REPORT OF THE WORKING GROUP ON IEC, SOCIAL MOBILISATION & ADVOCACY

1. Introduction

Strategic Communication will play a vital role in the spectrum from HIV prevention to treatment, care and support in NACP IV, building on learnings from the first three phases, and taking into account the context and environment of Phase IV. Information, Education and Communication (IEC) will be strategically positioned and integrated with all programme components to achieve the goal of *'Accelerating Reversal and Integrating Response'*. The key strategies proposed will be'

- Enhancing awareness and knowledge levels in **General Population** to promote safe behaviours focusing specially on Youth and Women;
- Motivating and sustaining Behaviour Change in a cross-section of identified populations at risk, including **Most At Risk and Bridge Populations;**
- Generating demand for quality **services**; and
- **Strengthening the enabling environment** by facilitating appropriate changes in societal norms that reinforce positive attitudes, beliefs and practices.

The shift to a Strategic Communication approach in NACP IV will also be reflected in innovation, evidence-based programming, and in ensuring synergy between communication and programme priorities.

2. Current Status of NACP-III

IEC interventions during NACP-III focused on promoting safe behaviour practices, generating demand for services and fostering an enabling environment for accessing information and services. A number of new and innovative initiatives were taken up during NACP-III. These are given below.

2.2 Communication Management and Key Interventions

- Synchronized roll out of mass media campaigns was undertaken, including mid-media, outdoor, IPC and ground mobilization, with the introduction of a national campaign calendar.
- Campaigns were implemented thematically and IEC materials were produced to cover different programme components and population segments.
- A professional media buying agency was taken on board for optimizing mass media plans, monitoring and providing regular feedback.
- Three national level folk media workshops were held with the objective of standardizing messages and performances. The troupes and resource persons from different folk forms from across the country participated. A bank of 166 scripts covering 43 folk forms was developed. The resource persons trained at the national level are facilitating state level trainings and programme rollouts.
- Most of the states have started their own radio and TV programmes, intertwining messages with popular stories, phone-ins and discussions.
- Special episodes on HIV/AIDS were aired in Kalyani Health Magazine and a part of the DD serial "Kyunki Jeena Isi Kaa Naam Hai" was sponsored which incorporated HIV/ AIDS messages.
- Some notable initiatives at the state levels include *Dillu Dura* in Tamil Nadu, using mass media, supported by folk media, *Ilavattam* in Tamil Nadu to sensitize youth on HIV/ AIDS issues, *Me Namaste and Be Bold* in Andhra Pradesh to promote HIV/ AIDS services.
- A revised migrant strategy to guide communication efforts was designed.

- Legislative Forums were established in State Assemblies for stepping-up advocacy efforts.

2.3 Systems Strengthening

- Operational Guidelines for IEC & Mainstreaming were developed.
- Annual Action Plan formats were introduced and integrated with communication plans of the partners to have a common plan at State level.
- IEC & Mainstreaming indicators were included in the SIMS.

2.4 Innovations

Red Ribbon Express Project: Two phases of the project were implemented during 2007-08 and 2009-10, which directly reached 62 lakh and 80 lakh people respectively with messages on HIV/AIDS. The project also delivered services for HIV testing and general health check-ups. Major achievements of this project include:

- Higher knowledge levels about HIV/ AIDS among those exposed to the project.
- Bringing the political leadership on one platform cutting across party lines and mainstreaming the programme at the district and grassroots levels with non-health departments.
- Creating a large pool of trained resource persons including SHG leaders, PRI members, AWW, ANM, ASHA as part of the on-board training programme of the project.
- Generating a healthy community dialogue particularly in rural areas on issues of sex and sexuality.

Multi-media Campaign in the Northeast: Special multi-media campaigns were implemented in eight states of the North East region to disseminate HIV/ AIDS messages through a series of music and sports events. Special effort was made to reach out-of-school youth through youth clubs at. FBOs were also involved in the intervention. The campaigns generated significant participation of youth in all the states.

Innovative Use of Radio: Examples of these include the radio programme by positive journalists for rural populations in Maharashtra, programme through cable radio in a Government hospital in Chennai , the promotion of radio listeners clubs, and several others.

3. Challenges

The challenges faced during NACP-III are summarized below:

3.1 Programme Challenges

- Data has indicated significant differences in knowledge levels between men and women, and between rural and urban areas.
- While the emphasis has been shifting from awareness generation to behaviour change, data shows there are still wide variations in awareness levels among the states on different indicators. For example, awareness of either heard of HIV or AIDS in Tamil Nadu is 99.5% while in UP it is 79%. Similarly awareness of ICTC in Tamil Nadu is 62% while in UP it is only42% (mini-BSS, 2009).
- A large population of young and adolescents in 15 years + age group is added every year. A sustained programmatic approach is required to reach them with information on HIV/ AIDS.
- There have been recurring episodes of stigma and discrimination against PLHIV particularly in health care settings and at educational institutions.
- The declining epidemic poses advocacy challenges in convincing opinion leaders and other stakeholders on the need for supporting NACP interventions.

