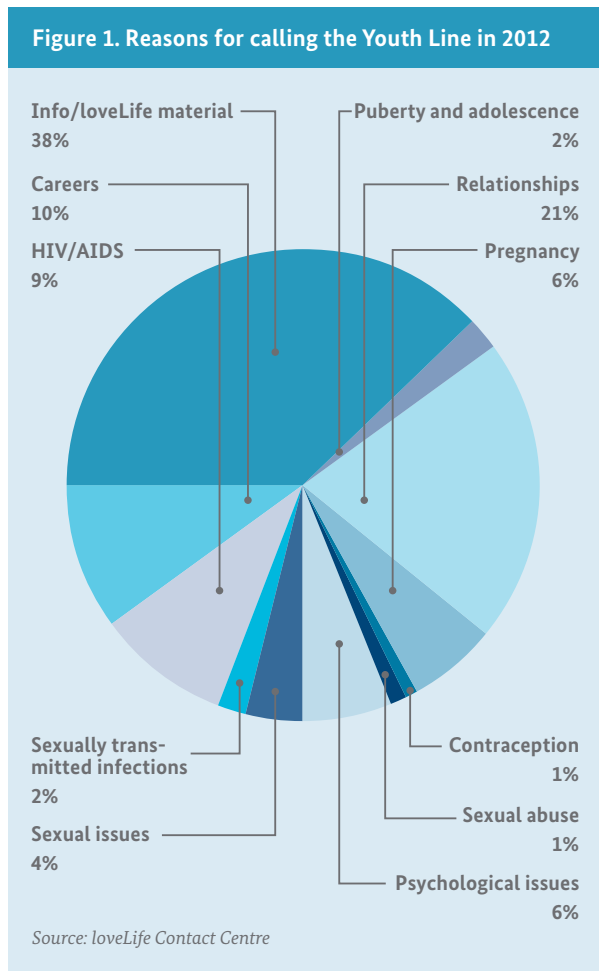
The Contact Centre serves the most hard-to-reach populations. In 2012, callers using the Plz Cal Me function were predominantly Black South Africans living in informal settlements and rural areas. Specifically:

- They were distributed across the country's nine provinces in approximate proportion to provincial populations. Only 29% were calling from formal urban areas. The rest were calling from the informal urban settlements (46%) and rural areas (25%) where the majority of Black South Africans live.
- Only 10% spoke English or Afrikaans as their first language. They rest spoke the country's 9 official African languages in rough proportion to 2011 census findings about the percentage of Black South Africans who speak those languages.

- 49% were in school, 29% were out of school and unemployed and 12% were employed.

The Contact Centre helps loveLife respond to the full range of challenges faced by South African youth and their parents. Figures 1 and 2 show the main reasons people

called the Youth and Parent Lines. While there are many different main reasons for calling, most counselling sessions focus on relationships in one way or another and often on people's difficulty in communicating with their parents, children, sexual partners and so on.



Study findings drawn from the survey of callers

For the survey of callers, the study team took a random sample of 1,765 (24%) of all 7,289 callers who had phoned the Contact Centre between 10 July and 17 October 2012 and whose calls had lasted ten minutes or more. The ten minute minimum was to exclude callers only looking for information, publications or referrals and not for counselling. When the study team attempted to phone the 1,765 callers

in the random sample, no one answered in 1,120 cases. In South Africa, people often change phones and sim cards as they shop for better deals and, in most of those cases, this is probably why no one answered. In another 171 cases, individuals answering the phone said they had not called the Contact Centre and, in most of these cases, this was probably because someone else had called using the same phone. In another 53 cases, individuals answering the phone said they were unwilling to participate in the survey.

That left 420 (24% of the random sample and 6% of the 7,289 callers from which the sample was taken) who agreed to answer questions. Their demographic profile roughly matched the profile of all callers in 2012 in terms of age and sex. Findings drawn from their answers include:

- **A large majority were satisfied with their counselling experience.** Asked to rate it 66% said they were very satisfied, 15% satisfied, 13.5% somewhat satisfied, 4.2% neutral, 3.1% somewhat dissatisfied, 1% dissatisfied, and 1% very dissatisfied.
- **An average of 87% said they got full support and an average of 7% said they got partial support** for developing a clear idea of what to do next, getting information they felt they needed, thinking differently about their problem, getting friendly counselling, and other things related to the quality of their counselling experience.
- **Similarly high percentages said they felt empowered to act** by, for example, being given a chance to reflect on their situation, being inspired and motivated and being given support for full resolution of their problems.
- **Almost all said they would call again** if they felt they needed counselling, with 89% saying yes they would and another 9% saying they likely would.
- **Almost all said they would recommend to others that they call the centre if they needed counselling**, with

91% saying yes they would and another 6% saying they likely would.

