PLANNING FOR HIV/AIDS COMMUNICATION

TRAINING MODULES

WORLD HEALTH ORGANIZATION
Regional Office for South-East Asia
New Delhi, India

National Aids Control Organisation
Ministry of Health & Family Welfare
Government of India
PLANNING FOR HIV/AIDS COMMUNICATION

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FOREWORD

The number of people with the Human Immunodeficiency Virus (HIV) continues to increase. Most of those infected are ultimately expected to develop Acquired Immunodeficiency Syndrome (AIDS). According to WHO and UNAIDS, the number of people with HIV/AIDS by the year 2000 is estimated to reach 40 million, and the majority of these will be in developing countries. In Asia, 8 to 10 million men, women and children will be infected with HIV, representing 25 per cent of the global cumulative infections. This means that the impact of the HIV epidemic will continue to be felt well into the next century.

The epidemic is expected to make an enormous impact on health and socioeconomic development in the Region. The economic loss in India and Thailand is expected to reach 9 and 11 billion US dollars respectively, by the year 2000. The AIDS epidemic therefore poses a major challenge to governments, non-governmental organizations, the private sector and to communities in all countries. The situation calls for urgent and concerted action in every country to strengthen HIV prevention programmes, including the capacity in countries for providing care to those infected with HIV/AIDS.

In the absence of a vaccine to prevent HIV infection, public education and information remain the cornerstone of AIDS prevention programmes. AIDS programme personnel however need basic knowledge and skills to plan for Information, Education and Communication (IEC) activities, such as advocacy, development of messages and materials, working with the mass media, NGOs, community leaders etc.

To fulfil this need, WHO has developed a set of training modules on HIV/AIDS communication which, I hope, would be widely used for the training of AIDS programme personnel at all levels, as well as NGOs, particularly those working at the community level.

Dr Uton Muchtar Rafei
Regional Director
INTRODUCTION

The pandemic of AIDS is continuing unabated. The number of people worldwide living with HIV/AIDS by the end of 1998 was estimated to be 33.4 million with 5.8 million acquired HIV infections in 1998 alone. It was further estimated that adult and child deaths due to AIDS from the beginning of the epidemic until the end of 1998 totalled 14 million. Assuming the current trends in many parts of the world will continue, nearly 40 million people will be living with HIV in the year 2000, majority of these in developing countries.

In the South-East Asia Region, the epidemic started late but there has been a steady increase in the number of people affected by HIV and AIDS. The relentless spread of AIDS in this Region has unfolded its grave health and socioeconomic consequences. It has been estimated that the economic loss due to the AIDS epidemic in India and Thailand will be to the tune of 9 and 11 billion dollars respectively by the year 2000.

The facts show that most HIV/AIDS infections are acquired through casual, unprotected sex. In the Region, 80 to 90% of HIV infections are transmitted through heterosexual contact. The second route of HIV transmission is through unsafe injections. These include injecting drug use and transfusion of blood or blood products which have not been screened for HIV antibodies. The third route of HIV transmission is from an infected mother to her baby in utero, during delivery, and even after delivery, primarily through breast-feeding. The number of children infected with HIV, acquired through mother to child transmission is now increasing and has become a cause for major concern in the Region.

In the absence of a vaccine to prevent HIV infection, there is a great and urgent need to educate people especially on the risks of unsafe sexual and injecting drug behaviour. It is important to disseminate correct information on HIV/AIDS prevention. Those in charge of information, education and communication (IEC) programmes must therefore be trained with the necessary knowledge and skills to be able to plan programmes through a wide range of activities, such as advocacy to obtain political commitment and support, working with partners such as NGOs, community leaders, volunteers and peer groups, developing appropriate messages for dissemination and mobilizing press and the mass media to reach out to intended audiences.

To assist in this endeavour, WHO's South-East Asia Regional Office in collaboration with the National AIDS Control Organization (NACO) of the Ministry of Health and Family Welfare, Government of India, have developed 12 training modules on "Planning for HIV/AIDS Communication."

The modules have been developed for AIDS Programme Managers but can with appropriate modifications be used in training programmes for other categories of personnel involved in HIV/AIDS communication, both from government and non-government organizations.

The modules were first pretested at a training workshop for AIDS Programme Managers in India and then modified and adapted for use in other countries of WHO's South-East Asia Region. It is envisaged that some further modifications and adaptations may take place at country levels to fulfil more specific local training needs. All future endeavours to enhance the value of this document will be most appreciated.
TRAINERS KINDLY NOTE

Modules One to Eleven have been developed to fit into a Five Day Training Schedule as described in Module Twelve: Planning for HIV/AIDS Communication - A Five Day Training Workshop Schedule.

It is therefore recommended that pages 285-297 of Module Twelve be read first as a preamble to the rest of the document.
MODULE -1

Communication Process for Behaviour Change

- Communication Model For Behaviour Change
- Behaviour Change and HIV/AIDS/STD Prevention
Objective

• To learn about the process of communication.

Materials

OHP#1-9(Pages6-14), Handout#1 (Pages15-16), Index card with message (Page 5).

Content and Process

Introduction

Introduce the process of communication using the following points.

Communication can involve ordinary conversation, such as explaining a point, asking a question or just talking to pass the time. However in "health communication" we communicate for a special purpose- to promote improvements in health behaviour through the modification of the human, social, environmental and political factors that influence behaviours. Communication on HIV/AIDS too has the same purpose. However it is a little bit more complex and sensitive because it entails communicating about sex and sexuality and socially unacceptable risk behaviours.

Whispering Game

This ice breaker can be used to demonstrate the need for clear communication and how messages can get distorted.

• Have all the participants seated in a circle.
• Pick any one of the participants and show him/her a short message written on the index card, for a brief while.
• Ask this person to whisper into his/her neighbour's ear the message once.
• The same process should be repeated till it reaches the originator. Ask the last participant to say aloud the message that he/she received.
• Read aloud the original message to the group. Often the two messages are different.
• Have a short discussion on why the message was different from the original message.
• Invite the participants to comment upon how the message distortion could have been avoided.
Communication Process

Use OHP#1 to give an overview of the entire communication process through the Communication Model.

Over the years, a communication model with nine elements has evolved. Two elements represent the major parties in a communication—sender/source and the receiver. Another two represent the major communication tools—message and channel. Four represent major communication functions—encoding, decoding, response, and feedback. The ninth element represents noise in the system.

Use OHP#2 to explain the characteristics of the sender/source.

Sender also called the source of communication, is the party sending the message to another party. People are exposed to communications from many different sources and are more likely to believe communication from a person or organization that they trust. Some of the factors that build trust are: credibility • age and sex • culture • language • education • communication skill.

Use OHP#3 to explain the meaning of the term "Encoding".

Encoding is the process of putting thought into symbolic form. This could be in the form of any of the senses known to human beings like speech, images, touch, smell etc. The thought expressed in the overhead uses a combination of text and visuals to convey a particular thought.

Use OHP#4 to describe the formats of a message.

Message is the set of symbols that the sender transmits. The message consists of what is actually communicated including the appeals, words, pictures and sounds that you use to get ideas across. The effectiveness of a message depends upon the nature of advise given, the way (appeal) in which the content of the message is organized, the format used (mass media, interpersonal), the wording, pictures and the non verbal signals that are sent out.
Channel refers to the channels through which the message (communication) moves from the sender to the receiver. This is also referred to as the communication method. There are two main groups of methods: interpersonal and mass media. Mass media includes TV, Radio, Newspapers etc while interpersonal communication involves all those forms where direct interaction between the sender and the receiver takes place.

Decoding is the process by which the receiver assigns meaning to the symbols transmitted by the sender. For effective communication to take place it is important that the decoding process match that of the encoding process. The greater the overlap between encoding and decoding, the clearer is the communication process.

Receiver also called the audience, is the party receiving the message sent by another party. The first step in planning any communication is to consider the intended audience. All communication must keep in mind the levels of education and visual literacy, use of media habits, prevailing culture, interests, age and sex of the receiver, while designing and communicating messages. A method that will be effective with one audience may not succeed with another. Two people may hear the same radio programme, see the same poster or attend the same lecture but interpret the same differently.

Response is the set of reactions that a receiver has after being exposed to the message. Feedback is the part of the receiver’s response that the receiver communicates back to the sender. This usually determines whether a communication effort has been successful or not.
Use OHP#9 to explain the role of "Noise" in the communication process.

**Noise** is the unplanned distortion during the communication process, resulting in the receiver's receiving a different message that the sender sent. Decisions such as whether to listen to one radio programme or another are deliberate ones. But others take place without conscious thought such as whether to look at a poster while walking down a street. Since humans receive a lot of messages simultaneously, it is possible that an important message is left out because the human brain filters it away as it decides what it wants to pay attention to and what to ignore.

The facilitator could revert to the whispering game exercise to demonstrate some of the elements of the communication model.

Ask participants what special problems may be encountered while communicating on AIDS?


**Wrap Up**

**Handout#1** summarizes The Communication Process. Pass these out to each participant.

**INDEX CARD**

**MESSAGE FOR WHISPERING GAME**
Komala was a sex worker who had got tested positive for HIV at the government clinic and was kicked out of the brothel by her madam.
PLANNING FOR HIV/AIDS COMMUNICATION

MODULE ONE

Do we have vaccine to protect HIV

They are war success occupying a country.

MESSAGE

CHANNEL

DECODING

RECEIVER

NOISE

FEEDBACK RESPONSE
PLANNING FOR HIV/AIDS COMMUNICATION

- Credibility
- Age
- Culture
- Language
- Communication Skills

MODULE ONE

SENDEN

Communication Model

OHP#2
How to describe immune system diagram?

They are like soldiers protecting a country.
Our body is like a country and our immune system is like soldiers protecting that country. HIV is like an enemy which depletes the number of soldiers and incapacitates them in our body.
Our body is like a country and our immune system is like soldiers protecting that country. HIV is like an enemy which depletes the number of soldiers and incapacitates them in our body.
HIV Attacks our immune system

Invaders are killing soldiers = HIV depletes immune system.
• Level of Education
• Culture
• Age and Sex
• Interests .....
Do we have a vaccine to protect from HIV?

AIDS cannot be cured.
Communication Model

NOISE

MODULE ONE
THE COMMUNICATION PROCESS

A 11 IEC planners and managers need to understand how communication works. Some years ago, a communication expert said that a communication model will answer (1) who (2) says what (3) in what channel (4) to whom (5) with what effect. Over the years, a communication model with nine elements has evolved. Two elements represent the major parties in a communication - sender and the receiver. Another two represent the major communication tools - message and channel.

Four represent major communication functions - encoding, decoding, response, and feedback. The last element represents noise in the system. These elements are defined as follows:

**Sender**
(Also called the source of communication) The party sending the message to another party.

**Encoding**
The process of putting thought into symbolic form

**Message**
The set of symbols that the sender transmits.

**Channel**
The communication channels through which the message moves from the sender to the receiver.

**Decoding**
The process by which the receiver assigns meaning to the symbols transmitted by the sender

**Receiver**
(Also called the audience) The party receiving the message sent by another party.

**Response**
The set of reactions that a receiver has, after being exposed to the message.

**Feedback**
The part of the receiver's response that the receiver communicates back to the sender.

**Noise**
Unplanned distortion during the communication process, resulting in the receiver receiving a different message that the sender sent.

The model illustrates the key factors in effective communication. The first step in planning any communications is to know the intended audience and the responses sought. A method that may be effective with one audience may not be effective with another. Two people may attend the same talk, hear the same radio programme or see the same poster, yet interpret them quite differently. Senders must be skillful in encoding messages that take into account how the target audience usually decodes the messages.

For a message to be effective, it is important that the encoding process of the sender greatly matches that of the decoder. It is also important that the source is perceived as credible. People are exposed to communications from different sources and are more likely to believe a communication from a person or organization they trust. People may not believe radio or TV programmes just because they are produced by the Ministry of Health. The health worker may not often be the person whom the people listen to. You will need to find out who your intended audience is, and who they would more positively respond to. It is also important to involve them in the communication process.
The Communication Process

MODULE ONE

HANDOUT #1

Handout #1

Do we have vaccine to protect HIV
Objective

- To get participants to understand the process of behaviour change, so that they become familiar with the concept.

Materials

Two flip charts marked safe and unsafe (alternatively could be drawn on a board) Index cards with steps of behaviour change for each group; OHP#10 -12 (Page 20-22), Handout #2 (Page 23-24) for each participant.

Content and Process

Need for Behaviour change

- Begin the session by asking a few leading questions. Some of the questions could be as follows:

  What are we trying to communicate about A/DS? Who are we trying to communicate to? What do we expect people to do as a result of our communication efforts? How will individual action towards prevention come about? What will it take for a person practicing risk behaviour to adopt safer practices?

The discussion among the participants should lead towards their understanding of the goal of HIV/AIDS/STD activities, as behaviour change or maintenance of existing safe behaviour.

- Write down the various responses of the participants on a flip chart or board. Make sure the behaviour change comes up as one of the goals.
- Discuss briefly the meaning of behaviour change.

Understanding Behaviour Change

- Have a general discussion about how people have different behaviours and have to change or modify them in the course of their lives. These could be in relation to various facets of their own lives and personalities like dressing, eating, speech, smoking, drinking, exercise, etc.

- Invite the attention of the participants to the flip charts marked "unsafe and safe". Ask them to imagine that they are now at the side marked "Unsafe" with certain behaviours that they want to change and their goal is to cross over to the other side.
Divide participants into groups (See page 291). The composition of each group will remain the same for all the training sessions, across all modules.

Ask the participants to discuss in their own groups, various unsafe individual behaviours that they may have had or attempted to change and the steps that they had to undertake for this. The objective will be to illustrate the various steps involved in behaviour change and to identify various factors which may influence behaviour.

- Ask each group to pick one of the behaviours discussed within the groups and write down on a flip chart five steps that were taken from moving from "unsafe to safe".
- After the participants have finished, provide each group with a set of jumbled index cards containing the steps of behaviour change. Ask each group to match the cards with the five steps that they have put on the flip chart and construct a model of behaviour change.
- Tell the participants that they can add more steps to the original five steps that they had created or to the behaviour change model. Allow the groups to make any changes that they may feel necessary.
- Ask each group to present their model in the plenary.

**Behaviour change model**

- Use examples provided by the group and OHP#10 to outline the behaviour change model. Use the points made in handout #2 to explain the behaviour change model in the context of HIV/AIDS.
- Use OHP#11 to point out the differences between long term behaviour change and short term behaviour change.

**Short term behaviour are those behaviours which can be achieved with rapidity and involve mostly a one time effort of the individual. For example, immunization requires a one time effort on the part of the family to ensure that the child is immunized. Long term behaviour change on the other hand requires a person to modify and sustain a particular behaviour over a period of time. Quitting smoking is an example of long term behaviour change. Similarly in the case of HIV/AIDS/STD, people will have to modify their behaviour and maintain the change for the rest of their lives. Thus any communication effort will have to keep this goal in sight while planning messages.**

- Point out that the behaviour change process does not have to follow a sequential order for every person or that there is a fixed pattern for change to occur. It is possible that individuals will go back and forth before adopting a new behaviour permanently.
Support services

- Use OHP#12 to illustrate that behaviour change is rarely a simple individual matter and other factors will be important. Use this time to explain support structures that may be necessary (peer support, education, counselling, clinical services, condoms etc.)

*It is important that support services such as condoms, counselling, care, STD treatment facilities are available to a person who is attempting to bring about a behaviour change in herself/himself. It is also imperative that the social environment around the person also supports the individual in the process. The absence of such an environment will render communication efforts ineffective and create more barriers for behaviour change.*

Wrap Up

- Inform participants that people may be in different stages of behaviour change at any given point of time and therefore will require different messages through different channels. These would be discussed in the modules that follow.
Unaware

Informed/Aware

Concerned

Knowledgeable and skilled

Motivated to change

Ready to change

Trial change of new behaviour

Maintenance/adoption of new behaviour
Short term behaviour are those behaviours which can be achieved with rapidity and involve mostly a one time effort of the individual. For example, immunization requires a one time effort on part of the family to ensure that the child is immunized.

Long term behaviour change on the other hand requires a person to modify and sustain particular behaviour over a period of time. Quitting smoking is an example of long term behaviour change. Similarly in the case of HIV/AIDS/STD, people will have to modify their behaviour and maintain the change for the rest of their lives. Thus any communication effort will have to keep this goal in sight while planning messages.
Behaviour Change

CULTURE

COUNSELLING

PROCESS

UNSAFE BEHAVIOUR → SAFE BEHAVIOUR

PEER SUPPORT

CLINICAL SERVICES

MODULE ONE
Behaviour Change Process

Informed / aware

Initially a person is unaware that a particular behaviour may be dangerous. The first step in a behavioural change programme is therefore to make people aware.

In the case of the need for safer sex practices, people first need basic information on HIV/AIDS/STD provided through various channels, using mass and group media and through interpersonal communication.

Persons with high-risk behaviour can be made aware about HIV / AIDS / STD, especially using interpersonal communication provided through NGOs, community-based organizations or by health care workers when treating persons with STD.

Concerned

Information must be given in such a way that the audience feels it applies to them, i.e., the audience becomes concerned, and people are motivated to evaluate their own behaviour.

Mass media approaches aimed at the general population are less likely to be effective in creating concern and overcoming denial, particularly among those at greatest risk. Targeted communication and interpersonal approaches are more useful.

Knowledgeable and Skilled

Once concerned, individuals may acquire more knowledge by talking to friends, social workers or health care providers about the dangers of AIDS/STD and methods of protection.

More interpersonal communication approaches are needed at this stage; especially training programmes to build skills in discussing sex and sexuality and in negotiating responsible sexual behaviour.

Motivated and Ready to Change

Individuals might now seriously begin to think about the need to protect themselves and their loved ones from AIDS or other STDs. This is when they might become motivated and ready to change. They may think about this for a long time and decide not to have multiple sexual partners or perhaps go out and buy condoms.

At this stage, condoms need to be easily accessible and individuals need to feel capable of using condoms and negotiating safer sex. Mass and targeted media can help provide a supportive environment by showing role models and promoting a positive view of safer sexual behaviour. Positive messages from peers are particularly effective.

Trial Change of Behaviour

At a later stage, individuals are in a situation where a sexual encounter could take place and they have access to a condom. They could then decide to try the new behaviour.

The results of any trial will be evaluated. If the experience has been too difficult or embarrassing, due to lack of experience and skills, then they may not try again for a long time. Therefore, skills to negotiate condom use, and to use condoms correctly, are essential.
Behaviour Change Process

Process of Behavioural Change:
A Continuum

Bringing about a behavioural change is a difficult process. The task is further complicated by the sensitive and personal nature of the issues, dealing as they largely do with sex and sexuality. A variety of approaches and messages will be needed to promote movement of individuals and populations along the continuum of behavioural change.

BEHAVIOURAL CHANGE MODEL

- Unaware
- Informed/Aware
- Concerned
- Knowledgeable and skilled
- Motivated to change
- Ready to change
- Trial change of new behaviour
- Maintenance/Adoption of new behaviour
MODULE - 2

ROLE OF HIV/AIDS COMMUNICATION

- IEC in the Context of an AIDS Control Programme
- Lessons Learnt in HIV/AIDS Communication
- Sharing of Experiences in IEC Activities
IEC in the context of the AIDS Control Programme

Objective

- To enable participants to position the role of Information, Education, Communication (IEC) in the context of an AIDS Control Programme.
- To introduce participants to the framework for IEC planning.

Materials

OHP#13 to OHP#21 (Page 27-35)

Content and Process

Introduction

- Start the presentation using OHP#13. Explain that AIDS is primarily a sexually transmitted disease and a behaviour related disease.
- Present OHP#14 to highlight how IEC can play a crucial role in AIDS prevention.

Overall AIDS Control programme

- Use OHP#15 to describe the main components of an AIDS control programme. IEC is one of the components of this larger programme.
- Use OHP#16 to describe some of the major programme objectives of an AIDS control programme.
- Use OHP#17 to illustrate the role of IEC in HIV/AIDS Prevention and Control.

IEC Planning Framework

- Use OHP#18 to introduce the IEC planning framework.

**Effective IEC programmes are based within the context of the overall programme goals and can be developed following a systematic assessment of the target audiences and with their participation. The broad steps which need to be taken for the development of an effective IEC programme are as follows:**

- Planning • Preparatory activities and Materials • Development
- Dissemination and Utilization • Monitoring and Evaluation

- Use OHP# 19-21 to elaborate on the various components of the framework. Provide a brief overview at this stage. Tell the participants that each component will be dealt in detail in subsequent sessions.

Wrap Up

- Summarize the session pointing out that the framework is a tool for developing an effective implementation plan for IEC.
AIDS is primarily a sexually transmitted disease

AIDS is essentially a behaviour related disease
IEC has a crucial role in the prevention and control of AIDS

IF

IEC is planned and implemented effectively and in the context of the overall programme objectives and activities.

- IEC is supported by health and social services
AIDS CONTROL PROGRAMME
MAIN COMPONENTS

Control of Sexually Transmitted Diseases
- Condom programming
- Blood Safety
- Hospital Infection Control

Information, Education, Communication
- Counselling
- Care and support
AIDS CONTROL PROGRAMME

MAIN OBJECTIVES

Decrease in the number of sexual partners
•

Increase in safer sex practices
•

Enhanced negotiating skills on sexual decisions
•

Increase in STD treatment-seeking behaviour
•

Increase in safe injecting practices
ROLE OF IEC IN HIV/AIDS PREVENTION AND CONTROL

Public education and targeted interventions

- General population
- Those engaged in high risk behaviour
- Women
- Youth, etc.

Advocacy

- Policy and decision makers
- "Influencers" such as teachers, health care workers, religious leaders, community leaders, etc.

Support for various other components of an AIDS programme

- Seeking quality STD services
- Promotion of voluntary blood donation
- Implementation of universal precautions in health care settings

THE ROLE OF IEC DOES NOT MERELY LIMIT ITSELF TO RAISING AWARENESS. IT MUST ALSO CONTRIBUTE TO IMPROVING SKILLS TO CHANGE BEHAVIOUR.
IEC FRAMEWORK: AN OVERVIEW

SITUATIONAL ANALYSIS

A) NATIONAL POLICIES AND ORGANIZATIONAL STRUCTURE
B) PHILOSOPHY: APPROACH TO IEC FOR AIDS PREVENTION AND CONTROL
C) AVAILABLE EPIDEMIOLOGICAL AND BEHAVIOURAL DATA

IDENTIFY TARGET GROUPS

CONDUCT TRAINING

ESTABLISH GOALS/OBJECTIVES OF IEC

ARRANGE SUPPORT SERVICES

# ADVOCACY
# CONDOMS
# STD SERVICES
# COUNSELLING

PLAN FOR MONITORING & EVALUATION

DEVELOP MATERIALS

DESIGN/PRETEST TARGETED MESSAGES

CHOOSE MEDIA AND CHANNEL

CONDUCT TARGETED RESEARCH

DISSEMINATE AND USE MATERIAL

MONITOR ACTIVITIES AND EVALUATE IMPACT

MODULE TWO
IEC in the context of the AIDS Control Programme

SITUATIONAL ANALYSIS

A) NATIONAL POLICIES AND ORGANIZATIONAL STRUCTURE

B) PHILOSOPHY: APPROACH TO IEC FOR AIDS PREVENTION AND CONTROL

C) AVAILABLE EPIDEMIOLOGICAL AND BEHAVIOURAL DATA

IDENTIFY TARGET GROUPS

ESTABLISH GOALS/OBJECTIVES OF IEC

PLANNING

MODULE TWO
IEC in the context of the AIDS Control Programme

1. Develop linkage with other organizations and carry out advocacy

2. Conduct training

3. Arrange support services
   - Advocacy
   - Condoms
   - STD Services
   - Counselling

4. Plan for monitoring & evaluation

Preparatory activities including material development

Implementation of IEC activities

Module Two
PLANNING FOR HIV/AIDS COMMUNICATION

DEVELOP IEC MATERIALS → DISSEMINATE AND USE MATERIAL

IMPLEMENTATION OF IEC ACTIVITIES

MONITOR ACTIVITIES AND EVALUATE IMPACT

MONITORING & EVALUATION

IEC in the context of the AIDS Control Programme

MODULE TWO
Lesson 36

**Objective**

- To discuss the various lessons learned in AIDS communication.
- To introduce participants to the effectiveness of the positive approach in AIDS communication.

**Materials**

Handout#3 (Pages 44-45) : Lessons learnt in AIDS communication.
OHP#22 to OHP# 27 (Page38-43).
Samples of IEC material used in the region which use the fear and other approaches.

**Content and Process**

**Introduction**

Refer to module 1 on behaviour change and state that since 1980s, a variety of lessons have been learned from experiences around the world, in communicating for behaviour change on HIV/AIDS/STD prevention. Some of these have been positive experiences and some have been negative.

**Types of communication approaches**

Start the presentation by defining what an approach means and the types of approaches that have been used using OHP#22. State that you are going to show some examples of each type of approach using concrete examples as well as some fictitious ones adapted from country materials.

**An approach is a way/strategy used to communicate messages (content). An effective approach is one in which the audience is motivated to take action, based on the information provided in the communication.**

**There are a variety of approaches which have been used in HIV/AIDS prevention programmes. Each approach has an underlying rationale and indicates a certain assumed value-system. Four broad approaches have been used in HIV/AIDS prevention programmes in different parts of the world. They can be summarized as follows:**

- Fear approach
- Denial/Blame approach
- Traditional/Moral approach
- Rational Appeal (positive) approach
Lessons learned in AIDS Communication

Fear Approach
- Display to the participants the various IEC materials selected and brain storm on the type of approach they portray.
  Use OHP#23 to explain the various characteristics of a fear campaign.

Denial/blame approach
- Display to the participants the various materials selected for denial/blame approach and brain storm on what type of approach it is.
- Use OHP#24 to explain the various characteristics of a denial/blame campaign.

Traditional/Moral approach
- Display to the participants the various materials selected for the traditional/moral approach and brain storm on what type of approach it is.
- Use OHP#25 to explain the various characteristics of a traditional/moral approach.

Rational Appeal( positive) approach
- Display to the participants the various materials selected for the rational approach and brain storm on what type of approach it is.
- Use OHP#26 to explain the various characteristics of a rational appeal campaign.

Message Contents
- Use OHP#27 to point out the essential points to be considered while formulating messages. Read handout #3 for more detailed explanation.
- The facilitator should present the lessons learned in AIDS communication using various examples as outlined in the handout#3.

Wrap Up
- Summarize - Hand over copies of Handout#3.

Read handout #3 for talking points for the presentation
WHAT IS AN APPROACH

An approach is a way by which we communicate messages.
An effective approach is one in which the audience is motivated to take action, based on the information provided in the communication.

TYPES OF APPROACHES

Fear approach
- Denial/Blame approach
- Traditional/Moral approach
- Rational Appeal (positive) approach
Fear approach stresses the horrors, uncontrollable nature, incurability, massive spread etc. of HIV/AIDS.

**CHARACTERISTIC ELEMENTS**

- Colours used to portray shock (excessive use of red)
  - Visuals/logo/fonts convey fear and dread (skulls, bones, shattered type faces)
  - Messages in text matter arouse helplessness and powerlessness
- The risk of infection is exaggerated by highlighting low risk activity (barbers, injections at hospitals)

**Lessons learnt**

Fear campaigns are not effective and cannot be sustained
DENIAL/BLAME APPROACH

Denial and Blame take the form of blaming others and denies the existence of a problem.

- HIV/AIDS is portrayed as a problem only of particular groups like commercial sex workers, homosexuals.