3.2 Media and Material Challenges

- Certain vulnerable populations such as transgender and family members of PLHIV have not been

supported with adequate communication interventions and material.

- Protocols for using a variety of emerging media such as messaging through mobiles and internet, use of facebook and twitter are yet to be developed.
- An intensive channel such as folk media requires continuous and hands-on-oversight for content development, selection of troupes, training, consistency of performances, roll out and monitoring.
- In case of outdoor media, accessing good sites/properties remains a challenge as most of the sites at strategic locations are sold out at high commercial rates.

3.4 Capacity Building Challenges

- Regular training to upgrade the skills of the IEC officers, both at national and state levels could be not undertaken, with the result that their capacities did not fully match programme requirements.
- Counseling and outreach staff lacks adequate communication skills in using IEC material.
- While a national campaign calendar to be followed by the states was introduced, its implementation suffered due to weak coordination at various levels.
- While IEC indicators have been incorporated in the SIMS, regular data flow requires rigorous training of IEC officers at NACO and SACS along with support by M&E officers.
- Inter-Division coordination, particularly at SACS level, remained weak.
- A large number of vacancies at SACS affected programme implementation.

3.5 Implementation Challenges

- Long gestation period for IEC procurement and difficult processes impeded timely implementation of interventions.
- Service centres such as ICTC, ART centres, STI clinics and TI interventions often face shortage of IEC material in the absence of a proper supply-chain.

3.6 Documentation and M&E Challenges

- Documentation continues to be weak. Many of the best practices and initiatives at the SACS level remain unnoticed in the absence of proper documentation.
- Monitoring at the field level remains inadequate.
- IEC reporting and data flow from the states to NACO has not been fully streamlined.
- Although a number of studies and evaluations on communication have been taken up, their non-availability at one place makes it difficult to make comprehensive evidence- based plans. Communication Needs Assessments (CNAs) have also not been undertaken in many states for a long time.

4. Vision for Communication in NACP IV

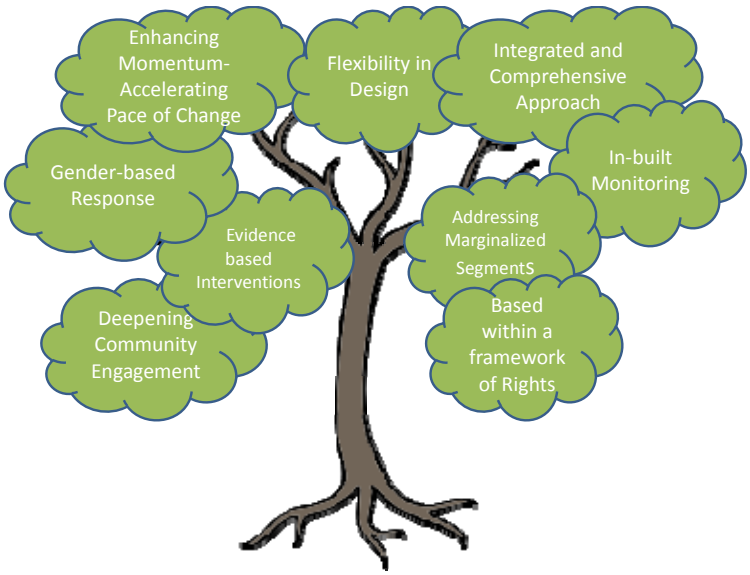
'*Communication will play a strategic and central role in helping achieve NACP IV objectives*.'

4.1 Guiding Principles

The NACP IV communication strategy will be based on the following principles:

Enhancing momentum/accelerating pace of change –The pace of BCC initiatives to bring about desired behavior change and demand generation for services would be intensified and sustained.

Addressing marginalized segments – Special efforts will be made to address the populations that are at higher risk but remained largely unreached such as sexual minorities, OVC, street children, prison inmates, hard to reach sex workers.



Guiding Principles

Evidence-based IEC interventions – All IEC interventions will be guided and informed by evidence, by triangulating latest communication research data and evaluation studies

In-built Monitoring - A set of in-built monitoring indicators would help guide communication interventions and ensure that the direction and pace of change is as desired.

Deepening Community Engagement – To ensure a more responsive and decentralized approach, the target populations will be involved at various stages i.e. from the development of communication tools and interventions to their implementation, monitoring and feedback.

Integrated and comprehensive approach - Networking and convergence with NRHM and other health and relevant ministries will be another key strategy in NACP IV.

Gender based response to HIV – The communication strategy will consider gendered experiences of living with HIV/AIDS, gender norms and stereotypes, care giving roles and intra-household dynamics. Messages will be tailored to all genders so that the onus is not only on women and sexual minorities, specially in issues such as condom negotiation, and other aspects of safer behaviours.

Based within a framework of Rights - Communication recognizes that the promotion and protection of human rights is necessary to empower individuals and communities to respond to HIV/AIDS. .

