Information, Education and Communication (IEC)
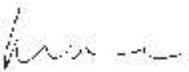
Operational Guidelines

NACO

NACO

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Communication is a cross-cutting and integral strategic intervention in all components of HIV and AIDS prevention, care, support and treatment programmes under the National AIDS Control Programme Phase III (NACP-III). A key priority is to motivate behaviour change in a cross-section of identified populations at risk, including High Risk Groups and Bridge Populations. There is also a great need to raise awareness about risk and behaviour change among the vulnerable and the general population, especially youth and women. Communication activities have to increase demand and utilisation of HIV and AIDS related health services. The ultimate goal is not only to create an enabling environment that encourages HIV related prevention, care and support activities, but also reduces stigma and discrimination at individual, family, community and institutional levels.

The new IEC operational guidelines provide a roadmap towards more effective and efficient communication programmes that will achieve these goals and objectives. In-depth analysis of the situation and the audience and evidence based communication planning and implementation has been emphasized. Mainstreaming, advocacy and social mobilization have been identified as key priorities. The importance of monitoring and evaluation has been reiterated and clear processes have been outlined. Management, financial and coordination issues have been addressed.

I take this opportunity to acknowledge the contribution made by the Technical Resource Group on IEC at NACO as well as all the other communications and development professionals who have reviewed and provided inputs to the guidelines. I would also like to acknowledge the work done by Mr Mayank Agrawal, Joint Director, Ms Lubna Khan, and Ms Sonalini Mirchandani. I hope these guidelines will help all concerned in delivering high quality communication programmes that will create real impact and change.

(K. Sujatha Rao)

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Information, Education and Communication (IEC)

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1. Introduction

1.1 What are the Operational Guidelines?
The IEC Operational Guidelines provide a roadmap to facilitate the implementation of the Communication Strategy and Implementation Plan for the National AIDS Control Programme, Phase III (NACP III) by NACO, State AIDS Control Societies (SACS) and the partners.

1.2 Objectives of the Communication Strategy for NACP III
Communication is a cross-cutting and integral part of all the components of NACP III. It is intended to:

- Motivate behaviour change in a cross-section of identified populations at risk, including High Risk Groups (FSWs, IDUs and MSM) and Bridge Populations (clients of sex workers, migrants and truck drivers)

- Raise awareness about risks and the need for behaviour change among the vulnerable and the general population, especially youth and women

- Generate demand and facilitate an increase in utilisation of HIV and AIDS related health services

- Create an enabling environment that encourages HIV related prevention, care and support activities and reduces stigma and discrimination at individual, family, community and institutional levels.
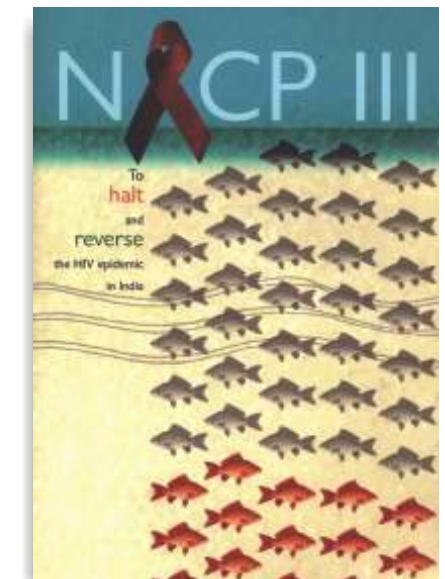
1.3 Objectives of the IEC Operational Guidelines
The IEC Operational Guidelines have four basic objectives:

- To facilitate communication planning based on evidence

- To facilitate design of communication material and messages and use of effective channel mix for their dissemination

- To address management, financial and coordination issues

- To outline the framework and processes for monitoring and evaluation of communication programmes

The operational guidelines aim to standardise communication processes, tools and material development across the country and their adaptation according to the regional/local needs.

1.4 Conceptual Model of the IEC Operational Guidelines

The guidelines follow the P - process framework developed by the Health Communication Partnership. Within the P - process, developing effective communication programs involves :

a. Analysis : of the situation and the audience

b. Strategic design: establish communication objectives; develop programme approaches and positioning; determine channels and draw up an implementation plan

c. Development and testing: develop message concepts; pretest; revise and produce messages and materials

d. Implementation and Monitoring: produce and disseminate; focus on building capacity and teamwork among the implementers; manage and monitor programme maximising participation; and adjust programme based on monitoring

e. Evaluation and replanning: measure outcomes and assess impact; determine future needs and redesign the programme.
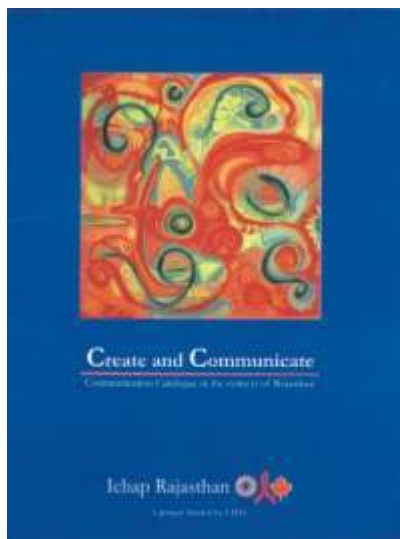
The foundation of any communication strategy is a clear understanding of the target audience based on data from various sources.

2.1 Data from Key Sources

Data for Situation Analysis and target audience can be obtained from various existing sources. This information must be collated and matched to build up a profile of the target audience.

- **HIV Sentinel Survey (HSS):** Conducted on a yearly basis. This data provides statewise prevalence information for HIV in different targeted populations.

- **Behaviour Surveillance Survey (BSS):** The first national BSS was conducted in 2001 and the second in 2006. Some states also conduct BSS. This provides valuable data on behavioural indicators (See Annexure 1, Endline Behavioural Surveillance Survey for the kind of data available through such a survey).