CHARACTERISTIC ELEMENTS

- Certain individuals/groups are targeted for blame
- Biases exist towards particular groups/individuals
- The tone of language is harsh/hurting
- The messages are threatening
- The origin of the virus is attributed to a particular group or geographical area
- The problem is understated

Lessons learnt

Denial or blame campaigns inhibit necessary action

MODULE TWO
Having premarital sex is a sin

**TRADITIONAL / MORAL APPROACH**

Traditional/Moral approach promotes abstinence of premarital and extra marital sex as the only option.

**CHARACTERISTIC ELEMENTS**

- Religion/religious figures/text used to convey the message
  - The message casts doubts/disagreement over certain sexual preferences
  - Impractical solutions are offered for prevention

**Lessons learnt**

The Moral approach often lead people to not examine their behaviour rationally and to turn away those who practice risky behaviour
RATIONAL APPEAL (POSITIVE APPROACH)

- Acknowledges the existence of the problem
- Addresses the most common route of transmission
- Stresses personal responsibility
- Promotes positive behaviour through rational inputs and options

CHARACTERISTIC ELEMENTS

- Options for behaviour change are offered
- Different options are offered for safer behaviour
- Needs of a particular target group are answered
- Relevant information is provided about various services and what to do under certain circumstances
- Message instills confidence in people about HIV positive people
- Message dispels myths and misconceptions so as to offer an environment of support, acceptance and empathy

MODULE TWO
MESSAGE CONTENTS

Consistent and accurate

- Lead to action

- Messages should be positive

- Messages should provide options

- Messages should be linked to service delivery
LESSONS LEARNED IN AIDS COMMUNICATIONS

AN APPROACH

Definition
An approach is a way/strategy used to communicate messages (content). An effective approach is one in which the audience is motivated to take action, based on the information provided in the communication.

Over the past years, many lessons have been learnt on how to approach sensitive topics of sex and sexuality and how to reach those sections of populations most in need of information and services. Project personnel planning and developing IEC strategies can benefit from these lessons learnt and can initiate more effective strategies and communication approaches to help bring about behavioural change.

There are a variety of approaches which have been used in HIV/AIDS prevention programmes. Each approach has an underlying rationale and indicates a certain assumed value-system. Four broad approaches have been used in HIV/AIDS prevention programmes in different parts of the world. They can be summarized as follows:

THE FEAR APPROACH

Definition
The fear approach elaborates the horrors, incurability, massive spread etc of HIV/AIDS

Characteristic elements of the approach are:
Colours used portray shock (excessive use of red).

visuals/logo/typeface convey fear and dread (skulls, bones, shattered typefaces etc.)

Statements/text matter arouse powerlessness and helplessness

The risk of infection is exaggerated through relatively low risk activity (barbers, injections at hospitals etc.)

Experiences

In the UK and in Australia, fear campaigns were initiated with the reasoning that people need to be shocked into behaviour change. Studies show however, that such an approach created a panic among those at low risk while those with high risk behaviour patterns turned away from the messages. In other words, those most at risk, simply did not heed the communication as it did not offer them any help to deal with their risky behaviour.

THE DENIAL/BLAME APPROACH

Definition
The denial/blame approach takes the form of blaming others and denies the existence of a problem.

Characteristic elements of the approach are:
HIV/AIDS/STD are portrayed as a problem of particular groups such as homosexuals, CSWs, slum dwellers, foreigners etc.

- Certain individuals/groups are isolated
- Biases exist towards particular group individuals
- The tone of the language is harsh/hurting

Lessons learnt
Fear Campaigns are not effective and cannot be sustained
LESSONS LEARNED IN AIDS COMMUNICATIONS

- The messages are threatening
- The origin of the virus is attributed to a particular geographical area or group
- The problem is understated

Experiences

In the USA, the most shocking denial took place in high-level policy makers who believed that AIDS was a disease that only gay men could get and ignored all the evidence of AIDS as a sexually transmitted disease which could be contracted by any individual in society. In some countries, blame is being placed on sex workers and drug users, when the HIV virus can already be found in many other pockets of society. Moreover the blame approach can create a false sense of security in the general population.

THE TRADITIONAL MORALITY APPROACH

Definition

This approach promotes abstinence of premarital and extra marital sex

Characteristic elements of the approach are:
- Religion/religious figures/text used to convey the message
- The message casts doubts/disagreement over certain sexual preferences
- Impractical solutions are offered for prevention

Experiences

Communicating about AIDS necessitates talking about sexual behaviour and methods of protection. To date, the only known method, barring abstinence and a mutually faithful partnership, is condom use. In many countries, governments and religious organizations have prohibited the promotion of condoms with the argument that it would be promoting promiscuity. This has led to disastrous results in Malawi and Uganda to name only two countries.

Studies have shown that education on sex and methods of contraception has not led to an increase in sexual activities on the part of youth.

Lessons learnt

<table>
<thead>
<tr>
<th>GOOD EXAMPLE</th>
<th>BAD EXAMPLE</th>
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<tr>
<td>PREVENT AIDS</td>
<td></td>
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<tr>
<td>USE CONDOM</td>
<td>KEEP AWAY FROM PROSTITUTION AVOID HOMOSEXUALS</td>
</tr>
<tr>
<td>SAFE SEX IS BEST SEX</td>
<td>AIDS KILLS</td>
</tr>
</tbody>
</table>
Objective

- To share important experiences among participants on their HIV/AIDS IEC activities.

Materials

Blank OHPs, flip charts, OHP Pens.

Content and Process

Introduction

- Inform the participants that the objective of the exercise is to share experiences on their HIV/AIDS/STD IEC programmes.

Presentations by Participants

- Ask each participant to present one activity of their IEC programme which they consider as unique or most successful. Give each participant 10 minutes. Preferably participants should be told of this exercise earlier.

- Ask participants to display any of the IEC materials that they may have brought to the workshop. If there are any audio-visual material make a list available to all the participants and if possible arrange for their screening.

Constraints for IEC programme implementation

- Lead a discussion with the participant on some of the crucial constraints that they may have faced in conducting IEC activities.

- These issues should be posted on a flip chart and displayed prominently.

- Suggestions should be sought from the participants on solving some of these issues if possible.

- Inform participants that some of the issues will be covered later in the training programme.

Wrap Up

- Summarize participants’ experiences, both positive and otherwise.
MODULE - 3

INITIATING HIV/AIDS COMMUNICATION ACTIVITIES

- Introduction to Simulation
- Target Audience Segmentation
- Information Gathering
- Setting IEC Goals
**Objective**

- To familiarize the participants about the simulation methodology and its use in the workshop.

**Materials**

OHP#28 (Page49), OHP#29 (Page50), Handout # 4 Sagarmatha Simulation Part 1 (Pages 51-58)
Copies of Handout # 4 for each participant.

**Content and Process**

**Introduction**

- Display OHP#28.

**Simulation methodology**

- Tell the participants that for the purposes of the training, a fictitious state Sagarmatha has been created, in a fictitious country called Sagaram.
- Inform the participants that each group is a consulting team of experts who have been invited to the State of Sagarmatha to help develop an IEC plan. Use OHP#29 to welcome participants to Sagarmatha.
- Tell the participants that all following training sessions would involve planning for the state of Sagarmatha.
- Distribute copies of Part I of Simulation to each participant (Handout #4). The first part of the simulation provides the basic background information about Sagarmatha which the participants must familiarize themselves with.
- Tell the participants that some of the materials used in the module on "Lessons learned in AIDS Communication" belonged to Sagarmatha.
- Ask the participants to always keep with them a copy of the Simulation Part I during the course of the training.
- Inform them that more information on Sagarmatha will be made available as the training proceeds.
Introduction of Simulation

MODULE THREE

SAGARMATHA

OHP#28
WELCOME IEC EXPERTS
Introduction of Simulation

Simulation Part I
General Overview

SAGARMATHA
General Overview

Situated in a South Asian country called Sagaram, Sagarmatha is a provincial state which is bordered by four more similar states on three of its sides and the bay of Everest on its fourth side. It is roughly rectangular in shape with a total land area of 186,000 sq. Km. It stretches up to 1000 km from east to west and between 145 and 241 km from north to south.

Topographically, the state can be divided into three distinct regions from north to south: the mountainous region, the hilly region and the fertile flat plains called Perai. The Perai includes most of the fertile and forest area of the state. The state has two big rivers, Kosi and Padma and their several tributaries, which flow in and out of the state. The state's capital, Kashtamandi lies in the middle part of the state.

Due to its varied topography, almost many climatic zones are found in Sagarmatha: tropical, sub tropical, temperate, and alpine. The mean temperature is about 20 degrees Celsius. However, summer temperatures reach over 40 degrees in several places in the Perai. Rainfall varies greatly from place to place, from 250 mm to 4,000 mm, and about 80 percent of the precipitation occurs during the monsoon season that typically lasts from June until September.

Water and the fertile land is the most important natural resource of the state. The hydroelectric power potential is estimated at 83,000 megawatts, of which about 80% can be economically harnessed but so far only 0.5% has been exploited. The state has however recently invited foreign investment to harness the hydroelectric power potential.

Forests currently occupy approximately 27% of the land mass and account for 65% of the total energy consumption in the state and 80% of the rural household energy consumption.
Sagarmatha State Background  Sagarmatha is predominantly a rural state with over 75% of the population living in rural areas. However urbanization has been rapid. The population in early 1995 stood at 40,000,000 (40 million) of which the male female ratio was 1000:960, The average population growth rate per thousand is about 16.5. The share of the urban population is about 24% which is growing at the rate of 7-10% annually. The state's population is relatively young with about 60% of the population under the age of 20 and 43% in the age group of 15-44.

There are over five cities with a population of over five lakhs (class I cities). The capital is the main city with a population of over 3,300,000. There are over 20 II and III class cities in the state.

Sagarmatha is ethnically as diverse as it is geographically. It is home to several races and tribes, languages and religions. There are about 75 ethnic groups speaking 25 different dialects and languages. However, Tepli is the principal language of the state and the lingua franca of most of the population. Three other main languages of the neighbouring states Karyali, Ghali and Pewari are also spoken in the adjoining border areas by the populations residing there. English is also used in day to day official business in many offices and is the medium of instruction at the college and university level.

The majority of the Sagarmathans are Hindus and the second largest group are Muslims. Other religions like Buddhism, Christianity, and animism are also represented. There are also many tribal groups in Sagarmatha. The coexistence of these diverse cultures and populations for centuries has been marked by tolerance and openness. Recently however, political changes have led to social tension among the otherwise peace loving population.
Sagaram as a country gained independence in 1940 and adopted a parliamentary form of democracy based on universal adult franchise. Governance is at two levels: Central and State. At the Centre, executive power is vested with the Prime Minister and his council of ministers. At the State level the Chief Minister is the executive head.

Sagaram has now introduced a new tier of governance called the Panchayat Raj which is aimed at decentralization of power to the grassroots level. This scheme has recently been implemented in Sagarmatha. Over 30% of the newly elected members to the local bodies are women.

The Supreme court is the pinnacle of the judicial system and everybody is equal in the eye of the law and fundamental rights are provided to every individual. Sagarmatha has its own High Court which has jurisdiction all over the state.

Elections are mandated to be held every five years and elections are party based.

The State government of Sagarmatha consists of 19 sectoral ministries besides constitutional organs like the High Court, State Public Service Commission, Planning commission etc. The bureaucracy is headed by a Chief Secretary. There are roughly 21 departmental level Secretaries and additional 19 Secretary level positions attached with various autonomous and governmental institutions. Under them are Joint Secretaries, Under Secretaries and Section Officers.

If the age group above 15 years is considered, the adult literacy rate is still very low, at about 30%, while the official estimates for literacy for the age group above six years is about 52%.

The National goal is to eradicate illiteracy by the year 2001. The net primary school enrollment is about 90% and the net secondary school enrollment is about 57%, of which the rate for girls is 82.5% and 42.3% respectively.

There are about 5 universities and 200 colleges in the state of Sagarmatha including 5 medical colleges, 6 engineering colleges and 3 social work colleges. Besides these, there are over 30 vocational training institutes and polytechnics. The total intake of new students in these institutions in any calendar year is about 1,60,000.
Women constitute less than half of the population. In the recent years, the sex ratio had declined to 927 women per thousand men. Female literacy is about 30%. Enrollment at primary school and secondary school is increasing but at a slow pace. Women are now increasingly stepping out of the home to find work in rural as well as urban areas. Health care seeking behaviour and nutrition is still below the national standards. On an average, women conceive about 3.1 times. Advancements in science have led to women increasingly opting for sex determining tests and female foeticide. The state has banned all such tests but the neighbouring states have no such regulations.

The character of the family is changing at a rapid pace. The age of marriage is gradually increasing. The joint family system is slowly breaking up due to rapid urbanization. The family still holds an important position in day to day life and the male is usually the main bread winner. In urban cities more women are increasingly going to work.

The state has developed sound infrastructure. It is well connected by rail and land. The five major cities are also connected by air by the national airlines, while private airlines only touch the capital. Two national highways pass through the state. Over 95% of the villages have been provided with electricity and are connected by road. The state has one international airport. Telephones have been provided in all blocks of the state. Each district is connected to the headquarters through a computer network which has been established for monitoring of the various welfare programmes in the state. Utilisation however of this facility has been very low.
The primary occupation of the people is agriculture. About 70% of the population are dependent on agriculture as their main source of income, 3% are involved in small scale industries and the rest are in other services. A sizeable population also migrate to other states to seek employment as agricultural labour. Factory employment have led to jobs for about 5 lakh people in the state. The state itself hires about 1.5 lakh people in its services including in the public sector undertakings that it runs. There are five major industrial houses located in the state. They are Podrej, Piel, STC, GRF and Lala. Over 30% of the population live below the poverty line. Of late, tourism has been given importance. This has led to an increase in domestic as well as international tourist traffic.

The estimated life expectancy for males is about 57.7 years while that for females is 58.6 years. The infant mortality rate is 92 per thousand and maternal mortality rate is 4.9 per thousand. About half the children suffer from malnutrition. Only about 38% of the rural and 68% of the urban population have access to safe drinking water. Expenditure on health is about 5% of the state budget. A sizeable amount of this comes from grants received from the Central government. There are about 300 hospitals in the public sector while there are about 1500 hospitals in the private sector. The population per bed ratio is about 2326:1. Universal immunization is a national health goal. The state health system comes under the Directorate of Health services which is headed by a director. Similar directorates exist for medical education and family planning.

There are a large number of non-governmental organizations operational in the state of Sagarmatha. Many of them have political affiliations. The main sectors of NGO involvement have been in the areas of environment, social welfare, adult literacy, immunization and women's development. There exists a traditional standoff between NGOs and the government with both sides mistrusting each other. Of late, there appears to be a move towards forging a new relationship with NGOs, from the government side. Many NGOs have now started working on HIV/AIDS issues but lack the needed technical inputs.
The state is covered by radio and television. The radio reaches over 95% of the population while TV covers over 80%. However they are controlled by the Central government of Sagaram and the state government has no control over them. There is complete freedom of press and a lot of newspapers (large and small) are available in the state. There is one major English daily. The newspapers/print medium covers only 3% of the entire population. Besides newspapers, there are several magazines which are printed within the state. There are several other magazines which are brought into the state from neighbouring states.

Recently, satellite television is being accessed by the population through private cable operators in the towns and major cities. Accurate data however is still not available on the true reach of satellite television. On an average, every cable operator provides three channels in addition to two channels of National TV.

The state government of Sagarmatha has a department of Information and Publicity which handles the media requirements of the state including press relations.

The state was asked to create a state AIDS cell by the central government and offered 100% financial assistance for this. A high powered committee under the chairmanship of the Chief Secretary was formed to give impetus to the HIV/AIDS prevention efforts. A national plan drawn up by the Centre was provided to the state as a guideline.

The main components of the state's strategy are promotion of safer sexual behaviour through information, education and communication; condom promotion; early treatment of STDs; blood safety; hospital infection control; harm minimization; care and support to positive people and prevention of perinatal transmission.

The state AIDS cell is currently headed by a microbiologist and is assisted by an orthopedic surgeon who looks after the IEC programme. The cell was provided a jeep by the Centre but that is mainly used by the Director of Health Services or the Health Minister. Recently the state AIDS programme officer painted the jeep with AIDS messages and since then has the vehicle with him for a considerable amount of time. He has been provided with two rooms as office space, a computer, telephone (which is shared) and a photocopy machine.
There are about 600 hundred persons with HIV reported in the state since 1988. The sero-prevalence in the blood banks is about 1.3%. The major source of infection has been defined as heterosexually promiscuous persons followed by injecting drug users. The estimated STD prevalence rate is about 3-4%. However the attendance at government clinics is low. There is still skepticism about the true extent of the epidemic with the policy makers and the general population.

The state AIDS Programme Officer is responsible for the overall IEC programme. In recent years they have conducted a variety of programmes. These include special events on the occasion of World AIDS Day and Blood Donation Day. They have recently erected hoardings all over the state following instructions from the Central AIDS Control Organisation, Ministry of Health dealing with AIDS prevention in Sagaram.
Objective

- To identify the various target audiences for initiating HIV/AIDS/STD prevention activities and prioritization.

Materials

A copy of the Sagarmatha state background paper. (Handout #4)
OHP#30 (Page 61), OHP#31 (Page 62)
Target audience check list #1 (Page 63).
Handout #5 (Page 65)
A copy for each participant of the worksheet 1 (Page 64)/Flip chart

Introduction

- Introduce the session by stating the objective of the session. The first step in beginning to plan for IEC is to know the different target audiences that need to be addressed.

Presentation

- Use OHP#30 to explain the rationale for identifying different audiences

- Use OHP#31 to provide the participants with a definition of what a target audience is as well as to explain the difference between primary target audience and secondary target audience. Hand out copies of Checklist #1 to all participants.

Identifying Target Audiences

- Ask each group to identify the various primary target audiences for AIDS/STD prevention in the state of Sagarmatha using Simulation part I. They should write them down on a flip chart in the format presented in Worksheet 1.

- After they have finished, ask them to identify secondary target audiences for each of the primary groups identified.

- Ask the groups to present their lists in the plenary.
Ask the participants to list some of the target audiences not described in the background paper but are considered by them as important.

After the participants have identified the main target audiences, the facilitator should encourage them to further classify them, keeping in view the specific objectives of the State AIDS Prevention Programme of Sagarmatha State.

A short discussion may be held among participants to review the checklist.

**Wrap Up**

- Summarize.
- Hand over handout # 5 to each participant.
Rationale for Identifying Target Groups

- To develop specific messages which address needs and concerns of the target group
- To focus on groups who need information the most
- To facilitate optimal use of available resources and channels of communication
TARGET AUDIENCE is defined as the desired or intended audience for programme messages, materials and services.

The PRIMARY TARGET AUDIENCE consists of those individuals the programme is designed to affect (e.g., school children, commercial sex workers).

The SECONDARY TARGET AUDIENCE is that group (or groups) that can help reach or influence the primary audience (e.g., parents, madams of brothels).
## Target Audience Segmentation

### Checklist of Target audiences

<table>
<thead>
<tr>
<th>Categories</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Population</strong></td>
<td></td>
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<tr>
<td>Parents, Community leaders, Teachers, Industrialists</td>
<td></td>
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<tr>
<td>Policy makers</td>
<td></td>
</tr>
<tr>
<td>Slum dwellers</td>
<td></td>
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<tr>
<td>Sexually active population</td>
<td></td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
</tr>
<tr>
<td>Women vendors</td>
<td></td>
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<tr>
<td>Women attending MCH clinics</td>
<td></td>
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<tr>
<td>Rural women</td>
<td></td>
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<tr>
<td>Pregnant mothers</td>
<td></td>
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<tr>
<td><strong>Youth</strong></td>
<td></td>
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<tr>
<td>Out of School Youth (unemployed)</td>
<td></td>
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<tr>
<td>Secondary and Higher Secondary school students</td>
<td></td>
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<tr>
<td>Students of Colleges/Universities/Polytechnics</td>
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<tr>
<td>Youth in rural areas</td>
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<tr>
<td>Street children</td>
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<tr>
<td><strong>High Risk groups</strong></td>
<td></td>
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<tr>
<td>Commercial Sex workers and their clients (all types)</td>
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<tr>
<td>Pimps/Brokers</td>
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<tr>
<td>Madams / Brothel Keepers</td>
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<tr>
<td>STD clinic attenders</td>
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<tr>
<td>Men who have sex with men (MSM)</td>
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<tr>
<td>Eunuchs</td>
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<tr>
<td>Professional blood donors</td>
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<tr>
<td>Injecting drug users</td>
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<tr>
<td><strong>Organized sector</strong></td>
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<tr>
<td>Government employees</td>
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<tr>
<td>Migrant workers</td>
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</tr>
<tr>
<td>Defence Personnel (including police)</td>
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<tr>
<td>Industrial.factory workers</td>
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<tr>
<td>Travelling salesmen</td>
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<tr>
<td><strong>Unorganized sector</strong></td>
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<tr>
<td>Truck drivers</td>
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<tr>
<td>Migrant workers/labourers</td>
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</table>

### Module Three

Checklist #1
### Target Audience Segmentation

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Primary Target Group</th>
<th>Secondary Target Group</th>
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**MODULE THREE**
TARGET AUDIENCE

A target audience is defined as the desired or intended audience for programme messages, materials and services. The primary target audience consists of those individuals the programme is designed to affect. The secondary target audience is that group (or groups) that can help reach or influence the primary audience.

Your programme may wish to address several primary audiences and hence they need to be further subdivided into homogeneous subsets of target audiences in order to better describe and understand the segment and formulate tailored messages and programmes to meet specific needs.

Identifying target audiences clearly helps in prioritization of programme activities as well provides for easy selection of media and messages.

Not everyone is at equal risk of contracting HIV. Hence one could attempt to define the target audience by behaviour. Since HIV/AIDS/STD affect the sexually active population, the broadest group can be defined demographically by age. Groups of individuals who psychographically share a common high risk behaviour could be commercial sex workers and their clients, injecting drug users, people with STDs and migrant workers.

Another method to classify the target audience is by the occupation of people we want to address. For example truck drives; migrant workers; people in defence/ paramilitary forces; youth in schools, colleges and universities.

You could also classify the groups geographically by their choice of residence like street children, slum dwellers, urban women, out of school youth.

Target audiences can also be classified keeping in view the networks/institutions (secondary target audience) that offer opportunities to interface with your chosen audience. STD clinic attenders, MCH/ general health services, employees of different organizations, schools, colleges ,are examples of networks/institutions that can be used for targeting HIV/ AIDS/STD prevention messages.

Before you start IEC activities, you need to find out who and where the most vulnerable groups are and what are the most efficient ways to reach them.

In the absence of specific targeting, the messages may be very general and incapable of motivating for behaviour change. It is also important to prioritize the target audiences, in order to utilise to the maximum, the resources available at your disposal.
Objective

- To determine the different types of information required for effective IEC planning.

Materials

OHP#32 to OHP#40 (Page 69-77), Handout # 6 (Pages78-79), Handout #7 Simulation Part II (Pages 80-84).

Content and Process

Introduction

- Introduce the session by highlighting the importance of information gathering.

One of the first steps in IEC planning is collection of information on the target groups identified. This will include a thorough assessment of the existing behaviour and risk practices of the target groups, as well as on the cultural factors influencing them and epidemiological data on prevalence of HIV/STD. The review of information will entail collection and analysis of information regarding high risk behaviours, their location and patterns, health care services accessed, socio-economic condition etc.

Analysing information

- Distribute copies of Simulation Part II (Handout #7) to the participants.

The simulation Part II contains the main findings from the Knowledge, Attitudes, Practices (KAP) study conducted by a group of researchers on the request of the State AIDS Programme Officer of Sagarmatha. The Objectives of the study was to find out the extent of awareness among the sexually active group (15+) about AIDS and the various predisposing factors important for AIDS prevention.

- Ask each group to collate from the Simulation Part I & II data the following:

1. Information regarding behaviour of the various target groups identified in the last exercise, with special focus on youth, commercial sex workers and migrant workers, general population and injecting drug users.
The types of information participants think would be required but is not available from the study may also be listed.

2. The methodology used in the collection of the information

3. The most useful aspects of the KAP study as well as its drawbacks.

The KAP study does not provide any details about the operations of any of the target groups, like commercial sex workers, migrant workers. It provides general information about the awareness levels of HIV/AIDS among the general population. Most of the data is general and not specific. It does not provide any information which can be used in planning interventions.

- Ask the groups to present their findings in the plenary.

**Information gathering-essential factors**

- Use OHP#32 to outline some essential factors to be considered while gathering information.
- Use OHP#33 to illustrate types of information that needs to be collected.
- Use OHP#34 to illustrate types of behaviour data that is required for planning interventions.
- Use OHP#35 to illustrate various media habits data that must be collected for any target audience.

**Sources of information**

- Use OHP#36 to introduce the two sources of information - primary and secondary data.

*Information gathered through contact with people, interacting with the target audience is known as primary data. Information retrieved from existing records/documentation is known as secondary data.*

- Use OHP#37 and 38 to give an example of sources of information on injecting drug users and commercial sex workers.
Methods of Data Collection

- Use OHP#39 to describe some methods of data collection.

A number of techniques can be used to learn more about target audiences prior to developing IEC materials. These techniques include knowledge, attitude and practice (KAP) surveys, in-depth interviews with key informants and Focus Group Discussions (FGDs). KAP surveys indicate the percentage of people fitting into different categories. It is called a ‘quantitative technique’. KAP surveys can be time consuming and expensive. In-depth interviews with key informants provide insight into people's thoughts, feelings and behaviours. Because in-depth interviews have many open-ended questions, they require more time to analyse. In-depth interviews can also be expensive and time consuming. Focus Group Discussions (FGD) are in-depth discussions usually one to two hours in length in which six to ten representatives of the target audience under the guidance of a facilitator discuss topics that are of particular importance to the group. This method can yield significant data related to myths and beliefs of the target group as well as their misconceptions and doubts on critical issues. FGD is a qualitative and cost-effective method for data collection and can play a significant role in the development of IEC materials.

Partners for information gathering

- Ask each group to list some of the possible partners that the Sagarmatha State AIDS Programme officer may like to seek support from, for gathering information.

- Use OHP#40 to illustrate some possible partners for information gathering.

Wrap Up

- Summarize the session with the following points
  - The State AIDS Programme Officers are not expected to collect the data themselves and therefore may need to hire expertise available in the state.
  - The collection of data should not be a long drawn process. Data can be collected very rapidly. It is important that information collected must be analysed without delay and disseminated to all those who need it.
  - Information gathering is a continuous process.

- Hand out copies of Handout #6. These should be used by the participants when planning for operational research.
INFORMATION GATHERING INVOLVES

- Types of information to be gathered
- Sources of information
- Methods of data collection
TYPES OF INFORMATION TO BE GATHERED SHOULD COVER:

- Demographic data
- Behavioural data (existing risky behaviours, health care seeking behaviour)
- Media habits data (existing sources of information, preferential channels)
- Area assessment data (access to health services, support services)
- Hopes and fears for the future
- Language-vocabulary used by the target groups
BEHAVIOUR - RELATED DATA

Existing behaviours
  - Risky behaviour
  - Leisure time activities
  - Use of contraceptives
  - Regular sex partners
  - Know people who sell sex (where? when?)
  - Know people who inject drugs (what drugs? needle sharing?)
MEDIA HABITS DATA

Sources of health information

Types of entertainment

Listen to Radio ? Television ? preferred programs, music

Reading habits

Role models in media: influencers, people respected
SOURCES OF INFORMATION

Primary Data

When did you start coughing?