4.2 Program Priorities

The programmatic thrust will be on the General Population, specially the Youth and Women; identified populations at risk, including the Most-at Risk Populations and Bridge Populations; demand generation for uptake of services; and strengthening the enabling environment. Each of these is addressed below:

4.2.1 General Population

Adult HIV prevalence at national level has declined from 0.41% in 2000 to 0.31% in 2009. The priority, therefore, would be to ensure a low HIV prevalence rate in general population through regular and sustained prevention campaigns. The effort to reach the general population needs to be stepped up, also in view of the fact that a large youth population, is vulnerable to the infection if there is no proper access to reliable and correct information and services. In India, young people in the age group 10 - 24 years comprise almost 31% of the country's population; however, they account for 35% of the AIDS burden. Lack of awareness, low self-risk, an urge to experiment and negative peer pressure enhance their vulnerability.
Youth as a group consists of several sub-segments, including both out-of-school/ college youth as also those in formal institutions, youth in rural as also urban areas. The communication objectives for youth under NACP IV may be listed as follows:

- Enhancing comprehensive knowledge about HIV/ AIDS - in terms of transmission, prevention, testing, treatment and care and issues concerning growing up,
- Addressing risk-perception and improving self-efficacy,
- Enhancing skills to cope with negative peer pressures,
- Encouraging safer sexual health behaviours including consistent and correct condom usage, reduction of multiple partner sex, delayed sexual debut,
- Instilling confidence to demand and access quality youth-friendly services, including testing, counseling, treatment and care,
- Establishing linkages with ARSH clinics under NRHM,
- Sensitizing on issues surrounding gender vulnerabilities, human rights, stigma and discrimination.

Communication strategies and actions to address youth in NACP IV would include

- Mass media, mid-media and inter-personal communication campaigns tailored to the needs of youth.
- Scaling up and effective implementation of Adolescence Education Programme in schools,
- Stepping up the role and engagement of participatory forums such as Red Ribbon Clubs in colleges,
- Building alliances with organizations that work specifically with youth, such as NSS, and NYKS to reach out-of-school, NSS village camps and NYKS youth clubs to be used as channels,
- Harnessing sports and music festivals/ competitions by bringing visibility to the issue of HIV,
- Using ICT-based approaches such as interactive games, IVR messaging, internet advertising, social networking sites such as Facebook and Twitter, using FM radio to connect with urban youth, and TV and radio campaigns with a focus on youth centric channels.[1]

Of all HIV infections in India, 39% are among women. They are particularly vulnerable and bear a disproportionate burden of the epidemic. The various segments of women and girls would include those already covered by components such as the TI programme, as also the AEP, and PPTCT components as follows:

- Married women (particularly partners/ wives of migrant men and truckers, and women in disadvantaged tribal communities),
- Adolescent girls (characterized by early marriage in rural areas, low exposure to quality sex education, lack of negotiation skills such as the ability to say 'no' to unprotected sex).
- Sex Workers (a 'Most-at Risk group; vulnerabilities compounded by sexual violence and stigma).
- HIV positive women, including a large segment of positive widows (characterized by an isolating context, stigma and discrimination, a need for counseling and treatment services, and the support of the community , family, and networks of positive people).
- Pregnant women (a segment that is covered under the PPTCT programme; the study in 2009 by UNICEF on PPTCT services showed that low awareness, along with fear of being stigmatized at

[1] Detailed activities given in the report of " Working Group on Adolescents and Youth"

home and by the community acted as barriers impeding the uptake of services, highlighting a clear cut role for communication).

- Women as care-givers (the burden of care continues to fall on women when it comes to illnesses at home, and HIV is no exception - women as care-givers require information, access to services, psycho-social support).
- Women in discordant relationships (communication has a role to play in sensitizing on prevention as also treatment and care).

The objectives for strategic communication for women in NACP IV would be to:

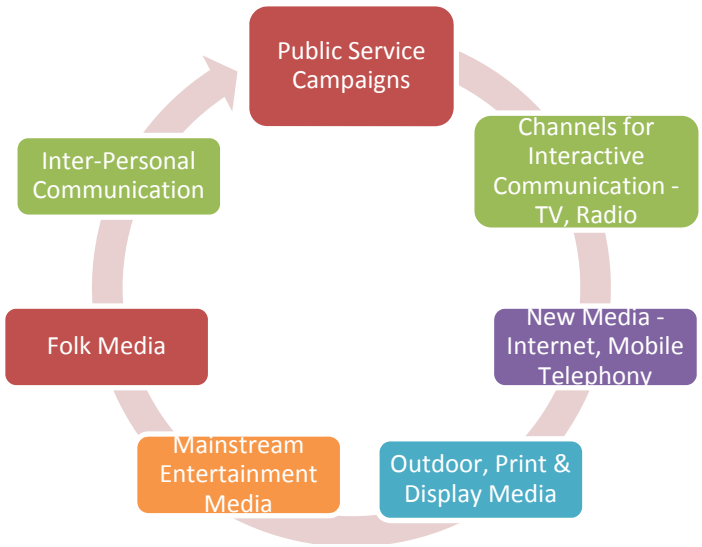
- Enhance knowledge about HIV/ AIDS and how to protect oneself by adopting risk reduction strategies.
- Increase awareness of services available to women.
- Build skills of service providers in interpersonal communication and counseling of women.
- Enhance confidence and skills of women to negotiate safe sex, address power and gender inequities.
- Provide platforms for dialogue with men and for networking with groups such as support centres,.
- Provide ways for women to deal with issues of stigma and violation of rights.
- Address communication and information needs of women as care givers.

