Tool
Annexure 6, *IPC Activities*

3.5 Prioritising and Choosing Communication Channels

The final selection of the channel mix should take into account the purpose and the audience for the campaign, media reach data, available resources/ budget, ongoing campaigns of partner organisations, etc. The use of multiple channels in synergy for any particular campaign will increase reach and exposure.

One example of evidence based planning is through the use of data from the National Readership Survey (NRS) / Indian Readership Survey (IRS). (**See Annexure 7, Using *NRS Data***, for an example of how this data can be analysed and used).

Each target group will need specific IEC material customised for that audience and made available both to NGOs and government service providers.

High Risk Groups (FSWs/IDUs/MSM)

The key approach will be IPC through NGO partners working on Targeted Interventions. Communication materials required will be posters, leaflets, flipcharts, games and films.

Bridge Populations (Clients of FSWs/Truck Drivers/Migrants)

There can be a general mass media campaign (TV, radio and print, supported by outdoor media), as well as folk/street theatre, on self-risk perception, the need to use condoms and getting tested. In addition, each TG will require materials to be used in IPC - posters, leaflets, flipcharts, games, playing cards and films.

General Population (Women/Youth)

There can be a general mass media campaign (TV, radio and print, supported by outdoor media), as well as folk/street theatre, on self-risk perception, the need to use condoms and accessing services. In addition, each TG will require material to be used in IPC - posters, leaflets, flipcharts, games and films.

PLHA

There can be a general mass media campaign (TV, radio and print), as well as advocacy and social mobilisation on battling stigma and discrimination, and accessing services. In addition, material to be used in IPC - posters, leaflets, flipcharts, games and films, will explain how to live with HIV.

Children

These will largely be addressed through IPC material specially customised to be child- friendly comic books, flip-charts, films.

Tribal Populations

These will largely be addressed through low-literacy and culturally appropriate IPC material - posters, flip- charts, films.

Service Providers

There needs to be advocacy and sensitisation workshops on providing services without stigma and discrimination and the necessity of treating clients with respect and integrating HIV into all their messages.

Tool
Annexure 7, Using *NRS Data*

4.1 Review of Available IEC materials

Before new IEC materials are developed, there should be a review of the quality of existing IEC material. A considerable amount of communication material has been developed and activities undertaken during NACP II, by NACO, SACS and by other development partners and NGOs. Reviewing these materials/activities is necessary for the adaptation and continuation of messages which have been found to be effective, and for elimination of poor quality and poorly executed communication. The TRG on IEC may be consulted for reviewing materials from time to time.

NACO is preparing a complete library of communication materials which will be free to use and easily accessible by SACS and all implementing partners in NACP III, for use after adaptation to the local language and context.

#### 4.2 Steps in Communication Materials Development

4.2.1 Materials to be developed

- TV and radio spots/PSA
- Print ads
- Leaflets
- Hoardings
- Flipcharts
- Brochures
- Posters, etc.

4.2.2 Steps to procurement

- Either use an empanelled agency or place a public advertisement for Expressions of Interest (EOI).

- Send Requests for Proposals (RFP) to all suitable agencies and evaluate all the proposals with technically qualified people in the field of communication.

- Issue the Terms of Reference (TOR) with a Background Briefing Paper. All consultants, agencies, design shops, film makers (if contracted by NACO, SACS, etc.) will need to work with a TOR which clearly defines the following:

  - Objectives of Appointment
  - Scope of Work
  - Deliverables
  - Contact points and decision-making
  - Time Lines (penalty clauses for late delivery, if any)
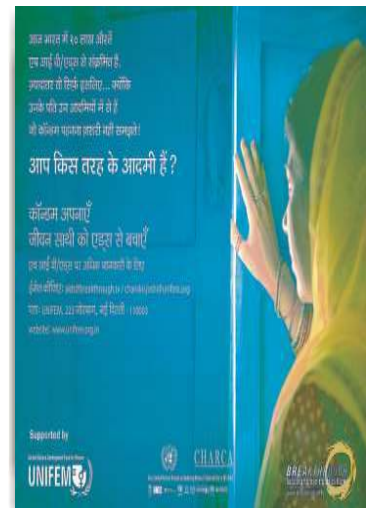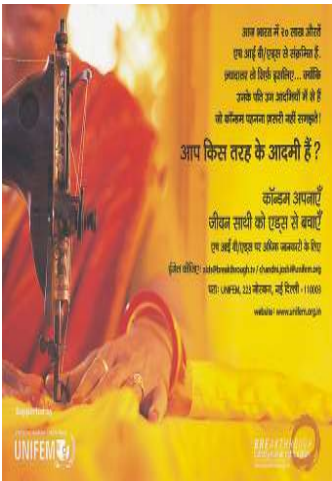
◆ Payment amount and form (advance, staggered payment, final)

◆ Issuing the contract: The engagement will be through a contract in which the duration, quality assurances, roles and responsibilities would be clearly defined.

(See Annexure 8, *TOR for Communications Agency*).

4.2.3 Steps to Material Development

◆ Develop the Communication Brief: NACO/SACS will contract the consultants, agencies, design shops, film makers, etc. with a Communication Brief, that would outline what the communication hopes to achieve, what it will say and how it will say

◆ Hold meetings to make sure that there are no misunderstandings about the Communication Brief

◆ Evaluate the materials produced as a result of the Communication Brief with a team of technical experts and NACP III programme officers

◆ Provide guidance for making changes if required

◆ If the material is approved, order a pre-test

◆ If the pre-test is successful, order production

◆ If the pre-test is not successful, request that the agency re-work the materials and pre-test till successful

◆ Once the materials have been produced, disseminate according to the media plan.

> **Tool**
> **Annexure 8, *TOR for Communications Agency***

4.3 The Communication Brief

The following are considerations for a good Communication Brief:

◆ **Objective:** What is to be accomplished by this programme? Is the goal to create awareness, knowledge, preference, or behaviour change? One traditional tool used for this purpose is the definition of SMART objectives: Specific, Measurable, Agreed Upon, Realistic and Time-based

◆ **Primary audience:** Who is this campaign meant to reach? The more specific and detailed the better. When possible, list details like geographic details, key behavioural attributes, psychographic profile, etc.

◆ **Attitudes/Beliefs/Objections of audience:** Another way to state this element is, "Why hasn't the audience already done/thought what you want them to?" If you were hired to argue against the purpose of this campaign, what would your points be? What is the status quo?

◆ **Current/Proposed behaviour:** What is the audience doing now? How are they thinking/dealing with the situation about which you are addressing them? What do you want them to do differently?