Secondary Data

MODULE THREE
POSSIBLE SOURCES OF INFORMATION
EXAMPLE: INJECTING DRUG USERS

PRIMARY DATA
- De-addiction centres
- Recovering addicts
- Drug users
- Doctors treating them

SECONDARY DATA
- Psychiatry departments in hospitals
- Police
- Social Welfare Departments
POSSIBLE SOURCES OF INFORMATION

EXAMPLE: COMMERCIAL SEX WORKERS

PRIMARY DATA

Sex workers
- Pimps
- Madams / Brothel Keepers

SECONDARY DATA

Social workers/NGOs working in the area
- Police
- Taxi - drivers, rickshaw drivers
- Hotel/Tourist guides

MODULE THREE
METHODS OF DATA COLLECTION

QUANTITATIVE DATA
KAP surveys

QUALITATIVE DATA
In-depth interviews with Key informants
• Focus group discussions

MODULE THREE
POTENTIAL PARTNERS FOR INFORMATION GATHERING

SOCIAL WORK INSTITUTES/COLLEGES

MEDICAL COLLEGES

DEPARTMENTS OF SOCIOLOGY/PSYCHOLOGY/COMMUNITY MEDICINE

NGOs/CBOs

ALSO:
INDEPENDENT CONSULTANTS
Information Gathering on Target Audience

Target Audience - definition

A target audience is a specific group of people who IEC programme planners are trying to reach. Programme personnel responsible for developing IEC activities to support a HIV/AIDS prevention and control programme must first identify and prioritize the target audience in order that the support services offered and IEC activities developed address the target audience's needs and concerns.

Rationale for identifying and prioritizing target audiences

In the absence of specific targeting, the messages may be very general and incapable of motivating either change or action. It is also important to prioritize target audiences. Not everyone is at equal risk of contracting HIV. There are identifiable groups of people who, due to certain behavioural practices must be targeted for priority prevention activities. Laying down priorities is necessary, since resources are inevitably limited.

Rationale for information gathering on target audience

After the target groups have been identified and prioritized, it is important to gather relevant information about the target audience. This will help in planning targeted interventions aimed at promoting safe behavioural practices.

It is also necessary to find out what the target audience already knows about HIV/AIDS, what are their misconceptions, acquired for example, through, rumours and misconceptions, and what questions they may have about HIV/AIDS.

Types of information

A broad classification of the types of information on target groups includes:

- demographic data
- behavioural data (existing risky behaviour, health care seeking behaviour)
- media habits (existing sources of information, preferred channels)
- area assessment data (access to health services, support services).

A more detailed list of the types of information related to behavioural and media habits data is outlined below:

**Behavioural Data**

- Existing behaviours
- Risky behaviour
- Leisure time activities
- Use of contraceptives
- Regular sex partners
- Know people who sell sex Where? With whom?
- Know people who inject drugs What drugs? Needle sharing?
Media Habits Data
- Sources of health information?
- Types of entertainment?
- Listen to radio, television?
- Preferred programmes?
- Preferred music?
- Reading materials?
- Heroes, people respected?
- Influencers?

Sources of information
Much of the above information can be drawn from existing records and documentation.

Occasionally it may be necessary to initiate new information gathering activities.

Many sources can be tapped and many techniques can be used to learn more about target audiences prior to developing IEC materials.

The success of information collection depends not merely on the ability to identify existing material about the target audience but also to find knowledgeable co-operative informants who can help in giving additional information.

Information retrieved from existing records/documents is known as secondary data while information gathered through contact with people interacting with the target audience is known as primary data.

The following list identifies some of the sources/partners for information gathering on specific target groups like commercial sex workers.

Target group:
Commercial Sex Workers
Possible sources for information:
- Experienced sex workers
- Social Welfare Departments
- NGOs working in the area
- Doctor/Staff in STD clinics
- Health professionals practicing in the area
- Researchers
- Journalists
- Police
- Managers, controllers of commercial-sex activity
- Taxi drivers, rickshaw drivers
- Pimps, madams / brothel keepers
- Hotel/Tourist guides

Methods of data collection
A number of techniques can be used to learn more about target audiences prior to developing IEC materials. These techniques include Knowledge, Attitude and Practice (KAP) surveys, in-depth interviews with key informants and Focus Group Discussions (FGDs).

KAP surveys indicate the percentage of people fitting into different categories. It is called a quantitative technique. KAP surveys can be time-consuming and expensive.

In-depth interviews with key informants provide insight into people's thoughts, feelings and behaviours. Because in-depth interviews have many open-ended questions, they require more time to analyze. In-depth interviews can also be expensive and time-consuming.

Focus Group Discussion (FGD)
FGDs are in-depth discussions usually of one to two hours duration, during which six to ten representatives of the target audience, under the guidance of a facilitator, discuss topics that are of particular importance to the group. This method can yield significant data related to myths and beliefs of the target group, as well as their misconceptions and doubts on critical issues. FGD is a qualitative and cost-effective method for data collection and can play a significant role in the development of IEC materials.
SAGARMATHA

Simulation Part II
The State AIDS Programme Officer of Sagarmatha initiated a KAP study in the State of Sagarmatha in three major cities. A group of researchers undertook the project. Following is the summary of the main findings of the study:

**OBJECTIVE**

- To assess knowledge, attitudes and practices about HIV/AIDS/STD among the various population groups of Sagarmatha.
- To assess knowledge regarding methods of protection against HIV/AIDS/STD.
- To identify media habits of the general population for receiving health messages.
- To determine acceptance of Condoms

**METHODOLOGY**

A structured questionnaire was developed for soliciting information from the respondents. A representative sample of 1000 respondents from each city was selected for the study. Stratification was done on the basis of age, sex, income group and occupation. Selection of the three cities included in the study was based on population size. Respondents were selected from ages above 15 years. Further income classification was also made under three groups namely: High (above Rs 5000 p.m), Medium (between Rs 2500- Rs 5000 p.m) and Low (less than Rs 2500 p.m).

**QUESTIONNAIRE**

The structured questionnaire was designed to get information on various aspects related to awareness about AIDS, (modes of transmission, detection, prevention) and the sources of information. Respondents were also asked questions on their sexual relationships, pre-marital/post marital affairs, as well as on use of condoms and decision making for use of contraceptives. In addition, questions were asked about their perceptions regarding discussing sex in a mixed group, in front of children, on multipartner sex, etc. These opinions were registered on a scale, ranging from "strongly agree" to "strongly disagree".
FINDINGS (ALL STATE)

AWARENESS ABOUT AIDS
When asked to name some of the diseases afflicting human beings, only 25% of the respondents mentioned AIDS. This too was the fifth or the sixth on the list of diseases mentioned by them. However, aided recall of AIDS was as high as 85%. The awareness about AIDS was higher in men than in women (60%). It was almost more than 90% in the age group of 15-20 years.

SOURCE OF AWARENESS
Most of them had heard about AIDS from the mass media. Television as the source was reported by 45%, radio by 25%, newspapers/magazines by 60% and word of mouth by 7%. Therefore it is observed that although the reach of television is more than 80% of the population in Sagarmatha, the full potential of this medium has not been utilized.

KNOWLEDGE ABOUT MODES OF TRANSMISSION
More than 50% percent of the respondents who had heard of AIDS could identify at least two modes of transmission correctly. The first mode of transmission identified by most of the respondents was blood followed by injection and promiscuous sex. Sex as the first mode of transmission was mentioned by 30%. About 15% mentioned mosquitoes and barbers as a source of infection.

MISCONCEPTIONS
Over 45% of the respondents harboured at least one or more misconceptions about the modes of transmission quoting mosquitoes, donating blood, toilet seats and sharing food. Maximum number of misconceptions were reported among respondents in the age group 15-25 years. Misconceptions were also high among women.

HIV TESTS
Over 65% of the respondents did not know where HIV tests were available. Over 90% wanted to get their test done. Of those who were aware of a test for AIDS mentioned "blood test" as the mode of detection.
**CURE OF HIV/AIDS**

67% of the respondents mentioned that a cure for AIDS was available, citing newspaper and television reports.

**AIDS AS A STD**

Only about 20% of the respondents mentioned AIDS as an STD. It was felt that AIDS was mostly affecting prostitutes and those with immoral relations. Most of the respondents could mention more than two types of STDs. Most of the male respondents mentioned knowledge of at least one or more persons having had a STD at some point of time.

**KNOWLEDGE OF PREVENTION**

Only 40% of those who knew about the modes of transmission could specify the methods of prevention. Not going to prostitutes and condom use was mentioned by most as the methods for prevention. Sticking to one partner was considered as the best option. Sterilization of needles and syringes and testing blood before transfusion was mentioned by 20%. Not having a child was mentioned by 5% of the female respondents as the method to avoid transmission from mother to child.

**SEXUAL BEHAVIOUR**

Over 90% of the respondents strongly believed in the one partner norm. However, when the respondents were asked whether they believed in having a boy/girl friend in addition to their regular partners, the response was mixed, with 50% saying YES. 40% of the male respondents admitted having more than one partner in their lives. Only 3% of the women admitted to having more than one partner. These respondents mostly belonged to the low income group. Respondents in the age group of 15-25 mentioned that having premarital sex is common among some of their friends.

30% of the male respondents reported going to prostitutes. These were mainly construction workers who frequently go to the cities for work. Over 29% of the women felt that their male partner were not faithful to them. Less than 6% of the men thought that their wives were unfaithful to them.
83% of the respondents had heard of condoms as a birth control device. Only 5% of the respondents related it to disease prevention. These respondents were mainly youth and migrant workers.

15% of the sexually active age group claimed to have used condoms. Only 10% of them said that they used condoms regularly.

Over 60% of the respondents said that women were responsible for the choice of contraception. 65% of the respondents purchased the contraceptives from chemists while 15% bought it from a general store/roadside shop.

Use of drugs was reported by the migrant workers and by the youth. The drugs were mostly consumed orally. Very few of the respondents mentioned injecting drug use.

Only 14% of the respondents felt that HIV/AIDS was a major problem. Most of the respondents believed that it was a foreigners disease and that it will not affect them if they lead healthy lives.

Over 93% of respondents felt that there was no difference between HIV and AIDS. A majority of them felt that people with AIDS must be kept away from society but yet, must be treated with sympathy.

Most of the respondents felt that prostitutes were responsible for the spread of HIV infection. Most men cited at least two places where they thought prostitutes could be found. They felt banning prostitution was the best way to solve the problem.
Objective

- To set measurable goals of behaviour change for each of the identified target audiences

Materials

OHP#41 (Page87), OHP#42 (Page88), Handout #8 (Page90) and Handout #9. Simulation part III (A,B &C) for each participant (Pages 91-103). Copies of worksheet #2 (Page 89) /flip chart for each group

Content and Process

Introduction

- Tell the participants that the main aim of IEC is to bring about behaviour change. Hence all the goals that are set for IEC activities should be aimed at behaviour changes. This exercise will attempt to determine such goals for the different target audiences that were identified earlier.

- State that it is important to know about the existing risky behaviours of the target audience before setting any goal for behaviour change.

Setting IEC goals

- Use OHP#41 to explain the characteristic features of any goal of behaviour change. Also read Handout # 8 for examples.

- Use OHP#42 to provide some examples of overall goals for most target audiences.

Setting goals for behaviour change.

- Distribute copies of worksheet#2 flip chart to each group.

- Distribute copies of simulation Part III (handout # 9) to all the participants.
Setting IEC Goals

Setting IEC goals

- Based on the simulation papers ask each group to identify the desired behaviour change and set measurable goals for each of the following target groups on a flip chart (Worksheet #2)

1. Out of school and college youth
2. Female commercial sex workers
3. Migrant workers
4. Injecting drug users
5. General population

- Each group should present their recommendations in the plenary.
- Lead a discussion on how setting appropriate goals at the outset will help in monitoring and evaluation of the programme.

Wrap Up

- Summarize the session by talking about the need and importance of having measurable goals.
- Pass out copies of handout # 8.
TARGETS TO BE ACHieved

- Number of sexual partners - decrease by 45%
- Use of condom - increase by 40%
- STD treatment - increase by 30%
- Safe sex practice - increase by 60%
- Safe injecting practice - increase by 75%
- Health care - increase by 20%

Behaviour changes goals should be specific
- goals should be measurable
- goals should be realistic and achievable
- goals should take into account the support services that may be available as well as the external environment.
OVERALL PROGRAMME OBJECTIVES FOR MOST OF THE TARGET GROUPS WOULD INCLUDE:

Decrease number of sexual partners

Increase safer sex practices

Increase condom use

Enhance negotiating skill on sexual decisions

Increase seeking STD treatment services

Increase seeking health care services (especially women)

Increase safe injecting practices (for injecting drug users)
### Setting IEC Goals

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Target Population</th>
<th>Desired Behaviour Change</th>
<th>Measurable Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Out of School and College Youth</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Female CSWS</td>
<td></td>
<td></td>
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<td></td>
<td>Migrant Workers</td>
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<tr>
<td></td>
<td>Injecting Drug Users</td>
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<td></td>
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<tr>
<td></td>
<td>General Population</td>
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</tbody>
</table>
Setting Objectives/Goals For Behaviour Change

IEC programme objectives for each target group should describe the desired behavioural changes, and should be measurable. Generally, these should be behaviour change goals that are achievable, and should preferably be worded in measurable terms e.g. "ensure that within 12 months, 50% of injecting drug users in one urban slum will stop sharing injecting equipment." It should be possible to observe and measure progress towards meeting the objectives.

The objectives/goals will be determined by the approach to IEC, services available and the target groups involved. They will also be dependent upon the extent of communication infrastructure and the access that various groups have to information and services (e.g. existence of an NGO already working in the area; radio and TV ownership/access, circulation and readership of newspapers/magazines, etc.).

Overall programme objectives for most of the target groups would include:

- Decrease number of sexual partners;
- Increase safe injecting practices (for injecting drug users);
- Increase safer sex practices;
- Increase condom use;
- Enhance negotiating skills for sexual decisions;
- Increase STD 'treatment seeking behaviour; and
- Increase health care seeking behaviour (especially in women).

**TARGETS TO BE ACHIEVED**

<table>
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<th>Target</th>
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<tbody>
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<tr>
<td>Health care</td>
<td>Increase by 20%</td>
</tr>
</tbody>
</table>
SAGARMATHA

Simulation Part III-A
A sizeable population of youth in the urban cities of Sagarmatha are unemployed and are out of school. There is also a growing concern about teen age pregnancy, drug use, and the spread of HIV among young people, especially in urban areas. In order to plan for an intervention it was decided that qualitative data was required. The present data available with the State AIDS programme did not spell out the various behaviours prevalent among young people.

In order to plan properly, the government collected and analysed all available data. For additional information they commissioned a three phased study using a combination of qualitative and quantitative methodologies. A mix of social science institutions and departments of Community Medicine of local medical colleges were entrusted with the task of conducting the information gathering exercise.

In phase one, social science institutions in the five major cities conducted a qualitative study. This was followed by a quantitative survey as phase two. In phase three, departments of Community Medicine conducted a study of health care facilities available to meet the needs of young people and an assessment of condom supplies.

The social sciences institution evolved a rapid standard protocol, using key informant interviews, focus group discussions, in depth interviews and observations. Based on qualitative research, a quantitative research tool was developed.
Information Gathering Objectives

In Phase one and Phase two, following information was gathered for each segment of the target audience:

- Their knowledge of HIV/AIDS/STD;
- Organizations/institutions who have contact with youth;
- Perceptions of risks among the target audience;
- Opinion leaders in the community;
- Existence of risk behaviours for drug use and unprotected sex;
- Media habits;
- Health care seeking behaviour for sexual health;
- Differences between young men and young women;
- Hopes and fears for the future.

FINDINGS

Audience Segmentation

Youth in Sagarmatha were classified under the following categories:

Youth in school, youth out of school; unemployed youth out of school, street children; illiterate youth.

Data collected on unemployed youth out of school:

Knowledge of AIDS:

Youth out of school had only a sketchy knowledge of AIDS and STD. They had heard of AIDS, but could not accurately state the modes of transmission and the methods of prevention. They understood the relationship between STD and HIV AIDS. They had many misconceptions of the pandemic, believing that they were genetically protected and that mosquitoes spread the infection.

Organizations/Contacts:

Some youth gather at a local youth club run by an NGO. The Department of Social Welfare has an employment office which has some contact with the unemployed youth through their placement services. The Municipal Corporation has set up facilities for youth clubs all over the cities and many young people gather there. These clubs are however not very well kept.
Perceptions of Risk:

Youth do not perceive themselves to be at risk of infection.

Opinion Leaders:

Youth look up to one particular local singer, attending all of his concerts. Among them, three or four individuals unofficially have represented the "loose group" to advocate with city officials for the use of a local park for holding events.

Sexual Behaviour:

Youth reported having multiple sexual partners and occasionally using drugs. They did not use condoms as these are not easily available. Most of them were unaware about the proper use of a condom. A number of them reported having STD.

Media Habits:

They like going to the cinema, watching TV - especially the music channel with film based programmes; and listening to pop radio programmes, especially on the commercial channel of the radio. They read movie magazines, but do not read newspapers. They also enjoy reading comics. For entertainment, in the evenings gather out in the youth club, sports field or on the streets.

Health Care Seeking Behaviour:

Those with STD go to private practitioners in a distant locality or to local healers and quacks.

Differences between Young Males and Young Females:

Females also engage in sexual activities, but do not access health facilities for STD for fear of being labeled as sex workers. They perceive themselves to be more vulnerable and are more lacking in confidence.

Hopes and Fears:

Both males and females hope to arrange for good marriages and find jobs. They see their current status as temporary and as a first taste of adult freedom.
Access to Health Care and Condoms

A study on health facilities and condoms conducted by the department of Community Medicine of the Medical College in phase three, revealed the following:

- **STD care services**

  People suffering from STDs are managed at STD clinics. Patients either go directly to the STD clinics or are referred from various health facilities. STD clinics are situated only in some district hospitals and are run by dermatovenerologists. These clinics operate two days in a week. There are attached laboratories in these clinics and specimens are collected till 12.00 noon. Results are available on the following day and for the last three months there were no reagents for syphilis serology and gram staining. Most of the clients are male and are above 25 years of age. Often prescribed drugs are not available at the hospitals and patients buy them from local pharmacies. STD clinics do not provide any condoms.

  A recent survey of STD care services found that the majority of the patients wait more than two weeks before coming to STD clinics. STD patients either go first to the private doctors or local pharmacies or even to traditional doctors. It was estimated that the public sectors cater for only 15% of the total STD cases in the country.

- **Condoms**

  Condoms are made available through the public sector family planning clinics. People can only get 12 condoms at a time and these are provided only to married men or women. No contraceptives are provided to the non-married unless they are accompanied by their parents.

  Most of the pharmacies sell condoms but they are expensive. Many NGOs have started condom promotion and provision activities but they are not allowed to campaign about condoms openly or use the mass media for this purpose. Various religious groups have complained to their local politicians about NGO activities regarding condom promotion. Recently a bilateral agency sent some experts to look at the possibilities of social marketing of condoms.
SAGARMATHA

Simulation Part III-B
In Sagarmatha, there is a growing concern about the spread of HIV infection especially due to the existence of a thriving commercial sex industry in the five major cities of the State.

In order to plan properly, the government commissioned a three phased study using a combination of qualitative and quantitative methodologies. A mix of social science institutions and departments of Community Medicine of the local medical colleges were entrusted with the task of conducting the information gathering exercise.

In phase one, social science institutions in the five major cities conducted a qualitative study. This was followed by a quantitative survey in phase two. In phase three, departments of Community Medicine conducted a study of health care facilities available to meet the needs of the commercial sex workers and an assessment of condom supplies.

The social science institution evolved a rapid standard protocol using key informant interviews, focus group discussions, in depth interviews and observations. Based on qualitative research, a quantitative research tool was developed.
INFORMATION GATHERING OBJECTIVES

In phase one and phase two, the following information was gathered from the target audiences:

- Knowledge of STD/HIV/AIDS;
- Type of sexual services being provided;
- Experience in using condoms and in negotiating sexual activity with clients;
- Action CSWs take when they have an STD;
- Health care seeking behaviour for STD;
- Power structure in sex work, i.e., street workers, brothel based workers, existence of madams, pimps, etc.
- Media behaviour - use of radio, TV;
- Average age;
- Family status - children;
- Use of contraceptives;
- Use of injecting drugs;
- Use of alcohol;
- Type of clients.

FINDINGS

Commercial sex workers

Profile: The sex workers are all females, aged 15-29 and operate from private homes. Most collect clients in bars or on the street. Almost all have children.

Knowledge: They know about common STDs and AIDS, but they do not understand the difference between HIV and AIDS (expect symptoms soon after infection). They know about methods of contraception.

Behaviours: They mostly have vaginal and oral sex. They use condoms only when the client produces one, which accounts for only 5% of all sexual contacts. They use pills as contraception or resort to abortion. About 20% inject drugs and most drink alcohol as a way of dealing with the stresses and strains of life.

Attitudes on Health Care: They care about the health of their children more than that of their own. They know they run the risk of HIV infection, but feel helpless.

Media habits/sources of information: The commercial sex workers have no access to any newspapers or magazines. Some of them have access to radio. Most of them are illiterate.
Clients

Profile: Clients are mostly businessmen aged between 28 and 50 and local people aged 20-45. Both married and unmarried clients visit often after having alcoholic drinks.

Sources of information: Radio and television, advice from colleagues, particularly those from the same cultural group, are the most respected sources of information.

Access to care: For STDs, they take pills and herbs as advised by friends or buy these from pharmacies.

ACCESS TO HEALTH CARE AND CONDOMS

The Department of Community Medicine’s study revealed the following:

STD services

People suffering from STDs are managed at STD clinics. Patients either go directly to the STD clinics or are referred from various health facilities. STD clinics are situated only in some district hospitals and are run by the dermato-venereologists. These clinics operate two days in a week. There are attached laboratories in these clinics and specimens are collected till 12.00 noon. Results are available on the following day and for the last three months there were no reagents for syphilis serology and gram staining. Most of the clients are male and are above 25 years of age. Many times prescribed drugs are not available at the hospitals and patients buy them from local pharmacies. STD clinics do not provide any condoms.

Recently a survey of the STD care services was carried out. It was found that the majority of the patients usually wait for more than two weeks before coming to these STD clinics. STD patients either go first to the private doctors or local pharmacies or even to traditional doctors. It was estimated that the public sector cater for only 15% of the total STD cases in the country.

Condoms

Condoms are made available through the public sector family planning clinics. People can only get 12 condoms at a time and these are provided only to married men or women. No contraceptives are provided to the non married, unless accompanied by their parents.

Most of the pharmacies sell condoms but they are expensive. Many NGOs have started condom promotion and provision activities but they are not allowed to campaign about condoms openly or use the mass media for this purpose. Various religious groups have complained to their local politicians about NGO activities regarding condom promotion.
SAGARMATHA

Simulation Part III-C
In the state of Sagarmatha, the major cities attract migrant workers from the rural areas. The workers move to the cities without their families for months at a time, returning to their homes for only a few weeks every year to visit their wives and their families. STD rates are high in this group.

In order to plan properly, the government conducted a three phased study using a combination of qualitative and quantitative methodologies. A mix of social science institutions and departments of Community Medicine of the local medical colleges were entrusted with the task of conducting the information gathering exercise.

In phase one, social science institutions in the five major cities conducted a qualitative study followed by a quantitative survey in Phase II. In phase III, the departments of Community Medicine conducted a study of health care facilities available to the target population and an assessment of condom supplies.

The social science institution evolved a rapid survey protocol using key informant interviews, focus group discussions, indepth interviews and observations. Based on qualitative research, a quantitative research tool was developed.
INFORMATION GATHERING OBJECTIVES
In phase one and phase two, information was gathered on the following:
- Knowledge of HIV/AIDS/STD
- Risk Behaviours
- Perceived risk of infection
- Entertainment habits
- Languages and ethnic groups
- Media habits
- Opinion leaders in the community
- Places of employment
- Condom use
- Sexual health care seeking behaviour
- Hopes and fears for the future.

FINDINGS
In one city, the following data was collected:

Knowledge on HIV/AIDS: Workers had heard of AIDS but had only a vague knowledge of modes of transmission and methods of prevention. They did not relate STD infection to HIV/AIDS. Many had first hand knowledge of STD - with 70 percent reporting one or more episodes of incidence.

Risk Behaviours: 90% of workers reported having multiple partners including visiting sex workers. Having sex with other men was also common.

Perceived Risk: Workers understood the risk of contracting an STD, but did not consider this to be serious. They did not see themselves at risk of HIV infection.

Entertainment Habits: Workers visited bars, brothels and cinema theatres for entertainment.

Media Habits: Workers watched TV when available, usually to see a popular movie. Many of them also had portable radio sets which they carried with them wherever they went.

Languages and Ethnic group: From Sagarmatha, two ethnic groups from the hills formed the majority of the workers, with two distinct dialects spoken, Ghali and Pewari.

Opinion Leaders: There are two major unions to which most workers belonged to - the leaders of the union are highly respected. In addition, a number of workers attended local religious services.
Employment: Most were employed as unskilled and semi skilled labourers in the steel factory and in the construction industry.

Health Care Seeking Behaviour: 90% of those seeking treatment for STD went to a local practitioner or quack paying large sums of money.

Hopes and Fears: Workers want to earn enough money to go back to their villages to open small shops or purchase some land.

ACCESS TO HEALTH CARE AND CONDOMS

The Department of Community Medicine's study revealed the following:

STD services
People suffering from STDs are managed at STD clinics. Patients either go directly to the STD clinics or are referred from various health facilities. STD clinics are situated only in some district hospitals and are run by the dermato-venereologists. These clinics operate two days in a week. There are attached laboratories in these clinics and specimens are collected till 12.00 noon. Results are available on the following day and for the last three months there were no reagents for syphilis serology and gram staining. Most of the clients are male and are above 25 years of age. Many times prescribed drugs are not available at the hospitals and patients buy them from local pharmacies. STD clinics do not provide any condoms.

Recently a survey of the STD care services was carried out. It was found that the majority of the patients usually wait for more than two weeks before coming to these STD clinics. STD patients either go first to the private doctors or local pharmacies or even to traditional doctors. It was estimated that the public sector cater for only 15% of the total STD cases in the country.

Condoms
Condoms are made available through the public sector family planning clinics. People can only get 12 condoms at a time and these are provided only to married men or women. No contraceptives are provided to the non married, unless accompanied by their parents.

Most of the pharmacies sell condoms but they are expensive. Many NGOs have started condom promotion and provision activities but they are not allowed to campaign about condoms openly or use the mass media for this purpose. Various religious groups have complained to their local politicians about NGO activities regarding condom promotion.
MODULE - 4

DEVELOPING AND DISSEMINATING HIV/AIDS MESSAGES AND MATERIALS

- Developing Messages For Behaviour Change
- Working With Different Channels Of Communication
- Materials Development
Developing messages for behaviour change

Objective

- To develop messages aimed towards behaviour change

Materials

Flip charts with one stage of behaviour change written on a single chart
OHP#43 (Page 108), OHP#44 (Page 109)
Handout # 10 (Page 110)
OHP #10 (Page20, Module 1)
Plenty of index cards (Half A4 size in different colours)
Glue stick/Tape/Scissors

Content and Process

Introduction

- Recapitulate the various steps in the behaviour change process using OHP#10.
- Point out that people would require at different stages of the behaviour change process, different messages. These would also differ, based on how the community perceives the message (use OHP#43, 44).

Developing messages for behaviour change

- Place horizontally on a wall, each stage of behaviour change written on a single flip chart.
- Ask each participant to write three messages in the index cards provided to them, aimed at the migrant workers of Sagarmatha State, based on the findings outlined in Simulation Part III-C (Pages 100 to 103). They should write only one message per card in bold letters.