Communication strategies and actions to address women in NACP IV would include

- Mass media, mid-media and inter-personal communication tailored to the needs of women,
- Inter-personal communication materials specially addressed to high risk and vulnerable women such as sex workers, wives of migrants,
- Message dissemination through mainstreaming with other departments by involving AWW, SHG, ASHA, ANM, women PRI members etc.

Communication Channels to reach the General Population

Addressing the 'general population' would use an integrated set of channels, harnessed according to strategic media planning that would help arrive at the most suitable media mix to reach identified audiences with select campaign themes.



Electronic Media: Available evidence shows that electronic media continues to be a major source of

information on HIV/ AIDS. According to BSS 2006, exposure to HIV communication in mass media was reported by 78% of the general population. Under NACP IV, the use of mass media would focus on harnessing the same through Public Service Advertising. Thematic mass media campaigns will focus on imparting knowledge on HIV transmission and prevention, ICTC & PPTCT, condom use, STIs, HIV-TB co-infection, Voluntary Blood Donation, vulnerabilities of youth and women and issue of stigma and discrimination. Spots, long format programmes such as soaps and panel discussions, interactive programmes such as phone-in shows will continue to be aired. .A number of health programmes are aired by AIR, Doordarshan and other channels which may be used for communicating HIV/ AIDS messages by providing technical information and experts for such programmes.

Print Media: In NACP IV, the effort would be to go beyond insertion of Public Service Advertisements to include longer format communication that provides an opportunity to explain, such as columns responding to reader's queries, teaser advertising and high frequency 'strip advertising', providing visibility in a cost effective way. The press will be engaged to highlight real-life success stories and testimonials.

New Media: Given that a special focus audience would be young people, this channel acquires even more importance. NACP IV would explore options such as bulk buying of SMS. The use of internet, social networking sites such as Facebook, Twitter etc. may be considered for reaching out specifically to urban youth. Use of electronic information kiosks may be explored to reach out to the general public at various locations such as railway stations, bus terminals etc...

Local Cable and cinema hall advertsing: As per the Cable Act, programme distribution through local cable directly comes under the supervision of the District Collector. Scrolls and spots free or at highly negotiated rates may be released in local cable channels through the district administration. Cinema Hall Advertising is another cost-effective medium already tried in NACP-III.

Mainstream entertainment media: Producers and creative teams of popular TV soaps need to be oriented and engaged so as to incorporate HIV themes in storylines and plots.

Outdoor: This includes the use of hoardings, bus/auto-rickshaw panels, train panels, pole kiosks, wall paintings/ writings etc. Outdoor advertising works primarily as a reminder medium and would be continued ensuring that it fits into the overall campaign objectives. A comprehensive national plan, particularly to cover the trains frequently used by migrants may be prepared in consultation with the M/o Railways. A long-term strategy for collaboration with the Railways could include options such as advertising on platforms, coordinating with troupes for performances in railways compartments as also on platforms. Further to avoid duplication and wastage of resources, one outdoor plan will be developed including plan of all partners.

Multi-media campaigns: Campaigns such as RRE and the NE campaigns in the past have helped in large-scale community mobilization and participation. Extending such high visibility, multi-pronged campaigns may continue under NACP IV. In this context, the following may are recommended:

- RRE outreach activities through IEC vans, mini-exhibitions and folk troupes may be continued.
- Re-run of the RRE or mini-runs of the train in vulnerable areas with longer duration of stay in one district may be considered.
- Resource persons trained on-board the RRE may be involved in local level planning and implementation.
- The NE multi-media campaign may be taken up for replication in small states. Large states may consider replication of the model in vulnerable districts/ areas.

Folk Media and Rural Outreach: Guidelines developed during NACP-III for folk media campaign for selection of troupes, their training, identification of performance sites and engaging District Support Teams for roll out and monitoring may be followed through NACP-IV. Involving positive speaker and a short question and answer session may be scheduled along with the performance. In addition, engaging with the Song and Drama Division and the Directorate of Field Publicity and participating in the Public Information Campaigns of M/o Information & Broadcasting would ensure reaching larger numbers in rural areas. Exploring the engagement of bodies such as the Zonal Cultural Centres set up under the Ministry of Culture, for incorporating HIV themes into its communication formats, may be considered. Platform of rural fairs and festivals may be considered. Use of IEC vans and condom demonstration outlets by SMOs may be synchronized with the folk performances for optimum impact. Information on services available in the area must be given after the performance. **The cadre of Link Workers in high prevalence and highly vulnerable districts will also be used as "communicators"** to reach out to high risk and highly vulnerable populations in rural areas with information on prevention, treatment, care and support. They will be duly involved in mid-media and outdoor activities in the districts.