◆ **Call-to-action:** What do you want the audience to do/think? Again, the more specific the better. Examples of good calls-to-action include: "Call today", "Visit our website for more information", "Visit the nearest health centre"

◆ **Tone:** Should this be a friendly, relaxed message, or a hard-hitting one, with a sense of urgency? Should the audience feel like a confidant, friend, partner, controller, etc.?

◆ **Key message:** What is the one thought that the audience should be left with? The initial level of regard given to most print advertisements has been measured at between one and two seconds. If you absolutely had to, how would you state your message in seven words or less?

◆ **Secondary message(s):** If the advertisement does draw in a reader, what are the other one or two points that should be conveyed? Another advertising commandment: people never remember more than three things.

A simple brief might look like this:

Project name	
Date	
Participants	
Objective(s)	
Timeframe	
Primary Audience Demographic	
Primary Audience Beliefs	
Current Behaviour	
Desired Behaviour	
Call to Action	
Tone	
Key message	
Secondary message(s)	
Approval requirements at stages	
Brief Concept(s) Draft Final	

Addendum to the Brief:

♦ **Post Campaign Launch:** Involve the agency in regular feedback and de-briefing on the data from the research and impact assessment

♦ **Field Visits:** Invite agencies to participate in the research studies as silent observers; reiterate that the agency is not just a vendor but a partner.

4.4 Pre-testing

Pre-testing is a process for determining the target audience's reaction to and understanding of messages before materials are produced in final form. The material is tested on the following parameters:

♦ **Understandable and informative:** In your opinion, what is the message of the spot? Were any words difficult? Which ones? Were any parts of spot not clear? Could you explain this message to someone else? if yes, please do so. What would be difficult about explaining the message?

♦ **Culturally appropriate and acceptable:** Is there any idea that is not acceptable? Is there any word, phrase, sound, or image that may be rejected by others like you? Why?

♦ **Relevant:** Do you think this message is relevant for you? For others like you?

♦ **Believable and realistic:** Is there any idea, image, or word that is not believable?

♦ **Appealing and enjoyable:** Is there something about the spot you like the most? What? Was there anything you did not like in the spot? What part? Why? How would you change that?

♦ **Motivational/Call to action:** Do you think the spot asks you to take action? What action? Would you consider taking that action? Would you encourage your friends also to take that action?

If the material does not meet these criteria, it should be redrafted and then pre-tested again.

5.1 Prioritisation at State, Districts and Field Levels

The States have been classified according to the levels of prevalence and vulnerability. These are accordingly given priority in terms of programme allocation and implementation intensity. Similarly, Districts have also been classified on the basis of prevalence. There are 140 "A" Districts, many of them falling in States other than high-prevalence States.

♦ Use the list of Districts as classified into categories of A, B, C and D

♦ Further prioritise Districts in terms of HIV prevalence

♦ Categorise Districts also in terms of special features such as high migration, low literacy, high tribal populations, urban-rural populations, industrial townships, tourist spots, etc.

This will help in allocating budget resources judiciously. For example, the programme aims to sensitise the Panchayats in the State, but the resources are limited to reach all Panchayats. In such cases the first priority may be given to programmes in the Panchayats in A districts, followed by B districts or districts with high migration, etc.
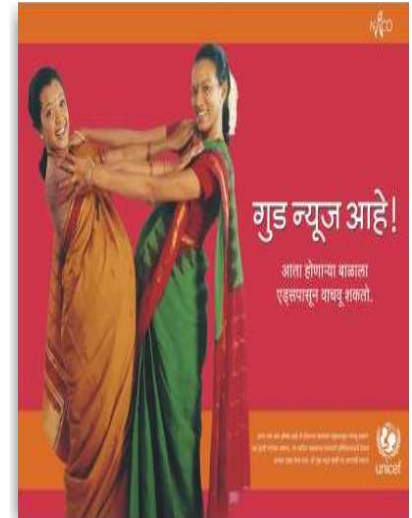
5.2 Distribution of Materials at Service Delivery Points

Under NACP III, over 10,000 service delivery points, including blood banks, ART centres, PPTCT centres, ICTC/ VCTCs, STI clinics, district nodal offices, community care centres, District Information Centres, apart from large number of condom outlets, are to be developed as communication hubs by placing IEC materials and propagating the messages through service providers.

At each of the following key service delivery points there should be relevant IEC materials and condoms. The following is a list of the minimum material which may be provided at each service point. There should be an inventory of all IEC materials available, updated monthly.

5.2.1 ICTC (including PPTCT)

♦ Display material Routes of transmission, prevention, PPTCT

♦ Flip chart on routes of transmission, prevention, the process of testing, ART, etc.

♦ Flip chart on mother-to-child transmission and its prevention

♦ General information booklet on HIV and AIDS with comprehensive information on transmission, prevention, testing and treatment

♦ Short brochure with key points about HIV transmission, prevention, testing and treatment and a guide on nutrition

♦ General information film on HIV and AIDS

♦ Short film showing how to live with HIV and AIDS and tackling stigma and discrimination

♦ Print material on counselling and testing, emphasising confidentiality

♦ Print material on ART and the addresses of the local ART centres

♦ Print material on living with HIV and AIDS, with contact details of local network of positive people

- Condoms
- Condom demonstration model
- TV and DVD player.

5.2.2 ART centre

- Display materials on routes of transmission, prevention, opportunistic infections
- Flip chart on ART adherence
- Flip chart on opportunistic infections
- General information booklet on HIV and AIDS with comprehensive information on transmission, prevention, testing and treatment
- Short brochure with key points about transmission, prevention, testing and treatment

- General information film on HIV and AIDS
- Short film showing living with HIV and AIDS and tackling stigma and discrimination
- Print material on ART and the addresses of the local ART centres
- Patient ART booklet with nutrition chart
- Patient ART card
- Condoms
- Condoms promotion materials and condom demonstration model
- TV and DVD player.

5.2.3 STI centre

- Displays materials on routes of transmission, prevention
- Leaflet or brochure on STIs, their relation to HIV, testing and treatment
- Short brochure with key points about HIV transmission, prevention, testing and treatment
- Condoms
- Condom promotion materials.

5.2.4 Blood bank

- Display materials on routes of transmission, prevention, testing
- Posters on encouraging blood donation
- Posters on blood safety
- Print materials on counselling and testing, emphasising confidentiality
- Short brochure with key points about HIV transmission, prevention, testing and treatment
- Film on blood safety
- General information film on HIV and AIDS
- TV and DVD player (at least in model blood banks).

5.2.5 DOTS centre

- Poster on link between TB and HIV
- Print material on link between TB and HIV, encouraging HIV testing
- Short brochure with key points about HIV transmission, prevention, testing and treatment.