- **Communication Needs Assessment (CNA):** This is conducted by SACS to collect information on communication needs of different target groups.

- **Mapping Data:** Information on the geographical location of Targeted Interventions and HRGs.

- **Computerised Management Information Services (CMIS):** Reports for IEC and other programme components developed at State level and fed to the national system.

- **National Family Health Survey I (1992-1993), II (1998-1999) and III (2005-2006):** The NFHS is conducted every five years and primarily produces RCH data but has included HIV/AIDS data as well.

- **National Readership Survey (NRS) and Indian Readership Survey (IRS):** For media habits and consumption patterns.

- **Television Audience Measurement (TAM):** For television consumption patterns.

- **Research data:** From communications and behavioural studies carried out by NRHM, NACO, SACS, and NGO partners.

> **Tool**
> **Annexure 1, Endline Behavioural Surveillance Survey**

2.2 Local Data Gathered by SACS and Programme Officers

IEC officers from NACO, SACS and partners may also gather data from the field during field visits. This may include:

- Field Visit Observations with a checklist
- Field Casual Interaction/Conversation
- Analysis of media reports, news and features stories.

See also Annexure 2, Observation Checklist.

> **Tool**
> **Annexure 2, Observation Checklist**

2.2.1 Local demographic and health infrastructure data

A sound communication plan should take into account the demographic structure of the population and health infrastructure. The following data may be useful:

- **Population:** total, urban, rural (no. of villages, villages with Panchayats), male, female, youth, literate and illiterate, migratory, below poverty line
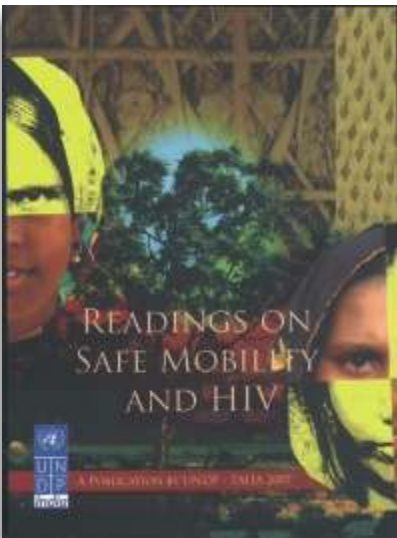
- **Health Facilities in the state:** Number of District hospitals, medical colleges, CHCs, PHCs, ICTCs, ART centres, blood banks, STI clinics, condom outlets, etc., data on private health infrastructure.

2.3 Communication Needs Assessment (CNA)

While the HSS and BSS are done at the national level coordinated by NACO, IEC officers of the SACS should carry out CNA studies. These must be undertaken across all programme components. CNAs should be undertaken for the State and for the Districts, and reputable research agencies/institutions should be contracted to conduct them. Ideally, one CNA should be conducted every two years. A conduct-specific district-wide CNA may also be conducted for identified high-prevalence districts within the State.

2.3.1 Objectives of CNA

A Communication Needs Assessment assists an IEC officer in identifying the audience's information requirements, barriers and motivators to change, sources of information, and preferred channels for communication. It helps in developing and designing messages and materials that are relevant to the selected audiences. Detailed objectives of CNA include:

- To identify the target groups/audiences/segments

- To assess media habits, preferred media, mass media (TV, Radio, Print, Film), folk media, outdoor, IPC, health worker, etc. and their efficacy

- To understand knowledge, awareness, attitudes and practices about HIV and AIDS, and STIs

- To understand reasons for risk perceptions, beliefs, habits and opinions about HIV and AIDS, and STIs

- To understand type and extent of myths and misconceptions, and nature, incidence and manifestation of stigma and discrimination about HIV and AIDS, and STIs/RTIs

- To understand levels of information and treatment-seeking behaviours for HIV and AIDS, and STIs/RTIs

- To understand perception of information gatekeepers, influence groups and opinion leaders, including service providers, for HIV and AIDS communication

- To identify barriers and facilitating factors for effective communication (e.g. infrastructural, socio-cultural, religious, gender inequality, etc.)

- To assess current communication activities in terms of efficacy or lacunae in the choice of communication channels (their reach, time slots, media placement, etc.) and target groups' acceptance of messages (their credibility, cultural appropriateness, etc.).

The CNA will be a mix of qualitative and quantitative research processes. **See Annexure 3, Communication Research Methods.** When needed, SACS may also adopt rapid appraisal methods to gather data on communication needs. These can be:

- Focus group discussions
- In-depth interviews with relevant stakeholders
- Participatory methods.
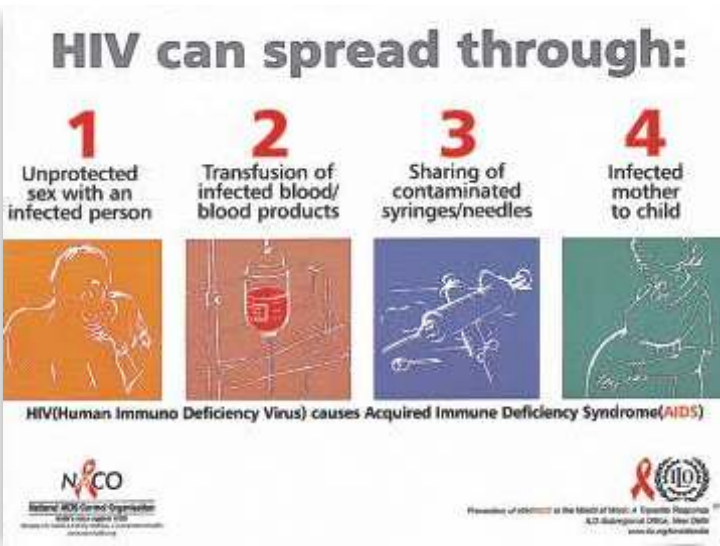
See Annexure 4, Communication Needs Assessment: Research Brief.