Clarify that the task is to formulate messages and not slogans.

- After they have completed formulating the message, ask them to approach the chart on the wall, read their message aloud to the participants and then place it at the appropriate place in the behaviour change model.
- The facilitator should go through each of the messages one by one and discuss with the group to decide if they have been placed properly. This process should continue till all the messages have been placed after evolving consensus with the participants. The differences in the messages for each step should be explained by the facilitator.
Provide additional cards if asked for by the participants.

Wrap Up

- Distribute handout #10 on Message Construction.
- Emphasize that it is important for the AIDS Programme Officer to be able to distinguish between creating awareness and planning messages for behaviour change. All communications should attempt to provide a range of options to reach different target audiences who may be at various steps in the behaviour change process.
Perception of Messages are based on Current Beliefs

Belief about the consequences of certain behaviours and the values placed on each possible consequence

ATTITUDE
JUDGEMENT
TOWARDS
BEHAVIOUR

Belief about other people’s reaction to the behaviour and their influence

SUBJECTIVE
NORM
Developing messages for behaviour change

USE CONDOM TO PREVENT AIDS

I UNDERSTAND YOU BUT I DON'T AGREE WITH YOU

WHERE CAN I GET THEM?

I WOULD LIKE TO BUT MY PARTNER WOULDN'T AGREE

MODULE FOUR
MESSAGE CONSTRUCTION

Both the channel and the purpose of communicating health information influences message design and construction. Information may be designed to convey new facts, alter attitudes, change behaviour or encourage participation in decision making. Some of these purposes overlap; often they are progressive. That is, for persuasion to work, the public must first receive information, then understand it, believe it, agree with it and then act upon it. Regardless of the purpose, messages must be developed with consideration of the desired outcome. You may have to pretest the messages with the influencers also (eg. parents, school teachers) to assure public understanding and other intended responses. Factors that help determine public acceptance include:

CLARITY

Messages must clearly convey information to assure that the public understands and to limit the chances of misunderstanding or inappropriate action. Clear messages contain very few technical/scientific/bureaucratic terms and eliminate information that the audience does not need for making decisions (such as unnecessarily detailed explanations).

CONSISTENCY

Unfortunately, consistency on HIV/AIDS/STD messages is generally lacking, as governments, NGOs and health institutions often disseminate different messages. The best you can do is to offer consistency among your own messages, in all your materials and through the channels that you use.

EMPHASIS ON MAIN POINTS

The main points should be stressed, repeated and never hidden or made subtle within less strategically important information.

TONE AND APPEAL

A message should be reassuring and straightforward. Messages should also be truthful, honest and as complete as possible.

PUBLIC NEED

For a message to be accepted through all the information clutter of society, messages should be based on what the target audience perceives as important to them, what they want to know and not what is most interesting or important for you as the sender to say.
Objective
- To know about the various channels of communication.
- To learn about the limitations, strengths and use of each channel.

Materials
OHP #1 (Page 6) on communication process
OHP#45 to OHP#51 (Page 113-119).
Flip chart
Handout #11 (Page 120-130)

Content and Process

Introduction
- Recapitulate the communication process using OHP#1 and state that in order to communicate the desired message, it is important to select the proper channel of delivery.

The effectiveness of the message largely depends upon the channel that you choose.

Channels of communication
- Use OHP#45 and describe the two major channels of communication.

There are two main channels of communication. Mass Media and Interpersonal communication. Mass Media include broadcast media such as radio and television as well as print media such as newspapers, books, posters, leaflets etc. Interpersonal communication includes all those forms of communication involving direct interaction between source and the receiver.

Formats of the communication channels
- Use OHP#46 for the types of formats that can be used in the two channels of communication.

In theory, a message could use any of the five senses: sight, hearing, touch, taste and smell. However, the senses mostly used in health communication are hearing and vision. A great deal of information can be conveyed through sound. Words can be in either spoken or written form and as songs. In addition to words, much information is conveyed through non-verbal communication. This includes gestures, hand movements, direction of look, tone of voice and appearance. You can use more than one format at a time, combining pictures and words. For example, an outreach worker talking to a person could involve formats for interpersonal communication as well as use leaflets.
Characteristics of Communication Channels

- Use OHP#47 and OHP #48 to describe the main characteristics of mass media and interpersonal communication.

Selection of channels of communication

- Ask participants to list some of the communication channels used in mass media and interpersonal communication.
- Use OHP#49 and talk about the need to select appropriate communication channels.

While choosing any channel, it is not simply a case of either mass media or interpersonal communication. A well planned programme will involve a carefully chosen mix of both the approaches. Health communication studies have indicated that mass media can provide the necessary back ground information for change but are usually insufficient on their own for changing behaviour - especially if you are trying to change long established practices. Most health behaviour changes will require face to face communication using community based approaches.

- Ask participants to refer to the exercise on messages development and choose the channels that they would pick for delivery of these messages.
- Use OHP#50 to illustrate how different channels could be used at different stages of the behaviour change. Point out that the division however is not rigid and there could be considerable overlap in the use of the channels.
- At the end of the discussion, explain some of criteria used in selecting the channel of communication using OHP #51.

Wrap Up

- Summarize.
- Distribute copies of Handout #11 outlining the detailed advantages and disadvantages of the various channels of communications, to each participant.
Two Major Channels of Communication

**MASS MEDIA**

**INTERPERSONAL COMMUNICATION**
TYPES OF FORMATS

MASS MEDIA

INTERPERSONAL

Home care for AIDS

Breast feeding & HIV

Home care for AIDS

HIV Testing
MASSE MEDIA COMMUNICATION
- Main characteristics

INCREASE AWARENESS

DISSEMINATE FACTS

SUSTAIN POSITIVE NORMS

CREATE SOCIAL NORMS

GIVE LEGITIMACY TO PREVENTION ACTIVITIES

INFLUENCE POLICY MAKERS

SUSTAIN MOTIVATION OF INDIVIDUALS AND COMMUNITY WORKERS
INTERPERSONAL COMMUNICATION
- Main characteristics

OUTREACH / PEER / NGO
FACILITY BASED:
- CLINIC
- SCHOOL
- WORKPLACE
- PRISON
- NGO

• Establishes personal relationships
• Builds group consciousness
• Gets audience participation and feedback
• Elicits local initiatives
• Links to community events
Channels of Communication

Why are women more vulnerable to AIDS?
Channels of Communication

- Unaware
- Informed/Aware
- Concerned
  - Knowledgeable and skilled
  - Motivated to change
  - Ready to change
- Trial change of new behaviour
- Maintenance/adoPTION of new behaviour
Criteria for selection of channels

- **Your learning objectives**
  Do you need to convey simple facts, complex information, problem solving skills, attitudes? Are you aiming at behaviour change?

- **Programme Considerations**
  Do you need pictures to explain your point? Sound? Do you aim for community participation?

- **Characteristics of audience**
  What is the life style of the audience, their media habits, literacy levels, ownership of TV/Radio and familiarity with media?

- **Characteristics of the Channels**
  How much do they cost? Are people trained to use them?

- **Costs**
  Are funds available to sustain use?
### A.

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<tr>
<th>People based</th>
<th>Main Advantage</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>1. Public meetings and lectures</td>
<td>Easy to arrange. Reach many people. Can have more than one speaker. Create public interest and awareness. Stimulate follow-up discussion.</td>
<td>Speakers may not be effective or understand audience's needs.</td>
<td>Handouts should be used. Presentation should be clear. Use visual aids when possible. Audience should be encouraged to raise questions and to participate. Speaker should establish two-way communication.</td>
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2. Group discussion | Builds group consciousness. Individual members of the group can understand where each member stands in regard to the discussed issue: provide chances for exchanging opinions and increase tolerance and understanding. Audience participation is high. | Some members may dominate. Sometimes difficult to control or to keep focusing on the main issue. Requires trained facilitators. | Should be used with an interested audience to discuss a definite problem. Procedure should be flexible and informal. Summary of discussion should be presented at the end of discussion. Decision should be made by group members regarding its stand on the issue discussed. Requires the selection of a good chairperson or moderator and reporter. |

### A. People based

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<tr>
<td><strong>3. Role playing</strong></td>
<td>Facts and opinions can be presented from different viewpoints especially on controversial issues. Can encourage people to reevaluate their stand on issues and can invite audience participation. Deepens group insight into personal relations.</td>
<td>Cannot easily be used in community meetings. Some role-players may feel upset by playing a role they do not agree with. Requires careful preparation for the selection of the issue and actors.</td>
<td>Can mainly be used in training courses. Follow-up discussion should focus on the issue rather than on actors' performances. Source material about the issue should be provided to the actors to prepare their arguments.</td>
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| **4. Drama** | Groups can be active - "learning by doing". Can attract attention and stimulate thinking if situations are effectively dramatized. | Actors require training in acting and preparing scripts. Preparations might be too difficult for the field worker. Difficult to organize because it requires considerable skills and careful guidance. | Should be restricted to one issue. Can be used during training courses and entertainment programmes. Can be used as entertainment if well prepared before a public meeting. |

| **5. Case study** | Can illustrate a situation where audience can provide suggestions. Can elicit local initiatives if the case corresponds to local problems. | Difficult to organize. Rewording of events and personalities might reduce the effectiveness of the case. Some audiences may not identify themselves with the case. | Should be clearly prepared. Can be used in training courses. Questions and discussions should lead to recommendations for audience action. Audience should be encouraged to prepare case studies relevant to their experience. |

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**M O D U L E  F O U R**
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<tr>
<td>6. Home visit</td>
<td>Establishes good personal relationships between field workers and families. Can get information about rural families that cannot be collected otherwise. Encourages families to participate in public functions, demonstrations and group work.</td>
<td>Field worker cannot visit every family in the community. Only families in accessible localities can usually be visited.</td>
<td>Records should be kept of families visited. Schedule of home visits should be developed to assure allocation of time for field work activities. Handouts should be given to families visited.</td>
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<tr>
<td>7. Demonstration (with a small group)</td>
<td>Participants can be active and learn by doing. Convinces the audience that things can easily be done. Establishes confidence in field worker's ability.</td>
<td>Requires preparation and careful selection of demonstration topic and place. Outside factors as for example local disturbances can affect demonstration results and consequently might affect the confidence of the field worker.</td>
<td>Demonstration process should be rehearsed in advance. Audience should participate in the actual process. Educational materials should be distributed to the participants at the end of the demonstration.</td>
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<tr>
<td>1. Radio</td>
<td>Radio technology is available in all countries and can reach mass audiences cheaply. Receivers are inexpensive and often available in the remotest communities. Messages can be repeated at low cost. Easy to reach illiterate audiences. Can be used to support other channels of communication. Efficient to announce events and development activities, and if properly used, can mobilize audience to participate in public events and projects of value to the community. It is flexible, and its style can include drama, lectures, folklore, songs, interviews and variety shows. Excellent in regular teaching and out-of-school correspondence courses. Radio is effective in creating awareness and setting an agenda for people’s attention.</td>
<td>One-way channel. Complicated technical issues are difficult to illustrate. Audience reaction, participation or interest in messages delivered is difficult to assess. Requires special skills and continuous training of radio personnel. Content may not be tailored to small communities and tends to be general in nature-usually prepared for national audiences, or special ethnic or language groups thus reducing relevance to local problems. Texts of radio programmes are usually needed for effective follow-up. This is not always possible.</td>
<td>Radio messages should often be supported by personal follow-up. Radio effectiveness increases if same messages are used in group discussions (e.g., farm forums) or in regular training courses. Desirable for radio to cover local events, assist in explaining and promoting local projects and development efforts. Programming should maintain balance between national and local coverage, interviews and lectures, news and profile coverage of development issues.</td>
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<tr>
<td>2. Television</td>
<td>Its novelty attracts audiences and can be the main captivator in rural communities. Can be used to explain complicated messages because of its combination of sound and picture. Programmes can be repeated. It is suitable for mixed presentation of issues. Suitable for motivation through utilization of folklore, art and music, community events, and animated public speeches and debates. Efficient in bringing issues to public attention, and powerful in setting public agenda for action and participation in development efforts. Successful in creating awareness. Suitable for illiterate audiences.</td>
<td>Expensive to operate. Receivers are not available in many rural areas and among poorest population groups. Has traditionally been used for entertainment and politics more than for development and educational purposes. Programming skills are more likely to be available for entertainment programmes. Educational programmes may face severe competition from entertainment. No audience participation. Present state of technology in many developing countries does not allow immediate coverage or timely relay of local community actions and events. Requires more planning and preparation, and technical, creative, and communication skills than other media. Difficult to use televised material as a reference, without investment in television documentation. Texts of television programmes are needed for follow-up. This is not always possible.</td>
<td>Local television stations can play an important role in development. Educational training is required for staff. Easy to exchange information, and programmes are usually scheduled in advance, well-documented, with heavy involvement of and focus on local problems. Very effective for activating group learning when used in viewing centres or as part of multimedia campaigns for education, information and motivation.</td>
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### Handout #11 contd...

#### B.

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<tr>
<td>3. Newspapers</td>
<td>Can provide detailed information. Easy to present technical data in clearly designed text. Important topics can be covered in a series of articles. Can influence the attention of audience by where they place information and on what page. Influential in creating awareness and mobilizing public opinion. Material published can be shared and used as reference. Can be used to support radio and television for education purposes and follow-up on lessons, issues and topics discussed by the other two media. Support from national</td>
<td>Can be used by literates only. Difficult to reach isolated communities. Can be expensive for poor families. Requires special writing and editing skills, which are not always available. Like all other mass media, it is a one-way communication channel. Feedback is difficult because of audience reluctance or inability to contact the editor. Sometimes difficult to publish at regional levels. Small communities cannot afford to publish their own newspapers without continuous government.</td>
<td>Best source of information on topics of development, and covered on regular basis. Can be used to establish community local papers and bulletin boards. Can be circulated to community members to reduce cost per individual family. Could be used to support literacy classes; sections could be prepared especially for semi-literate.</td>
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<tr>
<td>4. Cinema</td>
<td>Captures attention well. Reaches big audiences and can be very cheap (particularly with semi-permanent and travelling cinemas). Can reach lowest strata in certain countries and even have large rural audiences.</td>
<td>Is expensive in some countries and may only reach certain sub-groups in the target audience such as the rich and youth. Distribution can be a problem. May be distracting settings for educational messages.</td>
<td>Documentaries may be more effective than feature films if prepared well to be both entertaining and educative.</td>
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<td>5. Folk theatre</td>
<td>Culturally relevant. In some countries is easily available and inexpensive. Often more credible to the traditional elements of society than the modern media.</td>
<td>Can lose control of the message. Format can distract from content.</td>
<td>Flexibility of the form can vary from country to country. One of the best uses is often a combination, with a modern medium such as television, radio, or supported by loudspeakers.</td>
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<td>6. Wall paintings, Billboards</td>
<td>Potentially available to large audiences. Low costs per person reached if well located.</td>
<td>Can be easily ignored. Limited to simple messages.</td>
<td>Message must be extremely well designed and pretested. Siting is critical to be able to reach the kinds of people intended.</td>
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<tr>
<td>7. Mass media group listening</td>
<td>Combines mass media and personal channels. Can be prepared and used for many audiences over a period of time. Encourages group participation.</td>
<td>Requires preparation for recruiting groups, training group leaders, and preparation of educational material. Can be expensive. Drop outs can be a problem if special efforts are not made.</td>
<td>Should be regularly held. Participants should be provided with educational material. Can be effective in literacy and adult education programmes. Programmes selected should be about local problems. Tape recorders can be used. They can be used to tape role-playing, group discussions and interviews with local personalities.</td>
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<tbody>
<tr>
<td>1. Publications and leaflets.</td>
<td>Excellent for in-depth presentation of issues and technical information. Can cover more than one topic. Easy reference and can be directed to specific audiences. Can be illustrated and made attractive. Can support other media for education purposes.</td>
<td>Expensive. Can only be effective if well designed and produced. Poorly printed publications may not be read. Require special editing, design and production skills.</td>
<td>Should be used to support special campaigns, such as literacy and adult education. Most useful if topics are covered in a series of publications. Could be used successfully in group discussions and as back up for public meetings. Can also be used for in-service training of field staff and to keep up the morale of field staff particularly if they are widely dispersed.</td>
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<tr>
<td>2. Video (Forum)</td>
<td>Can be used to introduce new ideas to selected audiences. Excellent tool for micro-teaching. Can introduce complicated concepts and technical issues in a series of presentations; can record field operations and activities. Can be used to teach skills and change attitudes. Feedback to the broadcaster can be immediate and relatively accurate. Can be handled by model farmers and community leaders; can build useful libraries for teaching in the case of literacy and adult education classes.</td>
<td>Is expensive. Forum members tend to drop out. Breakdown in hardware is common, and batteries are often exhausted. Forum requires highly skilled personnel and extensive hardware. Restricted to communities where trained field agents are available. Requires continuous servicing and maintenance and updating. Can become a negative tool for development if it fails to attract different sub-groups in the community (such as the poorest, and religious or racial minorities). Sometimes, because of difficulty in finding needed materials or trained manpower, many events in the community go by without being recorded or utilized.</td>
<td>Forums require continuing attention from professional organizers. Most successful in small group learning. Group discussion leaders must be carefully selected and trained. Training materials and programmes must be carefully organized and kept in order. Its efficiency increases if used in combination with booklets and handouts at the end of the discussion. Should be used to teach special skills, for structured instruction and, where possible, as a tool to generate participation among a rural community or one that is for other reasons isolated from ongoing programmes or low to cooperate.</td>
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| 3. Film               | Use of sight and sound can attract audience’s attention. Can have great emotional appeal to large audiences. | Good films are rare. Equipment is costly to buy and maintain. It is a one-way communication. Requires skills in running film projectors. | Best if combined with discussion groups. Much work to be done regarding getting good films made. Films should be used for stimulating discussion rather than for teaching alone. |

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**MODULE FOUR**
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<tr>
<td>4. Filmstrips</td>
<td>Much cheaper and easier to work than films. Easily made from local photographs. Encourages discussion.</td>
<td>Not so dramatic as motion pictures. Could be expensive.</td>
<td>Can have recorded commentary. Strip can be cut up and individual pictures mounted as 2” slides which can then be selected and re-arranged.</td>
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<tr>
<td>5. Slides</td>
<td>Have all the advantages of film strips plus more flexibility and can be more topical. They can be used in a series to illustrate a concept.</td>
<td>Could be expensive. Difficult to have them on all subjects of teaching.</td>
<td>They should be used after careful preparation of logical sequence and a good commentary.</td>
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<tr>
<td>6. Flannel board</td>
<td>Can be portable and mobile. Can be prepared by an expert in advance. Little skills required in actual operation. Could be used to make presentations more dynamic. Audience can Participate.</td>
<td>More elaborate equipment than ordinary blackboard. Can only be used for what it is prepared for. Cannot adapt to changing interest of the group. Difficult to keep up-to-date.</td>
<td>Very useful but only for prepared talks. It should be built step-by-step. Flannel materials should be stored properly for future use. Flannel graphs should be numbered according to their order in the presentation.</td>
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<tr>
<td>7. Bulletin Board</td>
<td>Striking, graphic, informative, flexible, replace local newspapers. Keeps community up-to-date with information.</td>
<td>Requires preparation and attention to community needs.</td>
<td>Should be combined with maps, talks and photographs. Very suitable for pinning articles, announcements and news of development activities in the community.</td>
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<tr>
<td>8. Flip charts (turnover charts)</td>
<td>Cheap and simple. Can be stopped at will for analysis. Can be prepared locally. Ideas could be illustrated in sequence. Illustrations on flip chart could be used many times for different audiences in different sessions.</td>
<td>Soon torn. Can only be seen by a few at a time. Can be difficult to illustrate complicated ideas.</td>
<td>Should not be overlooked for illustration of simple sequences - especially with small groups. Lectures should be prepared in advance.</td>
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<tr>
<td>9. Models, exhibitions and displays</td>
<td>Appeals to several senses. Can be used on various occasions and in different situations. Can illustrate ideas in detail.</td>
<td>Not many workers can build them or use them properly. Can create transport and storage problems.</td>
<td>Useful models and exhibitions could be designed locally. Should be used in familiar places and centres.</td>
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<tr>
<td>11. Blackboard</td>
<td>A flexible tool. Easy to make and to use. Can be very attractive if used properly. Use of coloured chalks can add to its visual appeal. Can be portable.</td>
<td>Requires some manipulations skills (though quickly acquired). Requires teaching skills to make best use.</td>
<td>Should be essential for every group session. Very useful for schematic summaries or talks and discussion. Audience can participate. Writing should be clear and organized.</td>
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Objective

- To enable participants to have a better understanding of the process of materials development and pretesting.
- To enable participants to review IEC materials to check for appropriateness.

Materials

OHP#52 to OHP #65 (Pages 134-147).
Checklist^! (Pages 153-154) for review of IEC materials.
IEC materials for review and pretesting.
Handout #12 (Page 148-150), Handout #13 (Page 151-152).

Content and Process

Introduction

- Use OHP#52 and discuss with the participants the need for IEC materials.

**Before deciding to develop any materials, it is important to consider whether the materials are required in the first place or if they are already available elsewhere. The intended target audience for the materials and the need must be ascertained. The usage of the materials as well as modes of distribution and storage must also be considered. Another important consideration is the process of development. Lastly there must be enough resources to replicate the materials that have been developed and the means to receive feedback on the utility and acceptance of the materials.**

- Use OHP#53 to describe some of the factors to be looked at while making a choice of materials and developing new materials.

Reviewing IEC materials

- Distribute copies of checklist#2 for review of IEC materials, to each participant.
- Provide each group a few IEC materials developed by different agencies and ask them to review the materials using the checklist. Participants should discuss their findings within their groups.

Types of IEC material

- Brain storm in the plenary the types of IEC materials. Record responses on a flip chart.
- Use OHP#54 to discuss some of the types of IEC materials.
Process of Material design

- Use OHP#55 to outline some of the steps involved in material design
- Use OHP#56 to talk about the process of designing materials.
- Use OHP#57 - 58 to describe essential aspects with regard to quality and costs when developing materials.
- Use OHP#59 to show an example of how to determine IEC materials for a target group.

Pretesting

- Tell the participants that you are about to demonstrate a role play on Pretesting.
- Present a role play for three minutes to illustrate a bad way of doing pretesting.
- Elicit responses from the participants on what they thought of the pretesting procedure followed.
- Follow the discussion with how, where, what is the format for proper pretesting.
- Present a role play on the proper method of pretesting.

Pretesting Procedure

- Use OHP#60 to describe the pretesting procedure.

  *Introduce the pretest and explain its purpose. Emphasize that the pretest is for the IEC materials and that the respondent's knowledge is not being tested. The text and the visual must be tested separately and then together. Test the visuals first and then the text. One should ask open ended questions. Do not ask leading questions.*

- Use OHP#61 to illustrate sample questions for pretesting visuals.
- Use OHP#62 to illustrate sample questions for pretesting text.
- Use OHP#63 to illustrate sample questions for pretesting text and visuals together.
- Use OHP#64 to explain some of the qualities a pretester must have.

  *Allow the respondent to talk freely without interruption, disagreement or ridicule. Be supportive of respondents' answers even when they misinterpret the message. Provide the actual facts after the pretest is complete.*
• Ask the participants to practice pretesting within their groups using some of the materials that they may have produced.

• Use OHP#65 to show the complete process of pretesting. Point out that the pretesting procedure must be repeated many times before the material can finally be sent for printing.

• Distribute copies of Handout#12 on pretesting.

**Wrap Up**

• Summarize.

• Distribute copies of Handout #13-14 on making print materials easy and tips for developing TV spots.
NEED FOR IEC MATERIALS

FIRST ASK YOURSELF

• **DO WE NEED TO DEVELOP MATERIALS?**
• **IF YES, FOR WHOM AND WHY?**
• **WHO WILL USE THE MATERIALS AND HOW?**
• **HOW WILL THE MATERIALS REACH THE USERS?**
• **HAS THE MESSAGE BEEN DEVELOPED? BY WHAT METHOD? BY WHICH PROCESS ?**
• **HAS THE CHANNEL FOR USING THE MATERIALS BEEN DECIDED UPON? WHAT WAS THE REASON FOR ITS SELECTION?**
• **DO WE HAVE THE RESOURCES TO PRODUCE THE MATERIALS: HUMAN, FINANCE, EQUIPMENT?**
• **DO WE HAVE MECHANISMS FOR FEEDBACK ON THEIR USE ?**
CHOICE OF MATERIALS

1. **LOOK AT WHAT YOU ALREADY HAVE**
   - **DO THEY LOOK GOOD?**
   - **HAVE THEY BEEN USED? IF YES, HOW? IF NO, WHY?**
   - **IF USED, HAVE THEY BEEN EFFECTIVE IN COMMUNICATING THE MESSAGES CONTAINED IN THEM, HOW?**

2. **DEVELOPING NEW MATERIALS**
   - **WHICH KIND OF MATERIAL WILL BE MOST ACCEPTABLE AND COULD BE USED EFFECTIVELY?**
   - **HOW MUCH WILL IT COST?**
   - **WILL IT BE COST EFFECTIVE?**
   - **CAN THEY BE STORED / TRANSPORTED EASILY?**
   - **DO WE HAVE, OR KNOW OF, THE EXPERTISE TO DESIGN THE MATERIAL ? (BOTH CONTENTS AND FORMAT)**
   - **DO WE HAVE, OR KNOW OF, FACILITIES THAT WILL PRODUCE THE MATERIALS?**

**REQUIRES COLLECTIVE THINKING INCLUDING REPLIES OF TARGET AUDIENCE**
**Types of Material**

<table>
<thead>
<tr>
<th>Leaflets</th>
<th>Hoardings</th>
<th>Games</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters</td>
<td>Slides</td>
<td>Exhibits/Displays</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>Audio Tapes</td>
<td>Booklets</td>
</tr>
<tr>
<td>Fliers</td>
<td>Scripts</td>
<td>Comic</td>
</tr>
<tr>
<td>Flip Charts</td>
<td>Overheads</td>
<td>Strips</td>
</tr>
<tr>
<td>Flip Books</td>
<td>Films/Videos</td>
<td>Puppets</td>
</tr>
</tbody>
</table>
STEPS IN MATERIAL DESIGN

1. DECIDE ON
   - WHAT MESSAGES
   - WHAT MEDIA
   - WHAT CHANNELS

2. DESIGN PROTOTYPE MATERIAL

3. PRETEST

4. REVISE MATERIAL

5. PRETEST AGAIN

6. PRODUCE (IF NO MORE REVISIONS ARE NECESSARY)
PROCESS OF DESIGNING MATERIALS

1. **FORM A TEAM**

2. **PROVIDE ORIENTATION TO THE TEAM**

3. **DELINEATE TASKS TO MEMBERS OF THE TEAM**

4. **DRAW UP A REALISTIC WORKPLAN WITH A TIME FRAME WHICH TAKES INTO ACCOUNT**
   - **A VAILABILITY OF HUMAN RESOURCES, FUNDS, EQUIPMENT**
   - **NORMAL BUREAUCRATIC DELAYS**

5. **CONTINUALLY MONITOR PROGRESS AND OBTAIN FEEDBACK**

6. **PRETEST FIRST DRAFT**

7. **REVISE**

8. **PRETEST AGAIN**

9. **PRODUCE**
QUALITY OF MATERIALS

- APPEALING
- CLEARLY PRESENTED MESSAGES
- ACCURATE
- ATTRACTIVE
- DURABLE
- EASY TO HANDLE/CARRY
- EASY TO STORE
- REQUIRE LEAST UPDATING
COSTS INVOLVED FOR:

1. RESEARCH

2. DEVELOPMENT OF PROTOTYPE/FINAL VERSION
   - PERSONNEL
   - STOCK
   - EQUIPMENTS

3. PRE-TESTING
   - PERSONNEL
   - TRANSPORT

4. DISTRIBUTION
   - POSTAGE
   - TRANSPORT

5. USE
   - AIR TIME
   - NEWSPAPER SPACE
     ETC...
WHAT MATERIALS?

TARGET AUDIENCE

COMMERCIAL SEX WORKERS

MESSAGE

CONDOMS PROTECT AGAINST HIV INFECTION

CHANNELS

INTER-PERSONAL COMMUNICATION
STREET THEATRE
FOLK MEDIA
PRETESTING PROCEDURE

- INTRODUCTION
- PURPOSE
- TESTING MATERIAL: TEXT AND PICTURE SEPARATELY

HOW

- ASK OPEN-ENDED AND PROBING QUESTIONS
PRETESTING

GENERAL PRETESTING

QUESTIONS (VISUALS)

• WHAT DOES THIS VISUAL/PICTURE CONVEY TO YOU
• IS THERE ANYTHING YOU LIKE/ DISLIKE ABOUT THIS PICTURE? - USE OF COLOURS, PICTURES, OTHER EFFECTS, ETC.
• WHAT WOULD YOU LIKE THIS VISUAL/ PICTURE TO LOOK LIKE ?
• IF THERE IS A PICTURE, WHAT DOES IT SHOW ? IS IT TELLING YOU TO DO ANYTHING ? IF YES, WHAT ?
PRETESTING

GENERAL PRETESTING QUESTIONS
(TEXT)

- WHAT DO YOU UNDERSTAND FROM THIS TEXT?
- WHAT DOES THE TEXT MEAN IN YOUR OWN WORDS?
- ARE THERE ANY WORDS IN THE TEXT YOU DO NOT UNDERSTAND? WHICH ONES? (IF SO, EXPLAIN THE MEANING AND ASK RESPONDENTS TO SUGGEST OTHER WORDS THAT CAN BE USED TO CONVEY THAT MEANING)
- ARE THERE ANY WORDS WHICH YOU THINK OTHERS MIGHT HAVE TROUBLE READING OR UNDERSTANDING? (AGAIN, ASK FOR ALTERNATIVES)
- ARE THERE SENTENCES OR IDEAS THAT ARE NOT CLEAR? (IF SO, HAVE RESPONDENTS SHOW YOU WHAT THEY ARE)
- IS THE SIZE OF THE TEXT EASY TO READ?
PRETESTING

GENERAL PRETESTING QUESTIONS
(TEXT AND VISUALS)

• WHAT IN FORM A TION IS THIS PAGE TRYING TO CONVEY?