5.2.6 Drop-in centres for PLHA and community care centres

- Display materials on routes of transmission, prevention, opportunistic infections
- Flip chart on ART adherence
- Flip chart on opportunistic infections
- General information booklet on HIV and AIDS with comprehensive information on transmission, prevention, testing and treatment
- Print material on ART and the addresses of the local ART centres
- Condoms and condom demonstration model
- TV and DVD player.

5.2.7 Primary health centres/Sub-centres/General and district hospitals (at the reception)

- Display materials on routes of transmission, prevention, testing and other services
- Short brochure with key points about HIV transmission, prevention, testing and treatment.

5.2.8 Condom outlets

- Display materials on routes of transmission, prevention, testing and triple benefit of condoms
- Short brochure with key points about HIV transmission, prevention and testing.

5.3 Utilisation of Communication Materials at Service Delivery Points

At the service delivery point, communication material should be displayed in a manner designed to attract the attention of the target audience. Posters and panels should be placed at eye level and should be colourful with strong visuals and minimal writing. Panels should be sturdy, lightweight and weatherproof.

The films playing on the TV/DVD should be clearly visible and audible to a large number of people. If the centre is large, an additional sound system can be used to make sure the audio-visual material is audible and is not drowned out by the background noise of people. Regular sessions with groups of the target audience should be scheduled.

Wherever possible, the films used need to have people and a background with which the audience can identify. There should be accompanying text at the bottom of the film so that those who can't hear clearly still get the key messages.

All key staff at these service points should be trained in the use of the IEC materials, such as flipcharts and condom demonstration model. A short explanation of the key message in a booklet, brochure or pamphlet should be provided before the clients take it away. These print materials should be strategically distributed to ensure optimal utilisation.

Brochure and pamphlets can be given away as reminders of key messages to the majority of people. Booklets which contain more detailed information should be provided to those who express curiosity or interest in knowing more about the topics discussed.

5.3.1 Checklist for materials at service centres

Location	Display	Flip Material	Booklets/ Charts	Brochures	Condoms	Condom Demonstration Model	TV / DVD
ICTC-I							
ICTC-II							
ICTC-III							

Similarly, prepare checklists for other service centres such as ART centres, blood banks etc.
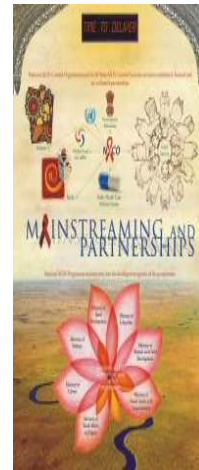
5.3.2 IEC materials stock position register at SACS

Quantities	Panels	Posters	Booklets	Brochures	Flip Charts (General Counselling and Testing)	Flip Charts (PPTCT)	Flip Charts (ART)
As of 1 April							
As of 1May							
As of 1June							

The classification of the materials is only indicative and further details may be provided as per the material developed by the SACS.

6.1 Mainstreaming

Mainstreaming is a process that enables government, public/private sector businesses and civil society organisations to address issues of HIV and AIDS in a sustained manner, through their usual work. It is a strategy to operationalize a multi-sectoral response.

Mainstreaming involves growing organisational consciousness and culture towards addressing HIV both within the organisation (internal) and as part of the field-level activities of the organisation (external). This requires persistent advocacy with key decision makers to build commitment at the highest level.

6.1.1 Definition and types of mainstreaming

"Mainstreaming HIV is a process that enables development actors to address the causes and effects of HIV in an effective and sustained manner, both through their usual work and within their workplace". It implies that the sector determines how the epidemic is likely to affect the sector's goals, objectives and programs and where the sector has a comparative advantage to respond to and limit the spread of HIV and to mitigate the impact of the epidemic.The process of mainstreaming can be classified into two broad categories which are not mutually exclusive:

Internal Mainstreaming is about adapting organisational policy and practice in order to reduce the organisation's susceptibility to HIV infection and its vulnerability to the impacts of AIDS. The focus is on the internal staff and usually includes:

♦ Development and implementation of a workplace policy

♦ Training/sensitisation of all staff within the office/ workplace

♦ Provision of services related to prevention, care and treatment for staff members.

External mainstreaming refers to adapting the organisation's core programmes or work in order to take into account the reality of HIV and AIDS. This aspect of mainstreaming seeks to strengthen the organisation's core business, without changing the focus on health care. This may entail:

♦ Identification of entry points where HIV could be mainstreamed into the ongoing work of the organisation

♦ Training and sensitisation of the outreach workers/staff of the organisation

♦ Inclusion of HIV in the detailed programme planning, implementation and reporting of the organisation.

In identifying the entry points it is crucial to be aware of the comparative strength of the organisation. This will ensure that the organisation does look at HIV related work as an add on, but instead incorporates it into ongoing work. This , in turn, will also minimise the need for additional financial resources.

While advocating for mainstreaming it is important to be clear about what mainstreaming is and what it is not. Mainstreaming means making use of the outreach infrastructure and access that the organisation / institution has to disseminate HIV messages. Such mainstreaming thus can enable wide dissemination and outreach at low cost. Mainstreaming, *interalia*, means that the organisation / institution also undertakes to integrate HIV and AIDS in its ongoing schemes / activities / programmes on a free / low incremental cost basis as a part of its social responsibility.

What mainstreaming is	What it is not
It is a strategy to engage different sectors in HIV and AIDS response	It is not a way of transferring responsibility from NACO/SACS to other organisations
It is based on the comparative strength of the organisation	It does not require any change in the core functions of an organisation and does not use a one-size-fits-all approach
It requires identification of clear entry points	It does not mean every organisation has to do everything. Activities that are not relevant to an organisation must not be pushed on it
It is an iteractive process and can be slow in the beginning	Organising a workshop on HIV and AIDS does not mean mainstreaming is complete. But it can be the beginning of the process
It requires nomination of a senior staff as focal point	It does not mean everyone in an organisation has to become an HIV and AIDS specialist
It is initiated and sustained by commitment at various levels, particularly among decision makers	It is not a cost-intensive and complicated process. If organisations decide to mainstream, there are various ways of minimising costs
It must be catalysed through sustained advocacy	It does not happen on its own. Sending a communication will not be enough
Implementation in a spirit of partnership and sharing.	It is not paying for services or facilities such as rental or space for advertisements, etc. at market rates but leveraging their infrastructure for HIV/AIDS.

6.1.2 National and state Councils on AIDS

A National Council on AIDS (NCA) chaired by the Prime Minister has been set up to review the mainstreaming process through the collective action of different ministries, private sector organisations and CSOs.

