

Shifting Boundaries & Moving Barriers

A journey in HIV/AIDS Communication
(1995-2012)



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APAC-VHS

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FOREWORD

HIV/AIDS is a public health issue that has demanded worldwide attention. The AIDS Prevention and Control Project (APAC) has relentlessly worked towards combating this global catastrophe for the last 17 years, contributing significantly towards the results which Tamil Nadu has achieved.

APAC has carved a niche for itself in the field of HIV/ AIDS by the innovative approaches it has adopted during this period. The committed APAC team has worked untiringly towards the success of the program. APAC's experience of communication in the prevention to care continuum - which includes diverse areas such as targeted Interventions, master health checkups for core groups, treatment, care and support, public private partnership, research and monitoring - has helped evolve innovative strategies which can be used both by Community Based Organizations (CBOs) at the local level and by the National AIDS Control Organization (NACO) at the national level.

This book is an attempt to document those innovative strategies spanning the last 17 years, in the hope that it would serve as a template and guide for any program or person directly or indirectly associated with planning strategic communication for their organizations or programs, in the domain of public health.

The strategies laid out in this book are some of the best practices in the area of communication for public health, especially HIV/AIDS. Most of these communication plans and strategies have evolved through discussions with various stakeholders including community members, NGO workers, APAC staff, government departments and funding agencies. Outlined here are those strategies and programs that were undertaken by APAC and those undertaken for the programs run by the state government.

I thank the Principal Secretary, Department of Health and Family Welfare, Government of Tamil Nadu, Project Directors and Member Secretaries, Tamil Nadu State AIDS Control Society, USAID, partnering NGOs and CBOs, community members, research agencies, advertising agencies, consultants and experts, civil society organizations, faith-based organizations, research scholars and universities and all those who contributed towards developing this impressive body of work in the area of health communication.

All the strategies outlined in this book are lessons learnt through APACs own experience. Some of these unique initiatives can be replicated as it is, while others can be replicated with appropriate modifications as per individual requirements.

I thank Dr Bimal Charles, former Project Director, APAC, for the valuable support he has offered this process to record 17 years of communication initiatives.

I appreciate Dr.T. Ilanchezhian, Director Programs, for designing these innovative communication strategies over the years in APAC and also for making the effort to compile and recapture all the lessons learnt over a period of 17 years.I trust this book will be of immense value to all readers, especially those working in the area of communication and public health.

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Dr. Joseph D Williams
Project Director, APAC

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GLOSSARY

AIDS	Acquired Immune Deficiency Syndrome
APAC	AIDS Prevention and Control Project
BCC	Behaviour Change Communication
CAA	Children Affected with AIDS
CBO	Community Based Organization
CCC	Community Care Center
DAPCU	District AIDS Prevention and Control Unit
DIC	Drop-In Center
DLCC	District Level Communication Campaign
DLN	District Level Network
FBO	Faith Based Organization
FGD	Focus Group Discussion
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMS	Hospital Management System
HRG	High Risk Groups
ICTC	Integrated Counseling and Testing Centres
IDU	Injecting Drug User
IID	Intensive Intervention Districts
IPC	Inter Personal Communication
KMC	Knowledge Management Centre
MARP	Most At Risk Population

MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NESCOM	National Experience Sharing on Communication
NHCRC	National Health Communication Research Centre
Non- IID	Non- Intensive Intervention Districts
ORW	Outreach Worker
OVC	Orphan and Vulnerable Children
PLHA	Person/ People Living with HIV/AIDS
PLHIV	People Living with HIV
PSV	Participatory Site Visit
SACS	State AIDS Control Society
SHCRC:	State Health Communication Research Centre
SLCC:	State Level Communication Campaign
STI	Sexually Transmitted Infection
TANSACS	Tamil Nadu State AIDS Control Society
TI	Targeted Interventions
TNHSP	Tamil Nadu Health Systems Project
TSU	Technical Support Unit
VHS	Voluntary Health Services
VCTC	Voluntary Counseling and Testing Centers

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ABOUT APAC

The AIDS Prevention and Control (APAC) Project is administered by the Voluntary Health Services (VHS), Chennai, with financial assistance from the United States Agency for International Development (USAID), under a **tripartite agreement** with the Government of India.