Mainstreaming communication activities with other Ministries/ Departments: The large outreach of other Ministries/ Departments may be used for disseminating HIV/ AIDS information. For example Gram Sabha meetings in villages may include HIV/ AIDS as one of the agenda points. Anganwadi Workers, ASHA, ANM and SHGs may be used to reach women with information on PPTCT services, condom use and STIs/ RTIs. Schemes such as Sabla of the M/o Women & Child Development implemented through Anganwadi Centres to address adolescent girls in rural areas on health and hygiene may be used to incorporate HIV messages. Village Health & Nutrition Days should also be used for HIV/ AIDS messaging. NSS village camps and NYKS Youth Clubs may be used to reach out-of-school rural youth with information on HIV/ AIDS. IT hubs and Common Service Centres (CSC) under M/o Communications & IT may be suitably used for information dissemination. HIV/ AIDS stalls can be put up in the exhibitions by the Departments under the M/o Information & Broadcasting such as DAVP and Public Information Campaigns by the Press Information Bureau. [2]

Interface with Media: Media may be engaged more proactively through regular Press Conferences/ Press Briefings/ Press Releases on important developments. They have to be sensitized through workshops on correct and stigma free reporting. Media trips to intervention sites may be regularly organized.

4.2.2 Communication for Most-at Risk Populations and Bridge Populations

The overall HIV prevalence among different population groups in 2008-09 continues to portray a concentrated epidemic in India. While there is a decline of HIV prevalence among Female Sex Workers (FSW) at national levels and in most states, evidence suggests that injecting drug users (IDU) and men having sex with men (MSM) are becoming increasingly more vulnerable to HIV. The programme will build on the gains of NACP III and step up efforts to reach MARPs and bridge populations with quality communication.

Developing communication packages for different at-risk populations and strengthening inter-personal communication skills of ORWs and PEs will be a priority.

The communication objectives in the context of TI interventions:

- Create and strengthen the enabling environment where MARPs and PLHIV can access services without stigma and discrimination.
- Increase risk perception for self and partner(s).

[2] Detailed activities are given in chapter on Mainstreaming & partnerships

- Reduce myths and misconceptions surrounding HIV prevention, treatment and care.
- Increase awareness of available services (ICTC, PPTCT, STI Treatment, ART) in the area and self-efficacy to access them as rights and entitlements.
- Increase knowledge on harm reduction methods and services (NSEP and OST) for IDUs.
- Increase self-efficacy to negotiate condom use with client and partner .
- Improve skills to network and collectivize to strengthen ownership and participation of the community in the programme.
- Promote positive prevention and reduce self-stigma.

Communication Strategies for Targeted Intervention:

- Effective IPC which leads to and sustains safe behaviours.
- Communication packages developed for FSWs, MSM, IDUs, and migrants (at source, transit and destination) and truckers during NACP III to be reviewed, updated and replicated. Communication packages also to be developed for transgender and children of sex workers. Communication packages for spouses/ partners of MARPs (wives of MSM, IDUs, migrants and truckers), clients of sex workers and other stakeholders such as HCPs, truckers associations, labour contractors, employers etc. to be developed/ updated covering vulnerabilities, essential contact details and special needs. The materials may include flip charts, information booklets, pamphlets, posters, AV materials, short films, local interactive games, quiz shows, etc.
- Using MSM internet networking sites for messages.
- Flooding hot spots, DICs, service centres in and around hot spots, truck site dhabas, migrant work sites etc. with IEC messages through posters, wall writings, hoardings etc.
- Mid-media – special folk troupes may be raised/ identified from among target populations.
- Strengthening STRC/SACS (IEC and TI divisions)/TSU for documenting best practices with the technical support from the proposed National Resource Centre on Communication.
- Exploring the existing community practices and adapting them in programme communication.
- Advocacy with health service providers and police in the area for a stigma free environment.
- Communication activities during community melas and regional/district level PE conventions.
- Identifying and using positive role models in communication interventions.
- Developing a pool of resource persons (ORW/PE) drawn from TIs who are good communicators for imparting communication training to other ORWs and PEs in the state.
- TI monitoring indicators to be revised to include availability and use of IEC materials.
- Evaluation of IEC in TIs to be taken up at appropriate stage viz, end of 2nd and 4th year of NACP IV.

4.2.3 Generating Demand for Services

Uptake of quality services for prevention, testing, treatment, care and support, is a key thrust area of NACP IV. Appropriate communication actions will be taken to enhance and sustain demand for services.