Functions of NCA

- Demonstrate commitment at the highest level to address the challenges of HIV/AIDS through a multi-sectoral response

- Catalyse the engagement of a range of stakeholders- public and private- in a nationwide response to HIV/AIDS

- Provide a national framework, replicable at the state level, for mainstreaming HIV/AIDS into the work of various organisations.

The National Council on AIDS consists of 31 central ministries. Mainstreaming of HIV and AIDS is desirable in every ministry. However, based on the outreach and access to vulnerable populations, NACO has identified following key government ministries for priority attention in the initial phase:

- Tribal Affairs
- Rural Development
- Urban development
- Tourism
- Panchayati Raj
- Home Affairs
- Labour and Employment
- Human Resource Development
- Railways
- Youth Affairs and Sports
- Social Justice and Empowerment
- Women and Child Development
- Road Transport, Highways & Shipping
- Information & Broadcasting.

Meeting of National Council on AIDS

Parliament House Annexe, 16th February 2006

State Council on AIDS

States have to constitute State Council on AIDS to be chaired by the Chief Minister/ Health Minister/Chief Secretary to provide leadership at the highest level for a multi- sectoral response to combat HIV and AIDS in the State. The overall purpose of the State Council on AIDS is similar to the National Council on AIDS and include the following:

i. Provide policy direction to the HIV and AIDS programme in the state;

ii. Demonstrate commitment at the highest level to address the challenges of HIV/AIDS through a multi-sectoral response

iii. Catalyse the involvement of public and private sector stakeholders in a statewide response to HIV through a framework for mainstreaming HIV/ AIDS into their ongoing work.

The composition of the State Council on AIDS, based on the composition of the NCA, could change according to the epidemic situation in each state. For example, States with an advanced epidemic and a large number of families/children infected and affected by HIV and AIDS would require greater involvement of organisations that can mitigate the impact of the epidemic. The State Council on AIDS should meet on a bi-annual basis to review the actions taken on mainstreaming as well as to discuss and direct for the next steps for action.

Annexure 9 A: Composition of NCA and SCA

6.1.3 Steps to mainstreaming

A. Mapping and segmentation

Sectors need to be mapped to identify priority government ministries / departments, private and public sector organisations and CBO/NGO/FBO as also the work already done by these constituencies. Mainstreaming partners may be classified as follows:

Government:

- Large employers such as Railways, Home Ministry and Armed Forces, which would need to adopt policies that reduce vulnerabilities of their staff and take better care of them. Ministry of Labour & Employment to adopt policies and programmes for covering workers in the organised and unorganised sectors

- Service providers such as Health Ministry, Education department, DWCD, etc. which have the potential to integrate HIV and AIDS into their ongoing services/programmes at the community level

- Ministries / organisations which have the potential to address the drivers of the epidemic as well as mitigate the impact such as Rural Development, Urban Development, Social Justice and Empowerment, etc.

Industry:

- Private Sector: A mapping of the work done by large, medium and small enterprises needs to be recorded and plan to be made on sensitising and advocacy with them

- Public Sector: Identify key public sector organisations that have large employee base and also affect other workers through supply chain and distribution. Engage them through direct communications and through line ministries

- Informal Sector: Develop strategies to work through specific industry associations and clusters to address the needs of informal sector and unorganised sector.

Civil Society:

While it is desirable for as many Civil Society organisations to mainstream HIV/AIDS into their ongoing work , as is possible, some CSOs have a more direct bearing and advocacy with them must be priorities. These include:

- NGOs/ CBOs working on health, RCH, community services
- NGOs/ CBOs working with migrants, adolescents/youths
- NGOs/CBOs working on economic empowerment, rural development, tribal development, education, women and child development, nutrition, etc.
- Cooperatives working in different sectors
- Faith Based Organisations.

The following are the key Departments at the State level that have community outreach

♦ Rural Development
♦ Panchayati Raj
♦ Women and Child Development
♦ Fishery
♦ Mines
♦ Textile and Handlooms
♦ Agriculture
♦ Industries (Small Scale, Khadi & Village)
♦ Urban Development
♦ Social Welfare (including Backward Class and Tribal Welfare)
♦ Labour
♦ Police.

B.   Formation of State Council on AIDS

(see section 6.1.2 for details)

C.   Advocacy with potential partners to undertake activities

For each identified ministry/organisation, advocacy activities need to be carried out to mobilise commitment (and resources) for mainstreaming HIV and AIDS. Advocacy can be done through meetings with and presentations to key influencers and decision makers and should be based on evidence regarding:

♦ how the epidemic is likely to affect that organisation/ its staff and work

♦ the comparative advantage of the organisation in responding to HIV and AIDS.

A power point on HIV and AIDS and mainstreaming options and activities should be readily available as the most critical tool for generating an understanding on mainstreaming. Materials for display/ distribution at prominent places may also be developed for the mainstreaming partners e.g. panels, billboards, posters, brochures, small booklets, etc.

Collective advocacy is known to work well with organisations of a similar nature, e.g. a meeting of the Secretaries / Head of the departments of all identified government departments may be called and advocacy undertaken with them for mainstreaming. The outcome may be the nomination of a nodal officer in each department who can then become the primary point of contact for SACS when dealing with that organisation.

D.   Support for developing and rolling out action plan

A situational assessment report and annual action plan needs to be developed for each ministry/department, CBO/NGO and private sector organisations focusing on:

♦ Current status of HIV and AIDS activities within the ministry/department, CBO/NGO and private sector organisations

♦ Identifying HIV and AIDS vulnerability factors directly or indirectly affecting the workforce/ HRG under the purview of the ministry/organisation

♦ Identifying key entry points for introducing HIV and AIDS into the ongoing work of the organisation (e.g. through curriculum modification of the police training schools to incorporate HIV and AIDS)

♦ Identifying opportunities for collaboration between the ministry/department, CBO/NGO and private sector organisations as well as with SACS/NACO, e.g. NHAI collaboration with trucker programmes, police support for sex worker programmes

♦ Developing an implementation structure (dedicated human resources and management flow) for the action plan and strengthening capacity of the system

♦ Getting the ministry/department, CBO/NGO and private sector organisations to dedicate its own budgetary resources or mobilising additional funds through partnerships to be able to implement its action plan. This is crucial for the sustainability of the mainstreaming initiative. IEC material support for organisations can be sourced through NACO/SACS for some time.

E.   Budget

All efforts should be made to ensure that organisations cover the cost related to the mainstreaming activity they plan for themselves. Additionally SACS should be able to catalyse and co-ordinate technical support for the various organisations through existing NGOs, expert organisations, projects mandated to work on training and sensitisation etc. Typically, SACS should spend on training, supply of IEC materials, condoms, diagnostic kits etc. but not on hiring space, accommodation, TA & DA for trainees etc.