The APAC project has been implementing STI/HIV/AIDS prevention and control programs in Tamil Nadu since 1995 and in Puducherry since 2002. APAC has completed two Phases between 1995 and 31st March 2007. The Government of India and USAID had extended the project for a further period of five years (2007 - 2012) and the project is due to come to a close on 31st March 2012.

USAID, in consultation with the Government of India, has funded APAC through two channels. A bilateral channel routed through the Government of India and a Technical Assistance Component routed directly to VHS by USAID.

Project Governance

A Project Management Committee (PMC) chaired by the Health Secretary of Tamil Nadu Government provides supervision to the project. Project Director, TANSACS is the Vice-Chair.

APAC's Current Phase

APAC is currently in its Phase III. For this phase, APAC has developed its project plan in line with



National AIDS Control Organization (NACO) priorities. The key focus in the current phase is to **saturate the coverage of High Risk Groups (HRG)** in 7 Intensive Intervention Districts (IID), Kancheepuram, Villupuram, Karur, Trichy, Tuticorin, Tirunelveli and Kanyakumari.

In addition to IIDs, APAC also works in two districts of Puducherry. The project has reviewed the coverage of existing NGO partners involved in interventions among Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU) and extended support to expand the interventions to unreached sites both in urban and rural areas.

The core technical strategies for implementing prevention, care and treatment programs include:

- ◆ Targeted interventions for core populations in seven districts of Tamil Nadu and two districts in Puducherry Union Territory.
- ◆ Comprehensive programs for bridge populations in Karur, Tirunelveli and Puducherry.
- ◆ Improving HRGs' access to condoms and demand generation in that population
- ◆ Inter Personal Communication (IPC) to promote behaviour change
- ◆ Capacity Building support to SACS and other agencies
- ◆ Advocacy initiatives
- ◆ Community mobilization



COMMUNICATION

APAC's communication strategies include promoting sustainable behaviour change among target populations through Interpersonal and group communication. Planned and focused media/BCC events are conducted to address health related issues to create awareness and generate demand for available services.

The communication component is divided into three main areas:

- ◆ Behavior Change Communication (BCC)
- ◆ Media Activities
- ◆ Advocacy

Behavior change communication activities based on the Stages of Behaviour Change, focus on provoking thought, increasing information and enabling changes in behaviour and attitude through creative persuasion.

Inter Personal Communication (IPC) and Mid Media activities are undertaken by the NGOs/CBOs to increase risk perception and adoption of safe behaviors reducing risk among core/vulnerable populations, provide psycho-social care, create an enabling environment and work as change agents to reduce stigma.

Advocacy initiatives have been planned to initiate action/ownership of stakeholders/civil society at both top and grass root level, leading to sustainability of the initiatives.

The above three components are implemented through the following strategies.

Development of Materials

The communication materials developed for the prevention and care continuum services are need-based and are pre-tested for audience acceptability prior to production. The materials developed are specific to the target audience (demographic profile and media habits) and relevant to their information needs (abstinence, testing, care, treatment).

Materials are developed in the form of educational aids, hand-outs, posters, flash cards/ stickers, and game based and display materials. The materials which are developed are broadly classified into Prevention/Care and Treatment/OVC/Counseling and Testing. APAC also shares its materials with government and private agencies for wider dissemination.

Media Activities

Media activities in the form of ad spots, television serials, short films are produced and telecast with the aim to reach out to the general population with focus on stigma reduction and creating an enabling environment for preventive behaviours and accessing HIV-related counseling and testing services.

Communication Campaigns

APAC conducts District level Communication Campaigns (DLCC) and State Level Communication Campaigns (SLCC) to increase demand for prevention, counseling and testing, care and treatment services in selected districts.