- Asked how they might change or improve the day-to-day operations of the Contact Centre, **75% thought its operating hours should be extended**, with 59% saying it should operate 24 hours per day 7 days per week and 16% saying it should extend evening hours beyond 9 pm to midnight. The Contact Centre team is now considering ways of having its counsellors available to take calls at their homes earlier in the morning and later in the evening. The thought is that this could be done on a rotating basis, making at least one counsellor available to take calls outside of the Centre's normal operating hours each day.
- **40% said they would prefer being greeted in their own language**, rather than English, before being redirected to someone who speaks their language.
- **The same percentage said they have to choose among too many options** (e.g., press buttons indicating their language preference and whether they want information, publications, or counselling) before getting through to someone they can talk to. The centre constantly tweaks its day-to-day operations as best it can to address caller concerns but, like most call centres, handles high volumes of calls by providing an opening greeting in only one or two languages and then offering callers a menu of options.



■ *Counsellor Thilivhali Livhadi (right) and five ground-BREAKERS look at data from on-going calls on the overhead monitor.*

Catching up with the revolution in mobile communications

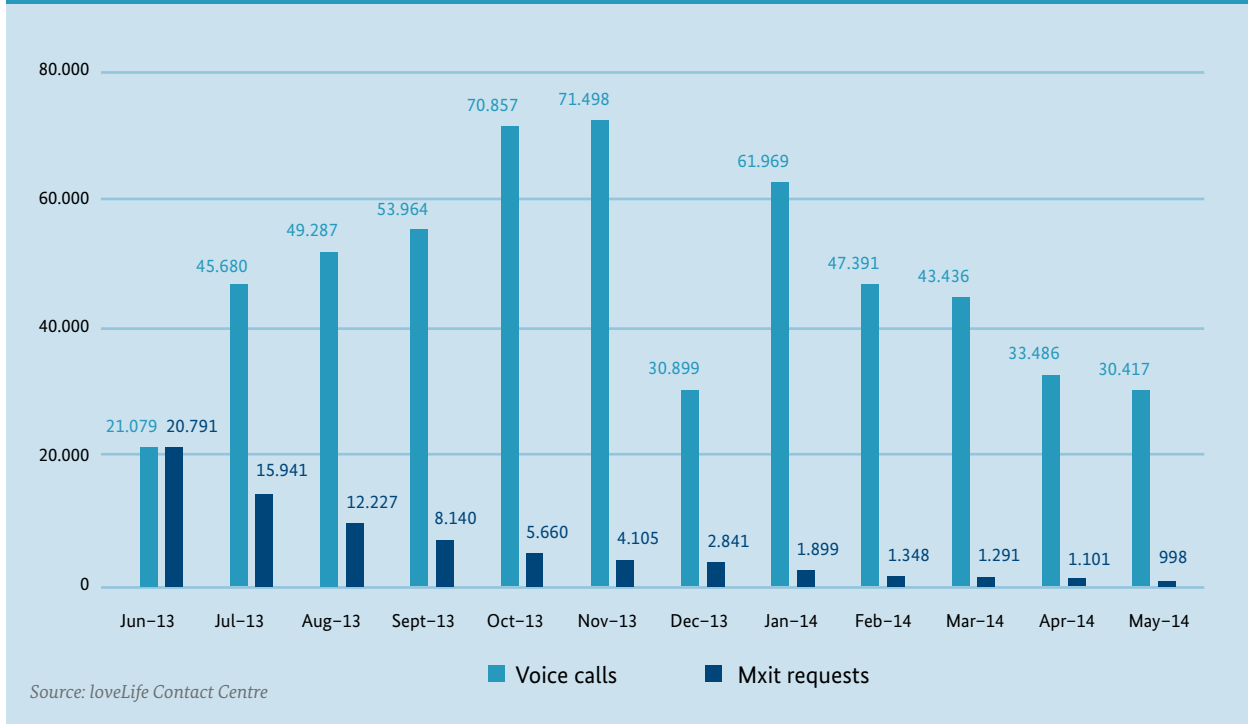
In early 2012, the centre introduced Mizz B, a fictional ‘agony aunt’ (advice columnist) behind whom is the centre’s team. Mizz B has a regular column in the Daily Sun, a tabloid newspaper with more than 5.5 million readers. Each column focuses on one issue and invites readers to comment or ask questions. She is also featured – alongside numbers for the Youth Line, Parent Line and Plz Cal Me function – in loveLife’s Uncut magazine and on its website and Facebook and Twitter pages.