Communication Objectives:

- Providing adequate information about services available and how to access them
- Educating on rights and entitlements of communities to avail quality services
- Addressing psycho-social barriers to strengthen access to services
- Building up a client-friendly and non-stigmatizing environment for accessing services
- Strengthening human resource development and IPC competencies of counselors
- Enhancing general health seeking behaviour and informed choices

Communication strategies and actions:

- Thematic mass-media campaigns to promote services for counseling and testing, PPTCT, STI, HIV-TB and Voluntary Blood Donation will be conducted supported by outdoor, mid-media and IPC activities. All communication channels earlier mentioned to reach general population will be used.
- The available display and IPC materials used at service centres such as information panels, posters, flip charts, booklets, pamphlets etc. will be reviewed and updated in local and cultural context. And replicated. IPC materials on rights and entitlements of communities to quality services will be developed.
- Capacity building of service providers/ counsellors on communication job aids for effective, sensitive and participatory IPC, based on the principles of social inclusion, rights, gender, reducing stigma and discrimination and addressing psycho-social barriers in acceding services.
- Special attention will be provided to Women, Children and MARPs. Male responsibility in sharing care and support burden at home and gender violence as vulnerability factor will be addressed.
- Linkages with other services for cross referral will be ensured also through communication material.
- Credibility of services will be enhanced through sharing of testimonials from those who have availed and benefitted from the services and documenting and disseminating the human interest outcomes in reducing the stress, despair and hopelessness
- Linkages with hospital redressal systems will be strengthened in case of non-satisfactory services.
- An incentive based system through awards to set standards may be considered.
- Provisions of client friendly services will be prominently displayed in the hospital/service centre.
- Local branding of services may be considerd to build confidence in the facility (appropriate ambience, nice posters etc.)
- HIV communication strategies and packages will be integrated with health services of NRHM (RNTCP, RCH) and other Departments/Ministries.
- Signs and signages will be ensured within the facility premises for easy access to services.
- Misleading advertisements by quacks will be countered both through publicizing correct information on quality services and possible police/ legal action.
- A few model service centres from communication perspective will be developed in every state for replication.

4.2.4 Enabling environment

Without a change in social norms, the efforts of the National AIDS Control Programme could be negated and diluted. It is, therefore, important to strengthen the environment for prevention, care and support by reinforcing positive attitudes, beliefs and practices and challenging negative social norms, which hamper access to services.

Stigma and Discrimination

The prevalence of stigma and discrimination associated with HIV/ AIDS act as barriers to accessing services and drive the epidemic underground.

The key issues to be addressed under stigma and discrimination are:

- Self- stigma among PLHIV and MARPs
- Stigma at health care settings
- Stigma at workplaces

- Stigma at educational institutions

The communication to address stigma and discrimination will focus on

- Allaying fear of casual transmission which is considered as the key driver of stigma
- Myths and misconceptions, shame, blame and judgment related to HIV
- Pre-existing stigmas which often re-inforce stigma faced by PLHIV such as against socially marginalized and vulnerable groups (e.g., IDUs, MSM, sex workers).
- There is no difference between "us" and people living with or at risk of HIV infection
- With appropriate lifestyle changes and the advent of ART, an HIV positive person can continue to lead a productive life, has the right to continued employment

The communication strategies to be considered would include:

- Promotion of better understanding among people of influence of HIV/ AIDS and its stigmatizing and discriminatory effects, ensuring that advocacy efforts under NACP IV pay special attention to this.
- Designing campaigns using multiple channels i.e. mass media, mid-media, outdoor and inter-personal communication to address stigma and discrimination.
- Developing communication interventions that promote positive living concepts.
- Equipping persons living with or affected by HIV/ AIDS with communication skills and involving them as positive speakers at various forums.
- Training PLHIV to develop strategies and tools to address stigma and discrimination, including self-stigmatization.
- Featuring role models of 'those who do not stigmatize' so as to put out the word that accepting attitudes and non-discriminatory behaviour is possible.
- Sensitization programmes with a variety of stakeholders - health care providers, media, educational institutions-teachers and principals, corporate houses, legislators, PRI institutions, AWW, ASHA, ANM, SHGs and such like to include stigma and discrimination as issues.
- Documenting, publishing and disseminating successful innovative stigma reduction interventions.
- Promotion of the crisis response mechanism that may be formally constituted under NACP IV, both at NACO and SACS.
- Ensuring that all campaigns are vetted from a stigma lens.

4.2.5 Advocacy

Advocacy is a central pillar of strategic communication. NACP III saw advocacy with a range of stakeholders including Parliamentarians and policymakers, the administrative machinery at different levels, corporate sector, civil society, media and also with other Ministries/ Departments. Advocacy in NACP IV will need to be stepped-up and launched with renewed vigour and in a more concerted manner. The declining numbers should not lead to complacency and worryingly, a lowering of priority. Cases of stigma and discrimination continue to make headlines. Advocacy therefore becomes even more important. An enabling environment presupposes a proactive advocacy strategy.

Advocacy in NACP IV will build on the achievements of NACP-III for reaching out to the district and panchayat level leadership. A major success story of NACP III has been the active role of the Parliamentary Forum on HIV/AIDS. Its efficiency lies also in the fact that it cuts across party lines. A number of Legislative Forums on similar lines have been launched in the States as well. In NACP IV, more states will be covered. At the Centre, the PM headed National Advisory Council could play a more active role. Advocacy with the media needs to be extended to the state and district level, specially the vernacular press, both print and

electronic. Learning from NACP III, it would be important to have a coordinating point within NACO to ensure that the partnering agencies don't duplicate their efforts and wherever possible, advocacy resources are pooled. A multi-stakeholder consultation on how best to engage with religious leaders on a sustained basis will help devise an appropriate strategy in leveraging this vital group. Advocacy with the civil society needs to be further enhanced. Engagement with the workplaces requires a lot more to be done. With the adoption of National Policy on HIV/ AIDS and the World of Work, linkages with employers and industry associations need to be expanded for effective implementation of the policy. A major gap is the unorganized sector. This will be prioritized in NACP IV.