Mobile Health Education Units

Five Mobile Health & Education Units (MHEU) are in operation to reach 'Health, Hygiene and HIV' related messages to the unreached areas and enhance risk perception. Condom promotion is one of the major activities addressed through MHEUs. MHEUs also offer other services like:

- ◆ HIV prevention education dissemination through exhibitions and distribution of IEC
- ◆ Road shows for prevention
- ◆ Promoting Non Traditional outlets
- ◆ Referrals to ICTC, NGOs etc.
- ◆ Condom demonstration and distribution

BCC for Prevention to Care Continuum

Well-researched, well-designed and professionally produced communication was a key factor in the success of APAC's interventions. In APAC's 17 years of operation, a vast range of communication models, approaches, systems and materials was employed.

APAC developed a volunteer-based peer education system, developed guidelines in communication for state officials, initiated novel projects to reach specific populations and the general public, organized workshops to reach key opinion leaders and influential sectors, built capacity and developed training curricula, and used a variety of media in developing communication campaigns and supportive educational materials.

Dissemination of these pre-tested materials was fast, community friendly, wide-based and simplified by the product of catalogues and listing on the APAC website.

The operational principles supporting APAC's communication approach underpin all communication activities:

APPROACHES IN COMMUNICATION

- **IPC** to promote behavior change
- **BCC** events like street plays, exhibition, audio/video shows and DLCC (to identify hidden populations, increase demand generation for services, promote general awareness and counter myths and misconceptions, thereby, creating an enabling environment.
- Development and distribution of **IEC**, including display materials, distribution materials and communication aids
- **Peer led approaches** to promote "voluntary" peer-educators for effective reach.
- **Mass media** campaign (evidence based

- ◆ The Communication Unit is an integral part of the program. It is not a technical support unit that bulk-produces materials to order, but a cross cutting partner in every program which complements the program.
- ◆ Materials are tailored for each target audience and updated and changed frequently to fight any monotony in AIDS prevention messages
- ◆ APAC maintains creative control when working with all communication partners and agencies including community consultants. They are closely involved in needs assessment, pre-testing, production, feedback on the materials and this information is used to revise and update materials at regular intervals.
- ◆ Involvement of the community in the process of developing material (consultation, identifying key words, pre-testing with the community)
- ◆ All materials are in the public domain and could be accessed free by partners, from SACS to the CBOs (catalogued, coded and digitized)
- ◆ Material management system: Needs analysis, procurement, pre-testing, production, distribution, monitoring, including stock and distribution systems, is in place. Collecting feedback and incorporating necessary changes is a part of the process.
- ◆ Undertake evaluations and research studies at regular intervals.
- ◆ Documentation of all the innovative activities at regular intervals and dissemination of the findings.
- ◆ Strong partnerships with AIDS Control Societies in Tamil Nadu and Puducherry for supporting State Communication priorities, sharing IEC materials and designs for replication for sustained awareness.
- ◆ The communication initiatives are always a combination of the traditional and innovative approaches.
- ◆ All communication strategies are gender sensitive.
- ◆ APAC has an empanelled team of consultants and experts who provide appropriate technical expertise. The consultants are chosen depending upon the specific requirements of each program.
- ◆ There is a demo site link to demonstrate the correct use of materials.
- ◆ APAC also has a capacity building system for all category of personnel to ensure effective communication processes.
- ◆ There is a transparent feedback mechanism through experience sharing review meetings, participatory site visits, training programs, field visits, cluster meetings, community consultation meetings etc.



MASS MEDIA

A mass media study conducted in TN in 2006 revealed that among urban and rural families with average monthly income between Rs. 1000 – 2000

- 94.4% were exposed to TV
- 88.9% to radio
- 66.2% to newspapers
- 89.3% to outdoor advertising
- This provided a backbone and rationale for a mass media/ multi-media campaign approach

THE RIGHT INFORMATION

... with *Right Ranga*



Background

Based on the trends that the HIV infection was increasingly moving from urban to rural areas and spreading beyond high-risk groups to people in the general population, it was decided that a district-level campaign with an uniform strategic approach be adopted, which would work in the most high prevalence setting in Tamil Nadu as well as appeal to the general population.