Tools
Annexure 3, Communication Research Methods

2.4 Collating and Triangulating Data

All the data gathered above must be triangulated to give an understanding of the situation, problem and target audience. For example, a matrix from BSS 2006 data for the state could be prepared as follows:

Population Segment	Urban Male	Urban Female	Rural Male	Rural Female	Youth	Comments/ inferences
Indicators						
Awareness of HIV/ AIDS						
Knowledge of routes of transmission and methods of prevention						
Awareness of treatment services						
Awareness of STI and HIV linkage						
Awareness of condoms and their consistent use						
Awareness of issues relating to PLHAs						
No incorrect belief						
Awareness of ICTC						
Awareness of blood donation						
Information and media exposure sources						

Note that the above table is only an example: analysis should be carried out for all population segments and for programme components, using behavioural indicators from available data to corroborate and refine inferences.

A typical inference may be that rural women are much less aware and need to be focused upon. Or awareness of ICTC among all population segments is low which means that messages on ICTC need to be made more visible to reach testing targets for the State.
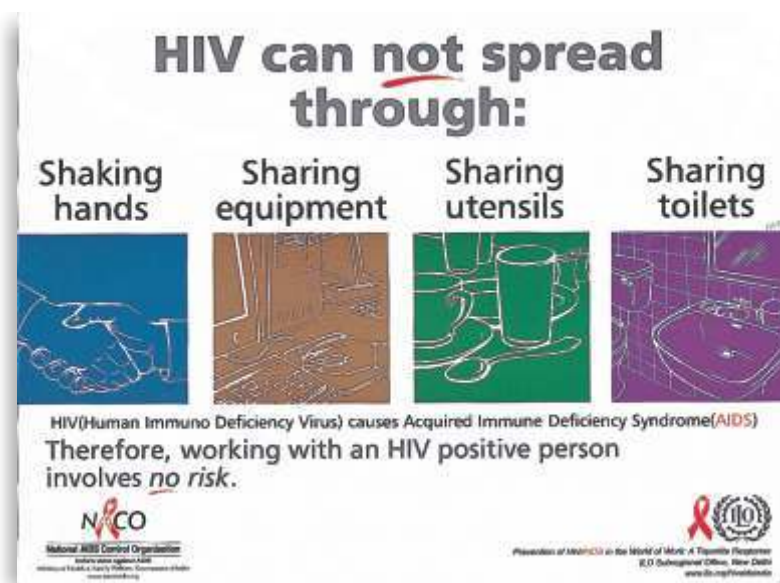

HIV can not spread through:

Shaking hands   Sharing equipment   Sharing utensils   Sharing toilets

HIV(Human Immuno Deficiency Virus) causes Acquired Immune Deficiency Syndrome(AIDS)
Therefore, working with an HIV positive person involves no risk.

3.1 Communication Planning and Prioritisation Criteria

Communicating strategically requires the development of messages, materials, activities and events that take into account the audience profile, barriers to communication and the positioning in different channels for maximum impact.
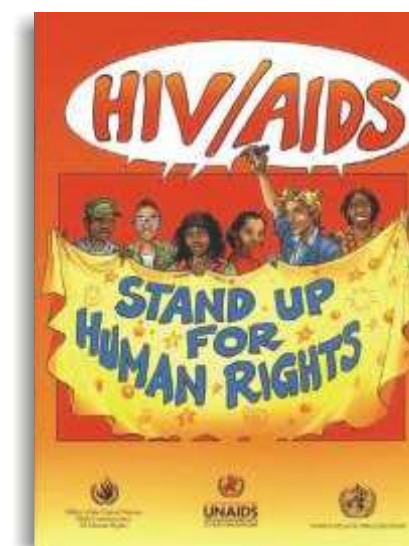
3.1.1 Communication targets

Targets to be achieved have been set for each State based on key indicators. The measure of success will be charted through a midline survey (in year 3 of NACP III) and through an endline survey (BSS in year 5 of NACP III).

(See Annexure 5, Indicators and Tracking Benchmarks and Assumptions, for the targets to be achieved for a set of key indicators.)

The following example illustrates how prioritisation and planning can take place for a communications campaign:

- The average percentage of people in BSS 2006 who are aware of an HIV counselling and testing facility in their area is about 28%. Moreover, the current uptake of counselling and testing services is considerably below the national and state targets

- Thus a **key objective** is "to increase the awareness of counselling and testing services and motivate people to access these services"

- The **target audience** for the campaign is all those who are at risk of contracting HIV, including those who have high-risk behaviour such as unsafe sex and unsafe injections, as well as those in the general population who are vulnerable because they cannot negotiate safe sex. These audiences have to be motivated to find out their HIV status by sensitising them to risk, explaining the benefits of counselling and testing, and that counselling and testing facilities are available and easily accessible

- An effective campaign will disseminate the messages through various channels to maximise the chances of reaching as many members of the target audience as possible, and to reinforce the messages in the minds of the target audience

- Thus the campaign can simultaneously take place both at the national level (by NACO) and at the State level (by the SACS). The campaign messages and target audience, as well as the timelines, should be synchronised, so coordination must take place between NACO and SACS activities

- At the national level, based on the evidence of media preferences of the target audience, NACO can buy airtime on TV and radio as well as the national editions of key newspapers, to carry the messages. NACO can also hire communication agencies to create IEC materials in line with the campaign objectives, if suitable material is not already available

- The templates for these IEC materials (which can include TV and radio PSAs, print advertisements, booklets and leaflets) can be adapted for use by different states which would also be running an ICTC campaign at the same time

- SACS can use these adapted PSAs on the regional TV and radio networks. SACS can also commission hoardings and wall writings to act as reminders, along with mid-media activities such as mobile counselling and testing vans, for the duration of the campaign. All the NGOs supported by SACS, particularly those working in Targeted Interventions, can also motivate their HRGs on testing by undertaking IPC activities. SACS can also gear up ICT centres as well as help-lines to cope with the expected increase in uptake of services.