• DO THE WORDS MATCH THE PICTURES ON THE PAGE? (WHY OR WHY NOT?)

• WHAT OTHER SUGGESTIONS DO YOU HAVE FOR IMPROVING THIS MATERIAL?

• WHAT DO YOU LIKE/DISLIKE ABOUT THIS PAGE?
QUALITIES THAT A PRETESTER MUST HAVE

• **LISTEN ATTENTIVELY WITHOUT INTERRUPTION**

• **DO NOT RIDICULE THROUGH FACIAL EXPRESSION OR WORDS**

• **CLARIFY ANY MISCONCEPTIONS ABOUT THE CONTENT THAT MAY HAVE BEEN MENTIONED BY THE RESPONDENTS.**
PRETESTING PROCEDURE

PREPARE DRAFT MATERIAL

TEST WITH SAMPLE TARGET AUDIENCE

TEST VISUALS SEPARATELY

TEST TEXT SEPARATELY

TEST WITH BOTH ELEMENTS TOGETHER

REVISE MATERIAL

FINALISE MATERIAL

PRODUCE MATERIAL
PLANING FOR HIV/AIDS COMMUNICATION

PRETESTING . DO I NEED TO PRETEST?

When deciding when, whether and how much you should use pretest, consider the following:

- How much do you know about the target audience?
- How much do you know about them in relation to your issue (HIV/AIDS/STD)?
- Is your issue controversial, sensitive and complex?
- Have you conducted related research that can be applied to this topic?
- Can you afford to make a mistake with a particular message or audience?

With HIV/AIDS/STD you cannot make a mistake. It is best to pretest.

EXCUSES FOR AVOIDING PRETESTING

"I don't have the time or money."

Pretesting needs to be included as one of the essential steps in your programme development process, from the very beginning. Time and resources for the pretest and for any changes that you might make as a result of the pretest should be included in your project plans. Otherwise your superiors may see the time you spend for pretesting and making alterations in materials as a delay in production rather than evidence of careful programme development.

"My superiors won't support pretesting."

Beautiful materials and an elegant design cannot guarantee that the target audience will pay attention, understand or relate to your messages. It is cheaper to find out whether the materials have a chance to work before they are produced, than to have to start all over again (if you have a chance to).

"I can tell the difference between good and bad materials-I don't need to pretest."

Many people have said this over the years, only to find out they can be wrong. Your understanding of the subject, training and experience are essential credentials, but are you sure you can react objectively to materials you have created/helped create or are responsible for? Can you really assume the role of someone who is different from you (if you are not a representative of the target audience, and in most cases you will not be) and see your materials through their eyes? Can you defend your decision with those who may disagree?

"Our artist/producer/IEC specialist says that pretesting can't be used to judge creativity."

Graphics staff, artists, creative writers, IEC managers may be sensitive to criticism from "non-professionals", including the target audience. Explaining the purpose of pretesting or involving them in the pretest process may help them understand and appreciate the process. You should explain that you are testing all elements of communication—your original communication strategies, the message and the presentation and not just their work. All elements will be judged regarding their contribution towards the piece. By testing alternative creative concepts, you can provide the creative staff with direction without telling them their work "failed". Be sure to tell them at the very outset that you
will be pretesting all the materials before you finally accept them.

**WHAT IS PRETESTING USED FOR?**

Pretesting draft materials is a type of formative evaluation used to help ensure that communication materials will work. Pretesting is used to answer questions about whether materials are:

- understandable
- relevant
- attention-getting and memorable
- attractive
- credible
- acceptable to the target audience

These are factors that can make the difference on whether materials work or don't work with a particular group; they also involve value judgements on the part of the respondents and your interpretation of what they mean. Most pretesting involves a few persons chosen as representatives of the intended target audiences and not necessarily a statistically valid sample. Pretesting is generally considered "qualitative research" - research that can be interpreted to provide clues about target acceptance and direction regarding materials production and use.

**WHAT PRETESTING CANNOT DO**

Given the qualitative nature of most pretesting research, it is important to recognize its limitations:

- Pretesting cannot absolutely predict or guarantee learning, persuasion, behaviour changes or other measures of communication effectiveness.
- Pretesting in health communication is seldom designed to quantitatively measure small differences among large samples; it is not statistically precise. It will not reveal that booklet A is 2.5 percent better than booklet B.
- Pretesting is not a substitute for experienced judgement. Rather it can provide additional information from which you can make sound decisions.
- Respondents could become unusually rational when reacting to pretest materials and cover up their true concerns, feelings and behaviour. As a result careful interpretation is required.
Pretesting procedures

- Introduction
- Purpose
- Testing material: text and picture separately

How

- Ask open-ended and probing questions

General Pretesting Questions (visuals)

- What does this visual/picture convey to you?
- Is there anything you like/dislike about this picture? - use of colours, pictures, effects used, etc.
- What would you like this visual/picture to look like?
- If there is a picture, what does it show? Is it telling you to do anything? If yes, what?

General Pretesting Questions (Text)

- What do you understand from this text?
- What does the text mean in your own words?
- Are there any words in the text you do not understand? Which ones? (If so, explain the meaning and ask respondents to suggest other words that can be used to convey that meaning)
- Are there any words which you think others might have trouble reading or understanding? (again, ask for alternatives)
- Are there sentences or ideas that are not clear? (If so, have respondents show you what they are)
- Is the size of the text easy to read?

General Pretesting Questions (Text and visuals)

- What information is this page trying to convey?
- Do the words match the pictures on the page? (Why or why not?)
- What other suggestions do you have for improving this material?
- What do you like/dislike about this page?

Pretesting procedures

- Listen actively without interruption
- Do not ridicule through facial expression or words
- Clarify any misconceptions about the content that may have been mentioned by the respondents.

Prepare draft material

- Test with sample target audience
- Test visuals separately
- Test text separately
- Test with both elements together
- Revise material
- Finalise material
- Produce material
Writing about HIV/AIDS/STD often requires the use of technical language. However the way your message is presented- the writing style, vocabulary, typography, layout, graphics and colour can favourably affect whether it is read and understood.

**TEXT SHOULD PREFERABLY BE:**
- introduced, stating the purpose to the reader.
- summarized at the end reviewing major points
- "broken up" with visuals placed to emphasize key points, with "bullets", and with titles and subtitles to reinforce important points.
- written in the active, not passive voice.
- underlined, boldfaced or italicized for reinforcement.
- clarified with the use of examples
- tested for readability
- tested with the audience
- key words explained, eg. "immune system"

**GRAPHICS SHOULD BE**
- immediately identifiable
- relevant to the subject matter and the reader
- simple and uncluttered
- used to reinforce, not compete with text

**TRY TO AVOID**
- jargon and technical terms or phrases
- abbreviations and acronyms. Just as necessary as clear writing, is having text that is easy to read and graphics that help the reader understand and remember the text.

**TIPS FOR DEVELOPING TV SPOTS**
- keep messages short and simple
  - Just one or two key points
- make sure every word is relevant.
- repeat the main message many times.
- present the main issue in the first 10 seconds in an attention getting way.
- used to reinforce, not summarize or repeat the main message at the end.
- used to reinforce, not demonstrate the skills for prevention if possible.
- used to reinforce, not provide straightforward accurate information.
- used to reinforce, not use a memorable slogan, theme, music or sound effect to aid recall.
- Use only a few characters
- Make the messages understandable from the visual portrayal alone.
- Emphasize the solution as well as the problem.
- Use positive rather than negative appeals.
- Use a light humorous approach, if appropriate, but pretest to make sure it works and does not offend the audience.
- Be sure the message, language and style are considered relevant by the target audience.
- Use 30-60 second spots to present and repeat complete message. Use 10 second spots for reminders only.

- If you want the viewer to call or write to you display the address and message for at least 5 seconds and reinforce orally. Do not put your address and name if you do not wish to receive feedback.
- Check for consistency with other materials that you are producing or messages in other formats.

PRETEST PRIOR TO FINAL PRODUCTION

... and remember, the most careful message planning won't replace the need for creativity.
**Review of IEC Material:**

**A Checklist**

**Title:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description of aspect to be reviewed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Communication Objectives/Functions</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Can the IEC material motivate behaviour change?</td>
<td></td>
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<tr>
<td>B</td>
<td>Components of Message</td>
<td></td>
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<tr>
<td>2</td>
<td>Is the information about HIV/AIDS transmission/non transmission/prevention accurate?</td>
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<tr>
<td>3</td>
<td>Is the message biased towards any particular group/individual?</td>
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<td>4</td>
<td>Are there factual discrepancies in statements/visuals which can lead to misinterpretation?</td>
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<tr>
<td>5</td>
<td>Is relevant information provided about various services and what to do under particular circumstances?</td>
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<tr>
<td>6</td>
<td>Does the message instill confidence among people with HIV?</td>
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<td>7</td>
<td>Does the message offer an environment of support/acceptance and empathy?</td>
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<td>C</td>
<td>Approach</td>
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<td>8</td>
<td>Do the visuals convey fear?</td>
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<td>9</td>
<td>Do the statements/text matter cause unnecessary anxiety?</td>
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<tr>
<td>10</td>
<td>Are the risks of injection exaggerated through relatively low risk activity? (barbers, injections at hospitals)</td>
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<tr>
<td>11</td>
<td>Is HIV/AIDS portrayed as a problem of a particular group or type of individual like homosexuals, commercial sex workers?</td>
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<tr>
<td>12</td>
<td>Does the message cast doubts/aspersions on certain sexual preferences?</td>
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<tr>
<td>13</td>
<td>Are impractical solutions offered for prevention?</td>
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<td>14</td>
<td>Are options for behaviour change offered?</td>
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<td>15</td>
<td>Specify the broad approach used - fear, denial/blame, moralistic, positive</td>
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<td>16</td>
<td>Is the tone of the language harsh/hurting?</td>
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<tr>
<td>17</td>
<td>Are the messages threatening?</td>
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<tr>
<td>D</td>
<td>Text</td>
<td></td>
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<tr>
<td>18</td>
<td>Is it simple?</td>
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<tr>
<td>19</td>
<td>Is it easily understandable - using local language or dialect and colloquial expressions?</td>
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<tr>
<td>20</td>
<td>Is it culturally and socially appropriate?</td>
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<tr>
<td>21</td>
<td>Is it technically correct?</td>
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<td>22</td>
<td>Is it positive?</td>
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<tr>
<td>23</td>
<td>Is it easy to read?</td>
<td></td>
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<tr>
<td>E</td>
<td>Illustrations</td>
<td></td>
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<tr>
<td>24</td>
<td>Do the colours used portray fear?</td>
<td></td>
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<tr>
<td>25</td>
<td>Are the visuals used? Specify (drawings, photographs, symbols, cartoons or collages).</td>
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<td></td>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>26</td>
<td>Are the visuals culturally appropriate (familiar)?</td>
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<tr>
<td>27</td>
<td>Are they simple to understand?</td>
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<tr>
<td>28</td>
<td>Are they realistic and recognizable?</td>
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<td></td>
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<tr>
<td>29</td>
<td>Are the visuals in scale and in context?</td>
<td></td>
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<tr>
<td>30</td>
<td>Do the visuals rely heavily on the text to convey meaning?</td>
<td></td>
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<tr>
<td></td>
<td><strong>F Design/Layout/Style</strong></td>
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<tr>
<td>31</td>
<td>Is there a single, distinct message?</td>
<td></td>
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<tr>
<td>32</td>
<td>Are there too many messages?</td>
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<tr>
<td>33</td>
<td>Are the messages arranged in a sequential, logical manner?</td>
<td></td>
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<tr>
<td>34</td>
<td>Do illustrations supplement the text?</td>
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<tr>
<td></td>
<td><strong>G General Factors</strong></td>
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<tr>
<td>35</td>
<td>Is the tone of voice friendly, sympathetic and non-moralizing?</td>
<td></td>
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<tr>
<td>36</td>
<td>Does the material require a certain level of literacy in order to communicate the message?</td>
<td></td>
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<tr>
<td>37</td>
<td>Are the illustrations, text, messages and approaches gender sensitive?</td>
<td></td>
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<tr>
<td></td>
<td><strong>H Overall Rating/Recommendation</strong></td>
<td></td>
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<tr>
<td>38</td>
<td>Is the IEC material effective? Can it help bring about behaviour change?</td>
<td></td>
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</tr>
<tr>
<td>39</td>
<td>Is the IEC material usable with your target group? Elaborate.</td>
<td></td>
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</tr>
</tbody>
</table>
MODULE - 5

Intersectoral Collaboration

- Planning For Intersectoral Collaboration
- Identifying Partners For Collaboration
- Working With NGOs
- Working With Mass Media
  - Press Relations
  - Press Conferences
  - Mass Media Campaigns
**Objective**

- To plan for intersectoral collaboration

**Materials**

- OHP#66 (Page 155), OHP#67 (Page 159)
- Flip chart
- Handout # 14 (Pages 160-161), Simulation Part IV-A, IV-B
- Handout # 15 (Pages 162-166)

**Content and Process**

**Introduction**

- Introduce the topic of intersectoral collaboration using OHP#66.

**HIV/AIDS/STD prevention requires the involvement of different sectors. Government departments and NGOs dealing with housing, social welfare, education, youth, employment, communication, rural development, transport, women etc. can all play an important role in AIDS/STD prevention. Besides these, the industry and various other institutions can also play a major role. Since HIV/AIDS affects people in their most productive age, it results in several direct and indirect economic costs on the society. These affect all sectors and hence all must take responsibility for AIDS/STD prevention.**

**Involving intersectoral partners**

- Prepare a role play for ten minutes based on the scenario outlined in Simulation Part V-A. (Handout #14) One of the facilitators is to act out the role of the Chairman while the other facilitators as the State AIDS programme team.
- Ask representatives from each group to approach the chairman of Piel Ltd with their plans.
- Ask the participants to go into their groups and discuss strategies for involving Piel Ltd. in AIDS prevention activities. Based on their discussions and Simulation Part V-B, prepare a role play.
- Process both the role plays to discuss some of the problems (lack of will, denial, complacency, credibility of State AIDS Programme Officer etc) and possible solutions.
- Use OHP #67 to discuss some of the essential requirements to consider while planning for intersectoral collaboration.
Although there is widespread agreement about the need for intersectoral collaboration, it can be very difficult to get everyone to work together. Each organization may have their own priorities. Health, more so HIV/AIDS, may be very low on the agenda.

The first step in bringing in new partners is advocacy. Sustained collaboration between organizations requires a strong commitment from the top management and leadership at all levels.

When you are trying to work with other partners, don’t just think what the other person can do for you. See if you can think of ways in which involvement in AIDS/STD prevention work can benefit their work. Find out what are the special needs, pressures and tasks facing that person and what outcomes joint action might be perceived as beneficial to them.

Hold orientation programmes for them and provide for opportunities for participation, discussion and sharing of thoughts while shaping the activities/intervention. Use participatory methods or activities to encourage building of mutual trust.

Suggest activities which easily fit into the ongoing programmes of the partner.

Most partners may not have all the technical expertise or resources to plan an effective programme. Hence considerable input in the form of training will be needed. IEC materials, intervention designs as well as financial support may be required. The needs will however be different for different partners.

- Ask the participants to list the various intersectoral partners for the state of Sagarmatha based on the simulation papers.

Wrap Up

- Summarize.
- Distribute copies of Handout#15 to each participant.
INTERSECTORAL COLLABORATION

Appropriate Education  Appropriate community development for village  Appropriate health for village

We are still in separate boxes. Where do we go from here?

Break down the walls

Get to know each other

Work together

MODULE FIVE
Intersectoral Collaboration

ESSENTIAL REQUIREMENTS

Advocacy

Get to know the collaborators well

Integrate with their ongoing activities/welfare programmes

Provide technical and financial support (intervention design and implementation)

Training

IEC materials
Simulation Part IV - A

ROLE PLAY

Piel is one of the largest industrial houses in Sagarmatha. It employs thousands of employees directly and several thousands more indirectly. The State AIDS Programme Officer of Sagarmatha has been successful in getting a meeting arranged with the Chairman of the company to discuss the possibility of starting an AIDS prevention programme at the workplace.

The Chairman is ready to make a donation for the cause of AIDS but is reluctant about an AIDS prevention programme at the workplace. Some of his concerns are related to a personal sense of denial of the problem as well as possible reaction from the union workers. He is also not sure about how much resources it will involve, both human and monetary. It is also not clear to him the direct benefits to the company on running such a programme. The Chairman talks about the various health programmes that the company subscribes to, like polio, oral rehydration therapy (ORT) and other community welfare programmes and thinks they are already doing enough.

In the first meeting with the Chairman, the State AIDS Programme Officer and his team has not been able to make much headway. They were totally unprepared for the type of questions asked by the Chairman and answered them rather vaguely. However the Chairman has asked the State AIDS Programme Officer to discuss with the Medical Officer and the Human Resource Development Manager of Piel about the programme.
Simulation Part IV - B

ROLE PLAY

The second meeting with the Chairman takes place after about three months. The Chairman of the company initially does not relate to the earlier meeting but quickly realizes that this is a follow up meeting. The State AIDS Programme Officer now has concrete ideas and details about how an intervention at the workplace should be organized.
Intersectoral Collaboration in AIDS Control

Introduction

It is now clear that AIDS Prevention and Control is not a task of the Ministry of Health alone. All segments of society must become involved if the AIDS epidemic is to be halted in any country. Achieving behavioural change is the responsibility of every sector and in fact, of every individual.

Each individual has the power to protect himself or herself from AIDS if they get the correct facts, develop the necessary skills (condom use, sterilizing injecting equipment), and have access to the required support services (condom supplies, STD services). AIDS is not merely a medical problem. Its socio-economic implications are multidimensional. Its economic costs are staggering.

AIDS affects people in their most productive age, resulting in several direct and indirect economic costs. These include increased spending in health care; a drain on health care resources, including hospitals, drugs and staff; loss of production and productivity in all sectors of the economy including women's labour in and outside the home; loss of investment in training of skilled labour and educated professionals; loss of consumers and purchasing power; and loss of tourist revenues.

Preventing HIV/AIDS is therefore everyone's business!

Possible Activities for Selected Ministries / Departments

EDUCATION

Include sex education and AIDS education in the school curriculum at province and central level; orient teachers and principals; establish parents forums; establish counselling networks; integrate AIDS/STD information and education into on-going distance learning programmes of Open Universities.

WELFARE

Assist in development of community based care of people with HIV/AIDS; upgrade all drug deaddiction centres of the Welfare Department to include HIV/AIDS counselling.

HUMAN RESOURCES DEVELOPMENT

Ensure that trained human resources are available for HIV/AIDS prevention and control work.

In India for example, the Ministry of Human Resource Development through the Department of YOuth and Sports and educated professionals; loss of Health and Family welfare and consumers and purchasing power; and W H O initiated an innovative programme called "Universities Talk AIDS" to provide relevant information on HIV / AIDS to youth.
DEPARTMENT OF YOUTH AFFAIRS AND SPORTS

Extend youth programmes of schools and colleges to out of school youth. Involve the college youth clubs and associations to include AIDS education in their activities.

RAILWAYS

Display AIDS messages in railway compartments; video messages on AIDS through closed circuit T.V., public address systems and through hoardings.

TOURISM

Convince hoteliers and tour trade professionals to display information materials, set up condom vending machines and provide support literature. Educate hotel staff and help in intervention with commercial sex workers.

LABOUR

Sensitize and enlist support of trade unions, office bearers and other unionists on AIDS/STD by holding workshops and training sessions.

DEFENCE

Sensitize the defence personnel on HIV/AIDS; incorporate AIDS/STD into inservice programmes at all levels.

WOMEN’S AFFAIRS

Assist in advocacy work on AIDS issues related to women; tap women NGOs and other NGOs working with women; collaborate with IEC networks; develop a plan of action for women and AIDS.

INFORMATION AND BROADCASTING

Recognize AIDS as a priority area which needs special attention; relax code of advertising and censorship with regards to TV, Radio, etc.; highlight various events on AIDS through the press.

DEPARTMENT OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

Integrate HIV / AIDS / STD component in all IEC and health outreach networks, related to maternal and child health and family planning. In addition, collaborate on the promotion and programming of condom services.

IN CONCLUSION IT IS RE-ITERATED:

The AIDS epidemic will have an impact on all segments of society. It will take the concerted efforts of all organized sectors to combat the spread of the disease. Based on available data from surveys and studies in several countries of the South East Asia Region, it is found that there is a general lack of knowledge about AIDS, low condom use, and high rates of STDs. These facts point to a rapid spread of HIV. Each Ministry or organization can assist their workforce by organizing a good AIDS prevention programme to ensure that the HIV infection does not spread.
AIDS PREVENTION PROGRAMME FOR THE WORK FORCE

A good AIDS prevention programme for the workforce has these among its major components:

- Information, Education Communication (IEC) to educate and motivate employees;
- Condom Programming to ensure that there is easy access to good quality, low cost condoms for all;
- STD Services to ensure that STDs, a cofactor in the transmission of HIV, are quickly and adequately treated.
- Care of people infected with HIV and with AIDS.

IEC

Communicating about AIDS/HIV and STDs is extremely difficult as it is necessary to discuss sexual practices, (a topic many people in many cultures would rather leave alone), and bring the communication to a very personal level to be effective. Only if each individual examines his/her behaviour in the light of the AIDS epidemic and makes a positive behaviour change, can any impact be made.

AIDS is not a disease which is isolated among one group of people; it is a disease which can hit anyone who is sexually active. It is therefore most essential to know the basic facts about AIDS.

The ultimate aim of IEC for AIDS and STD is behavior change. Much thought should be given on how to most effectively communicate the messages about AIDS and STD and motivate those in need to adopt appropriate behaviour change. To do this, the following steps should be taken:

- Conduct initial research into the current knowledge and practices of the workforce. This can be handled in a quick manner by a combination of qualitative and quantitative studies.
- Based on the above, map out IEC strategies to include: identification of leaders among the peers to be trained as peer educators; the development of a package of materials (leaflets, posters, comics, video, etc.) to use in educating the workers, the scheduling of training sessions on AIDS and STDs and other special events.

Condom programming

The only known protection against the sexual transmission of HIV, barring abstinence or sex with a mutually faithful uninfected partner, is the use of a condom. Condoms should be available to the workforce in a manner and place which is inconspicuous and easily accessible. Procurement of good quality condoms and outlining a pricing strategy must be undertaken.

STD Services

Of particular importance in the control and prevention of HIV infection/AIDS are the common sexually transmitted diseases (STD). In the first place, STDs are a result of the same risk behaviour that places a
person at increased risk of contracting HIV infection. In addition to this, it has been found that the presence of an STD greatly facilitates the risk of acquiring or transmitting HIV infection. This risk increases up to 10 fold in the presence of damage to the skin as a consequence of STDs, as for example, ulcers.

Prevention measures for both the traditional STDs and sexually transmitted HIV infections are the same: promotion of safer sexual behaviour, including consistent condom use. To have an impact on the HIV/AIDS epidemic, early diagnosis and effective treatment of STDs are essential. This can only be achieved through the provision of acceptable and accessible good quality clinical services, which are non-stigmatizing and guarantee privacy and confidentiality.

The medical services available for workers should thus be upgraded to include comprehensive management of STDs. This would entail training of medical and paramedical staff to accurately diagnose and treat STDs using the syndromic approach, the provision of appropriate drugs and the adjustment of the clinic hours to match the needs of the workforce. Treatment of STDs is a vital element of AIDS prevention as the presence of an STD, especially an open sore or ulceration, causes a 5-10 fold increase in the chance of contracting HIV from an infected partner.

It is important that STD management be provided as an ongoing service of the general clinic and that no separate STD clinic be set up. The stigma attached to having an STD is great, therefore services should be provided in a confidential setting where privacy is assured.

To support STD services, special materials on STDs and AIDS should be prepared and disseminated. Clinic workers should receive training on the basics of interpersonal communications and counselling. Confidentiality and non-judgemental staff attitude are essential elements in all dealings with patients in these settings and should be the focus of any training programme.

Care of people infected with HIV and with AIDS.

It is important that people infected with HIV and with AIDS are treated compassionately without discrimination of any kind. Social stigma against the disease may lead people to withdraw from all educational and welfare programmes that could be of great benefit to them, to cope with their infection and to live longer and healthier lives.

Operational plan of action

Each ministry and major organization should thus take on the task of initiating AIDS and STD prevention programmes among their employees and the networks they reach out to. To start this process, the following steps could take place.

- Setting up an AIDS committee in the concerned Ministry or organization.

Itout

Handout # 15 contd...
This committee could assess how many people can be reached through the direct networks under them, starting with their employees. Integrating AIDS and STD programmes into all existing social structures such as medical facilities, social welfare services, training programmes and women's welfare.

- Setting up a network of trained peer educators among the workforce.
- Developing, or procuring standard training and IEC materials for use by the organization.
- Reviewing health facilities run by the Ministry or organization, to initiate or strengthen STD management and condom promotion.
- Organizing events like video screening, competitions, where AIDS/STD messages could be disseminated.

