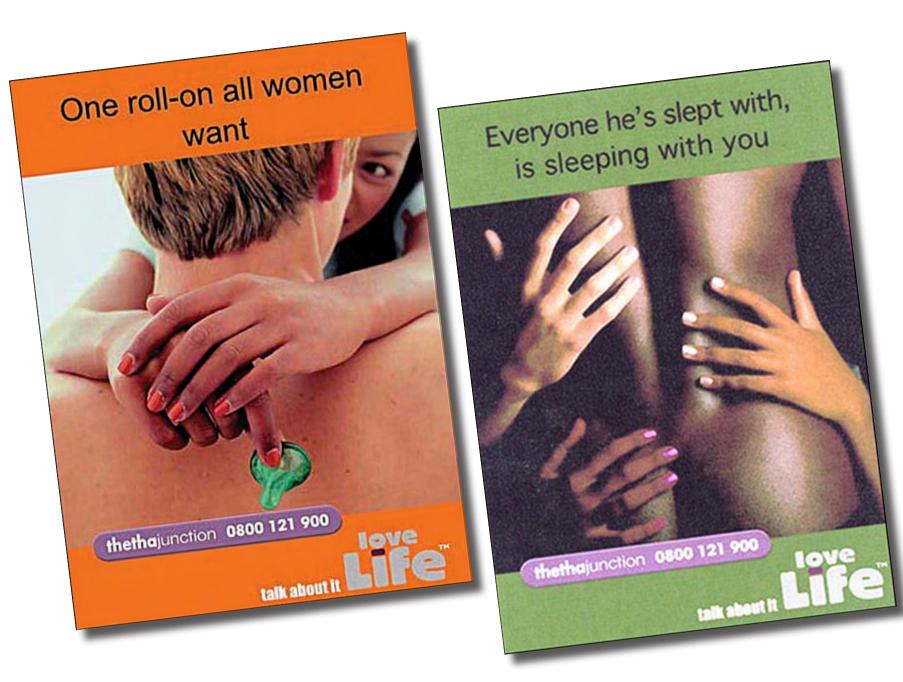
Claims and realities in programme evaluation: reflections on LoveLife, South Africa

HIV/AIDS interventions face challenges in meeting funding goals and proving impacts. In some instances this may result in approaches where promises are overstated and claims to impact are insufficiently grounded. Whilst emphases on public relations, high profile endorsements and ambitious promises facilitate funder interest, they also intensify the necessity to demonstrate impacts.

Insufficiently critical evaluations do not allow programmes to adjust to the complexities of the epidemic. Programme leaders should be cautious about creating unrealistic expectations and overstating impacts.



ollowing its inception in 1999, the loveLife programme in South Africa was championed as a bold and necessary prevention initiative that would address alleged failures of previous campaigns in the country. loveLife was going to halve South Africa's youth HIV prevalence in five years and transform international understanding of successful HIV prevention by offering a replicable model for youth prevention.

Elite endorsement

Founded and championed globally by the US-based Henry J Kaiser Foundation, loveLife rapidly became the global 'darling' of HIV prevention amongst high ranking officials within UNAIDS, the World Health Organisation, and the World Bank, amongst others. Endorsements flowed at events such as the first UNGASS meeting in New York, at Foundation sponsored satellite sessions at AIDS conferences including the Global AIDS conferences in South Africa (2000), Barcelona (2002) and Bangkok (2004). loveLife was also variously championed as a significant and impactful intervention in reports published by the Kaiser Foundation-led Global HIV Prevention Working Group and in UNAIDS publications (UNAIDS 2004b).

loveLife was also strongly connected to power elites in South Africa with politicians, corporate leaders, media groupings, and entertainers sitting on its 'advisory board', and 'matching funds' amounting to millions of dollars flowing as part of the organisation's 'partnership' with the South African government.

loveLife also found favour with other local funders including the Nelson Mandela Foundation, and corporates such as the Anglo American Corporation, South African Airways and Avis.