Referring to the NACP-III design, APAC piloted an innovative State Level Communication Campaign model involving various stakeholders including TANSACS, to put up a united fight against HIV/AIDS.

Based on the HIV Sentinel Surveillance 2008-2009, the National AIDS Control Organization (NACO) has estimated that India has an adult prevalence of 0.31 percent with 23.9 lakh people infected with HIV. Of this around 1.55 lakh HIV positive people are living in Tamil Nadu. It was also said that more than half the infected population belonged to the 15-24 age group. The study also emphasised the need for prevention of HIV among the youth.

Campaign Objectives

- ◆ The core theme of the DLCC was – **Behave Responsibly**, and it was aimed at reaching out to both the married and unmarried population between the ages of 15 and 45 years.
- ◆ This campaign was designed to utilize mass media and mid media apart from organizing specific ground level activities to bring home the ABC message- Abstinence, Be Faithful and Use Condoms – as an important component of HIV/AIDS prevention.
- ◆ It was also decided that the Abstinence messages would be youth specific, Be Faithful would be for the married population and Condom Usage was for those belonging to the high-risk groups.

Methodology:

Campaign Concept: *The Hero Mascot*

For any campaign to succeed, it is essential that **the concept is extremely sound** and the communication is done through a means of a powerful creative that creates a flutter among the intended audience.

Pulli Raja
was based on
name branding.

Right Ranga
was based on
character branding- a character
with a name and a
face.

Towards this end, an animated character- **Right Ranga** – was created. Donning the role of a traditional yet modern hero, Right Ranga was portrayed as a messiah in the 21st century who would spread the message of ABC in an effective manner. This hero, while cutting across all class barriers, appealed to all age groups irrespective of the gender.

This character was created in the superhero format – both in terms of appearance and personality. The name of the character and his style of giving information also conformed to this image of the hero who could never go wrong.

This was the first time in India that an animated character was used to give a social message.

Teaser: 16 - 22 September, 2006

“Whatever I say is right. I say only what is Right.” This was the line that launched the campaign. Through the teaser, Right Ranga got introduced as a stand-alone character accompanied

by a voice-over which said: Right Ranga EnnaSolraaru?(What does Right Ranga say?).

A telephone and SMS contest “Right Ranga Contest” was organized with opportunities for the respondents to win grand prizes.

Revealing Message A: 23- 26 September, 2006

The first message released by the campaign was on **A- Abstinence**. Specific situations were chosen to appeal to the young audience for whom the message of Abstinence was meant.

Revealing Message B: 27- 30 September, 2006

The second message released by the campaign was on **B- Be Faithful**. Specific situations were chosen to appeal to the married audience for whom the message of Be Faithful was to be given.

Revealing Message C: 1- 4 October, 2006

The third campaign message was on **C- Condom Usage**. Specific situations were chosen to appeal to members of the high-risk groups for whom the message of Use Condom was meant.

Combined Message: 8 – 17 October, 2006

The three messages were then played out in a planned manner in both the print and the electronic media to reinforce the HIV prevention messages to the three sections of the population.

Media Plan:

The ABC Message was communicated through a careful and exhaustive selection of media vehicles to provide the desired level of synergy and coverage. Top priority was given to reach the identified target audiences. The various media used in the campaign included:



Press: The Hindu, Indian Express, Deccan Chronicle, Dina Malar, AnandaVikatan and Kumudam.

Television: Sun TV, Raj TV, Jaya TV, Vijay TV, Podhigai, Win TV, K TV, Sun News, Sun Music.

Radio: Suryan FM, AIR, Radio Mirchi, Radio City.

Apart from this ground level events supported with IPC were held at various locations. These included rallies, signature campaigns, youth conventions, street theatre and over 500 Right Ranga exhibitions.