At the time of the study survey, Mizz B was responding to comments and questions some considerable time after she received them – in her columns, on Facebook and Twitter or by email. Asked if they knew about Mizz B, 61% of the 420 participants in the survey said no but also said, now that they were aware of her, they would most like to communicate with her as follows: 1% by Skype, 7% by online chat, 12% on Facebook, 13% by email, and 63% by text messaging.

The centre subsequently made arrangements for private text messaging with Mizz B via an app provided by a social networking provider, Mxit (<http://get.mxit.com/about/>). Mxit has 7.4 million active users of whom 6.5 million are in South Africa and many of the rest are in neighbouring countries. It works on more than 8,000 varieties of mobile device, from the simplest to the most sophisticated.

In June 2013, the centre launched its Mizz B/Mxit text chat function. That month, the centre received almost 21,000 Mxit requests for text chat but over the next few months the number of Mxit requests trended downwards while the number of voice calls trended upwards. Over the first 12 months after the launch of Mxit the centre received a total of 76,342 Mxit requests and 559,063 voice calls, for a total of 636,305 contacts initiated by users.

Figure 3. Mxit requests and voice calls received by the Contact Centre during the 12 months following launch of its Mizz B/Mxit text chat function



The centre's tentative observations and conclusions about the Mizz B/Mxit experience so far include:

- The male to female ratio of Mizz B/Mxit users is the reverse of the male to female ratio of voice call users, with the greater percentage of Mizz B/Mxit users being male.
- Mizz B/Mxit lowers the threshold for callers too afraid or embarrassed to seek counselling by voice but, once they have crossed the threshold, they may feel emboldened to make a voice call.
- Significant numbers of the Mizz B/Mxit users are from South Africa's neighbouring countries, suggesting the possibility of a psycho-social counselling service operating from one base and serving multiple countries (see Box 8).

Box 8. One Contact Centre Counsellor's experience

With a background in psychology and political science, Thilivhali Livhadi was a counsellor and community development worker for LifeLine for four years before he became a loveLife Contact Centre counsellor in 2009. Asked if he enjoys the work he says, 'Very much so. It is my passion. In just one call, a counsellor can change someone's whole life.'

Thilivhali says the Contact Centre receives almost no abusive calls and only the rare prank call from someone like a nine year old boy with giggling friends in the background. While talking, Thilivhali engages in Mizz B/Mxit text-chat with a young man who says he is worried his girlfriend may be cheating on him and it may be because she finds him inadequate. He wonders how he compares with other males in terms of equipment and behaviour and, also, how he can start a conversation with her and find out what she is thinking. Thilivhali says this is typical of the text-chat conversations he has with teenage boys and young men. Once he gets them comfortable talking by text-chat, they sometimes want to talk by voice.

Lessons learned and the way ahead

Working with loveLife and its Contact Centre since, GDC has learned or re-confirmed that:

- **HIV among youth cannot be prevented without helping them meet the socio-economic challenges they face in their day-to-day lives.** The evidence indicates that loveLife’s approach – giving teenagers the self-confidence, knowledge and skills to meet all the challenges they face – can go a long way towards changing their attitudes and behaviour and making them less vulnerable to infection as they journey towards mature adulthood.
- **With strong focus on sexual and reproductive health, psycho-social counselling by phone and internet can make significant contributions to HIV prevention among youth.** loveLife’s media campaigns and face-to-face interactions in schools, Y-centres and other institutions for youth all draw attention to issues of a deeply personal and, sometimes, threatening nature. Many young people and parents need counselling to help them address these issues.
- **Counselling by phone and internet is a low cost HIV prevention measure.** In 2012, it cost the Contact Centre less than EUR 0.70 per call to handle almost 500,000 calls, more than 40% of which included counselling sessions. With its existing capacity, the Contact Centre can handle many more calls than that. As call volume increases, costs per call decrease. In addition, counselling by text message is considerably less expensive than counselling by voice.

- **The ongoing revolution in mobile communications is making it feasible to extend psycho-social counselling** to ever more youth and parents, especially those living in informal settlements and rural areas where landline telephone services have always been unavailable or unreliable.
- **Any effective approach to preventing HIV among youth has to be scaled up and sustained** so that it reaches most of them year after year and continues driving down the annual incidence of new infections until it approaches zero. The results of South Africa’s 2012 HIV prevalence, incidence and behaviour survey indicate that the work of loveLife and its partners is far from done. For example, while South Africa’s health care system has the capacity to provide a full package of HIV and family planning services, it needs to do much more work on making those services accessible and inviting to young people.
- **There can be significant benefits to long-term partnership.** GDC advisors have become intimately familiar with loveLife over the years since 2008. They have been there to observe, listen and respond to requests for technical support and for help with innovation. Recently, for example, KfW agreed to finance development of the iloveLife mobile phone portal described because loveLife staff and GDC advisors had long been struggling with the problem of how to incentivise youth not only to learn about but to participate in HIV prevention programmes.

