

Applying the Community Learning Programme Model in South Africa

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As part of COL's "Healthy Communities" initiative, the Media and Training Centre for Health (MTC) Community Learning Programme focuses on 3 sites in South Africa and very soon we will replicate and upscale the project in the Karas district of Namibia.

Partners:

- Our primary partners are the community radio stations located in each of the sites: Radio Atlantis (Atlantis), Radio Riverside (Upington), and Valley FM (Worcester).
- Our secondary partners are key stakeholders e.g. NGOs and government departments working in the health, education and social development sectors.

We work in collaboration with NGO partners in each site to recruit our learners who are in most cases already participating in group activities such as peer support activities, beneficiaries of soup kitchens, high-school learners etc. A group leader (NGO community worker or life-skills teacher) facilitates group discussions during each listening session and monitors attendance. Since we are currently unable to audio-stream to any of the radio stations we rely heavily on the group facilitator to provide feedback on programme content. (Within the next few weeks we will be able to tune into live programmes as a result of the GRINS installations which are currently taking place with the support of Gram Vaani). Through the Health Department we ensure that programme content is accurate and relevant – a reference group consisting of various stakeholder partners provides input and assists the programme producer with research relating to specific health topics. As part of the sustainability plan we hope to access additional funding resources through government departments as a contribution to broadcasting costs. In Upington we have sub-contracted an NGO partner (Northern Cape AIDS Forum) to assist us to drive the project because the project is located approximately 900 kms from Cape Town.

While we do not exclude men, the majority of learners are mostly unemployed women living in the targeted area. Many of them are living with or caring for people living with HIV. Programme content is developed in consultation with the target group through a needs assessment exercise and also using the message matrix methodology which we learnt from *Story Workshop* (Malawi). The reference group consisting of stakeholder partners also helps to guide/formulate topics based on actual experience at hospitals/community health centres. We also encourage learners to participate in the programme via sms messaging and telephone calls, by sharing their own experiences and/or asking questions or raising concerns.

At the end of each radio episode, the group facilitator engages learners in discussion relating to the programme – clarifying questions and encouraging the group to share their own experiences. This face-to-face interaction supports a peer-education model where individuals learn from each other.

At this stage of the project, our evidence of impact is mostly anecdotal: In Upington for example, after a programme that focused on the importance of regular HIV testing and where the radio station manager volunteered to take the test live in the studio, it is reported that on one day 97 people queued outside a rural clinic to take an HIV test. In the context of the stigma, fear and apathy that surrounds HIV testing in South Africa, this kind of outcome is significant to note. Furthermore at a "most significant change" workshop conducted in February 2011, participants agreed that one of the key successes of the radio programme (entitled a Summer for All) was the de-stigmatisation of

HIV testing. What needs to be explored is whether this kind of behaviour can be sustained over the long term.