High budget

loveLife's annual funding requirements were articulated as being at least \$20-million per annum – a conception that aligned with global AIDS discourses of the late 1990s which emphasised the need for high levels of funding to scale up programmes.

loveLife was an early recipient of a grant from the Bill and Melinda Gates Foundation, and was one of the first organisations to secure funding from the Global Fund for HIV/AIDS, TB and Malaria, receiving a five-year commitment of \$68-million – one of the highest single grants made in the first round.

loveLife events and activities were diverse and strongly coloured by public relations approaches that held strong media appeal – loveLife GroundBreakers sailed on yachts to Antarctica and took part in the Cape to Rio yacht race... former President Bill Clinton held hands with Nelson Mandela at the launch of a loveLife youth centre in Orange Farm near Johannesburg while Hollywood stars Kevin Spacey and Chris Rock looked on... and linkages with South African media corporates such as the South African Broadcasting Corporation and Independent newspaper group positioned loveLife as a leading light in HIV prevention.

Competitive positioning

Strongly competitive and antagonistic towards other South African HIV/AIDS campaigns, loveLife utilised its elite global positioning in combination with local political support to pursue its vision. Y-Centres were established in a few communities, youth-oriented chill-rooms and basketball hoops were set up at selected clinics, a corps of youth GroundBreakers were trained, sports and educational activities were rolled out at schools, and an intensive multi-phased mass media campaign was implemented.

Six year's later HIV prevalence amongst youth in South Africa remained unchanged at around 16%; loveLife's largest funder - the Global Fund for HIV/AIDS, TB and Malaria - withdrew its funding, while the Gates and Mandela foundations did not renew initial commitments. In early 2006 South African HIV/AIDS united to critique the programme's campaign messages as insensitive to people living with HIV/AIDS and counter-productive to HIV prevention.

What went wrong?

Causal assumptions

Arguments put forward for the establishement of loveLife were that sexual behaviour was the causal determinant of the scale of South Africa's epidemic.

LoveLife's design responds to the fact that the sexual behaviour of teenagers drives the epidemic in South Africa. This assertion is based on the large proportion of the South African population that are under the age of 20 years (40%), a significant number of whom report high-risk sexual behaviour... (Harrison and Steinberg 2002:2-3)



This construction neatly conflates all children and youth under 20 (age range 0-19) into an impressive percentage, 40%, (instead of referring to the smaller proportion of sexually active youth) to produce the notion that all young people are driving a burgeoning epidemic. This concept was linked to the design of the loveLife intervention which positioned South African youth - the vast majority of whom live in poverty - as fundamentally driven by internal values of materialist consumption.

Recognition that a major influence on post-liberation South Africa is the global youth culture of music, fashion, pop icons and commercial brands led to the positioning of loveLife [as] an aspirational lifestyle brand for young South Africans. (Harrison & Steinberg 2002:4)

loveLife's core audience and point of focus was identified as young people aged 12-17, and it was the projected impacts on this age group that were to bring down HIV prevalence.

Communication directed towards young people was driven by a mass media campaign employing mainly billboards, radio and print advertising, alongside youth magazines, youth activities in schools and communities and service provision through Y-Centres and 'youth friendly' clinics.

A singular vision of South African youth

There were a number of contradictions and concerns with loveLife's links to materialism as the mechanism through which

youth would be motivated to adopt safer sexual behaviours. The notion of 12-17 year old South African youth as

mono-cultural and unified by sexual desire and materialist

Author: Warren Parker (PhD) Centre for AIDS Development, Research and Evaluation, Johannesburg, South Africa warren@cadre.org.za • www.cadre.org.za



consumption, directly contradicted obvious diversities of language, culture and access to disposable income amongst youth.

I think they may be shaping youth culture in a kind of American pop style and really reinforcing that kind of idea that comes as part of globalization of the world if you like. And this could be reinforcing the whole consumer idea. You know. You must have nice things in order to be a respectable person. I think they are reinforcing those concepts, which are very very difficult in communities that are impoverished. (NGO, KwaZulu-Natal, R4)

The conflation of the 'target group' of 12 year olds who were not sexually active and well below the age of consent, with 17 year olds who were entering into sexual relationships was also conceptually problematic.