However SACS would need small budgetary allocation to take care of advocacy meetings and IEC material development, as well as critical support that may be required from time to time.

The budget for mainstreaming should be a part of the main IEC budget for the financial year and include advocacy, sensitisation, training and cost of dissemination materials.

F.   Providing training and material support to organisations

NACO/ SACS officers will identify and plan for the training and capacity building, technical support and IEC materials they need to provide for mainstreaming activities to government organisations, the corporate sector, NGOs/CBOs, etc. Where workplace policy (WPP) has to be developed, they will facilitate consultations within the organisation towards developing and adopting the WPP. Thereafter they will provide appropriate IEC material as well as training support for raising awareness among the workforce.

G.   Providing support to monitor and assess progress

A monitoring and evaluation framework must be developed to track mainstreaming activities and provide feedback for mid-course corrections. Common benchmarks of progress include:

♦ Departmental order or Governmental order demonstrating commitment at the highest level

♦ Dedicated staff/unit working on HIV within the organisation: HIV built- in as a key task in the core function of staff members involved

♦ Workplace policy to ensure well-being of staff and non-discrimination within the workplace

♦ Annual work plan for addressing HIV based on the core mandate and strength of the organisation

♦ Strengthened linkages with other service providers and referral points

♦ Internal resource allocation for proposed activities on HIV and AIDS

♦ Indicators for reporting progress in annual reports of Ministry/Departments

♦ HIV/AIDS as an agenda line item in monthly departmental meetings as well as the meetings of Chief Secretary with Heads of Departments.

Remember: the first message during advocacy with the organisations must not be about resource allocation.   Once commitment is built, resources will be generated or allotted by the organisation.

Aside from each organisation's internal monitoring efforts, SACS should develop a framework for measuring the overall mainstreaming efforts in the state. Towards this end quarterly update meetings with nodal officers of the concerned organisations should be undertaken and the same should be shared with NACO. SACS must also document good practices by the public and private sector both for cross learning and encouraging new stakeholders.

6.1.4 Categories of Organisations and suggested response

A. Government Ministries and Departments

Based on an analysis of the rationale for their engagement, their comparative advantage and their strategic leverage points (e.g. existing training institutions, cadre of outreach workers, access to existing community groups, etc.) each government department must develop an action plan. A list of suggested actions is provided in the Annexure 9B. This serves as a reference for departments to develop their specific plans.

(**See Annexure 9 B,** *Mainstreaming HIV into Government Ministries*, for details, and **Annexure 10,** *IEC Support for Mainstreaming in Government*, for the materials needed.)

B. Corporate and business sector

HIV and AIDS can pose a serious threat to corporate performance due to loss of skilled labour, lowered productivity, increased absenteeism, disruption of operations and increased expenditures on employee treatment and associated costs. The corporate sector can:

- Develop workplace policies on HIV and AIDS
- Contribute to national efforts on HIV and AIDS through public-private partnerships and as a part of their corporate social responsibility

Developing and implementing a WORKPLACE POLICY and programme for HIV/AIDS

Workplace Policy defines an organization's position and practice for preventing the transmission of HIV/ AIDS as well as handling cases of HIV infection among employees, direct as well as indirect and contractual including migrant labour.

Public Private Partnerships

As part of their corporate social responsibility and business response, companies can:

- integrate HIV related activities into their existing outreach services for their catchment areas and wider communities e.g. if they provide vocational training to young girls and women they can include PLHA among the beneficiaries, or if they have a mobile health van they may include a Counsellor or Peer Educator for HIV and AIDS
- collaborate with the Government to aid national efforts for prevention, care, support and treatment to contain and reverse the epidemic.

Annexure 9 C: Mainstreaming in the corporate and business sector

C. Involvement of Civil Society Organisations (including faith-based organisations and grassroots social movements)

A large number of NGOs are working in non-HIV sector and can be broadly classified according to the subjects on which they are working. Efforts should be made to mainstream HIV and AIDS issues into their existing programmes.

Planning Commission's Website has a list of NGOs classified according to the ministries with which they are working. The bulk of the NGOs are with five ministries - women and child development, Rural Development, Human Resource Development, Social Justice & Empowerment and Health & Family Welfare. To rapidly upscale the initiative, large NGO networks, groups of federated SHGs and those working with special populations should be made a part of the mainstreaming efforts. State NGO Networks, and associations/ federations of NGOs may serve as the platforms for advocating for mainstreaming.

Activities that can be taken up by non health NGOs/ CBOs include the following:

Depending on the size of the NGO/CBO, its key mandate and sphere of influence, the following broad activities may be undertaken by the NGOs/CBOs:

1. For NGOs with a large membership having a Workplace Policy may be useful. This must also ensure that Infected employees and their immediate dependants if also infected receive Antiretroviral Therapy and medical monitoring.

2. For NGOs with a cadre of outreach workers it may be useful to:
   a. Build their capacity to spread HIV prevention and care messages within their communities
   b. Strengthen their knowledge about existing services so that they in turn can refer community members to the right service providers
   c. Provide them access to condoms so that they may promote it during their interaction with communities
   d. Provide pamphlets, handouts, IEC material for wider dissemination within communities.

3. For NGOs with specific mandates, customised programmes must be developed based on their strengths and the needs of the state response e.g.:
   a. Those working on RCH must be given relevant training and information to identify expectant mothers and educate them on PPTCT, encourage them to go for voluntary testing and seek prevention facilities. This will help SACS achieve its target of reducing PPTCT
   b. Those working on economic empowerment and vocational training could be sensitised so that their community programmes may benefit PLHA and vulnerable communities
   c. Training concerned NGOs to see the linkages between HIV/AIDS and the drivers of the epidemic such as gender inequality, poverty and unsafe migration
   d. NGOs working with PRI institutions must be trained on role of PRI leaders in HIV response, provided pamphlets that they can share with PRI leaders at various levels and training material for sensitizing PRI leaders on HIV/AIDS
   e. Organisations working with youth and adolescents on life skills education must be trained on how to integrate relevant HIV related information into their ongoing life skills education
   f. Building capacity of NGOs to work as advocacy groups with local governance and political leadership through various committees at national, state, district and village levels
   g. Organising youth camps on Healthy Sexual Behaviour, SHG Women's Campaigns on gender, HIV and AIDS and Women's Rights.

4. Set up Family Counselling Centres and Shelter homes, if feasible, for infected and affected Women and their Children

5. Set up Integrated Counselling and Testing Centres (ICTCs) and other service provisions, if feasible, in collaboration with SACS and NACO

6. Work with Faith-based organisations to sensitise faith leaders to integrate HIV and AIDS prevention messages in their discourses and activities.