Movie theatre branding formed another major part of the campaign with hoardings/ billboards being placed in front of the movie theatres. Inflated balloons to heighten visibility, cutouts of the famous actors with messages on ABC were also placed in and around the theatres. Slides with audio and video commercials on ABC were also screened inside the theatre before and during the movies.

Campaign Exposure:

IMRB Research agency was hired to do the post campaign evaluation for the Right Ranga campaign.

- ◆ It was found that television was responsible for the most exposure where 35 percent of the population surveyed said that they had watched the Right Ranga commercials. The most popular TV channel was Sun TV (97 percent viewership) followed by Jaya TV, KTV and Vijay TV.
- ◆ Of those who had heard the spots on radio, the most popular radio channels where the Right Ranga ad was heard was Suryan FM (98 %) followed by Kodai FM (22 %) and AIR Trichy (12 %) and Radio Mirchi (9 %).
- ◆ The most popular radio programs were cinema songs, ChinnaThambi and Kittu Mama.
- ◆ The most popular magazines where the respondents saw the Right Ranga ad were AnandaVikatan, Kumudam and Kungumam.
- ◆ The most popular newspapers where the Right Ranga ad was seen was Dina Thanthi (68%) followed by Dina Karan and Dina Malar.

Lessons Learnt:

- ◆ The Right Ranga campaign proved that the ABC messages could reach the population through the media effectively.
- ◆ Pre-testing the campaign and concepts definitely helped in standardizing the message and ensured acceptance by all.
- ◆ After the campaign, Right Ranga was identified as an ideal brand/personality and a face that was easily recognised by people.
- ◆ Creating an identifiable mascot also meant that it could be taken to other states, replicated and modified to suit the respective cultures.



Right Ranga: The Hero Mascot

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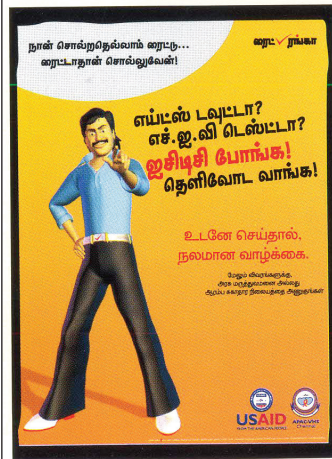
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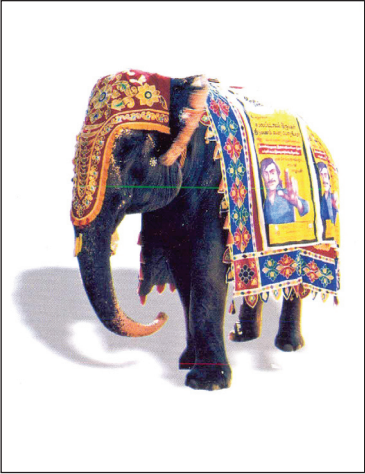
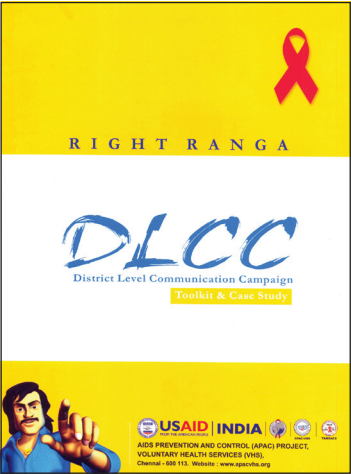
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1.2 DOUBTS ON HIV/AIDS

... Dillu Dorai goes to the ICTC

Background

A State Level Communication Campaign (SLCC) was undertaken by the Tamil Nadu State AIDS Control Society (TANSACS) with support from the APAC Project. The goal of the SLCC was to increase awareness of and knowledge on STI/HIV/AIDS testing, motivating the target population to access the STI/HIV/AIDS services and early identification of those who were HIV positive. The SLCC was launched in March, 2010 in Tamil Nadu and covered both primary and secondary audiences. The primary audiences included the Most at Risk Populations (MARPs) that is, Female Sex Workers (FSW) and Men who have sex with men (MSM), and the secondary audiences included clients of FSW, vulnerable women and young men and women.