To reach the outreach networks of the sectors, the following plan might be developed

- Examine the existing training programme of the outreach network (agricultural extension workers, community health workers);
- Integrate an AIDS/STD component into that training taking technical assistance from governmental agencies.
- Set up a schedule of refresher training to educate the outreach workforce and train them as AIDS/STD communicators.
- Set up a programme of training AIDS/STD focal points. As part of the training, an action plan can be developed.
Objective
- To enable participants to identify the need for different partners for implementing the AIDS prevention programme.
- To generate a list of possible collaborators for the AIDS prevention programme.
- To identify the constraints that may be encountered in working with these collaborators/partners.

Materials
Copies of worksheet #3 (Page 171) for each participant
Flip chart
OHP#68 (Page 169), OHP#69 (Page 170).

Content and Process

Introduction
- Introduce the session using OHP#68

The AIDS Programme Officer is responsible for the entire AIDS prevention programme of which IEC is one component. In many places the AIDS Programme Officer has other additional responsibilities too. As discussed in the earlier session, the target audiences that need to be reached are too many and it is not possible for the AIDS Cell to carry out all the activities. Thus each cell will have to identify partners for assisting it in the effective implementation of the AIDS Control Programme. The AIDS Cell in addition may not have the access, expertise or credibility to run certain types of programmes which are crucial for AIDS/STD prevention.

- Use OHP#69 to point out that the partners could come from many quarters, both government and non-government. Some of the partners could well be non formal bodies or associations who could serve the programme interests well. Efforts should be taken to identify and involve them.

- Some of the partners that can be identified within the government are the departments/ministries of Youth, Education, Police, Women and Child development, Social Welfare, Transport, Industry etc.

- Those outside of the government are NGOs, CBOs, academic institutions, religious bodies etc. Informal networks like youth clubs, women’s groups etc. can also be tapped.
Identification of partners

Ask the participants in the plenary to spell out some of the partners that the State AIDS Programme Officer of Sagarmatha could tap for each of the identified target groups, based on the information that they have from the simulation papers as well as their own personal experience. Use the following categories for each target group:

- Research
- Training
- Media
- Materials development
- Project/Programme Implementation

• Record the responses on a flip chart.

• Distribute to the participants copies of worksheet # 3

Tasks of Partners

• After the various partners have been identified, lead a discussion on what kind of tasks each of the partners can assist in.

• Record the responses on a flip chart.

Constraints of Partners

• Lead a discussion on some of the possible constraints that the State AIDS Programme Officer of Sagarmatha State may face while working with these partners.

• Record the responses on a flip chart.

Wrap Up

• Summarize.

• Re-emphasize the need to identify and cultivate strong partnerships with other associates and allies as AIDS prevention will require the combined effort of the entire society and its constituent bodies.
Identify partners for collaboration

- Train Nurses
- Research
- Raise Funds
- Material Development
- Evaluate Project
- Masss Media Campaign
Identifying Partners

GOVERNMENT CANNOT WORK IN ISOLATION

IDENTIFY PARTNERS WITHIN GOVERNMENT

IDENTIFY PARTNERS OUTSIDE GOVERNMENT

LOOK OUT FOR INFORMAL/HIDDEN NETWORKS
### Partners / Collaborators

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Research</th>
<th>Training</th>
<th>Media Development</th>
<th>Materials Development</th>
<th>Project/Programme Implementation</th>
</tr>
</thead>
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<tr>
<td>CSWS Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Others</td>
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</table>

**MODULE FIVE**
Objective

To enable participants to understand the role of NGOs in AIDS prevention.

Materials

OHP#70 to OHP#76 (Pages 174-180).
Handout #16 Simulation Part V.
Flip chart

Content and Process

Introduction

• Use OHP#70 to introduce the need to involve NGOs.

Dealing with a NGO

• Distribute copies of Handout#16 to each participant.

• Assign each group one role play based on scenarios included in Handout #16. Ask them to discuss and prepare the role play.

• Ask each group to present the role play in the plenary

• After all role plays have been enacted, have a discussion on the following points.

  - attitudes of the AIDS Programme officer and NGOs
  - the appropriateness of the NGO for HIV/AIDS work
  - needs of the various NGOs
  - how to deal with difficult/unsuitable NGOs
  - how to build mutually beneficial partnerships
  - prioritization for NGO involvement (use OHP#71).
NGOs and AIDS/STD Prevention

- Use OHP#72 and 73 to describe why NGOs are suited for AIDS work and the need for NGOs to get involved.
- Use OHP#74 to discuss the different types of NGOs.
- Use OHP#75 to illustrate some of the activities that can be performed by NGOs.
- Use OHP#76 to point out some of the areas where NGOs will require capacity building inputs.

Wrap Up

- Reiterate that NGOs are important partners in AIDS prevention and control activities and there is therefore need to tap their resources effectively.
WHY INVOLVE NGOs?

NGOs GIVE A VOICE TO PEOPLE

NGOs PROVIDE A PLATFORM FOR CITIZEN PARTICIPATION

NGOs USE APPROPRIATE TECHNOLOGIES

NGOs FORM A BRIDGE BETWEEN THE GOVERNMENT AND THE COMMUNITY
NEED TO PRIORITIZE NGO INVOLVEMENT

ADVOCACY

TARGETED INTERVENTION WITH RISK GROUPS

WORKING WITH WOMEN

WORKING WITH OUT OF SCHOOL AND COLLEGE YOUTH/STREET CHILDREN
WHY NGOs ARE SUITED FOR AIDS WORK

THE SIZE OF THE PROBLEM IS TOO BIG FOR GOVERNMENT ALONE TO HANDLE

• FAMILIAR WITH COMMUNITY APPROACH

• EXPERIENCE WITH COMMUNITY PARTICIPATION

• STRONG IN INTERPERSONAL APPROACH

• HAVE ACCESS TO "DIFFICULT" POPULATIONS

• SENSITIVE TO LOCAL NEEDS

• PAST EXPERIENCE OF WORKING IN THE HEALTH SECTOR

• ABILITY TO DEMONSTRATE MODELS

• COST EFFECTIVE

• PROVIDE SUPPORT SYSTEMS

• FLEXIBLE
NEED FOR NGOs TO WORK ON HIV/AIDS/STD

AIDS EPIDEMIC CALLS FOR QUICK EFFECTIVE PREVENTION METHODS

THERE IS NEED TO INTEGRATE HIV/AIDS/STD PREVENTION WITH OTHER DEVELOPMENT PROGRAMMES
TYPES OF NGOs

• NATIONAL ORGANIZATIONS
• INTERMEDIATE ORGANIZATIONS
• COMMUNITY BASED ORGANIZATIONS
• HEALTH ORIENTED AGENCIES
• NGOs WORKING WITH SPECIFIC POPULATION GROUPS
• RELIGIOUS ORGANIZATIONS
NGO ACTIVITIES

- Advocacy

- Creation of Awareness and Preventive education.

- Service delivery
  - Counselling
  - Condom promotion and provision
  - STD curative services

- Care and support

- Training

- Networking

- Development of IEC Materials

- Qualitative Research Studies
CAPACITY BUILDING FOR NGOs

MANAGEMENT

ACCOUNTING

PLANNING TARGETED INTERVENTIONS
SAGARMATHA

Simulation Part V
The AIDS Programme Officer of Sagarmatha wishes to involve NGOs. Given below are examples of three types of NGOs that he may work with.

ROLE PLAY SCENARIOS

1. "OUTREACH" is an NGO working with a group of 45 street children in the state of Sagarmatha. They run a small shelter home for the children as well as organize literacy classes in the evening. The NGO is primarily run by two individuals with missionary support. They feel that the children in their shelter home need to know about the problem of HIV/AIDS but have little experience or knowledge on how to tackle the issue. They have recently seen an advertisement put out by the State AIDS programme in the newspaper and hence approached the State AIDS programme officer for guidance.

The State AIDS Programme Officer values the need of such interventions but requires a detail proposal. Having recently attended a workshop in IEC planning he requests the NGO to provide descriptions of the sexual behaviour of the street children.

2. "Society for Youth Action" is an NGO which aims to promote leadership qualities in youth. It has recently conducted workshops with college and school students on social issues like dowry, alcohol, drug abuse and national integration after receiving funds from different government departments. It also has the backing of the political party which is in power in the state.

The main mode of activities is distribution of leaflets, holding poster competitions, rallies, lectures of experts etc. It has a good relationship with the press and is in the news often. Recently the Health Minister of Sagarmatha inaugurated one of its seminars and promised them all support to their AIDS prevention programme. They have sent in a proposal to the State AIDS programme.

3. "Pyar" is a middle sized NGO working in a slum in the capital city of Sagarmatha. They have been working in this area for the past six years on a variety of issues, primarily focussing on health and education. As a group of professionals they have been watching reports of the spread of HIV/AIDS in Sagarmatha with concern. In the last six years they have come across a fairly substantial number of STD patients and are concerned that HIV too may be spreading.

As a first step they have approached the State AIDS Programme Officer of Sagarmatha to assist them in orienting their field staff about HIV/AIDS/STD before they consider planning an intervention.

The State AIDS Programme Officer is very keen to try and start a collaborative process with the NGO to develop an intervention programme for youth.
Objective

- To learn how to deal with the press
- To learn how to write effective press releases.

Materials

OHP#77 to OHP#80 (Pages 186-189).
Handout #17 (Page 190), Handout #18 Simulation Part VI (Page91),
Handout #19 (Page 192-194).

Content and Process

Introduction

Relate to the earlier section on identifying partners and state that it is important to
cultivate relations with the press. The press can play a vital role in increasing awareness
as well as in advocacy. The press can play an important positive role in HIV/AIDS
prevention programmes.

Dealing with the press

- Use OHP#77 to outline several tips on handling the press.

    The first step in developing sound Press relations is to have a list of all the
    various press media that are present in the state. This should cover the big as
    well as the small sized media.

    Not every journalist is interested in writing about health or development issues.
    Go through the list and develop contacts with those who write on such issues,
    and keep them posted regularly on the various aspects of the programme.

    Most of the States do not have a press code for reporting on AIDS. You might
    wish to develop one for your own state in collaboration with the local Press
council. Not all of the journalists may have the right orientation on HIV/AIDS
issues. Even if they do, their editors might look at it in a different way. Hold
orientation training programmes for the media. Be fair to all of them and
share correct information without bias.
Types of Press formats

- Use OHP#78 to describe the various press formats.

One of the ways to reach out to the press is to hold a press conference or a briefing. In this, media persons are invited and briefed about the issue that one wishes to convey.

A press release is a note that is sent out to the members of the press for publishing in their media. Press releases are usually short in nature and very topical.

A feature article is an in-depth coverage of a particular issue/problem. It calls for investigative reporting on the part of the journalist.

One can also give an interview on a particular subject to the press.

All the above formats hold good for the electronic as well as the print media.

Writing a press release

- Use OHP#79 to illustrate the points involved in writing a press release.

The press release must be written in the reporting style of newspapers. Keep the press release short. A one page press release is the best. Avoid writing too many things and keep it non-technical in language and to the point.

Send the press release to known persons in the media to increase the prospect of its utilization.

The press release must contain all the relevant details. Provide your contact number in the release, in case additional information is required by the press.

- Distribute copies of Handout #17 to the participants.
- Ask each participant to write a press release on the topic "Increase in HIV/AIDS among the youth" using information provided in Simulation Part III-A.
- Collect all the copies from the participants and provide feedback on the writing style.

Handling press relations

- Distribute copies of Handout #18 Simulation Part VI to the participants, Ask each group to discuss the following questions:
- How would you respond as the State AIDS Programme officer to the news item appearing in the handout.
- What measures could you have taken to reduce the possibilities of such items being carried in the press.
- Share the findings in the plenary.

Highlight the following points:

1. Names of patients with AIDS have been disclosed. This is unethical. It would lead to stigmatization and ostracization of the person involved.

2. Police action in this matter was not required.

3. Moral tones must be avoided.

- Use OHP # 80 to describe the role of a State AIDS Programme officer when dealing with the press.

**It is important that the State AIDS Programme Officer establishes himself/herself as a credible source of information on HIV/AIDS. The more accurate, non-politicized information that you provide, the more the press will trust and work for you. It is important that you seek out the press rather than wait till they reach you.**

**Wrap Up**

- Summarize.

- Distribute copies of Handout #18. It should be explained to the group that these materials require to be adapted to suit local conditions and issues.
Press Relations

How to deal with the press

- Develop a list of the various Press media in the state (cover all types big and small)
- Develop contacts with those people who write about Development issues/Health.
- Provide regular inputs to them about various aspects of the programme.
- Evolve a press code for reporting on HIV/AIDS in joint collaboration with the local/state press council.
- Hold orientation/training programmes for Journalists.
- Do not call a press conference unless you have something which is newsworthy for the press.
- Do not send press releases often.
- Do not be selective with choice of media while breaking important news.
Press Relations

TYPES OF PRESS FORMATS

- Press conference/briefing
- Press Releases
- Feature articles
- Interviews
Press Relations

How to write a press release

• Write in the style/format that will be accepted by newspapers

• The release should be short. One page preferably. Never more than two

• Should be non-technical in language, simple to understand

• Should contain all relevant details

• Address the release to known contacts

Type out your release: it will look more professional.
Press Relations

ROLE OF AIDS PROGRAMME MANAGER IN PRESS RELATIONS

- Provide correct information
  - objective, unbiased and non-politicized
- Provide leads for other viewpoints (NGOs, Experts)
- Feed regular information to press
- Be proactive and seek the press whenever it is necessary to disclose important news.
- Respect ethics related to confidentiality, victim blaming and passing moral judgements.
SAMPLE MEDIA RELEASE

Attention (Name of Editor)

Youth Take Care of Environment
(Catchy headline with a wide appeal)

Operation "River Clean-Up" Tackles Mula River

What:
Operation "River Clean Up" is a project organized by students of class XI from the State Public School. Students will clean up and recycle the garbage in and around the Mula River. The aim of the project is to make the river environmentally safe and to educate junior students about environmental issues. A prize will be given to the student who will collect the most garbage.

When:
The event will take place on 28 July 1998, at 2 p.m.

Where:
...at Mula river near the Public Park.

Why:
(state all the relevant details of your project)
Over time, the Mula river has become polluted because of large amounts of garbage being dumped by residents and factories. The garbage has damaged the food chain of the river's fish and birds and has contributed to energy waste by being left unrecycled.

How:
Equipped with rubber gloves and garbage bags generously donated by Rotarians, participants in Operation "River Clean-Up" will have three hours to divide into groups, collect the garbage, then sort them out into recyclable and non-recyclable waste and fill garbage bags with trash. At 5:00 p.m., the local municipal workers will collect the bags.

Who:
50 students from different schools will join the organizers to form the "clean team." They will be volunteering their time.

For additional information contact:
(Name of contact person on your team and telephone number)
The State AIDS Programme officer of Sagarmatha has been dealing with the press ever since he was appointed in the position. He however is very wary of the press as they always hound him for information. He recognizes the need to be good with the press as they could help in creating awareness and to mobilize public opinion about HIV/AIDS. He has also been misquoted by the press very often. He feels that the press in general has been very negative to the issue of HIV/AIDS. Recently he has come across this news item in a leading daily of the State and thinks that action needs to be taken.

### Three AIDS patients detected in Bir General Hospital

**Staff Correspondent**

Teli, 20 Nov.

According to reliable sources from the Bir General Hospital, 3 AIDS patients were detected today. Two of the men, Raj and Raghu who were found to be having the AIDS virus belong to Shabda colony. They are migrant workers working with the State Construction Company. The third was Misa who is believed to be a prostitute. The hospital is reported to have advised the Police about their whereabouts. When contacted, the Police said that they are investigating into the matter and will initiate suitable action. This is the tenth case of AIDS detected in the city. It is believed that these cases were due to having immoral relations. The State AIDS Cell of Sagarmatha which is responsible for AIDS prevention has in this regard launched a major publicity drive in the city using hoardings advising people not to have immoral sex.
Understanding the Media

As a bonafide representative of the State AIDS Cell, the press will call on you for information on the AIDS situation in general, and in some cases, the names of HIV positives in particular. It is expected that the media will be having a host of questions for you. Public speaking skills are therefore helpful in dealing with the news media.

There is not much difference between preparing for a press interview and preparing for a speech. To effectively deal with the media, you should familiarize yourself with any one reporter or reporters. Try to find out:

- The reporter’s stance on the AIDS issue and the State AIDS cell.
- Has the reporter written articles on the subject?
- Was his report for or against AIDS prevention?

Much of this information will be available from news libraries and newspaper files.

In addition, you must have a thorough knowledge of the National AIDS Control Programme and the State AIDS Cell’s initiatives in this regard. For questions that you either are not qualified or not authorized to answer, offer the name and phone number of someone who can answer the question.

You must also act with utmost professionalism throughout the interview. You should never indicate to the press that you may be nervous or diffident. In that case, the press will gain the upper hand and in the process, the key messages of the State AIDS Control Programme may be lost.

The Media

The media which includes newspapers, magazines, television and radio, is best placed to spread the message of the State AIDS Cell project. The media always put out information on changes taking place in society. Since the State AIDS Control programme is likely to change the way AIDS/STD are perceived and how sexuality is discussed, as well as the way condoms are promoted, procured and prescribed in your country, the media becomes an inseparable part of the entire project.

Journalists are always looking for news, no matter how it is reported to the readers. So any activity that is not news will not be reported. In this connection, you will have a greater deal of newsworthy information to offer to the media, both at the national level and the state level. You must not forget that the media has the advantage of quickly getting your information out to the widest possible audience.

In most countries, there are a host of newspapers, news magazines,
and most importantly, the state-run television and radio. There may be wide readership of both English and local language dailies. But the local language, as a language, appeals more to residents of a particular state or district and, as a result, local language newspapers, magazines and tabloids have a good readership in non urban and rural areas.

The most popular means of news dissemination is the television. The viewership is quite high in cities and towns as well as in some rural areas.

Radio, too has its listeners (mostly at the grassroots level). Newspapers however still remain as the primary source of information for most people.

In spite of the visual media's popularity, it must be understood that people, both men and women, prefer entertainment on television rather than watching programmes on health and related issues.

There are local newspapers often both in English and in the local language. There are also branch offices and one-person bureaus of several important national dailies, who will not only report an event in their local editions, but will also send the same news to the headquarters.

In the states and provinces where political developments take up a major portion of daily news reports, a programme like AIDS Prevention will definitely be a welcome change for local journalists.

**SOURCE OF INFORMATION**

Journalists get information from a variety of sources, which include:

- Government/political circles - national, state and local levels (e.g., politicians, officials, government handouts, etc.)
- Industry
- Relevant experts, specialists
- From people who are opposing something
- A particular company or institution

Information can be gathered in a number of ways:

- At press conferences At editorial meetings
- Through leaks by the source
- At symposia/meetings
- From public records/documents/reports
- Through interviews

Interviews are the main method of news-gathering by journalists. An interview with a journalist may become your best tool to deliver the key features of the State AIDS Control Programme.
MEDIA AUDIENCE ANALYSIS

You have to keep in mind that interviews do not always help your message reach the desired audience. This is because:

- A reporter's idea and an editor's idea of a subject may not be the same.
- An edited interview can change the thrust of your interview.
- Your words may be quoted out of context to support a reporter's or the publication's policy or bias.
- You do not have any control over the editorial processes of publications.

However, you should not expect these situations to arise every time you speak to the press. A majority of journalists try to remain objective and present both sides of a story. Also, a lot depends on how a reporter or an editor would like to look at the State AIDS Cell. And the size and content of any story appearing on the project will depend on his/her attitudes.

Because of these reasons, it is essential that you fully understand the media, the interviewer, his/her objectives and for whom they are writing.
Objective

- To simulate a typical press conference.

Materials

Head table/chairs, public address system
Simulation Part II (Pages 80 to 84).

Content and Process

Introduction

Preparation for the Press Conference

- Ask three participants beforehand to call a Press Conference on the topic "AIDS in Sagarmatha" based on Simulation Part II.
- Ask them to prepare all materials that they would require for conducting the conference.
- These participants should thereafter structure a agenda for the press conference.
- Brief the rest of the participants about the topic of the press conference. Invite them to attend the conference as journalists representing various media - press, radio and TV. Inform them that they would be expected to ask questions.

The Press Conference

- Ask the participants chosen to call the press conference, to introduce themselves and conduct the press conference.
- The rest of the participants will act as journalists. They must extract as much information as possible from the speakers and ask probing questions.

Discussion

- Discuss with the speakers as well as with the journalists what they felt while performing their roles and why they reacted in a particular way (aggressive, defensive, evasive etc.)
- Discuss as to how they would have conducted the conference differently/ better.

Wrap Up

- Inform the participants that press conferences should not be held too often - only when you have something newsworthy and topical to convey.
Objective

- To orient participants on the steps of planning a mass media campaign and its elements.

Materials


Content and Process

Introduction

- Introduce the session by stating the following:

\[ \text{Using Mass media is the best method for rapid spread of simple information and facts to a large population at a low cost. If the message is realistic and pre-tested, it can be transmitted without the distortions that can sometimes take place in inter-personal communication.} \]

- Use OHP#81 to state some of the advantages of a well planned mass media campaign.

\[ \text{Well planned mass media campaigns can achieve a great deal. These include behaviour change, bringing an issue to public's attention, creating a favourable climate of knowledge and opinion and telling people about new ideas.} \]

Planning a mass media campaign

- Use OHP#82 to outline the various steps in planning a mass media campaign.
- Use OHP#83 to describe some of the mass media channels

Mass Media materials

- Use OHP#84 to list the types of print materials that are used in mass media.
- Use OHP#85 to list the types of audio-visual materials.
- Use OHP#86 to list the types of outdoor media.
- Use OHP#87 to list some point of service materials.
- Use OHP#88 to list some types of collateral material that can be produced.
Creative Elements

- Use OHP#89 to talk about some of the creative elements of any mass media campaign.

Each campaign should have a main message which is consistent throughout the campaign. The tone and appeal that is used should largely be uniform across the various campaign materials that are produced. The visuals must also be similar. If a combination of audio visual materials are used, then a common theme sound/music must be developed to achieve linkages between one and the other. A baseline/sign off can bring together connectivity with the various media used in a campaign. A response element must be added in the message to enable people to act on the information provided or seek for additional assistance.

Media Planning

- Use OHP#90 to provide a working definition of what media planning is.
- Use OHP#91 to outline some of the factors to be considered while developing a media plan.
- Use OHP#92 to describe steps on planning for placement in Media.

Developing a campaign plan

- Distribute copies of worksheet #4 to each participant and ask each group to plan a mass media campaign for Sagarmatha using simulation Part II.
- Each group should present their plan in the plenary.

Working with a communication agency

- Use OHP#93 to outline some of the associates who could be tapped for planning a mass media campaign.
- Use OHP#94 - 95 to explain the process of selecting a communication agency.
- Use OHP#96 to provide tips on working with a communication agency.
- Use OHP#97 to outline some of the things which an AIDS Programme Officer should avoid while preparing a mass media campaign and working with a communication agency.

Wrap UP

- Summarize.
- Distribute copies of handout#20 to each participant.
A WELL PLANNED MASS MEDIA CAMPAIGN CAN:

- ACHIEVE BEHAVIOUR CHANGE
- BRING ISSUES TO PUBLIC ATTENTION
- CREATE A FAVOURABLE CLIMATE OF KNOWLEDGE AND OPINION
- TELL PEOPLE ABOUT NEW IDEAS
For Planning a Mass Media Campaign

- **SELECT TARGET AUDIENCE**

- **DETERMINE COMMUNICATION OBJECTIVE**

- **SET CREATIVE STRATEGY**

- **SELECT MESSAGES**

- **SELECT CHANNELS - INDIVIDUAL / COMBINATIONS**

- **DEVELOP MATERIALS**

- **PLACE IN MEDIA**

- **MONITOR**

- **EVALUATE**
Mass media channels

- TELEVISION
- PRESS
- OUTDOOR PUBLIC ADDRESS SYSTEM
- RADIO
- CABLE/SATELLITE
- CINEMA
Mass media campaign

TYPES OF MASS MEDIA MATERIALS

Print materials

- **PRESS ADS**
  - **NEWSPAPERS**
  - **MAGAZINES**
  - **NEWSPAPER INSERTS**

- **POSTERS**

- **LEAFLETS**
TYPES OF MASS MEDIA MATERIALS

Audio Visual Materials

- TV/CABLE SPOTS
- RADIO SPOTS
- CINEMA SLIDES
- FILMS/VIDEOS:
  - FEATURE PROGRAMMES
  - DOCUMENTARIES
TYPES OF MASS MEDIA MATERIALS

Outdoor Media

- HOARDINGS
- PANELS AT KIOSKS/BUS SHELTERS
- PANELS ON BUSES
- AT AIRPORT/RAILWAYS / WAITING ROOMS
TYPES OF MASS MEDIA MATERIALS

Point of Service materials

• DANGLERS
• LEAFLETS
• POSTERS
TYPES OF MASS MEDIA MATERIALS

Collateral Materials

- STICKERS
- CAPS
- T-SHIRTS
- BADGES
CREATIVE ELEMENTS OF MASS MEDIA CAMPAIGNS

- HEADLINE/MAIN MESSAGE
- TONE AND APPEAL
- VISUALS
- SOUND
- BASE LINE/PUNCHLINE
- RESPONSE
Media planning

Definition:

"The process of priority use of various channels of communication keeping in mind the communication objective and money available for this purpose."
MEDIA PLANNING: Factors to consider

What are the:

- TYPES OF MATERIALS PRODUCED?
- HOW MANY OF THE TARGET AUDIENCE USE A PARTICULAR COMMUNICATION CHANNEL?
- WHEN IS THE CHANNEL MOST USED?
- HOW OFTEN IS THE CHANNEL USED?
- THE CREDIBILITY OF THE CHANNEL WITH THE TARGET AUDIENCE
- HOW MUCH DOES THE CHANNEL COST?
STEPS FOR PLACEMENT IN MEDIA

• SUB-CLASSIFY CHANNELS OF COMMUNICATION

EXAMPLE:

TV
TALK SHOW, SUNDAY FILM

Radio
LISTENER'S REQUESTS

Print
WOMENS WORLD, YOUTH TIMES

• DECIDE HOW OFTEN YOU WANT TO COMMUNICATE

- DAILY, WEEKLY, FORTNIGHTLY ETC.

• SEND MATERIALS IN TIME

• CLEAR BILLS IN TIME
MASS MEDIA PLANNING ASSOCIATES

WHO SHOULD PLAN THE MASS MEDIA CAMPAIGN?

A JOINT PARTNERSHIP WITH A COMMUNICATION AGENCY AND THE STATE AIDS CELL

Choices of Communication Agencies

- GOVERNMENT (INCLUDING AUTONOMOUS BODIES)
- PRIVATE
How to select a Communication Agency?