... at 12, 13, children are still in primary school. And there is a big difference between those children and the ones in secondary school... children go through so much change. In grade 7, standard 5, they are still kids, they are still playing with dolls and cars. (AIDS Centre, Free State, R1)

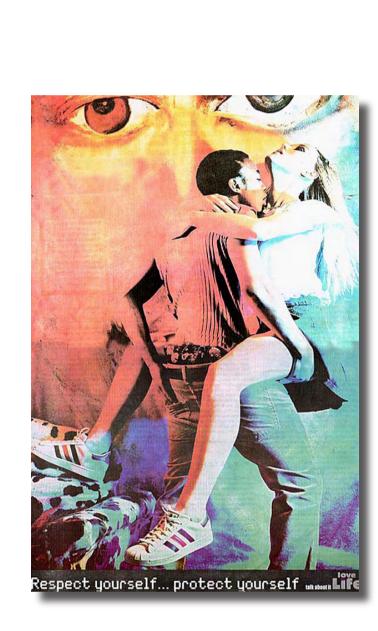
Implementation

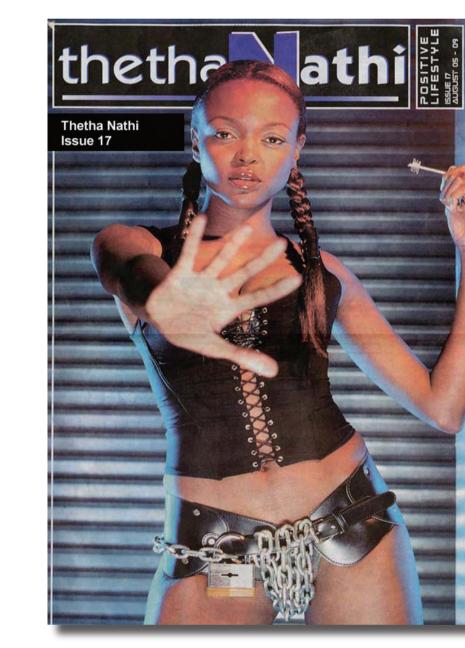
Pragmatic aspects of the programme conflicted with already institutionalised interventions – for example, school-based lifeskills programmes that were nuanced towards the informational needs of different age groups. loveLife's approach ran counter to these interventions raising concerns amongst parents and educators alike.

You have no idea about the problems I'm going through with the principals at the schools and the parents. You must see some of the letters I get from the parents because they think it is me that is implementing loveLife... I want to put something to you [referring to text in a loveLife publication] 'Get lost in discovering your lover's body. Talk dirty. Talk sexy. Play games. Find out how many different parts of the body can feel sexy without touching the genitals. Play with each other using your fingers or any other part of your body. There are many ways to reach orgasm and as long as you body fluids do not get close the other persons genitals or throat you can have great fun without risk.' A child reads this... You can go to Playboy... and get something like that. Not so blatantly in books that are being distributed to children. Can you imagine... (Department of Education, Free State, R1)

The eroticisation and normalisation of early teenage sexuality was also strongly linked to imagery of young women as sexually assertive, and reinforced through visual images in loveLife's publications.

The programme was also critiqued for the obscurity of its billboard messages.