- Planning a communications campaign also involves planning for all associated research, monitoring and impact evaluation. For a large-scale campaign that runs for at least two months, a baseline and an endline survey should be undertaken, measuring reach and recall of key messages, and subsequent impact on knowledge, attitudes and behaviour towards testing. Where a large amount of new IEC material needs to be developed, there should be initial formative research as well as pre-testing of the materials.

> **Tools**
> **Annexure 5, *Indicators and Tracking Benchmarks and Assumptions***

3.2 Communication Matrix

A number of audience segments for communication have been identified in NACP III. For each target audience, the following message matrix outlines the key objectives, messages and outcomes of the communication efforts. It is illustrative only and should be adapted to the situation of each state.

HIGH-RISK BEHAVIOUR GROUPS			
Segment	**Objective**	**Message**	**Outcome**
FSWs	• To initiate behaviour change from casual, multiple-partner, unprotected sex to safer sex • To reassure about services and support through the provision of an enabling environment	• Use condoms correctly and consistently with regular and non-regular partners • Ensure regular check-ups for STI/STIs • Opt for complete STI/STI treatment and ICT services • Get yourself tested for HIV	• Awareness of HIV and AIDS • Behaviour change to use condoms • Increased STI check-ups • Increased uptake of ICT services • Assurance of an empathetic and non-abusive environment
IDUs	• To empower IDUs with information and skills to protect themselves from HIV and AIDS • To initiate sustained behaviour change	• Do not share needles and syringes • Use only disposable needles/syringes (do not reuse) • Use condoms correctly and consistently • Ensure regular check-ups for STIs • Opt for complete STI treatment and ICT services • Get yourself tested for HIV	• Awareness of HIV and AIDS • Behaviour change to protect from HIV and AIDS • Increased STI check-ups • Increased uptake of ICT services • Assurance of an empathetic and non-abusive environment
MSM	• To empower MSM with information and skills to protect themselves from HIV and AIDS • To initiate sustained behaviour change	• Use condoms correctly and consistently with regular and non-regular partners • Be faithful to regular partner • Ensure regular check-ups for STI/STIs • Opt for complete STI/STI treatment and ICT services • Get yourself tested for HIV	• Awareness of HIV and AIDS • Behaviour change to protect from HIV and AIDS • Increased STI check-ups • Increased uptake of ICT services • Assurance of an empathetic and non-abusive environment

BRIDGE POPULATIONS			
Segment	**Objective**	**Message**	**Outcome**
Clients of FSWs Truckers Migrants	• Behaviour change from casual, multiple-partner, unprotected sex • Being faithful to partner/wife	• Use condoms correctly and consistently with regular and non-regular partners • Be faithful to regular partner • Ensure regular check-ups for STIs • Opt for complete STI/RTI treatment and ICT services • Get yourself tested for HIV	• Reduction of multi-partner sex • Perception of risk • Voluntary testing • Seeking STI treatment by regular use of condom

VULNERABLE/GENERAL POPULATION			
Segment	**Objective**	**Message**	**Outcome**
Youth	• Awareness generation about personal risks • Reduction of myths and misconceptions about HIV and AIDS • Adoption of safe behaviours	• Be faithful to regular partner • Delay sexual debut • Learn to deal with peer pressure • (For girls) You have a right to say "no" to unprotected sex • Use condoms correctly and consistently with regular and non-regular partners • Get yourself tested for HIV • One can get infected with HIV from a single, un-protected sexual encounter • Ensure regular check-ups for STIs/RTIs • Opt for complete STI treatment and ICT services • Youth is vulnerable to HIV and AIDS	• Increased perception of risk • Increased percentage of youth opting for voluntary testing • Acceptance of abstinence/ delayed sexual debut • Reduction of multiple partners • Increased uptake of services including STI treatment • Correct and consistent use of condoms for every sexual encounter
Women	• Awareness generation about personal risks • Adoption of safe behaviours	• Insist on correct and consistent condom use with spouse • Get yourself and your partner tested for HIV • When planning pregnancy, visit PPTCT Centres and avail the counselling facilities • Ensure regular check-ups for STIs/RTIs • Opt for complete STI treatment	• Perception of risk • Voluntary testing • Correct and consistent use of condoms for every sexual encounter • Increased uptake of PPTCT services • Treatment seeking of STIs/RTIs

VULNERABLE/GENERAL POPULATION			
Segment	**Objective**	**Message**	**Outcome**
PLHA	◆ To empower with knowledge and skills on how to live a productive life with HIV ◆ To encourage networking and utilisation of services, including testing, counselling, treatment for OIs, ART, etc. ◆ To guide on partner notification and positive prevention	◆ There is no cure for HIV and AIDS, but it is a manageable disease ◆ Acquire knowledge on managing HIV and AIDS ◆ Good nutrition and exercise is important in leading a productive life ◆ Think positively ◆ Plan for your and your family's future ◆ Meet your counsellor when you feel the need and seek their advice ◆ Avoid smoking, alcohol and drug abuse ◆ Avail ART as per doctor's advice and adhere to doctor's prescribed ART treatment ◆ ART is available free at select government hospitals ◆ Know your rights ◆ Continue to work as long as you feel fit ◆ Always go only to qualified medical practitioners	◆ Better environment for networking, care and support ◆ Greater utilisation of services for counselling, testing, and treatment ◆ Increased confidence in dealing with status, and awareness of legal and human rights
Children (Orphans and vulnerable children, including street children, Runaways, child labourers, children of CSWs)	◆ Awareness of HIV and AIDS and danger of sexual abuse ◆ Acceptance of NGOs working for their health/STI check-ups, etc.	◆ Give importance to personal hygiene ◆ Acquire knowledge on HIV and AIDS from reliable sources ◆ Seek help for sexual abuse and harassment	◆ More protection from sexual abuse and thereby from STI/HIV infection ◆ More awareness about need to seek check-ups ◆ Awareness about condoms ◆ Increased awareness of sources of help and support and confidence in approaching them
Tribal Populations (Different ethnic groups and in different areas)	◆ Awareness of safe sex and need to use condoms ◆ Behaviour change towards healthier and safer sexual relationships	◆ Use condoms correctly and consistently with regular and non-regular partners ◆ Be faithful to regular partner ◆ Ensure regular check-ups for STIs ◆ Opt for complete STI treatment and ICT services ◆ Get yourself tested for HIV	◆ Awareness about HIV and AIDS and behaviour change ◆ Awareness of STIs/ICT ◆ Greater utilisation of services