General advocacy films, posters, booklets and brochures need to be provided to civil society organisations to advocate on these issues.

Operational/ programmatic issues for SACS:

SACS broadly has a two-fold role in promoting/facilitating mainstreaming: (a) to advocate and build commitment among various stakeholders and (b) to catalyse and co-ordinate technical support to the stakeholders to implement their mainstreaming plan.

SACS should develop a clear work plan, with timeline and budget, which should cover the following areas:

   a. Sensitization/capacity building programmes for key departments, employers' organizations/chambers, trade unions, starting with main sectors in the states. For this it may be important for SACS to undertake situational analysis, gather data for advocacy and document good practices
   b. Assisting partners in developing their work plans, and giving technical support in terms of training and materials. Enterprises should be encouraged to implement their work plans at their own cost. SACS can engage their partner NGOs to help in this process
   c. Involvement of People Living with HIV and AIDS (PLHA) is an effective strategy in the advocacy/ training programmes, which should be implemented, in collaboration with the state level PLHA networks. This is also a good strategy for fighting HIV and AIDS related stigma and discrimination.

Technical support /materials for the world of work programme:

NACO can facilitate technical support and materials for workplace programmes and HIV interventions. Materials developed by ILO and endorsed by NACO, may be used for this purpose.

Tools

Annexure 9A, *Composition of NCA and SCA*

Annexure 9B, *Mainstreaming HIV into Government Ministries*

Annexure 9C, *Mainstreaming HIV in the Corporate and Business Sector*

Annexure 10, *IEC Support for Mainstreaming in Government*

6.2 Advocacy

Advocacy is influencing other people, building support, promoting commitment to an issue and directing decision-makers towards a solution. Comprehensive healthcare encompasses more than service delivery and as a result a range of advocacy activities is essential. This helps to create an enabling environment and mobilise commitment and resources for the implementation of programmes such as NACP III. Advocacy is undertaken through:

- One-to-one interaction
- One-to-group interaction
- Sensitisation programmes
- Workshops
- Events and public meetings
- Media.

Important advocacy related activities include:

- **Political constituencies:** e.g. parliament, legislatures, PRI, for policy reform, reducing stigma, influencing allocations and responses
- **Administrative machinery:** for enforcement of laws, policies, entitlements, facilitation of service delivery, mobilisation, etc.
- **Media:** for informed and sensitive coverage, championing HIV issues, efforts and feedback
- **Faith -based organisations:** for gaining support for reducing stigma, discrimination and increasing care and support initiatives
- **Business and industry:** for mainstreaming and adoption of HIV policies and services
- **Civil society:** for equal partnership in programme design and implementation, and social ownership
- **Health care providers:** for improving delivery of services, sensitive attitude and reducing stigma.

SACS may identify and involve the relevant institutions/agencies experienced in carrying out advocacy activities among the specific groups based on the requirements. Advocacy activities need to be undertaken on a continuous basis. This should not be a one-time activity; follow-up mechanisms also must be planned.

6.3 Social Mobilisation

Community and social mobilisation needs to be built as a process of bringing together all feasible and practical inter-sectoral partners to determine the felt needs and raise awareness and demand. It involves enlisting the participation of such actors, including institutions, groups, networks and communities, in identifying, raising and managing human and material resources, thereby increasing and strengthening self-reliance and sustainability of achievement. Social mobilisation activities include:

- Rallies, small symbolic events with community participation
- Developing training manuals, advocacy materials, resource materials, publicity materials, etc. to support the social mobilisation and local-level activities undertaken at state/district/block/panchayat/village levels
- Arranging for display of IEC materials in selected places such as condom outlets, service centres and civil society network and organisations like SHGs, NYK, NSS, PRIs, RRC, Youth Clubs, Literacy mission centres, cooperative societies and SHGs established as a part of other different programmes
- Empowering PLHAs as public speakers and prevention educators to involve them in the reduction of stigma and discrimination.

An important part of the operationalisation of the NACP III Communication Strategy and Implementation Plan is training and capacity building in communication at different levels of the programme:

- For IEC officers and similar implementing personnel
- For all others associated with the IEC efforts including state and district resource persons, outreach workers, NGO partners, media, mainstreaming partners, industry, PLHA networks, etc.

7.1 Capacity Building of NACO and SACS IEC Division

7.1.1 Formation of Technical Resource Groups (TRG)

NACO and SACS must form TRGs to help in the preparation and implementation of the IEC action plan. The TRG may include experts from the field of communication and media research departments, radio, television, print, outdoor media, interpersonal communication etc. as well as at least one HIV positive person. The TRG facilitates and reviews communication strategies, media plans and the annual communication action plan, approves new IEC approaches & material that is developed, and is part of advocacy efforts.

7.1.2 Coordination among IEC officers of SACS

There needs to be continuous interaction and sharing of experiences among IEC officers, particularly in the sharing of IEC materials, and documented best practices. There should be exposure visits and they should use common media options in border areas (to make sure that there are no duplicate messages).

7.1.3 Involving media units of Ministry of Information and Broadcasting

One of the important links for the states for IEC/BCC initiatives is the media units of the Ministry of Information and Broadcasting. These units include DFP, DD, AIR, Song and Drama Division, DAVP, PIB among others. The units have staffing, technical expertise and experience as well as local units that reach out to the interiors. It would be useful to include them in the IEC Committee.
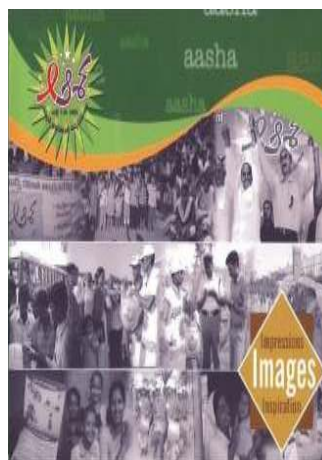
7.2 Training and Capacity Building of Stakeholders

The following stakeholders require training and regular updates on communications:

- IEC officers of SACS, NACO and partner organisations
- Directors and field officers of DFP and S&DD
- Producers, script writers, station directors of All India Radio (AIR), Doordarshan (DD) and cable and satellite channels.

NACO will organise an annual workshop for IEC officers of NACO and SACS, to review IEC plans of the States and coordinate the prioritisation of messages, target groups and communication channels. There will be sharing of best practices and updates on new developments.

NACO will organise a two-day workshop of Director level officers of DFP and S&DD every year followed by a one-day orientation workshop of field officers of these organisations by SACS before the implementation of programmes by these units every year.