■ *Young South Africans are early adaptors of new mobile communications technology.*



The way ahead

A UN agency, the International Telecommunications Union (ITU) collects data from national regulators and is the source of Figure 3, showing steep upward trends in the global use of mobile phones and mobile broadband.

The 2011 census found that South Africa is keeping up with global trends. The percentage of its households reporting at least one mobile phone increased from 32% in 2001 to 89% in 2011. In 2011, 16% of households reported access to the internet via mobile phone, 9% by home computer and 5% by workplace computer (Stats SA, 2012b).

Young people are early adapters of new mobile communications technology and loveLife has taken steps to draw them in through its website, the Plz Cal Me function and social media including Facebook, YouTube, Twitter and Mxit. With financing from Germany's KfW, it has recently developed and launched a new iLoveLife mobile phone programme (www.ilovelife.mobi) that not only draws them in to learn but incentivises them to act. Specifically, it invites young people from 12 to 19 years old to register and earn points for such things as, for example, going to a youth friendly health clinic for HIV or family planning services or participating in a school or Y-Centre programme. These points can be accumulated and redeemed for a variety of rewards provided by such sponsors as clothing and sports good stores and fast-food and cinema chains.

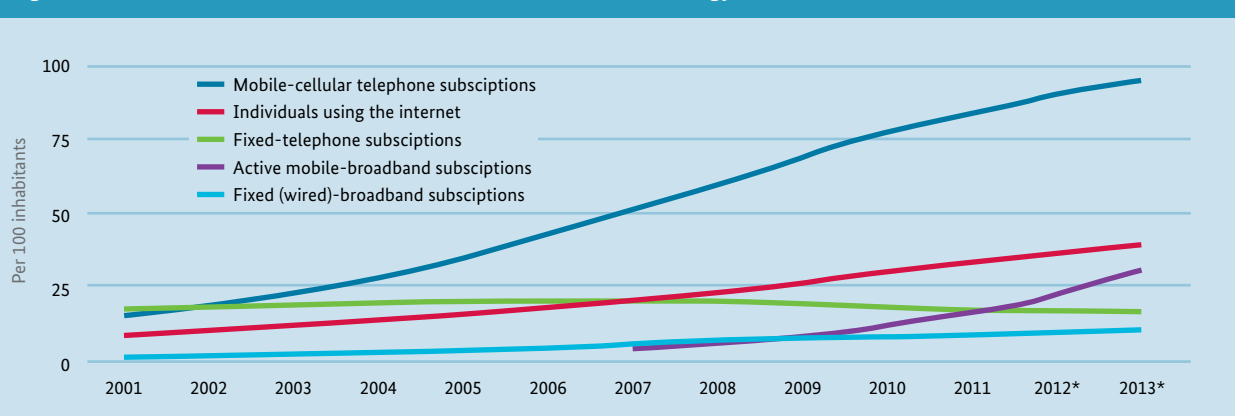


■ At South Africa's SciFest 2014 in Grahamstown, the Contact Centre's technical specialist and its German advisor explain Plz Cal Me and Mizz B/Mixit to students.

In the months ahead, loveLife will be learning how well this new app works in terms of increasing the up-take and corporate sponsorship of its programmes. It will also be learning whether or not it presents any serious problems and whether or not those problems can be resolved. For example, will offering rewards incentivise teens to make frivolous calls to the Contact Centre or to attend events in which they don't participate with much enthusiasm?

As for the Contact Centre, it will continue to do its best to improve and assure the quality of its counselling programme and make it as well known and easily accessible as possible to all South African adolescents and their parents. Its current team is large enough to cope with current demand. For the foreseeable future, it may be able to meet any increasing demand with more operators and groundBREAKERS able to provide skilled lay counselling to most callers, while transferring those with serious problems or in emergency situations to the counsellors.

Figure 4. Global trends in information and communications technology (ICT)



Note: * Estimate Source: ITU World Telecommunication/ICT Indicators database

Peer Review

The German Health Practice Collection has established eight criteria for assessing whether or not a programme or project qualifies as 'good or promising practice' worthy of a publication in the collection (see Box 9). Based on the information provided in the foregoing text, five independent peer reviewers have assessed loveLife's Contact Centre and Germany's support for the centre and found them to qualify.