Campaign Objectives

The purpose of the campaign was to enable early identification of the PLHIV through increased awareness and utilization of HIV testing. To this end the objectives were to:

- ◆ To increase risk perception for STI/HIV/AIDS among the MARPs.
- ◆ To increase uptake of ICTC & STI services (Suga Vaazhvu Maiyam)
- ◆ To identify those among the MARPs, who were HIV positive and promote positive prevention with them as well as provide them linkages to care and treatment services.

Methodology

The SLCC was designed to address the MARPs including the FSWs and the MSM as well as the vulnerable population, women and young people. It was predominantly a mass media campaign run on television, which was supplemented by print ads in leading newspapers and a large outdoor media campaign that involved signboards, mobile vans and panels on the back of buses and vans.



Branding:

The protagonist in the media campaign was a character called “Dillu Dorai” who sported flashy mass hero image. A fun loving playboy, he played someone that the high risk population could relate to. The television campaign comprised of a series of three teasers. These were telecast on leading Tamil channels, and were followed by a revealer.

Teaser 1

In the first teaser, the hero Dillu Dorai hit the screen with all the fanfare of a popular film hero. He danced and created a ruckus as he entered, which created curiosity among the audience as to who he was? The basic idea behind this teaser was to build tremendous curiosity about the character.

Teaser 2

The second teaser focused on taking the curiosity about Dillu Dorai to a crescendo. His character as a risk- taker who was ready to undertake any kind of adventure without thinking twice was portrayed in his actions and attitude. Each of his actions signified the beginning of some terrifying exploit.

Teaser- 3

The first two teasers succeeded in firmly establishing the character of Dillu Dorai. While the previous teasers showed him as a man who is extremely self- confident and sure of himself, the third one reflected a total contrast in mood. He is confused about something and is seen consulting everyone from a palmist, to a fortune teller. Yet, he does not get his answer. The aim was to get the audience even more curious to find out what his confusion was about.

Revealer

The revealer showed Dillu Dorai as being initially perplexed, but eventually receiving guidance. He is shown going to the ICTC to clear his confusion. The counsellor is shown, and the revealer winds up with Dillu Dorai emerging triumphant out of the ICTC, along with the line — Dillu Dorai is now clear of his doubts.

The core messages that were conveyed at the end of the campaign were:

You can get counselling at ICTC.

You can get the right information at the ICTC.

Keeping the messages focused and simple ensured that they were received clearly without the confusion of too many messages.



Innovative approaches

- ♦ Introducing a suspense element through the teasers by projecting the character Dillu Dorai on television, radio and press during the pre-campaign phase triggered and sustained considerable interest in the general population.
 - ♦ The campaign was not a stand-alone programme but was supplemented with widespread print and outdoor media campaigns and cultural events.
- ♦ The focus was on both rural and urban areas.
- ♦ All the NGO partners in prevention and service delivery were involved in planning and execution of this campaign.

Key Achievements

The outcome of the mass media campaign was evaluated using the following measures:

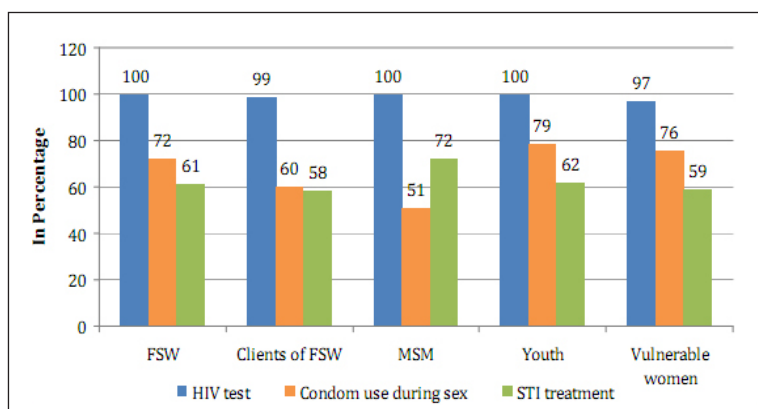
a. Campaign Reach

The overall campaign reach in all the districts was 71%. Among the target groups covered, the maximum reach was observed among Female Sex Workers (74%) and the youth population (74%) followed by clients of FSW (73%). The campaign reach among MSM and vulnerable women was 67 % and 66% respec-