During NACP IV, experience-sharing forums will be organized on regular basis and best practices documented. Advocacy packages may be developed for different target audience including why it is important for them to address HIV/ AIDS issue and how they can do it.

4.2.6 GIPA

GIPA is an integral and vital component of all IEC interventions. In this context, some of the suggested strategies are:

- An HIV positive person will be part of IEC TRG.
- IEC material targeting PLHIV will be field tested among HIV positive people before their adoption.
- Positive speakers will be involved during group discussions as part of folk and other mid-media programmes, training and advocacy workshops with different stakeholders.

(Please also see communication matrix at Annex I and guidelines for content and materials development at Annex II)

5. Innovations

Strategic communication under NACP IV will explore innovative ways of designing and implementing campaigns and interventions. Innovation in communication would be approached under four heads:

- **Innovation in Processes**
  Under NACP III, some successful pilots were undertaken by the Centre, State and at partner level, for example the radio programme developed by HIV positive journalists in Maharashtra, equipping positive youth on how to use video for advocacy, training of sex workers on community video, using art based communication for stigma reduction such as using Patua art in W. Bengal etc. Imparting skills to the community on how to work with communication tools, develop communication products and use them would bring ownership to the programme and thus help in more effective BCC activities.

- **Innovation in Channels**
  Strategic use of channels such as IVR based messaging on mobiles, internet and social media based communication for a niche audience of young people, call centre/helpline based communication, communication embedded in dedicated websites of communities such as MSM will be taken up. Events such as World AIDS Day would explore novel ways of bringing visibility to campaigns such as the Dabbawalla Campaign that reached out to workplaces in Mumbai with messages on WAD. Cable radio may be used in ways that are innovative for e.g. the project that operates in the Government Hospital of Thoracic Medicine at Tambaram in Chennai. The initiative offers regular theatre performances and seven and a half hours of live cable radio programming six days a week in the hospital's eighteen wards and in ART outpatient area. Supply of already developed software to community radio stations may be ensured. Generally, they may air it free as these stations are in need of programmes. Effective message dissemination in large fairs, youth carnivals, religious and tourist sites calls for a concerted effort and will be prioritized. Messages in

matrimonial pages of the newspapers and Internet matrimonial sites may be considered.

- **Innovation in Products**
  Under NACP IV, there would be a move to developing communication products that focus more on dialogue such as interactive programmes, phone-in quiz shows, testimonials and case studies, games designed for fairs and festivals..

- **Innovation in Implementation**
  The roll out of campaigns would explore innovative structures for support at the ground level. One such set-up that may be considered for scale up and strengthening under NACP IV would be the **District Support Teams** comprising of partners working in the district. This model worked quite successfully in supporting the roll out of the folk media campaign under NACP III, where the team consisted of TI-NGOs, LWS-NGO, DAPCU, SMO, TCIF and positive networks. District Support Teams may be constituted in all high prevalence and vulnerable districts for supporting field level programme implementation and monitoring of IEC activities. They may also advise on district level communication planning by giving inputs on locations for folk performances, identification of IEC van routes and exhibition points, identification of sites for hoardings, panels, kiosks etc. and for mobilization of people.

  Innovative partnerships would be explored for design and implementation of major campaigns, for example partnering on announcements on websites with other ministries, partnerships to link available help lines, and such like.

6. Convergence with NRHM

HIV/AIDS messages can be suitably incorporated in the larger campaigns launched by NRHM. NRHM messages for care and tests during pregnancy may include messages on PPTCT services. RNTCP messages may include messages on HIV-TB co-infection. Condom messages by both NACO and NRHM should project triple benefits and STI messages need to be disseminated by both in a coordinated manner. Adolescent health campaigns under NRHM can include messages on youth vulnerabilities to HIV/ AIDS, delayed sexual debut and condom use. Convergence with NRHM under NACP IV could focus on five aspects:

- **Partnership on broadcast campaigns**: Longer format communication taken up by NRHM such as TV or radio soap can have episodes that are thematically centred around HIV and AIDS.
- **Partnership on outreach through IPC**: Frontline staff of both NRHM and NACO programmes converges in terms of some of the audiences at village level - young people, migrants, pregnant women. Spouses of truckers and migrants are special target audience for NACO and also being under NRHM's RCH initiatives. IPC aids developed under NRHM may include target relevant HIV messages. HIV/ AIDS information may also be provided through ARSH clinics under NRHM.
- **Partnership on training**: Outreach staff is trained under both programmes on communication skills. For example, ASHA undergo training on HIV/ AIDS as a part of their routine training under NRHM. It would be useful if joint trainings can be designed on modules that touch on HIV/AIDS. Also, sharing of training calendars would help ensure synergy. These sessions may be facilitated by the representative from SACS/DAPCU to monitor the quality and correctness of messages. A regular system of sharing of materials, modules, learnings and best practices may be set up.
- **Partnership on communicating with stakeholders**: At the ground level, stakeholders such as PRI institutions are being addressed by both programmes. It would be useful to explore tie-ups such as partnering on newsletters that go out to gram pradhans for example.
- **Partnership on support to campaign roll out**: Mobilizing communities at the ground level, for example for folk campaign, needs intensive and coordinated effort. A system for drawing upon the

availability of human resources such as the ASHA, AWW, Link Worker, etc to support mid-media activities can be drawn up to make for better campaign implementation.