VULNERABLE/GENERAL POPULATION			
Segment	**Objective**	**Message**	**Outcome**
Workforce	◆ Awareness generation about personal risks ◆ Reduction of myths and misconceptions about HIV and AIDS ◆ Adoption of safe behaviours ◆ Reduction of stigma and discrimination	◆ Be faithful to regular partner ◆ Use condoms correctly and consistently with regular and non-regular partners ◆ Get yourself tested for HIV ◆ Ensure regular check-ups for STIs/RTIs ◆ Opt for complete STI treatment and ICT services ◆ Do not discriminate against fellow HIV positive workers	◆ Increased perception of risk ◆ Increased percentage of workforce opting for voluntary testing ◆ Reduction of multiple partners ◆ Increased uptake of services including STI/RTI treatment ◆ Correct and consistent use of condoms for every sexual encounter ◆ Non discrimination of workers living with HIV

SERVICE PROVIDERS, INCLUDING HEALTHCARE WORKERS			
Segment	**Objective**	**Message**	**Outcome**
Hospital Staff NRHM/ RCH/ RNTCP/ STI/VCT workers	◆ Sensitise/Improve attitude towards PLHA ◆ Offer better quality of care ◆ Improve own knowledge of HIV and AIDS, and upgrade skills ◆ Acquire knowledge on HIV-TB link, treatment of OIs	◆ Provide timely and quality care and treatment to PLHA ◆ Do not discriminate ◆ Follow universal precautions and guidelines	◆ Better quality care and service delivery which leads to better uptake of services ◆ Better synergy between different programmes ◆ Higher motivation levels among staff ◆ Upgraded knowledge and efficiency levels ◆ Reduction of stigma in health care settings

BLOOD BANKS			
Segment	**Objective**	**Message**	**Outcome**
All staff	◆ Sensitise to blood safety issues and improve quality ◆ Promote voluntary blood donation	◆ Be aware of blood safety issues ◆ Follow universal precautions ◆ Promote voluntary blood donation	◆ Improved voluntary blood donation ◆ Heightened standards of testing and services

MULTI-SECTORAL PARTNERS (MAINSTREAMING)			
Segment	**Objective**	**Message**	**Outcome**
Govt. Ministries, Departments, and Other Govt. Services	• Include HIV and AIDS into their communication efforts, programmes, HR policies, community welfare programmes • Sensitise through top level Govt./NACO meetings, workshops, etc. • Introduce workplace intervention programmes	• Involve PLHA in policy decisions related to them • Encourage positive discrimination (GIPA) • Encourage referrals to service delivery • Create a supportive, non-stigmatising environment in the workplace	• Increased capacity to tackle awareness generation about HIV and AIDS , promotion of behavioural change • Creation of policies which support programmes and initiatives around HIV and AIDS • Development of an enabling and supportive environment for PLHA

MULTI-SECTORAL PARTNERS (MAINSTREAMING)			
Segment	**Objective**	**Message**	**Outcome**
Corporate/ Business/ Industrial Sector	• Sensitise businesses on importance of HIV and AIDS prevention and care • Encourage development of workplace policies and programmes	• HIV and AIDS is an economic/business issue • HIV and AIDS needs to be an integral part of all programmes • Develop and implement an HIV and AIDS workplace policy • Maintain confidentiality of HIV+ employees • Support HIV+ employees and do not discriminate against them • Train/inform staff on protecting themselves from HIV	• A PLHA friendly workplace environment • Improved efforts in HIV prevention • Improved referrals and linkages with service delivery
Civil Society	• Sensitise on all aspects of HIV and AIDS prevention and care and encourage the creation of a safe and supportive environment	• Do not stigmatise or discriminate against PLHA • HIV and AIDS is preventable • There is no cure for HIV and AIDS • Take necessary steps to empower yourself with correct knowledge • You have a responsibility to ensure the safety and health of future generations	• Improved efforts on HIV prevention • Improved referrals and linkages with service delivery • Enabling and supportive environment for care

COMMUNITY LEADERS AND INFLUENCERS (SOCIAL MOBILISATION AND ADVOCACY)			
Segment	**Objective**	**Message**	**Outcome**
All sections of society, Organisations, and Clubs	• Create an environment to discuss HIV and AIDS and safe sex • Sensitise through media, local influencers, youth	• Sex education and knowledge of HIV and AIDS are important to ensure a safe and healthy future for our children • Do not stigmatise or discriminate against PLHA; treat them with equality and respect • Encourage the utilisation of services available through qualified medical practitioners and discourage the practice of visiting quacks	• Normalisation of the topic of sexuality and the word "condom" • More public involvement in spreading awareness about HIV and AIDS • No stigma for PLHA • Improved referrals and linkages with service delivery
Media	• Sensitise about HIV and AIDS, and encourage accurate and non-stigmatising reportage	• Report sensitively on the HIV and AIDS issue • Report on various aspects of HIV and AIDS ; provide a holistic perspective • Provide correct and well researched information • Respect the right to confidentiality of PLHA • Use language that is gender sensitive & non-stigmatising; use visuals that are empowering; discourage victimisation	• Greater and more accurate and sensitive coverage of HIV and AIDS in all forms of media • More attention to issues surrounding stigma, human rights, and the gender perspective of HIV and AIDS

These objectives and messages should be kept in mind, along with the identified barriers, while choosing the IEC activities for each target group. There are a number of communication channels available. The choice of channel will depend on the nature of the target group, its geographical location and ease of access to various communication channels.