NACO and SACS will prepare a training calendar for training, sensitisation and advocacy programmes for various stakeholders such as political leaders, PRIs, SHGs, ANMs, AWWs, ASHA, faith-based leaders, corporate, government ministries/ departments, NGOs/CBOs and the media.

Information in training programmes for all stakeholders (those directly involved in communications efforts and those who need general sensitisation) should cover:

- What HIV and AIDS are
- How HIV is and is not transmitted
- Methods of prevention
- Myths and misconceptions around HIV
- Testing and treatment issues
- Status of the epidemic in India and in the relevant State
- The Government's programme: NACP III
- Human rights issues of PLHA
- Principles of GIPA.

NACO and SACS IEC officers should ensure inclusion of modules on HIV and AIDS in on-going training programmes of SHGs/PRIs/AWWs/ANMs/ASHA as mainstreaming/convergence efforts. All of these stakeholders should be trained in the basic facts of HIV and communications.

Convergence with NRHM: It should be ensured that the NRHM campaigns also disseminate HIV and AIDS messages at the national and State levels. Further, the training modules for ASHA workers should include content on HIV. This will give immense reach to IEC messages at every village level.
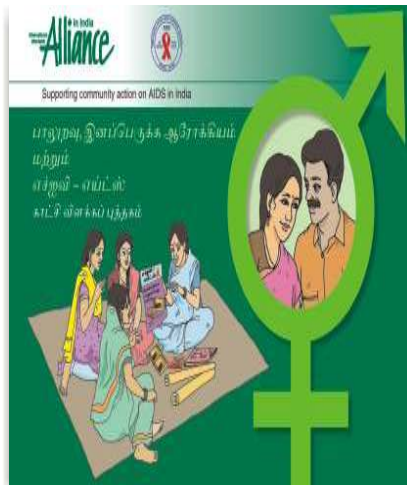
7.3 Inter-Departmental Coordination

NACO and SACS IEC officers should prepare a list of department-wise communication officers/teams. IEC materials and other related information should be shared on regular basis with them. This coordination will facilitate mutual sharing of information and help in avoiding the duplication of efforts. For example, a coordination committee of field officers of DFP and S&DD will help in micro-planning the field programmes so that both of them do not conduct the shows in same villages in the same year out of the money specially allocated for Special Interactive Programmes for HIV and AIDS. A coordination committee with IEC officers of NRHM/RNTCP will help with the convergence of messages and integration of HIV components in their training programmes.

Monitoring and Evaluation is important because it helps find out what is and is not functioning in a project, and thus to what extent the outcomes of communication strategy have been achieved.

8.1 Role of M&E

Monitoring and evaluation methods may be either quantitative or qualitative, but we can use a combination of the two approaches. Quantitative methods like questionnaires, semi-structured interviews are frequently used to define audience characteristics and to analyse statistical findings. Depth and texture are added by using qualitative methods such as focus group discussions, which answer "how" and "why" questions using a section of the target audience.

Broadly, through M&E processes we can find out the impact of:

- **Communication:** Number of communication campaigns developed and implemented (Mass Media, Local Media, IPC) and their impact in awareness generation and behaviour change and increase in use of health services
- **Mainstreaming:** Number of constituencies (in government, private and civil society) mobilised and engaged and having allocated budgets, programme as well as policies and service delivery facilities
- **Advocacy:** Number of advocacy events held with (and by) key stakeholders and positive change in laws, policies, programmes, funds, partnerships, sponsorship, and representation in media
- **Social Mobilisation:** Number of social mobilisation activities organised, and increased participation and ownership by communities, institutions and civil society.

M&E processes provide evidence of the success of the campaign, and highlight anything that went wrong so that mistakes are not repeated in the future. The data from M&E provides the key justification for future allocation of resources.

8.2 Planning and Integration of Monitoring and Evaluation

M&E activities need to be planned well in advance of communication activities and integrated within the overall communication design. A typical integration could look like this:

- Communication that needs assessment/formative audience research before designing the campaign
- Defining the specific knowledge, attitude and behaviour indicators
- Conducting a baseline survey to measure existing levels of knowledge, attitude and behaviour indicators

- Pre-testing materials with the target audience
- Disseminating communication materials and conducting mid-media and IPC activities through relevant communication channels
- Concurrent and process monitoring to ensure that communication materials are produced, disseminated and properly utilised as planned
- At the end of the communications campaign, carrying out an end line survey to measure the reach and recall of communications among the target audience about the communication material, what (if any) are the new levels of the key knowledge, attitude and behaviour indicators, and assessing through qualitative methods the reaction to the campaign by members of the target audience exposed to the communication material
- Based on monitoring and evaluation data, reviewing the lessons learnt, which will then feed into the next round of communications.

Generally, 6% to 10% of the communications budget should be dedicated to monitoring and evaluation activities.

8.3 Monitoring

Monitoring will provide information about the progress of the communication strategy and implementation plan:

- Have the communication materials been produced as intended and in the requisite numbers?

- Have the communication materials been disseminated on time, in the channels they were supposed to?

Sources of data can include the log books of TV and radio stations or data from TAM that would outline the broadcasts of TV or radio programmes or PSAs/spots; records of various institutions on the number of communication materials distributed at various service delivery points; and programme records at service delivery points about the number of pamphlets and condoms distributed to clients, peer educator meetings, folk theatre activities enacted, etc.

- Are the communication events and activities being implemented as planned? Have any problems occurred that need to be addressed?

Meetings and records of various implementers such as NGOs, health workers etc can highlight any barriers to progress.

- Are the media stories meeting the NACP III media advocacy objectives? For example, how many articles carry correct and stigma-free information on HIV and AIDS in the key daily newspapers in English and regional languages in the State?

- Is the communication plan staying within budget and is the allocation of resources within the budget adequate to meet the objectives?

8.4 Who Should Carry Out the Monitoring Work?

The communication monitoring work at the implementation level can be done through the NGO partners at state and district levels, healthcare workers, link workers, ANMs, ICDS and Anganwadi workers, rural health practitioners, school teachers, women's self help groups, panchayat members, etc.

A periodic monitoring process also should be initiated through mechanisms such as field visits/surprise visits by IEC officers, and review meetings for discussing progress of communication initiatives with relevant stakeholders.
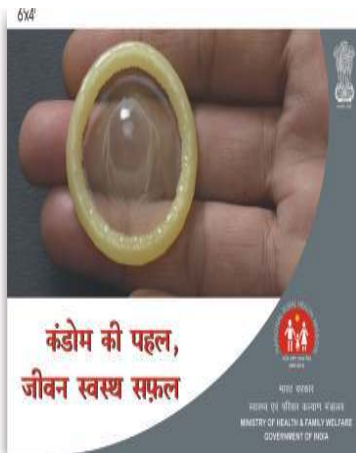
Participatory Monitoring

Recent best practices suggest the importance of involving members of the target audience to take part in the design of a project, its ongoing assessment and the response to findings. This gives all stakeholders the chance to help define a programme's key messages and set success indicators, and provides them with tools to measure success.