- **Addressing stigma and discrimination in health care settings:** The training programmes for health care workers including doctors, nurses, ANM and ASHA should include module on HIV/ AIDS with a component on how they can help in addressing stigma and discrimination faced by PLHIV.

7. Helpline

A national helpline with a common number (preferably the existing Helpline No 1097), which is accessible from both landline and mobile phone irrespective of the service provider should be installed. The existing state helplines may be linked to this national number. A Committee may be set-up to recommend a cost-effective structure so that the current helpline setups may be effectively integrated in the national helpline.

8. Monitoring & Evaluation

Effective monitoring through use of the yearly calendar, monthly review meetings at the national and state level, and field visits would be undertaken. District support Teams will also be involved in programme monitoring. .

Impact evaluation of communication activities will be undertaken using standard assessment tools. Concurrent evaluation, baseline-endline studies, Focus Group Discussions, exit interviews and analysis of service uptake data will be undertaken to measure the impact of communication campaigns. The key M&E indicators to measure awareness, knowledge, attitude and practices have been given in Annex IV. These will also help in determining communication needs of different population groups.

9. Institutional Strengthening and Capacity-building

The program needs to be anchored in a robust management and "systems" approach to galvanise human resources, capacity, infrastructure and supply chain. The following measures are suggested:

- The Technical Support Group for Communication should play a more active role and meet every quarter. Similarly, at the State level, technical support groups must be instituted to strengthen the communication program. Reporting formats from the national through the district level must reflect these activities, as well as documentation of issues discussed, decisions made, actions taken etc.
- Divisional Heads of other programme components, technical experts, representatives of key NGOs, positive networks and government communication departments such as DAVP, DFP, Song and Drama etc., as well as the NRHM should be taken in TSG to facilitate an expanded/intensified communication response to the epidemic.
- A 'systems audit' for communication specially at the state, district and sub-district levels will be conducted to review the availabilty of designated communication focal points at each of these levels, their capacity, specific roles and responsibilities, availability and usage of communication materials and infrastructure to facilitate effective field-level communication..
- The IEC Operational Guidelines need to be revised in view of developments since these were drafted.
- Regular training of IEC officers at NACO and SACS and field staff on communication need to be taken up (See Annex III)

Institutional Mechanism: National Resource Center on HIV/AIDS Communication

A National Resource Center on HIV/AIDS Communication (NRCC) is recommended to serve as a Knowledge Hub and institutionalize training and capacity-building.

As a Knowledge Hub it will house (including online) all materials (including campaigns) produced by

NACO/SACS and partners. The Knowledge Hub will also store research studies and training material. The NRCC will provide linkages with partner communication agencies for development of materials, identify technical support agencies for training and capacity-building at all levels. The NRCC will thus facilitate documentation, publication and dissemination of IEC activities. As a Training and Capacity-building Centre, NRCC will initiate, implement and co-ordinate all IEC training programmes.

9. Supply chain management

The importance of timely availability of IEC materials cannot be over-emphasised. In this context, the following measures are recommended:

- Staff at various service centers such as ICTC, ART, STI clinics, DIC, CCC etc. should periodically assess requirement of IEC materials. Similarly in case of TI interventions, Project Managers should regularly assess their needs and send their requirements through POs and TSU team leaders.
- Service centres should project their requirements at least three months in advance to concerned divisions at SACS.
- The Divisional Heads will consolidate the requirements and pass it over to Divisional Head of IEC through the Project Director.
- The IEC Division will undertake printing of materials and establish a suitable mechanism for distribution.
- NACO should put a list of all available materials (along with language versions) and prototypes in PDF format on NACO website or NRCC when it is operational.

10. Procurement

Procurement of services is a tedious task, both at national and state levels. Challenges in procurement need to be addressed, specially the long gestation period. A procurement plan in consultation with Procurement Division should be prepared well in advance with set timelines to meet the campaign objectives. The procurement plan for each activity should include planning of campaigns, identification of medium, place/identification of locations for outdoor campaign, budgeting, monitoring and payment schedule etc. Training should be imparted to IEC officers on procurement processes. Procurement Division should also have a designated person for facilitating IEC procurements both at national and state levels.

The World Bank decision not to reimburse the expenditure incurred on IEC campaigns implemented through Government Departments such as AIR, DD, DAVP, Song & Drama Division etc. in view of these Departments not agreeing to follow certain World Bank procurement conditions may be reviewd during NACP-IV.