3.3 Review of Communication Channels

3.3.1 Mass Media

For placement of spots in the right time slots in TV channels in order to maximise reach, Television Audience Measurement (TAM) analysis may be obtained.

• TAM data will indicate which programmes are most popular with the target audience, for example with young women or young men.
• Accordingly, spots should be placed in the breaks of those programmes. If general viewership rises during particular time slots on a particular channel, most of the spots can be placed in those time slots, depending on the budget. Similar choices can be made for radio (AIR and FM) on the basis of AIR and FM listener data.

◆ A professional media planning agency can be engaged to help in this analysis and plan and schedule placement of spots. The agency may track the airing of the spots and also give TAM reach figures for the spots. At the same time, bargaining with channels may lead to additional free spots or free programme sponsorships.

◆ On the basis of National Readership Survey (NRS)/Indian Readership Survey (IRS), media penetration, such as ownership of TV and radio, viewership and listenership of TV and radio, print and magazine readership can be mapped. It can thus be clearly determined where mass media is already well penetrated, and where mass media reach is low. More mid-media and interpersonal communication activities should take place in the areas where reach of mass media is low (media-dark areas).

3.3.2 Mid-media

Choice of which particular mid-media to emphasise will depend on how effective such activities have been with the target group in the past. For example, data should be regularly collected on whether folk theatre attracted large number of audiences in particular locations, how many people came for testing after being referred by mobile vans, etc.

3.3.3 IPC

The number of repeat clients at ICTC and ART centres gives an indication of the success of IPC activities (counselling) happening there. Where the client dropout rate is high or the number of walk-ins is low there should be a review of why clients are not being reached adequately.

3.3.4 Media advocacy and public relations

There should be a review of how successfully media has been engaged in the past. Clippings should be kept from press, TV and radio stories on HIV and AIDS and databases created on journalists who have been willing to cover these stories.

3.4 Integrated Communication Planning

The strengths and weaknesses of different communication channels need to be considered before launching an integrated campaign. The various communication channels and key aspects of their choice and usage are discussed below.

3.4.1 Mass Media

The annual calendar of implementation will cover:
◆ TV and Radio Spots / Public Service Announcements (PSA)
◆ Cable scrolls
◆ Print advertisements
◆ Innovative media such as messages on mobiles, in cinema halls and on the internet (especially youth related messages)
◆ Integration of messages in health, women, youth and other possible programmes of TV/radio channels, in newspaper columns and magazines (without costs)
◆ Frequency and scheduling of all the above
◆ Duration of campaign period
◆ Numbers and costs.

Long-format programmes may also be used, depending on the availability of budget and time:
◆ Talk shows / Phone-in programmes (on TV/radio)
◆ Entertainmenteducation format (on TV/radio).

A. Television

◆ If awareness levels are low, plan an intensive campaign in the beginning of the year and thereafter use reminder ads only

◆ In an intensive campaign (e.g. daily insertions), use longer-duration spots. Reminder spots should not be more than 15 seconds. Do not waste time on advertising your state logo and address unless you want people to contact you for a specific purpose, e.g. call the hotline or write for more information, counselling services

◆ Television spots are short messages, usually of not more than one-minute duration. Spots can be made for 10, 15, 20, 30, 40 or 60 seconds

◆ HIV content can also be built by way of insertion of HIV storylines in popular programmes. Include people who are directly affected by HIV on discussion programmes

◆ There may exist in the State, TV or radio producers who were trained in health, development, or HIV issues and are now producing commercial work. These people may be tapped to create better media content on HIV and AIDS.

B. Radio

Radio programmes are broadcast in all regional languages and over 100 dialects. The reach of radio is particularly useful in accessing rural populations and the socially and economically weaker sections such as migrant workers. Station Directors of radio stations in the states should be contacted and strategies formulated to maximise the use of radio. Special programmes can also be commissioned for specific target audiences in addition to airing spots.

The points enumerated above for television also hold true while planning campaigns on radio.

C. Print

◆ Print advertisements are very expensive and should be used very judiciously when the occasion warrants

◆ Full-page advertisements, even on World AIDS Day, should not be taken

◆ Newspapers reach only those who are literate, and a newspaper's life is just one day. Combine use of newspaper advertisements with TV and radio during the intensive campaign period

◆ For services such as telephone hotline, counselling and testing, small-size ads can be used

◆ Newspapers should be used to effectively curb misinformation spread by vested interests such as quacks, to counter human rights violations and to clarify issues through press releases

◆ Column sponsorships: Some newspapers might be willing to run a column on sex, sexuality, HIV and sexual health related issues. Depending on the readership and coverage, selective sponsorship may be considered. Ask for a concept note and review in the IEC committee before agreeing to spend money on it

◆ Inserts: Very few studies have been done to gauge the effectiveness of this approach. Materials such as inserts are better used when associated with interpersonal communication or targeted to those asking for it. Avoid random inserts in newspapers.

For information on mass media buying, see Section 9.