Claims to impact

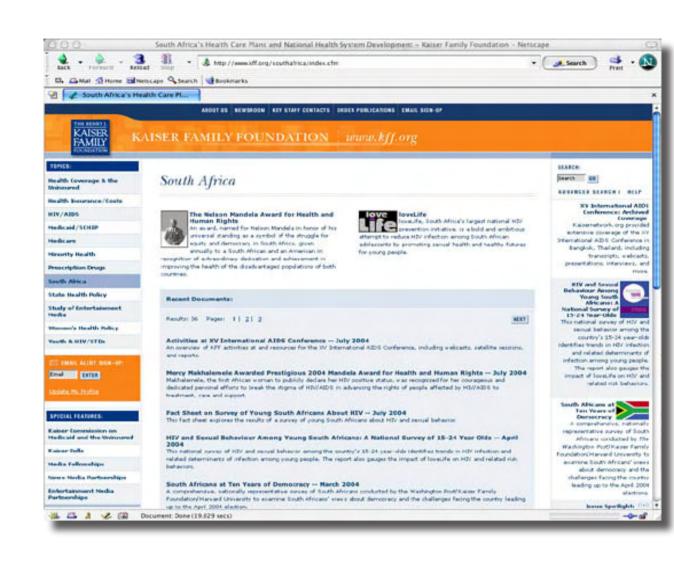
In various phases of the campaign, internally led evaluation findings were used to suggest generalizable national impacts on youth, even though sample sizes were small. For example, drawing on a number of small scale studies, a 2001 summary of evaluation findings stated: "In just under 12 months loveLife has succeeded in creating national recognition among close to 60% of the population" and that "loveLife has had a remarkably balanced impact across age groups and regions." Sample sizes for the studies from which these conclusions were drawn were small (1,000 in one and 141 in another) and sampling approaches lacked national diversity.

Claims to early impact were soon reinforced by a follow-up study reported in 2002 – which suggested that loveLife had an impressive ability to socially engineer youth response to HIV prevention. For example, findings included: "Of all young South Africans, 62% know about *loveLife*; Of those who know about loveLife, 65% say loveLife caused them to delay or abstain from sex; Among sexually experienced youth who know about loveLife, 78% say loveLife has caused them to use a condom; 69% have reduced their number of sexual partners.²



Such claims were reiterated at Conferences, in reports of the Global HIV Prevention Working Group, in loveLife brochures, and on the Kaiser Foundation and loveLife websites.

Claims to impact were also made in the journal AIDS, where multivariate analysis was employed using data from a 2004 study to suggest a significant causally protective effect (OR0.6) against HIV infection through 'participation' in loveLife programmes (Pettifor et al, 2005). These claims were however subjected to critique in various correspondence to the journal (Parker & Colvin 2006; Jewkes 2006).



Withdrawal of Global Fund funding

A number of complex concerns were raised by the Global Fund for HIV/AIDS, TB and Malaria during the administration of the first phase of loveLife's grant. This involved a two year commitment of \$12-million to be followed by a further grant of \$56-million for a further three years.

Issues included questions about the impact of the programme against its stated objective of halving HIV prevalence and a particular concern that 57% of 'youthfriendly' clinic service provision involved providing non-barrier contraceptives to young females which potentially adversely affected the overall HIV prevention objective.

Other concerns included the lack of evidence of knock-on effects of 'youth-friendly' principles to non-intervention clinics; a 255% increase in costs of the establishment of 'chill rooms' in the second phase budget; difficulties in attributing funds received from various donors to particular costs and outcomes; and cost-effectiveness and financial sustainability of the programme. Ethical concerns were also raised about loveLife's direct lobbying of Global Fund board members and failure to work through formal and official communication channels.

Following two rounds of 'go/no go' decisions at Global Fund Board Meetings, it was decided not to continue funding loveLife beyond 2005.

Lesson's learned

loveLife had ambitious and clearly stated goals at the outset. However, the model itself was untested and unproven.

Whilst enthusiasm and endorsement of loveLife by senior officials in key global HIV/AIDS and health organisations was extremely naive, the programme played to a number of dominant discourses at the time - youth as a 'driving force' behind the epidemic, the need to be 'bold and innovative', and the need to 'move rapidly to scale'. While the high costs of the programme were unprecedented, they fitted neatly with discourses about scaling up HIV/AIDS intervention

The programme's aim to halve prevalence amongst youth in five years and early claims about programme accomplishments appeared to hold promise. Furthermore, the lead funder - the Henry J Kaiser Foundation - agressively promoted the programme through involvement in various initiatives including reports on the epidemic, websites, sattellite sessions at conferences and linkages to various global initiatives. This largely occurred outside of the immediate ambit of response researchers and organisations working locally, with the effect that critiques could not be heard.