8.5 Evaluation

Evaluation provides information about the impact/outcome and effectiveness of the project. The process of evaluation determines:
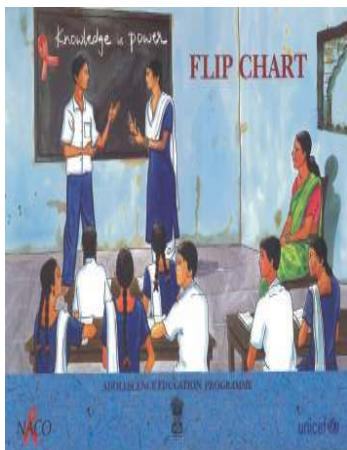
- The extent to which the communication has achieved its stated objectives

- Whether the communication has been implemented in accordance with the plan

- The learning experiences and directions for the future.

Evaluation can answer questions such as:

- What percentage of the target audience has correctly comprehended a given message

- What percentage of the target audience expressed knowledge, attitude and beliefs consistent with the message

- What percentage of the target audience acquired the skills recommended by the message

- What percentage of the target audience discussed the message with others, by type of person

- What percentage of the target audience engaged in recommended practices.

8.6 Indicators for Communication

Evaluation or achievement of outcomes is usually charted through indicators. An indicator is a measure of whether one is heading in the right direction or what the programme has achieved.

(See Annexure 11, *NACP III Indicators Linked to Communications Efforts.*)

During Evaluation/Impact assessment, four key aspects are measured through a combination of quantitative and qualitative processes:

Awareness of communication programme: Percentage of target audience aware of the communication programme (unprompted/prompted) e.g.

- What radio programmes do you listen to? (Unprompted recall)

- Have you heard of a radio programme called Jeevan Hai Anmol? If yes, what is it about? (Prompted recall)

- On this flash card, do you recognize what TV advertisement/programme this picture represents? If yes, what is it about? (Prompted recall).

Exposure to communication programme: Percentage of target audience that have ever watched/ listened to the communication programme (in the last week/last month/last three months) e.g.

- Have you ever listened to the radio programme Jeevan Hai Anmol?

- Have you listened to the radio programme Jeevan Hai Anmol in the last month?

Intensity of viewership/listenership: Percentage of target audience that are intense viewers/listeners of the communication programmes e.g.

- How many episodes of a particular programme have you watched/ listened to (more than 75% of the episodes/ 50-75%/ 25-50%/ less than 25%)

Message recall: Percentage of target audience exposed to the communication programme that recall the key message(s) e.g.

- What was the main message of the TV/radio PSA/spot?

- What information about HIV and AIDS was provided by the TV/radio programme?

The examples above relate to mass media programmes, but these reach and recall indicators can also be use for a sustained and comprehensive mid-media/folk theatre campaign.
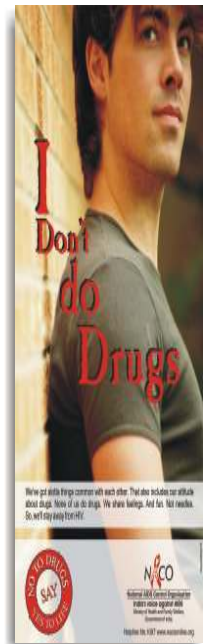
Tool
Annexure 11, *NACP III Indicators Linked to Communications Efforts*

8.7 Impact of the Communication Programme on KABP Indicators

8.7.1 Definition of KABP

KABP (sometimes referred to as KAP) is an acronym that stands for **knowledge, attitude, beliefs and practice/behaviour**. Research that measures KABP is based on the assumption that a person's knowledge influences his or her attitude and beliefs, which in turn influences the person's behaviour.

♦ It usually involves written, standardised questionnaires that are composed of structured, close-ended questions (e.g. yes/no questions). They can give an insight into a large group of people from the target audience in a short time frame

♦ Data from the beginning of the communication campaign can be used as a baseline against which to measure findings at the end of the project.
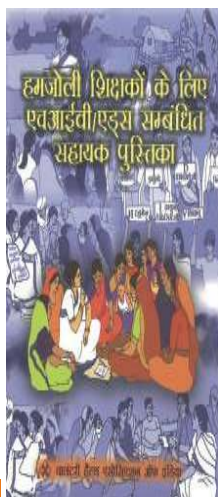
(See Annexure 12, *Sample KABP Questions.*)

8.7.2 Limitations of KABP

♦ People might not provide complete information as responses to questionnaires, particularly when asked about sensitive or sexual issues

♦ The people recording the answers to the questionnaire can unintentionally distort what other people think or do

♦ Closed and predetermined questions miss vital information.

8.7.3 Qualitative research to supplement KABP findings

Most KABP surveys need to be supplemented by qualitative research (such as focus groups and in-depth interviews) which helps to assess the reaction of members of the target audience exposed to the communication material. For example, after listening to /watching the communication programme, have you felt inspired to discuss it with others? If yes, what did you discuss? With whom? After listening to/watching the communication programme did you carry out any action? Did you recommend/advise someone else to carry out any action? If yes, what action? And to whom?

Tool
Annexure 12, *Sample KABP Questions*

8.8 Planning Evaluation Research

The impact assessment/evaluation should be carried out by independent and established professional research agencies or government-accredited research institutions contracted by the NACO/SACS which will provide objective and unbiased evidence of the success or failure of a communication campaign.

8.9 Reporting

NACO has developed a comprehensive Computerised Management Information

System (CMIS) which periodically collects monitoring data from the States and other reporting units. A part of this system is the monitoring system for IEC initiatives. This database provides information on the types of material produced, activities undertaken and the extent to which information needs were fulfilled. There are two formats (critical for IEC) for which the State IEC officer is accountable.

♦ Quarterly SACS IEC report

♦ Annual SACS IEC action plan.

(See Annexure 13, *SACS Quarterly IEC Report Template.*)

Internally, the following reports must be maintained to track progress and must be submitted along with Utilisation Certificates (UCs):

♦ Field visit report

♦ Quarterly work plan

♦ Quarterly activity report with financials

♦ IEC stock/dispatch register (linked to the IEC inventory)

♦ IEC activity reports from the ABCD districts.

Tool
Annexure 13, *SACS Quarterly IEC Report Template.*