3.4.2 Mid-media

Mid-media activities can be used whenever large numbers of people congregate for particular events and activities. These can be:
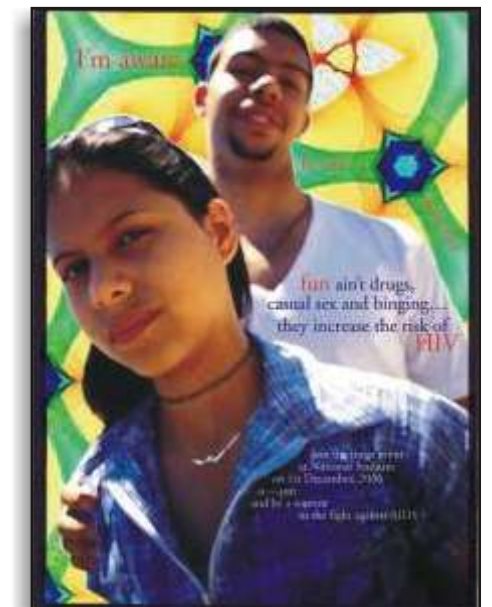
Fixed Calendar Events

- Religious occasion-based events, e.g. Durga Puja, Diwali, Navaratri, Pongal, Baisakhi, Holi, Vasant Panchami
- Commemorative Days e.g. World AIDS Day, World TB Day, International Women's Day, World Health Day, Voluntary Blood Donation Day, International Youth Day
- National Holidays like Independence day, Republic Day.

Non-Calendar Events/Activities

- Community Events: Felicitations, sports events, musical performances
- Commencement/Convocation days at universities, institutes, etc.
- College festivals
- Rural fairs, exhibitions, market places (haats/melas)

Mid-media require an activity plan specifying the locations where the activities will be conducted with a number of displays. The annual calendar of implementation will cover:

- Hoardings, bus shelters, airport and railway station displays
- Information panels
- Illuminated kiosks and signs
- Wall paintings/writings
- Mobile vans
- Folk media, Nukkad Nataks, mime, puppets
- Innovative media such as community radio
- Itemisation of location for all above
- Duration of message display/activity of all the above
- Numbers and costs.

A. Hoardings

Hoardings should be installed at public places such as railway stations, bus stations, hospitals, airports, major traffic intersections, petrol pumps, toll plazas on the highways and state roads, Sulabh toilets, tourist points, educational institutions, localities inhabited by HRGs, etc. Space at many of the public facilities can be obtained for free or at a discount as part of mainstreaming efforts on the part of the relevant public authority. Hoardings have visual appeal and can be used along with a TV campaign very effectively. They act as a very good "reminder medium".

Design

- The message on the hoarding should be simple and short. Long text on the hoarding is difficult to comprehend from a distance
- The visual on the hoarding should complement the message
- The hoarding location should be chosen as to stand out amongst the clutter.

Implementation

- Hoardings should be implemented with the help of a professional agency
- The agencies should also conduct maintenance of the hoardings

- Choose hoarding sites at prime locations as this provides maximum mileage to the campaign
- Have good lighting arrangements on the hoardings if possible.

B. Information panels

- They should be installed in hospitals and service centres such as ICTC, PPTCT, ART and STI clinics. Panels can also be installed in government buildings and offices
- Design specific messages for the service centres
- Text should be minimal, but explanatory as people have more time to read while waiting
- Panels should be visually intensive; try to use local visuals.

C. Illuminated kiosks and signs

- They should have minimal text and be in line with the TV/hoarding campaign
- Implementation and maintenance can be done with the help of an outdoor agency
- Make sure to check the lighting arrangements of kiosks.

D. Wall writings

If the location is chosen correctly, these can be very effective in displaying messages with less expense. They can be used in areas where it is difficult to put up billboards and are very low in rates:

- They need to be periodically monitored and repainted. Use line drawings instead of pictures in a wall painting as these can easily be painted by hand
- Provide different size options while designing as it is difficult to find same size of walls everywhere
- Wall paintings should be implemented using a professional agency to avoid dilution of design
- Wall paintings should not be implemented during the rainy season.

E. Exhibitions

A list of major fairs and events happening in any large urban centre can be used to plan information display booths of posters, banners, leaflets and brochures. There can also be a space where counselling and testing services are offered:

- Carry adequate IEC materials for display and for dissemination
- Carry visiting cards
- Display the materials and mention "only for display" on materials with limited copies
- Carry a visitor's book with comments section. Request the visitors to fill it out.

F. Mobile vans

These can be an effective way of disseminating messages as well as promoting locally available services, particularly in rural interior areas. When designing a mobile van activity, the following points need to be taken into consideration:

- **Purpose:** Define the purpose of the activity clearly, in terms of audience, reach and messages to be communicated
- **Publicity:** Design publicity material in the form of banners/leaflets/posters. Do publicity for the activity a day before the event with the help of these materials. On the day of the activity make mike announcements an hour prior to the activity to get the desired number of people to attend.
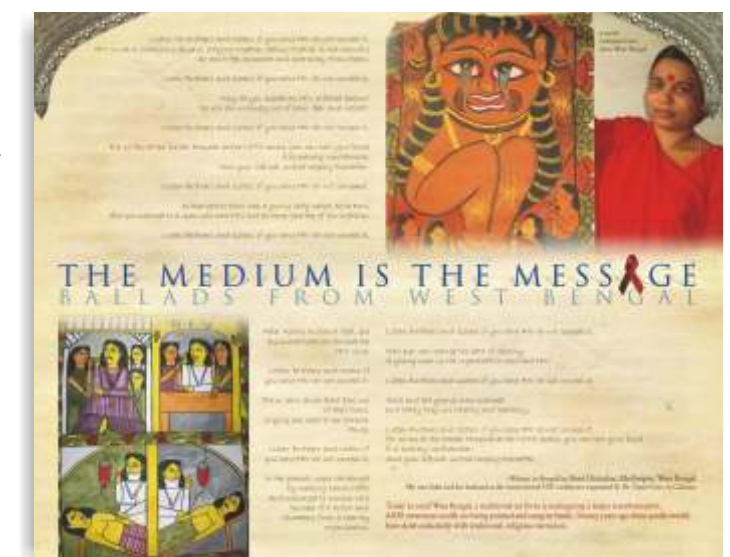
♦ **Monitoring and follow-up:** Prepare a small questionnaire and have it completed by the Target Audience, covering the relevance of the activity, message retention and call to action

♦ **Integrating IPC:** There can be interpersonal communication after the activity for those in the audience who have queries and need to discuss their issues.