Recommendations

Whilst emphasis on public relations, high profile endorsements and ambitious promises facilitate funder interest and commitment, they also intensify the necessity to demonstrate impacts. Insufficiently critical evaluations do not allow programmes to adjust to the complexities of the epidemic.

Such rhetorics are not uncommon to many HIV/AIDS interventions – particularly if they are positioned as having the potential to monocausally change the nature of the epidemic. Similar strategies can be found in the promotion, endorsement and funding of interventions such as vaccines, microbicides and circumcision, amongst other interventions.

Programme leaders should be cautious about creating unrealistic expectations and overstating impacts; elites within HIV/AIDS organisations should be wary of endorsing unproven interventions; and critical scientific processes should not be subjugated to public relations and funding imperatives.

- 1. Looking at loveLife, the first year: Summaries of monitoring and evaluation. LoveLife, 2001 www.kff.org/southafrica/20011107aindex.cfm
- 2. "LoveLife's for us...": A survey of SA youth 2001. LoveLife, 2002

References

Harrison, D. & Steinberg, M. (2002). Behaviour change: The cornerstone of prevention. Parklands:

- Jewkes, R. (2006) Response to Pettifor et al. 'Young people's sexual health in South Africa': HIV prevalence and sexual behaviours from a nationally representative household survey. AIDS
- LoveLife. (2001). Looking at loveLife, the first year: Summaries of monitoring and evaluation. Parklands: loveLife. LoveLife. (2001). loveLife: Talk about it. Parklands: loveLife.
- LoveLife. (2002). 'loveLife's for us': A survey of SA youth 2001. Parklands: loveLife. LoveLife. (2003). loveLife: South Africa's national HIV prevention programme for young people.
- Parklands: loveLife. Parker, W. (2004). Ideology, hegemony and HIV/AIDS: The appropriation of indigenous and global
- spheres. Durban: University of KwaZulu-Natal. http://www.ukzn.ac.za/ccms/publications/ dissertations/phdtheses_default.asp Parker, W. (2005). Claims and realities in HIV programme evaluation: The example of loveLife in South Africa. Exchange on HIV/AIDS, Sexuality and Gender, Vol 1. December 2005. www.kit.
- Parker, W. & Colvin, M. (2006). Response to Pettifor et al. 'Young people's sexual health in South
- Africa': HIV prevalence and sexual behaviours from a nationally representative household survey. AIDS 20 (6) 254-255. Pettifor AE, Rees HV, Kleinschmidt I, Steffenson AE, MacPhail C, Hlongwa-Madikizela L, et al.
- (2005). Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. AIDS 19:1525-1534.
- Pettifor, A. et al. (2004). HIV and sexual behavior among young South Africans: A national survey of 15-24 year olds. RHRU/loveLife, 2004
- G02-C-00 'Lovelife'. Eleventh Board Meeting Geneva, 28-30 September 2005. GF/B11/16 UNAIDS. (2004a). The media and HIV/AIDS: Making a difference. Geneva: UNAIDS.
- The Global Fund (2005) Independent Review: South Africa, HIV and TB Round I SAF-102-UNAIDS. (2004b). Report on the global AIDS epidemic. Geneva: UNAIDS.