- **USE GOVERNMENT PROCESS OF INVITING TENDERS THROUGH ADVERTISEMENTS, LETTER OF INVITATION ETC.**

- **PREPARE A WRITTEN BRIEF TO CIRCULATE TO AGENCIES. INCLUDE YOUR EXPECTATIONS OF WHAT THE MASS MEDIA CAMPAIGN MUST ACHIEVE**

- **PROVIDE BACKGROUND MATERIAL ON THE SUBJECT**

- **HOLD BRIEF ORIENTATION SESSIONS WITH THE AGENCIES TO CLARIFY DETAILS**

- **RECEIVE PROPOSALS FROM AGENCIES - PREFERABLY WRITTEN**

- **REVIEW PROPOSALS**

- **CONSTITUTE A SELECTION COMMITTEE TO SELECT THE AGENCY**
MASS MEDIA

- PROPOSALS SHOULD OUTLINE
  - COMMUNICATION STRATEGY
  - MEDIA PLAN
  - CREATIVE PLAN/INSTRUCTIONS
  - BUDGET
MASS MEDIA

How to work with a communication agency

- **HOLD EXTENSIVE TRAINING FOR CONCERNED STAFF**

- **PROVIDE REGULAR UPDATES ON THE SUBJECT TO THE AGENCY (TAKE THEM ON FIELD TRIPS, WORKSHOPS)**

- **GIVE CLEAR INSTRUCTIONS**

- **GIVE CREATIVE LIBERTY, BUT AGREE ON PRINCIPLES (Eg. TESTING, CONFIDENTIALITY, GENDER SENSITIVITIES, PRETESTING METHODS)**

- **HAVE A QUICK CHANNEL FOR APPROVAL PROCEDURES**

- **AGREE ON COSTS BEFOREHAND. DO NOT BARGAIN ON CREATIVE COSTS AFTERWARDS**

- **WORK ON EQUAL TERMS**

- **PAY BILLS ON TIME**
MASS MEDIA

Try to avoid

- **CONSTRUCTING THE CAMPAIGN YOURSELF (HEADLINES, VISUALS, LOGOS)**

- **BRINGING PERSONAL BIASES INTO CAMPAIGN/MATERIALS**

- **GETTING INTO THE TECHNICAL ASPECTS OF PRODUCTION/MEDIA SELECTION**

- **MAKING LAST MINUTE CHANGES**

- **WAITING FOR THE LAST MINUTE TO BRIEF THE AGENCY**
# Planning A Mass Media Campaign

## Target Audience:

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GUIDE TO APPOINTING AND WORKING WITH A COMMUNICATION / ADVERTISING AGENCY

INTRODUCTION

For planning a Mass Media campaign it is important that experts are consulted. This will ensure that you have the right inputs as well as support in carrying out a mass media effort. You may have to also consider if you have adequate budgets to support the campaign. These campaigns are often expensive.

SELECTING AN AGENCY

An advertising agency could be an appropriate partner in helping you to run the mass media campaign. The selection of an agency is one of the most crucial decisions that you will have to take. Firstly, it is important to ascertain if the agency is capable of undertaking the assignment. Most governments will have a certain procedure for award of contracts. This may be by placing an advertisement in the newspapers or by invitation. Make a list of the leading advertising agencies in your country and invite them to submit proposals. You may consult trade magazines on advertising and marketing to learn more about these agencies.

Once you have a list, invite these agencies to a day long meeting to discuss the tentative plan for the campaign. It would be useful if a written brief be distributed at the meeting which outlines your expectations from the agency as well as the campaign. The brief should also include the selection procedure that you will adopt and the tentative budget that you intend to spend. Also include any background material on HIV/AIDS/STD that may help the agencies in planning the campaign.

Certain governments have rules regarding placements of advertisements in the media. If you have to follow them, explain these clearly to the agencies at the very beginning.

The agencies should then be asked to make presentations both in writing and orally on an appointed day. The written presentation should essentially contain the following elements.

- Advertising strategy
- Media Plan
- Creative plan and creative presentation
- Budget

Constitute a committee which should consist of members from the field of communications, your organization and finance people who may have a say in the decision process. It may be useful to also visit some of the offices of the agencies and see some samples of their other work. It is best to choose one agency as this will facilitate coordination.
WHO'S WHO IN AN AGENCY?

*Account Team* (including account planner) interprets your requirements and brief, analyses research and helps the agency to develop a plan to present to you.

*Copywriter* writes the words and lines that are part of the creative campaign. *Visualizer* determines which pictures, logos, colors, models, locations photographers etc to use.

The visualizer and the copywriter usually work together and are often called the creative team.

*Media Planner* plans the different types of media that you need to use and how to use them taking into account the money you have available for this purpose.

*Media Manager* liaises with the different media and ensures that your campaign is carried out on time.

*Production/Print Manager* looks after the printing and production aspects of your materials.

BRIEFING AND TRAINING THE AGENCY

Once you have selected the agency, it is necessary that you hold detailed training and briefing sessions with the agency. This may take two or three days depending upon their needs. This training should provide extensive details about all aspects of your programme including your programme target goals as well as information about the target groups that you want to reach through the mass media. It is important that you provide all the information that you have to the agency.

Based on the above training, they might have to re-do their presentation. At this stage it is important that you are clear about all the activities that you want the agency to perform.

WORKING WITH THE AGENCY ON A DAILY BASIS

It is important that you identify one focal point in your office who will be responsible for dealing with the agency. In a similar way the agency too will also have one key person who will be responsible at their end. The agency will usually minute each meeting that they have with you or any other direction that you may have given orally on phone. This is a very healthy practice which is mutually beneficial and a good documentation process. Lay the ground rules at the very beginning about approval and commissioning patterns. As a general rule no work should be commissioned without obtaining a written brief from you. The agency should not produce artworks till the text and the layout have been cleared by you. You must also give the agency the commitment that once approved, you will not make any changes thereafter, except in rare cases. No production should begin before approvals are made.
COSTS

You may have already negotiated the overall costs while selecting the agency. However it may not have been possible to outline all the costs at the beginning itself and hence the agency may raise bills from time to time depending upon the nature of the job. Most agencies have a rate card which outlines the approximate costs for different types of work. It is easy to negotiate a fixed rate card at the beginning of the contract itself. Some of the types of billing that the agencies do are as follows:

CREATIVE COSTS: This is essentially the cost of developing the concept and ideas for the campaign. The agency may charge a lumpsum amount or charge individually for each item of work.

ARTWORK/ PRODUCTION CHARGES: This includes cost for phototypesetting, pictures, photographic materials, assembling the artwork etc.

BROMIDES/POSITIVES/ PRINTS/ TAPES: These are materials which are sent to the printers and media for their use.

PHOTOGRAPHERS/ MODELS: These rates vary depending upon the type of person you use. The agency should provide you with comparative costs before selecting any one particular person.

MEDIA COSTS: These are at actuals depending on the media used. Agencies generally provide you with the rate cards of the media.

Always insist that you receive estimates as to how much each item of work will cost before you commission any work. Inform the agency that they should start work only after they receive clearance from you regarding costs. This is of particular significance when it comes to producing films or preparing extensive campaigns.

PRODUCING A FILM/TV SPOT, RADIO JINGLE:

After the agency and you have decided on the script, take approval from all the censor authorities before you go into production. This could include TV and Radio stations and the Film censor board.
SOME TERMS USED BY PRINTERS / PUBLISHERS:

**A Sizes:** Series of finished trimmed sizes in ISO International paper sizes range. AO (841 x 1189 mm) is the first size and is one square metre in area. Each size is derived by halving the size immediately above it, e.g. A4 is half the area of A3 and twice the area of A5, but the proportions are the same for all sizes.

**Art:** Line drawing, a photograph and a continuous-tone of half-line illustration for the purpose of reproduction is called artwork. Art is the abbreviation of artwork.

**Artist:** A person engaged in drawing, painting and solving design problems.

**Broadsheet:** An unfolded basic size paper. Any British size paper refers to its broadsheet. Example: Crown broadsheet is 15” x 20”. A standard size newspaper is also called broadsheet.

**Camera Ready:** A finished design or paste-up job, which can go into the process camera for shooting and from which a printing plate can be made.

**Continuous Tone:** Visuals—photographs, drawings and paintings having gradations of tone from dark to light or vice-versa.

**Cropping:** Eliminating part of a photograph or illustration by trimming its edges to make it fit in a given space or to remove its unnecessary parts.

**Dummy:** A layout term referring to a draft or proposal of a piece of printed material compiled or bound together in the exact reproduction size.

**Embossing:** Producing a raised image on paper or other material.

**Font:** All the letters and characters in one size and style of a typeface.

**Half-tone:** A continuous tone image like a photograph, broken up into a pattern of dots of varying sizes from which a printing plate is made. When printed, the dots create varying greys to give an illusion of continuous tone.

**Imposition:** Arrangement of pages for printing in such a way that when folded, the pages fall in a proper sequence.

**Jacket:** Dust cover of a hardbound book. Also protective cover for a floppy disk.

**Justify:** Arrangement of lines of type so that they align on both sides.

**Leading:** Spacing between lines of type, measured in points.

**Legibility:** Clarity of letter characters in the type composition.
**Montage:** A composite picture made by exposing and manipulating two or more photo negatives.

**Negative:** A photographic film, in which the image area is transparent and the non-image, opaque.

**Process Colours:** Three pigment primaries and black. These colours are capable of printing full colour illustration.

**Tailpiece:** Decorative design employed at the end of a chapter or section to mark the conclusion of that chapter or section.

**Transparency:** Positive film resembling colour slide used for projection and colour printing.
MODULE - 6

Planning For Targeted Interventions
Objective

- To provide participants with an understanding of the elements needed for effective targeted interventions.

Materials

OHP#98 to OHP #104 (Pages 224-230)
Flip chart

Content and Process

Introduction

- Use OHP#16 to focus attention on some of the overall programme objectives of any AIDS prevention and control programme.
- Introduce the need for a special programme for those at higher risk.

Tell the participants that not everyone is at the same risk of acquiring the virus and different people may be at higher degree of risk because of their lifestyles, occupation or habits. It is thus important that such populations be grouped for the purposes of reaching out to them with messages for prevention.

- Use OHP#98 to outline some of the essential components of a comprehensive intervention programme.

Any comprehensive intervention would be a combination of IEC, STD services and condoms. These could be achieved through various collaborators like NGOs, Community Based Organizations, govt. as well as the private sector. One must be open to bring in any partner that may provide essential services for different target groups.

- Use OHP#99 to describe some of the initial steps before planning a targeted intervention.

While planning any targeted intervention at a particular place, it is important to identify the local needs and priorities. It is imperative that one has a clear picture of the target groups, their own perception of risk behaviour vis a vis AIDS/STD as well as their geographical spread.
Developing an Intervention Plan

- Assign to each group one of the target groups outlined in simulation Part III and ask them to develop an intervention plan based on the information provided in it.

- Ask each group to present their plan in the plenary

- Conduct a short discussion on each of the presentations.

Role of AIDS Programme Manager in targeted interventions

- Use OHP#100 to describe the need to provide clarity on issues such as testing, confidentiality etc.

- Use OHP#101 to list some of the functions that the AIDS Programme officer should perform.

- Use OHP #102 to point out some of the essential items a AIDS Programme officer must consider while identifying activities and selecting partners.

- Use OHP #103 to point out the need for monitoring and evaluation of the targeted intervention.

- Use OHP #104 to highlight that it is essential that the targeted intervention should be sustainable for the future.

Wrap Up

- Summarize highlighting the various elements of effective targeted inventions.
Components of an Intervention Programme

**STD CLINIC**

Treat STDs | Prevent STDs

**STD SERVICES / TREATMENT**

**CONDOM PROMOTION**

**EMPOWERING WOMEN**

**IEC**
Targeted Interventions

- Initial Steps

IDENTIFY LOCAL NEEDS AND PRIORITIES

Details of target groups

Differential importance of different groups to risk behaviour

Geographical spread of target groups
Targeted Interventions

- Understanding of Issues

TESTING

- CONFIDENTIALITY

- GENDER

- VALUE JUDGEMENTS
Targeted Interventions
- Functions To Be Performed

IDENTIFICATION OF APPROPRIATE POINTS OF INTERVENTION

OPPORTUNITIES TO ENTER
• CULTURAL SENSITIVITIES
• IDENTIFICATION OF STRATEGIES TO ADDRESS NEEDS
• IDENTIFICATION OF APPROPRIATE PARTNERS

MODULE SIX
Targeted Interventions

- Activities to be undertaken

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WHO WILL DO THEM?

- ARE THEY TRAINED/QUALIFIED/ORIENTED?

DO THEY HAVE ORGANIZATIONAL CAPACITY/EXPERIENCE?

ARE THEY ADDRESSING THE NEEDS THEY IDENTIFIED?
Targeted Interventions

- Mechanism For Monitoring And Evaluation

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<td>Revise Questionnaire</td>
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INSPECT RECORDS

- EXPLORE OPPORTUNITIES FOR FEEDBACK AND CORRECTION
- ALLOCATE FUNDS
Targeted Interventions

SUSTAINABILITY AND FUTURE PLANS
MODULE - 7

Planning For Training Activities
Objective

- To enable participants to plan for training needs

Materials

OHP#105 to OHP #109 (Pages 234-238)
Flip charts/ worksheet # 5, Copies of Simulation Part III (Pages 91-103)

Content and Process

Introduction

- Use OHP#105 to introduce some of the factors involved in decision making for planning training.

*Effective implementation of IEC strategies requires that human resource needs are reviewed to ensure that personnel involved in the implementation have the requisite knowledge and skills. Training is vital for ensuring that personnel have the ability to carry out programme activities as required. Development of appropriate training materials should be part of total material development.*

- Give each group a single target group from Simulation Part III to work with.

- From the simulation paper ask each group to determine the following:
  - different categories of people that need to be trained.
  - training needs of each category
  - training objectives of each type of training
  - training materials that would be required
  - resources for conducting the training (human)

- Ask each group to record their recommendations in the worksheet # 5 and present these in the plenary.
• Use OHP #106 to outline the approach to training.

*Any training programme should be in tune with the overall objectives of the programme. The contents of any training programme should be based on the training needs of personnel.*

• Use OHP#107 to describe the various categories of persons who will require to be trained.

*Different categories of people will need to be trained. They could be trainers, policy makers, influencers, field workers, peer educators etc. For each training programme, a specific criteria for selection of trainees must be evolved. This includes considering the nature of their work, educational levels, roles etc, so that trainings can be effective and learning maximized.*

• Use OHP#108 to describe some of the objectives of any typical AIDS training programme.

• Use OHP#109 to point out some of the essential requirements for organizing a training programme.

**Wrap Up**

Summarize the steps involved in planning for training needs.
Planning for training

- Whom to train
- What are training needs and objectives?
- Are IEC materials enough?
- What kind of resources do we have?
- What materials will be required?
APPRAOCH TO TRAINING

- MAKE TRAINING IN TUNE WITH THE OVERALL PROGRAMME OBJECTIVES

- MAKE TRAINING NEED BASED (FOR PROGRAMME MANAGEMENT, ADVOCACY, COMMUNICATING WITH THE TARGET GROUPS, ETC.)
CATEGORIES OF PEOPLE THAT NEED TO BE TRAINED

- DEVELOP SPECIFIC CRITERIA FOR SELECTION OF TRAINEES

- DIFFERENT CATEGORIES THAT NEED TRAINING: TRAINERS, FIELD WORKERS, INFLUENCERS, POLICY MAKERS ETC.
TRAINING OBJECTIVES FOR EACH TYPE OF TRAINING

- SKILL DEVELOPMENT FOR COMMUNICATION

- ORIENTATION ON ISSUES RELATED TO HIV/AIDS

- ATTITUDE AND VALUE CLARIFICATION

- BUDGETING AND FINANCING
REQUIREMENTS FOR ORGANIZING A TRAINING PROGRAMME

TRAINING MATERIALS

- A VAILABILITY/ACCESSIBILITY OF MATERIALS SUITED FOR TARGET AUDIENCE

- BUDGET FOR PROCUREMENT AND MAKING COPIES

ENABLING PROCESSES

- CONDUCIVE AMBIENCE
- PARTICIPATORY
- APPROPRIATE DURATION
- ABLE TO EVALUATE
- ABLE TO FOLLOW UP

RESOURCES

HUMAN

- DRAWN FROM VARIOUS COLLABORATORS/PARTNERS DEPENDING ON THE SPECIFIC TRAINING OBJECTIVES

- EXPERIENCED, QUALIFIED AND HAS UNDERSTANDING OF THE ISSUES AND TRAINING OBJECTIVES

FINANCIAL

- TRAINING MUST BE COST EFFECTIVE
# Planning for Training

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<th>Training Needs</th>
<th>Training Objectives</th>
<th>Training Materials</th>
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**MODULE SEVEN**
MODULE - 8

Planning For Advocacy
Objective

- To enable participants to understand the importance of advocacy.
- To learn about the types of advocacy and applications.

Materials

Flip Charts
OHP#110 to OHP#121 (Pages 244-255)
Simulation Part IV (Page 160)

Content and Process

Introduction

Use OHP#110 to outline the need for advocacy.

Since HIV/AIDS/STD is essentially a sexually transmitted disease and talking about sex and sexuality is a taboo in many cultures, it is important that a strong advocacy effort be carried out. In the absence of a high level of commitment from all sections of society, effective programmes cannot be run. HIV/AIDS programmes are more likely to succeed -when there is political, professional and peoples' commitment, strong policy support, allocation of needed resources, well designed programmes, motivated and capable staff and peoples' participation. All of the above can be enhanced through ADVOCACY.

Objectives of Advocacy

- Use OHP#111 to describe the aim of advocacy.

The aim of ADVOCACY is to place HIV/STD/AIDS issues high on the political agenda and effectively reach the influential group of policy makers, elected representatives, professionals and other interest groups to formulate and implement policies, to create pressure groups and supportive systems in order to respond appropriately to the HIV/AIDS epidemic.
Types of advocacy

- Use OHP #112 to outline the directions of Advocacy.

The 3 directions of advocacy are:

a) Advocacy for policy design: certain issues like confidentiality, non-discrimination, testing, sex education require strong political will.

b) Advocacy for decision making at various levels: In order to bring in new partners, or initiate new programmes, it is necessary to obtain approvals from different functionaries.

c) Advocacy for implementation: In order to run intervention programmes smoothly and create sustainable long-term programmes, advocacy is essential.

Advocate's role

- Use OHP #113 to describe some of the roles of an individual doing advocacy.

Handling advocacy

- Give each participant a copy of Simulation Part V Part A. Each group should discuss the situation described and come up with recommendations on the following:
  A) How would you avoid reaching this situation?
  B) What would you do now?
- Discuss the recommendations in a plenary.

Proactive Advocacy

- Use OHP #114 to introduce the two types of advocacy: Reactive and Proactive.

Reactive Advocacy entails addressing a particular situation or problem once it has already surfaced in the open. It involves addressing attitudes and opinions after they have been formed in the recent past. Proactive advocacy on the other hand is bringing a particular issue into public focus and providing it a definite shape for the audience that is sought to be influenced.

Proactive advocacy - an example

- Use OHP #115-120 to present the Advocacy campaign run by a State AIDS Cell before the local government elections.
- Use OHP #121 to outline some of the follow up programmes planned by the State AIDS cell as a sequel to the advocacy campaign.
- Have a short discussion on how this example can be replicated in other States.

Wrap Up

- Summarize highlighting the role of Advocacy.
WHY ADVOCACY

HIV/AIDS programmes are more likely to succeed when there is:

- Political, professional and peoples' commitment
- Strong policy support
- Allocation of needed resources
- Well designed programmes
- Motivated and capable staff
- Peoples' participation

All of the above can be enhanced through ADVOCACY.
ADVOCACY

The aim of ADVOCACY is to place HIV/STD/AIDS issues high on the political agenda and effectively reach the influential group of policy makers, elected representatives, professionals and other interest groups to formulate and implement policies, to create pressure groups and supportive systems in order to respond appropriately to the HIV/AIDS epidemic.
The 3 directions of advocacy are:

a) Advocacy for policy design

b) Advocacy for decision making at various levels

c) Advocacy for implementation
The Advocate's role includes:

- Representation of specific ideas or issues under construction
- Identification of stakeholder groups and their values and interests
- Identification of potential allies and building alliances
- Identification of relevant policy and decision-making channels
- Collecting and providing information concerning the position on the issue
- Reasoning, influencing, lobbying, pushing and persuading decision-makers and other stakeholders
- Organizing and attending meetings with stakeholder groups
- Creating a common understanding among stakeholders concerning the issue
- Negotiating action with stakeholders on the basis of a common understanding of the problem
TYPES OF ADVOCACY

- REACTIVE
- PROACTIVE
ADVOCACY THROUGH PRINT MEDIA
ADVOCACY TO ELECTION CANDIDATES
ELECTION SPECIAL - 1

"CAN YOU ASK AN IMPORTANT QUESTION TO YOUR CANDIDATE WHO IS SEEKING YOUR VOTE IN THE ELECTION?"

THIS QUESTION IS ABOUT AN IMPORTANT PROBLEM WHICH IS CAPABLE OF DESTROYING THE COMMUNITY AND THE COUNTRY

QUESTION - SEE TOMORROWS NEWSPAPER

ISSUED BY STATE AIDS CELL...
ELECTION SPECIAL - II

What is your stand regarding preventing aids in our consultancy ?

ISSUED BY STATE AIDS CELL...
ELECTION SPECIAL - III

TO THE RESPECTED PUBLIC
WHAT SHOULD BE DONE TO PREVENT AIDS IN YOUR CONSTITUENCY?

ELECTION CANDIDATES MAY BE INTERESTED TO KNOW YOUR VALUABLE SUGGESTIONS ON THIS SERIOUS ISSUE
LAST DATE OF RECEIPT OF REPLY IS

ADDRESSED TO....... CLEAR AND APT ANSWERS TO THE ABOVE QUESTION WILL BE PUBLISHED IN THE PRESS WINNERS WILL GET A CASH PRIZE AND MERIT CERTIFICATE

One prize each for male and female contestants

PRIZE MONEY
RS.10,000/-
STATE AIDS CELL....

MODULE EIGHT
ELECTION SPECIAL - IV

FOR THE ATTENTION OF ALL CANDIDATES:
SOME FACTS ABOUT AIDS

THERE IS NO TREATMENT AVAILABLE IN THE WORLD TO CURE AIDS. THERE ARE ABOUT 100,000 HIV INFECTED PEOPLE IN THE STATE.

PEOPLE HAVING HIV INFECTION MAY SHOW MANIFESTATIONS OF AIDS ONLY AFTER 5 TO 10 YEARS.

EVEN THOUGH THE INFECTED INDIVIDUAL SEEMS HEALTHY, HE OR SHE IS CAPABLE OF SPREADING HIV TO OTHERS.

HIV SPREADS ONLY IN THREE WAYS:
• THROUGH SEXUAL CONTACT WITH INFECTED PARTNER
• THROUGH INFECTED BLOOD
• AN INFECTED MOTHER MAY PASS IT ON TO HER OFFSPRING.

80% TO 90% OF HIV INFECTION IS THROUGH SEXUAL CONTACT.

ENSURE SAFETY AGAINST HIV USE CONDOMS.

STATE AIDS CELL........

MODULE EIGHT
FOLLOW UP PROGRAMME

• Orientation of all elected representatives on HIV/AIDS

• Continued contact with the members of the local government through Newsletters/IEC materials
MODULE - 9

Development Of A Work Plan

- Determining IEC Activities
- Drawing up a Work Plan
Determining IEC activities

Objective

- To generate a list of IEC activities for HIV/AIDS/STD prevention

Materials

Worksheet #6 (Page 259)
Flip chart

Content and Process

Introduction

- Inform the participants of the objective of the session which is to determine the various activities that needs to be undertaken for a comprehensive IEC programme.

Determining IEC activities

- Assign to each group one or two target audiences (migrant workers, general population, CSWs, out of school youth etc.) and based on previous sessions ask them to generate a list of possible IEC activities that needs to be undertaken, under the following heads:
  - Advocacy
  - Mass Awareness
  - Intersectoral Collaboration
  - Training
  - IEC materials development
  - Targeted interventions
  - NGO Mobilization
  - Research
  - Monitoring and evaluation
- Record discussions using the format of Worksheet #6.
- Discuss the list of possible activities in the plenary.
## Partners / Collaborators

<table>
<thead>
<tr>
<th>Categories</th>
<th>Advocacy</th>
<th>Mass Aware.</th>
<th>I.S.</th>
<th>Training</th>
<th>IEC Mat.</th>
<th>Targeted inter</th>
<th>NGO</th>
<th>Resr.</th>
<th>Monit. &amp; Eval</th>
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Objective

- To learn the process of preparing a workplan

Materials

OHP#122 (Page262), OHP#123 (Page263)
flip chart

Content and Process

Introduction

- Use OHP#122 to introduce the importance of developing a workplan.

Since the work of AIDS Programme Officers involve a lot of activities, it is worthwhile to plan for the time available. A workplan is useful to seek approvals from the higher authorities, as well as seek more funds from different donors. It is also useful in letting all know about the various activities that are being planned and that will be undertaken. Having a written plan is also useful for getting feedback from different people about the intended programmes. A comprehensive written plan helps in getting approval at a single time avoiding need of approvals at every stage. Having a written plan which is approved also provides validity for the various activities undertaken by the AIDS programme.
Preparing a plan

- Use OHP#123 to describe some of the things to consider while preparing a workplan.

> It is important for the AIDS Programme Officer to have clearly spelt out objectives that he/she has set before preparing a workplan. There are several areas which might need inputs but it may not be possible for the Programme to address itself to all these at the very outset. Hence the strategic areas and components need to be identified. The various activities that go into any intervention programme also need to be identified and the time frame of carrying out the activities spelt clearly in a sequential manner. Prioritization of the various activities that are to be undertaken must also be made.

- Ask the participants to go into their groups and prepare a workplan for the next two years, with greater detail for the first year. Participants should be asked to prepare their workplan based on Worksheet#6 used for determining IEC activities.

Reviewing workplans

- Ask each group to present their workplan. Allow fifteen minutes for each group.
- Have a short discussion at the end of each presentation.

Wrap Up

- Reiterate on the importance of developing a Work Plan.


**WORKPLAN**

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<tr>
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<td>Training</td>
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<td>KAP</td>
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<td>Message development</td>
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<td>Press Conference</td>
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<td>Field Visit</td>
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<td>Meetings</td>
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**WRITTEN WORKPLANS**

- Everyone is aware of what will be taking place
- Support and approvals for the proposed activities can be sought
- Allows for receiving inputs from others
- Helps in fund raising
- Provides validity for activities
## Things to Consider

- Objectives
- Strategic components/areas
- Activities
- Time frames
- Prioritization

### Workplan

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Time</th>
<th>Remarks</th>
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**MODULE NINE**
MODULE -10

BUDGETING FOR IEC ACTIVITIES
Objective

- To give participants an understanding of Budgeting

Materials

OHP #124 to OHP #134 (Pages 268-278)

Content and Process

Introduction

- Introduce the session with the following points

> For the smooth implementation of IEC activities it is important to have enough resources. Most approvals are based on the amount of money that will be required. It is important that budgeting be apart of the development of apian. Any budgeting plan should also have with it a description of how the funds will be managed.

Types of Budgeting

- Use OHP#124 to describe the types of budgeting plans.

> Budget plans can either be need based or resource based. A resource based plan is usually developed when a known amount of funds are available. Most programmes have been provided budget heads where IEC funds have been allocated.

> A need based budget plan is developed to reflect the actual needs of the programme, which may be higher or lower than the allotted funds.

> Most AIDS Programme Officers are encouraged to develop need based plans. If the needs are higher than their allocations, government will consider providing additional grants.
Budgeting

- Use OHP#125 to explain the essential requirements before developing a budget.

For a proper budget to be developed, it is essential that the AIDS Programme officer is clear about all the different types of activities that are required to be undertaken. A breakdown of each main activity into various sub activities will be required. After each activity has been spelled out, approximate costs will have to be obtained. Costs for different activities will vary from place to place, but a rough picture can be obtained from talking to a few NGOs, social welfare departments, department of publicity, printing etc.

- Use OHP#126 - 134 to illustrate some examples of budgeting for various activities.

Wrap Up

- In concluding the session state the following points:
  
  - It is important to keep some allowance for contingencies and increases in costs from the time of planning and actual implementation.
  