Two of the peer reviewers are leaders of prominent international alliances of national associations and member organisations that specialise in providing psycho-social support by landline and mobile phone. They found that the Contact Centre was 'state of the art' and met all eight criteria as a mechanism providing such support. They commended loveLife for this achievement and Germany for its support.

The remaining three peer reviewers are based in South Africa, have lived in Eastern or Southern Africa for much of their lives and have considerable experience addressing HIV and other sexual and reproductive health and rights issues in South Africa. Each of them found that the Contact Centre and Germany's support meet most or all of the criteria. Each also raised questions they felt should be asked by anyone seeking to strengthen the Contact Centre or to use it as a model for developing or strengthening a psycho-social support mechanism in another country.

In summary, applying the eight criteria the five peer reviewers found:

Effective? The Contact Centre is a key component of loveLife's holistic approach to HIV prevention. The evidence indicates this approach is changing the behaviour of the young people it covers. As a general rule, it is hard to attribute positive prevention outcomes to any particular intervention or set of interventions but the significant decline in annual incidence of HIV infection among young South African females suggests loveLife and its Contact Centre are making significant contributions to the reduction of risk-taking behaviour among young females, in particular.

Innovative? The 2013 survey of callers found they would prefer to communicate with Mizz B by text-chat and, soon thereafter, the centre added the Mxit text-chat function. As a general rule, it is harder to reach young males than young females with all manner of preventive interventions and early indications are this innovation is increasing male uptake of the centre's counselling services. A more recent innovation, the iloveLife mobile phone online programme may increase uptake of loveLife's psycho-social counselling and other programmes by both males and females.

Transferable? Mobile communications technology is making it ever more feasible to offer the poorest people in the remotest communities with psycho-social counselling by phone. The new Contact Centre Manual and other items in the online toolbox associated with this publication will provide interested readers with ideas and guidance.

Empowering? The Contact Centre is helping loveLife empower young people to take responsibility for their own health and well-being and to act responsibly towards others. The groundBREAKERS working for the centre are being empowered with skills that serve them, their families and communities well.

Gender-sensitive? The Contact Centre would seem to be providing gender-sensitive counselling to both males and females. Like most HIV prevention programmes, it attracts more females than males but the male-to-female ratio is 45:55 for counselling by voice and is the approximate reverse for counselling by text chat, so is getting close to being balanced. One reviewer would like to know more about how it addresses the unique issues of most-at-risk minorities among youth, including males who have sex with males.

Accompanied by effective monitoring and evaluation? Germany's support has helped the centre put a strong monitoring and evaluation system in place. Like most such systems, it measures outputs (e.g., numbers provided with counselling) more than outcomes (e.g., reductions in annual incidence of unintended pregnancy as result of counselling). Given the critical importance to South Africa of preventing HIV, in particular, some reviewers would like to see a comparative evaluation of the interventions offered by loveLife and the country's many other organisations contributing to HIV prevention among youth and adults.

Cost-effective? The reviewers agreed that the centre's cost-per-call is low, while some noted that much of the cost can be attributed to the salaries of the centre's manager, two team leaders, nine counsellors and five operators. Greater reliance on well-trained groundBREAKERS could reduce the cost at the same time as providing groundBREAKERS with more on-the-job training and experience. One reviewer suggested that, with the resources it already has, the centre might be able to operate around the clock. These are matters that might be considered by participants in the Exchange Platform for all South African providers of psycho-social counselling by phone

Sustainable? For the past decade, loveLife and its Contact Centre have received their core funding from three government ministries. Their sustainability depends largely on sustained political commitment but the current low cost of operating the centre and the potential for even more cost-effective operations would seem to bode well for its future.

Box 9. Publication process of the German Health Practice Collection

In response to annual calls for proposals, experts working in initiatives supported by German Development Cooperation (GDC) propose ones they regard as good or promising practice to the Managing Editor of the German Health Practice Collection at ghpc@giz.de. All proposals are then posted on the Collection's website to allow GDC experts and the interested public to compare, assess and rate them. The proposals are also discussed in various technical fora in which German experts participate.

Informed by this initial peer assessment, an editorial board of GDC experts and BMZ officers select those they deem most worthy of write-ups for publication. Professional writers then make on-site visits to collect information, working closely with the local partners and GDC personnel who jointly implement the selected projects.

Each write-up is submitted in draft form to independent peer reviewers who are acknowledged internationally as scholars or practitioners. The reviewers assess whether the documented initiative 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.

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