G.   Street Theatre/Folk Theatre/Nukkad Natak/Mime/Puppet

There are several agencies that can be used to carry out theatrical and community entertainment activities. These can be affiliated to Central and State governments or to NGOs or private agencies.

H.   Media units of Ministry of Information and Broadcasting

The Directorate of Field Publicity (DFP) and the Song and Drama Division (S&DD) conduct entertainment/ education programmes primarily in rural and semi-urban areas using street plays, theatrical activities, group meetings, film shows, debates and essay competitions, etc. to convey socially relevant messages to the general population. DFP and S&DD conduct two models of programme:

♦ Programmes within their normal mandate under the Ministry of Information and Broadcasting

♦ Special programmes for other departments upon payment of a fee

Both programming models can be utilised. NACO can provide these units of MIB with a fee for conducting programmes in the States, and the respective States can coordinate where the actual performance will take place. States can also conduct programmes independently. Efforts need to be made so that the local branches of DFP and S&DD incorporate HIV and AIDS messages in their regular programmes. Special IEC material kits can be made available for their use as well.

♦ **Selection of performers:** Select good performers who have the experience of performing on health issues

♦ **Brief for the performers:** Develop a brief for the performers explaining the purpose of the activity, target audience profile and key messages to be delivered

♦ **Script:** Based on the brief the performers will come up with scripts, review the script and shortlist the script to be performed

♦ **Check the performance:** See the performance before the troupe performs in front of the target audience

♦ **Monitor the performance** with the help of a small questionnaire on the relevance of the activity, message retention and call to action

♦ **Integrating IPC:** There can be interpersonal communication after the performance for those in the audience who have queries and need to discuss their issues.

I.   Community Radio

The Ministry of Information and Broadcasting has made NGOs and Civil Society eligible to apply for a license for community radio. The application form is available on the ministry's website. The infrastructure required includes a transmitter, computer, recorders and microphones.   Community radio is a good way of involving the community to address local issues. Some

educational institutions and NGOs have already operationalised community radio.   It has untapped potential, especially in places where HRGs exist.   SACS can tie up with NGOs running community radio programmes to disseminate HIV and AIDS messages and involve participants from the local community, particularly HRGs in such programmes.

3.4.3 IPC (Interpersonal Communication)

The number and spread of IPC locations will vary according to the programmes and the identified populations at risk. The IPC plan will cover:

♦ Counselling/Interpersonal communication (individual and group)

♦ Peer educator meetings

♦ Link worker meetings

♦ Frequency and total number of all above

♦ Material support: flip books and charts, posters, games, audio cassettes, VCDs, brochures and leaflets, condoms, condom demonstration phallus.

(See also Annexure 6, *IPC Activities*, for details).

Most IPC activities are covered under other programme components such as Targeted Interventions, Link Worker Scheme and ICTC services. Therefore, IEC officers should coordinate with the Programme Officers In-charge of these components to provide relevant IEC plan & material.

The Link Worker will support the communication initiative at the grass-roots level, especially in the villages in A and B districts.   IEC officers should coordinate with them for messages and materials. **For details see NACO Guidelines on Link Workers.**
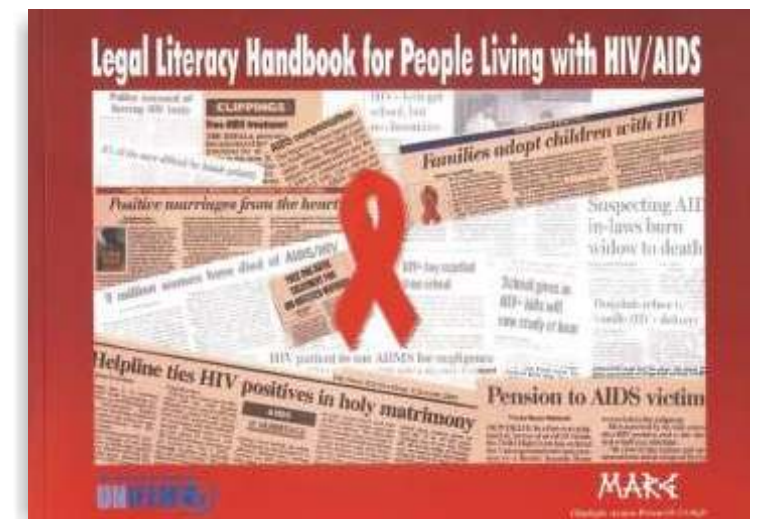
3.4.4 Public Relations and Media Advocacy

The kinds of media engagements which should be implemented are:

♦ Media contact programmes through press briefings, interviews, dissemination of stories on a regular basis

♦ Press conferences to launch any new programme, policy changes, announcements, etc.

♦ Media sensitisation workshops for AIR/DD, Cable and Satellite news and entertainment channel producers/script writers, reporters

♦ Field trips for media people to NGO programmes, ICTC, ART Centres

♦ Human interest stories relating to HIV provided to journalists.

Relationships should be maintained with key TV, radio and print journalists. They should be regularly updated. A schedule of briefing sessions, media workshops and press kits on HIV and AIDS stories, facts and figures should be prepared. Always remember the following:

♦ Get the newspaper clippings on HIV/ AIDS every morning

♦ Read and analyse them and do follow-up if required

♦ If a rejoinder is needed to any story, do it urgently, preferably by mid-day

♦ Keep close watch on radio and TV channels as well

♦ A professional agency may be hired for providing regular media feedback

♦ Always be available to answer queries from media.