  - While developing a plan, it is also important to consider the utilization capacity of the Programme. There is no point asking for more money than you can actually spend.
  
  - A budget plan is indicative in nature. Actual costs will have to be obtained through regular processes.
  
  - HIV/AIDS work requires a lot of human resources and a large amount may have to be spent on human resource costs.
TYPES OF BUDGETING PLANS

- Need based
- Resource based
ESSENTIAL REQUIREMENTS

- Clear understanding of minute activity details
- Approximate costs for each activity component
COSTS TO CONSIDER

For Advocacy

- Advocacy material
- Meeting costs
COSTS TO CONSIDER

For Mass awareness

- Media costs (using various channels)
- Costs of media materials (copies of tapes, film slides, artworks, bromides etc.)
- Distribution of materials (posters, leaflets etc.)
COSTS TO CONSIDER

For Intersectoral collaboration

- Advocacy meetings
- Intervention support
- Training
COSTS TO CONSIDER

For IEC materials

- Cost of software production
  - Research - Pre & post production
  - Creative costs
  - Materials costs
  - Adaptation costs

- Cost of duplication
  - Paper costs, printing costs
COSTS TO CONSIDER

For Training

- Training materials

- Travel and per diems
  (participants, resource persons)

- Equipment costs
  (hire TV/VCR, chart stands etc.)
COSTS TO CONSIDER

For Targeted interventions

- Human resources
- Infrastructure (NGO capacity building)
- Outreach activity e.g. cost of conducting small group discussions
- Materials (audio visual aids including their production)
COSTS TO CONSIDER

For NGO mobilization

- NGO meetings
- Advocacy meetings
- NGO support
COSTS TO CONSIDER

For Research

- Information gathering and analysis
- Dissemination meetings
COSTS TO CONSIDER

For Monitoring and Evaluation

- Setting up of monitoring and evaluation systems
- Collection of monitoring data (e.g. report formats, processing meetings, field visits, etc.)
- Hiring partners for conducting evaluation
MODULE - 11

MONITORING & EVALUATION OF IEC ACTIVITIES
Objective

- To increase participants understanding of the process of monitoring and evaluation

Materials

Worksheet #7 (Page 287)
OHP #135 to OHP #140 (Pages 281-286)
OHP #18 - IEC planning framework (Page 32)

Content and Process

Introduction

- Use OHP#18 to recall the various steps in the IEC planning framework.
- Use OHP#135 to highlight the place of Monitoring and Evaluation.

Monitoring and Evaluation - definition

- Use OHP#136 to provide a definition of monitoring and its importance.
- Use OHP#137 to provide a definition of evaluation and its salient features.

Developing Monitoring and Evaluation indicators

- Use OHP#138 to explain monitoring and evaluation indicators.
- Ask each group to develop monitoring and evaluation indicators based on the work plan that has been developed by them for some of the key activities/goals that they have set up. Use Worksheet #7.
- Discuss the indicators in the plenary.
- Use OHP#139 to explain the stages of monitoring.

Methods of Monitoring

- Use OHP#140 to explain some of the methods of monitoring.

Wrap Up

- Summarize the session reiterating that monitoring and evaluation is an integral part of a programme and has to be planned at the very beginning.
MONITORING AND EVALUATION

- Monitoring and evaluation needs to be an integral part of the planning process.

- Monitoring and evaluation activities need to be planned and budgeted.
MONITORING

"Systematic tracking of the progress of activities so as to ensure that programme's stated objectives are being met."

- Help keeps programme on track
- Helps in identification of bottlenecks
- Allows for corrective action to take place
EVALUATION

"The process of measuring impact or outcome of the IEC strategy and activities"

- carried out after programme has been in operation for a certain length of time.

- information about key objectives is collected and analysed at regular intervals.
INDICATORS

- In both monitoring and evaluation, indicators (a ratio with a numerator and denominator for a defined population group) are developed.

- Has to be planned and designed at the beginning of the programme.

- Has to be an integral part of programme design
STAGES OF MONITORING

- Setting objectives, selecting programme tasks/activities
- Deciding on key areas to monitor and evaluate
- Designing indicators Designating/identifying who will monitor
- Training monitoring officials on monitoring indicators
- Regularly collecting information for transmission to the programme officials
- Organizing brain-storming meetings with local officials to find solutions.
METHODS OF MONITORING

- Report and Record formats
- Supervisory visits
- Interviews
- Records of training activities
## Monitoring & Evaluation Indicators

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Monitoring Indicators</th>
<th>Evaluation Indicators</th>
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MODULE - 12

Planning for HIV/AIDS Communication
- A Five Day Training Workshop Schedule
# PLANNING FOR HIV/AIDS COMMUNICATION

## A FIVE DAY TRAINING WORKSHOP SCHEDULE

<table>
<thead>
<tr>
<th>DAY</th>
<th>SESSION</th>
<th>TOPIC</th>
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</table>
| 1   | 1       | Basic Procedures  
- Registration (See pages 292-293)  
- Inauguration (See page 294)  
- Introduction to Workshop  
(See pages 295-302) |

**Module 1**

2. - Communication Model For Behaviour Change  
3. - Behaviour Change and HIV/AIDS/STD Prevention  

**Module 2 contd...**

4. - IEC in the context of an AIDS control programme: A Framework  
5. - Lessons learnt in HIV/AIDS Communication  
6. Wrap Up Of Days Work  
7. Warm Up Exercise 1 (See pages 303-312)  

**Module 2 contd...**

8. - Sharing of Experiences in HIV/AIDS, IEC Activities  
9. **Module 3**  
10. - Introduction to Simulation  
11. - Target Audience Segmentation  
12. - Information Gathering Setting  
- IEC Goals and Objectives  

**Module 4**

13. - Developing Messages  
14. Wrap Up Of Days Work  
15. Warm Up Exercise 2 (See pages 313-314)  

**Module 4 contd...**

16. - Selecting Channels For Communication  
17. - Developing IEC Materials

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**MODULE TWELVE**
<table>
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<tr>
<th>DAY</th>
<th>SESSION</th>
<th>TOPIC</th>
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<tr>
<td>18</td>
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<td><strong>Module 5</strong></td>
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<tr>
<td>19</td>
<td></td>
<td>- Planning for Intersectoral Collaboration</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>- Identifying Partners</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>- Working with NGOs</td>
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<td>22</td>
<td></td>
<td>Wrap Up Of Days Work</td>
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</table>

4 22  Warm Up Exercise 3 (See page 315)

| 23  |         | **Module 5 contd...** |
| 24  |         | - Working with Mass Media: Handling Press Relations |
| 25  |         | - Mock Press Conference |
|     |         | - Planning a Mass Media Campaign and Working With Communication Agencies |

| 26  |         | **Module 6** |
| 27  |         | - Planning for Targeted Interventions |

| 28  |         | **Module 7** |
| 29  |         | - Planning for Training |

| 30  |         | **Module 8** |
| 31  |         | - Planning for Advocacy |
|     |         | Wrap Up Of Days Work |

5 30  **Module 9** |

| 31  |         | - Determining IEC Activities |
|     |         | - Drawing up a Work Plan |

| 32  |         | **Module 10** |
|     |         | - Budgeting for IEC Activities |

| 33  |         | **Module 11** |
|     |         | - Monitoring and Evaluation of IEC Activities |
| 34  |         | Evaluation of Workshop (See pages 316-320) |
| 35  |         | Closing of Workshop (See pages 321-323) |
Objective

- Preparing a list of the participants as well as ascertaining their expectations from the workshop.

Materials required

Registration forms (see page 293) and workshop kit (stationery, folders, pen, pencil etc.).

Content and Process

- Welcome each participant on his/her arrival at the venue of the workshop
- On arrival at venue, hand over to each participant the workshop kit and the registration form.
- Ask each participant to fill in Part A of the registration form and keep it with themselves.
- Inform the participants that Part B of the registration form will be used in a later exercise.
- Inform the participants that they will be given the agenda and other training materials as the workshop proceeds.
- Participants should also be told about the various administrative details regarding allowances entitled and accommodation (if applicable), as well as reimbursements.
Planning for HIV / AIDS Communication Workshop

Registration Form

Part A

Name

Designation

Institution

Residential Address with telephone/ fax/e-mail

Office Address with telephone/ fax/e-mail

Specialization

List three personal expectations that you have of this workshop.

[]

[]

[]

Part B

Do not use this space till you are asked to
Inauguration

Objective

- To welcome the participants to the training Workshop and formally open the Workshop.

Materials/ People

- A chief guest, and other special invitees, if any, all the participants of the workshop and a large room to accommodate every one.
- Copies of the agenda and objectives of the workshop for the chief guest and any other background material.
- A public address system.
- Decide which of the local customs you will follow for a formal opening and arrange for materials for the same.

Content and Process

- The local hosts should decide on the choice of the chief guest and the number of speakers. Make sure to include representation from all partners / sponsors that are involved in the organization of the workshop. They should also decide on any local customs that they may wish to follow for the inauguration (eg. lighting the lamp, garlanding the chief guest). Keep ceremonies/rituals to the minimum.
- The local host should brief the chief guest in advance about the objectives of the workshop and provide talking points to him/her if necessary. Also indicate the time you would like the chief guest to speak for (ideally not more than 5-8 minutes).
- Have all the participants seated in the main hall, 5 minutes before the inauguration time.
- Check the public address system before the meeting commences. Avoid having too many speakers at the inauguration.
- Make sure that the host welcomes all the participants and thanks them for the effort that they have taken to come to the workshop.

The less time you take for the inauguration, the more time you have for the next session.
Introduction to the workshop

Objective

- To enable participants to know each other; the workshop objectives; agenda; the ground rules and grouping.

Materials

Copies of the agenda and OPH #141 to OHP #145 (Pages 298-302)

Content and Process

Introduction of participants

- Have all the participants seated around a semi circle. Keep an empty chair facing the semi circle.
- Ask each participant to occupy the empty chair one by one and introduce themselves.
- The facilitator will ask them two/three short questions about any aspect of their life which they will have to answer. (Suggestive list of questions attached on page 297)
- After a few participants have made their introductions, the rest of the participants could also be invited to ask questions to those who follow, on similar lines.
- After some of the participants have been introduced, the rest of the participants must attempt to name the participants who have already been introduced. The cycle should continue till all have been introduced.
- Make sure that all facilitators also participate in the exercise.
- After the game is over ask participants experience-Is it difficult to remember names? Why?
- Use OPH#141 to explain some of the reasons why it was difficult to know all the names at the same time. Relate these to communication problems generally encountered, especially in workshop settings.

Workshop objectives and agenda setting

- Start by first asking the question "what are your expectations from this workshop?"
- State the workshop objective using OPH#142.
- Pass out copies of the agenda to each of the participants. Give an overview of the different sessions of the workshop as well as answer any queries that the participants may have.
After the agenda has been explained, participants should be asked to reflect on the expectations that they had listed at the time of registration. They should now use the space available in Part B to write down any revised expectations that they may now have as a result of the above exercise.

The facilitator should then collect all the registration forms from the participants.

Lead a short discussion on the expectations. Clarify as to how many of the needs will be addressed in the workshop.

**Ground rules**

Tell the participants that before starting the training course, they need to agree on some basic ground rules which will be valid for all the participants. The ground rules can concern logistic issues such as agreements on not smoking, starting on time, etc. More important are the rules on personal issues such as confidentiality, trust, openmindness, responsibility and the right to pass.

Ask the participants to list out some ground rules, norms and values which according to them, will be useful in achieving the objectives of the workshop.

Ask the participants to consider personally how they would like to work together. Let the participants work in groups.

The views of the participants should be then posted on a flip chart.

Use OHP#143 to explain that it is important that there should be a spirit of openness, team work and learning among the participants.

Use OHP#144-145 to suggest an additional list of ground rules besides those identified by the participants. Check for any objections if any.

**Group forming**

Go through the registration forms and constitute three groups. The group size should not be more than six. In the event of more number of participants, a fourth group may be formed.

Ensure that the participants from the same State/Province/Agency or profession (e.g., NGO, IEC specialist, AIDS Programme Officer) are not grouped together. Each group should have a blend of all categories.

Before announcing the group formation, inform the participants that grouping is necessary for the various exercises that are to be undertaken as a part of the workshop. It should be made clear that the groups will remain the same throughout the workshop period.

Inform each participant about which group he/she belongs to. An opportunity must be provided to the participants to voice any concerns they may have about the group formation.

Display the group names on a flip chart for all to see.
Suggestive list of questions

General Questions
• When did you arrive?
• Have you been to this area before?
• Did you learn any words of the local language / dialect before coming here?
• Are you planning to do any sight seeing?
• Have you brought your spouse with you?

Workshop related questions
• What are your expectations from this workshop?
• Do you think that 5 days are enough to meet your expectations?

Work related questions
• When did you start working with AIDS?
• What were you doing before that?
• What is your biggest challenge?
• Is this your first meeting on AIDS or have you been to others before?
• Which meeting had the most lasting impression on you. Why?
• I see a lot of men around (if applicable). How come most people working in AIDS are men. Do you think there should be more women?
• What would you say has been your major achievement this past year?
• You have been working now for how many years?
• If you had a chance to change your project what would you change to?

For organizers
• How did you feel organizing this training programme?
• As an organizer would you like to tell us about the problems you may have had in organizing this workshop?
• What do you expect as an outcome of this workshop?

Questions for NGO representatives
• Do you like working with government people?
• What challenges do you face in your work?

You can create your own questions!
Try and make the session humorous
Difficulties in learning names

- Too many names and complicated
- Not attentive
- Anxious about own turn
- Can always find the name later
- Different preoccupations at that moment
- Did not hear, not clear
- Distracted
Workshop Objective

To train participants in planning for HIV/AIDS Communication in the context of the overall goals of an AIDS Control Programme.
We are all here to

- SHARE EXPERIENCES
- GIVE FRANK COMMENTS
- STATE OUR STANDS

There should be a spirit of
LEARNING
•
TEAM WORK
•
OPENNESS
•
MUTUAL TRUST AND RESPECT

MODULE TWELVE
Some Ground Rules

Listen to others

- Don't put other people down

- Respect confidentiality of opinions expressed

- Hierarchy not to constrain participation

- Show respect

- Don't interrupt while someone is talking

- Try to accept and understand people's views

- Try not to repeat what others have already stated/expressed
Some Ground Rules

- Regularity - participants must attend all sessions of the workshop
- Punctuality - not to be late for sessions
- No Smoking
- Address the whole group, no side talking
- Feel the right to pass - if uncomfortable or have no comments to offer
- Openness
**Warm-up Exercise**

## Festival Party Mystery

**Objective**

- To enable participants to identify the ways in which they communicate with each other as a team.

**Materials required**

- A flip chart outlining the task.
- OHP#146 (Page 310), OHP#147 (Page 311), OHP#148 (Page 312)
- For each group a set of Festival Party clue cards (Pages 306 to 308)
- For each observer: a copy of the "observer chart" (Page 309)

### Content and Process

#### Introduction

- Ask the participants to go into their groups and find a place which is out of earshot of the other groups. Alternatively, each group could go into a different room to play this game.
- Invite each group to appoint an Observer who will then sit outside of the group and merely observe. Give each Observer a copy of the observer chart. (If there are enough facilitators then they should become the observers)
- Explain to the groups that they are to work cooperatively to solve the mystery. Explain the task assigned to each of the group using OHP#146 /flip chart.

#### The Task

- Each group is to decide the following:
  1. What was stolen.
  2. Who the thief was.
  3. How it was stolen.
  4. When was it stolen.
  5. Why was it stolen.

#### The Exercise

- Make one set of clue cards for each group, just like a pack of playing cards, with one clue written on each card.
Warm-up Exercise

- Provide each group with a set of cards, and ask one member to shuffle them and distribute them randomly to group members.
- Remind the group that they may read out their clues but may not show them to anyone. They may take notes but all communication is to be verbal.
- Remind the participants that this is not a race between the groups. They have 15 minutes to complete the exercise.

Discussion (within the groups)

- When the exercise is completed, while still in their groups, invite first the participants, then the observers, to reflect on the communication pattern including:
  - who spoke often, who didn't speak much?
  - how were contributions made?
  - was a climate provided for making contributions?
  - to what extent were contributions listened to?
  - were all the team resources used?
  - what problems did the team experience working together?
  - what could have been done to improve communication?

Plenary Discussion

- Invite feedback from each group at a plenary and identify where particular blocks to effective communication occurred. What have they learned from the group work?
- Conclude and inform the participants that the objective of the exercise was to demonstrate the importance of working as a team.

The work of AIDS Programme Officers is frequently carried out with groups of people, often called teams, partners or collaborators. In some ways working of groups such as their's are similar to the one found in day to day life. The successful completion of the task is accomplished through the planned encouragement of helpful practices and discouragement of unhelpful practices which diminish the team's competence.

- Use OHP#147 to explain qualities of an effective team.
- Use OHP#148 to explain some of the attributes contributing to the development and maintenance of successful teams.
**Summary**

- Inform the participants that it is important for the groups to develop good interpersonal relationships. Future exercises will largely be dependent on such group work.
- Use OHP#148 to explain successful team work.

**Solution to mystery**

1. The painting by Jamini Roy
2. Mr Handsome
3. He took it home with him
4. At 9.50.
5. Because he was a kleptomaniac
Festival Party Mystery: Clues (Please print one clue on one card)

Mr Joker showed great interest in Mrs Money’s expensive diamond ring.

Jamini Roy is a contemporary Indian artist.

Mr Joker danced all evening with Ms Beautiful.

Paintings of Jamini Roy are quite valuable.

Mrs Money was always losing things.

Mr Desperate was heard to say that he would do anything to get a painting of Jamini Roy.

Mrs Money could not find her diamond rings after leaving the party.

Mr Money is a dealer in fine art.

The Hosts had a big party to celebrate the festival (the name of this festival can be chosen according to the region).

Mr Money needed money badly to keep his business from going down.

The Hosts had a painting by Jamini Roy.

Mr Money always carried his brief case with him.
### Festival Party Mystery: Clues (Please print one clue on one card)

<table>
<thead>
<tr>
<th>Mr Desperate is known to be very rich</th>
<th>Ms Perceptive left the party at 10.00.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of Jamini Roy's paintings are small.</td>
<td>Ms Wealthy brought her dog to the party.</td>
</tr>
<tr>
<td>Mrs Money spent most of the evening in a dark corner of the patio with Mr. Handsome.</td>
<td>Ms Wealthy could not find what she brought to the party.</td>
</tr>
<tr>
<td>Ms Perspective saw something glitter in a corner of the patio as she was getting ready to leave the party.</td>
<td>The neighbours owned three dogs.</td>
</tr>
<tr>
<td>Ms Perspective admired a painting by Jamini Roy when she arrived at the party.</td>
<td>The neighbours found four dogs in their backyard after the party.</td>
</tr>
<tr>
<td>Ms Perceptive noticed that the picture she admired was not there when she left the party.</td>
<td>Mrs Money admired the painting by Jamini Roy when she left the party.</td>
</tr>
</tbody>
</table>
### Festival Party Mystery: Clues (Please print one clue on one card)

<table>
<thead>
<tr>
<th>Mrs Money left the party at about 9.30.</th>
<th>Mr Joker was a jewel thief.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Handsome was a kleptomaniac.</td>
<td>Ms Beautiful noticed the painting when she left the party at 9.45.</td>
</tr>
<tr>
<td>Mr Handsome left the party twenty minutes after Mrs Money.</td>
<td>Ms Beautiful left the party with Mr Joker.</td>
</tr>
<tr>
<td>Mr and Mrs Money left the party together.</td>
<td>Ms Wealthy and Mr Desperate left the party together.</td>
</tr>
<tr>
<td>Ms Wealthy left the party about the time Mr Money did.</td>
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</tbody>
</table>

**MODULE TWELVE**
# OBSERVER CHART

**Patterns of communications**

Who spoke most?

<table>
<thead>
<tr>
<th>Name</th>
<th>Comments</th>
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Who spoke least?

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<th>Name</th>
<th>Comments</th>
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Who requested information?

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<th>Name</th>
<th>Comments</th>
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Who gave information?

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<th>Name</th>
<th>Comments</th>
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Was information that was given heard/responded to?

<table>
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<th>Name</th>
<th>Comments</th>
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</tbody>
</table>
THE TASK

Each group is to decide the following:

1. What was stolen.
2. Who the thief was.
3. How it was stolen.
4. When was it stolen.
5. Why was it stolen.
Qualities of an effective team

- A high level of trust
- A high level of commitment to the task and to the team
- A shared commitment to resolving conflict
- A shared view that process issues are as important as the task
- A high level of listening
- A high level of decision-making and negotiating skills
Team Work relies upon:

- Willingness to share and help each other
- Exchange of information
- The transmission of ideas
- The coordination of efforts
- Effective distribution of labour
- Clear understanding of goals and objectives
Warm-up Exercise 2

Eager to do

Objective

- To enable participants to understand the importance of careful reading of all communications before beginning to act on it.

Materials

For each participant a copy of the three minute test. Handout #21 (Page 314)

Content and Process

The exercise

- Distribute a copy face down, of the three minute test handout # 21 to each participant.
- When each participant has been given the "handout, give the signal for participant to turn over their sheet and begin.
- At the end of three minutes, announce that the time is up and ask if any participants have finished.
- You may extend the time allowed until one or two participants have finished and have realized that they have been tricked.

Discussion

- Invite the participants to reflect upon:
  - What led them to begin the test before reading the end.
  - What were the feelings that generated their activity.
  - How they can apply the learning to their everyday activities.

Conclusion

- Summarize the exercise by stating that often people react to communication without understanding the entire message or context. It is important to know the entire context before beginning to act on information provided.

The three minute test demonstrates this fact.
1. Read every question carefully before beginning.
2. Write your name on the top right hand corner of this page.
3. Draw a circle round the word "name" in the sentence above.
4. Draw five small squares in the top left hand corner of this page.
5. Make a square in each of the squares you have drawn.
6. Make a circle around each of the squares.
7. Write your name below the heading on this piece of paper.
8. Write the word YES at the end of heading.
9. Put a circle round question number 7.
10. Make an X on the bottom left hand corner of this page
11. Make a triangle around the X that you have just made.
12. On the back of this paper calculate 70 x 32 =
13. Circle the word "page" in the fourth question.
14. When you reach this sentence call your name out loudly.
15. If you consider you have followed directions properly, call out "Yes".
16. On the back of this paper, calculate 107 + 278 =
17. Put a circle round your answer.
18. Count aloud backwards 10 to 1 in a normal voice.
19. Make three holes in this paper with a point of your pencil/pen at the end of this sentence.
20. If you are obviously the first to reach this sentence call out in a clear voice "I am a leader"
21. Underline the even numbers on the left side of this paper.
22. After reading this sheet carefully, answer number 2 and number 3 only.
Warm-up Exercise 3

Feelings in a pot

Objective

- To enable participants to focus their attention on their thoughts and feelings about the progress of the course.

- To enable participants to focus their attention once again to the issues discussed.

Materials

Paper/index cards, Pens
A cardboard box/empty trash can

Content and Process

- Ask the participants to sit in a circle and write each feeling that they have about the progress of the workshop activities on a separate piece of paper. Each participant can use as many pieces as required.

- After they have finished writing, ask them to fold each paper/card and put in the empty box/can.

- Seat the participants in a circle. Pass the box around the circle and ask each participant to pick one piece from the box. Keep passing the box till all the papers have been picked up.

- Ask each participant to read out what is written on the piece of paper they picked and invite other participants to comment and give feedback. Continue until all the feelings have been processed in this way.

- After the feelings have been discussed, ask participants to reflect upon how well were their feelings acknowledged and commented upon.
Evaluation of workshop

Objective

● To evaluate the effectiveness of the workshop and ascertained participants views

Materials

Copies of evaluation forms for each participant, Handout #22 (Page 318-320), OHP#149 (Page 322), OHP#150 (Page 323).

Content and Process

Introduction

• Inform the participants that you would like to receive feedback from them regarding the workshop, so that such trainings could be improved in the future.

• Inform them that they can be candid about their views and can express them orally or in writing and there is no need for them to divulge their identity, if they do not wish to do so.

Evaluation

• Distribute copies of the evaluation form to each participant and ask them to fill it. Collect the forms after they have finished.

• Lead a discussion with the participants on the following points:

1. Has it been worth your while to have attended this training programme?
   - If yes, why?
   - If no, why?

2. A range of methods was used to conduct this workshop
   - which method did you like best?
   - which method was new to you?
   - would you be able to adopt these methods in your training programmes?
   - which ones?
   - If not, why?
3. We are going to be conducting similar training for other groups. What is the most important suggestion you would like to make to help the training become more effective.

4. In case you were in-charge of organizing another training workshop with the same objectives,

   - what changes would you make to the workshop's programme?
   - what would you add?
   - what would you delete?

• Record all the points made by the participants.
WORKSHOP EVALUATION

Name and designation of participant  
(optional-You may leave this column blank)

1. Overall how valuable was the workshop for you ?
   
   Of no value  Of little value  Of moderate value  Valuable  Very valuable
   
   [ ] [ ] [ ] [ ] [ ]

2. For the following questions, feel free to use additional paper if required.
   
a. What have you learned in this workshop which you can apply in your work situation ?

   [ ]

   b. What constraints might hamper your being able to apply what you have learned ?

   [ ]

3. Overall, the content of the workshop was appropriate

   Strongly disagree  Disagree  Undecided/Unsure  Agree  Strongly Agree
   
   [ ] [ ] [ ] [ ] [ ]

MODULE TWELVE
What suggestions do you have for improving the content? For example, what additional topics would you add or what topics would you eliminate? Where would you put more emphasis and where less?

4. a. Overall the **methodology** of the workshop was appropriate

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided/Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
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</table>

b. How useful was **group work**?

<table>
<thead>
<tr>
<th>Not at all useful</th>
<th>Not very useful</th>
<th>Undecided/Unsure</th>
<th>Useful</th>
<th>Very useful</th>
</tr>
</thead>
<tbody>
<tr>
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What suggestions do you have for improving group work?

5. Overall, the training team members/resource persons were well prepared and their sessions well conducted.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided/Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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</table>

Any specific suggestions for the training team members?
6. **Organizationally**, how well was the workshop put together?

<table>
<thead>
<tr>
<th>Very poorly</th>
<th>Poorly</th>
<th>Undecided/Unsure</th>
<th>Well</th>
<th>Very Well</th>
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</table>

Any suggestions:

7. Time wise the workshop was

<table>
<thead>
<tr>
<th>Just right</th>
<th>Too short*</th>
<th>Too long*</th>
</tr>
</thead>
<tbody>
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</table>

* *Explain*

8. Which session of the workshop did you find most useful?

9. Any other comments
Objective

- To conclude the workshop, thank all participants and others involved in the workshop and formally close the workshop.

Materials/People

- A chief guest (if a formal valedictory session is planned) and other special invitees.
- All participants and the faculty of workshop
- A public address system
- Decide which of the local customs you will follow for a formal closing and materials for the same.
- OHP #149 (Page 322) OHP #150 (Page 323)

Content and Process

- The local hosts should decide on the choice of the chief guest and the number of speakers. Make sure to invite representation from all partners/sponsors that have been involved in the organization of the workshop.
- Keep ceremonies (if any to be conducted) to the minimum.
- Keep speakers to the minimum. However, make sure there are at least 3 speakers. (Chief Guest, Organizer, Participant)
- Have all participants seated 5 minutes before closing time.
- Make sure that the organizer thanks the chief guest, all participants and others who have helped in organizing the workshop.
- Wish participants a safe journey back home (if they are from outstations) and thank them once again. (Use OHPs # 149-150)
HAVE A SAFE JOURNEY
THANK YOU AND GOOD LUCK!