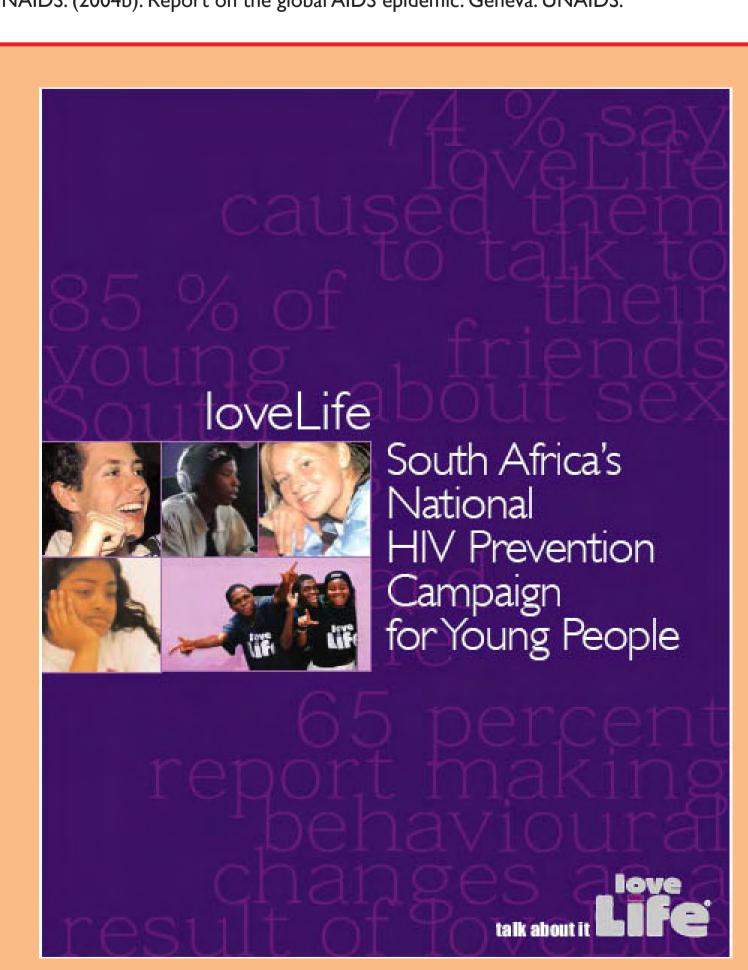
Ideology, discourse and dominance

HIV/AIDS is an ecological phenomenon that impacts directly on material conditions and lived experience globally. Interventions in response to the disease have occurred at all levels of society including organic and relatively informal responses (such as small groups of individuals working collaboratively at community level) as well as formal responses located within the state or other institutions and groups functioning globally, regionally and within countries.

All HIV/AIDS interventions require resources for their activities to be sustained, and larger national and international level programmes are often resource intensive. Similarly, at most levels of intervention, a competition exists between programmes and groups to secure acceptance of their activities, and in some cases there is a strong emphasis on expansion and dominance within the broad response to the epidemic. This direction towards dominance, whether formal or informal, overt or covert, involves ideological dimensions – specifically the framing in the public sphere of the ideas that constitute a given programme or intervention through discourse. Ideology thus intersects with discourse processes.

Ideologies are stuctured ideas that involve distortions that simplify understanding of lived experience and material conditions, and as such, offer a limited view of the world. Ideologies include a vision of the future, and involve the consolidation of ideas to achieve dominance.

loveLife's ideological approach involved discourses that positioned youth as the driving force underpinning South Africa's HIV epidemic, youth as hypersexual, other HIV/ AIDS campaigns as ineffectual, loveLife's campaign as bold and innovative. Through a high cost, scaled up approach, loveLife promised a vision of the future that situated the programme as the monocausal entity that would halve HIV prevalence amongst youth and save South Africa from the severe impacts of an advanced and generalised epidemic.



Not all groups or institutions working in the HIV/AIDS field are ideologically oriented in the sense of seeking dominance or expansion. However, at some level or another, any group or institution requires some degree of framing of its core ideas, goals and processes to function within society. HIV/AIDS work carries with it a sense of social purpose that is interconnected with moral purpose, of contributing positively to society, and as a result HIV/AIDS programmes, related foundations and donors are assumed to be functioning primarily with the social good in mind.

Whilst some degree of competition for resources and related ideological positioning is inevitable, what sets some interventions apart is a concerted direction towards securing competitive advantage through employing a range of strategies that are intrinsically ideological. These processes are situated both within and beyond discourse, extending to a complex of alliances, partnerships and structural relations that intersect with access to communicative power.