tively. The campaign had more effective reach in urban areas (76%) than in rural areas (65%). The most effective medium of the campaign was television (90%) followed by posters/banners/hoardings and pamphlets (50%). The mobile van was effective in reaching out to almost half (48%) of the target respondents. Around 22% had seen/heard the campaign messages through street theatre.

b. Message Recall

Almost all of the respondents (99%) stated that the campaign covered issues on HIV testing. 68% recalled the messages on 'condom use during sex' and 62% on 'STI treatment'. Around 85% of the respondents recalled the main message of the campaign of 'taking the HIV test from ICTC' and the rest recalled messages on Dillu Dorai.



Use of Hello-Plus helpline

Though the Hello+ Helpline was launched much ahead of the SLCC, during the campaign much awareness was created about the toll free service.

Statistical analysis indicated that there was a significant increase in the number of calls that were received at the call centre during the campaign period when compared to the pre-campaign period. A detailed probe into reasons for call revealed that callers asked for information on HIV/AIDS, on ICTC, HIV/AIDS treatment and STIs.

A majority of the respondents across all the target groups had taken some action in response to the campaign. While majority (85%) had discussed the campaign with others, around 22% had undergone HIV testing. HIV testing as a response to the campaign was observed to be high among MSM (44%) followed by FSW (27%), clients of FSW (21%), vulnerable women (11%) and youth (7%).

Lessons Learnt

The SLCC was reasonably successful in achieving its intended objectives. It had a good reach and message recall and resulted in positive behaviour change. Some of the factors that led to its success were:

a. Appropriate planning and capacity building

The program was planned meticulously from the state level to the district level. All district supervisors were given orientation by TANSACS on the objectives of the campaign. At the district level the campaign planning was performed by the district supervisors along with the other stakeholders.

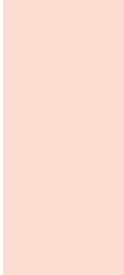
b. Relevant and focused campaign strategy

Dillu Dorai as a character was found to be a huge success among the people. His charm, real life qualities and courage captured the attention of the masses. He was a person, people could identify themselves with, and this ensured effective recall of the messages conveyed by him.

Additionally, the campaign used relevant and popular media which ensured wider coverage. Also, the SLCC was a focused campaign with an aim to spread the awareness on HIV testing and ICTC. Though other STI/HIV/AIDS related issues were also communicated across, the messages on HIV testing took the precedence. This ensured an effective reach of the campaign and also an efficient recall of the messages given during the campaign.

Challenges Faced

- ◆ Equal response from different population groups to the campaign could not be elicited in public gatherings; men were more active than women and asked various questions, mostly on HIV testing and information on ICTC centres, to the campaign team.
- ◆ Participation among women was reported to be low. The district supervisors stated that the women were shy to ask questions on HIV testing in public, fearing of what others may think about them.
- ◆ Young people also restricted themselves in asking questions as some of them were with their family members and were not confident clear their doubts in their presence.
- ◆ Another limitation of the campaign was short time allotted to it. Since the campaign was to be completed in 10 to 12 days, not all blocks could be covered. Nevertheless, the SLCC was a successful campaign as evident from the positive findings of the post-campaign evaluation.



A majority of the respondents across all the target groups had taken some action in response to the campaign. While majority (85%) had discussed the campaign with others, around 22 percent had undergone HIV testing as a response to the campaign. Testing was observed to be high among MSM (44%) followed by FSW (27%), clients of FSW (21%), vulnerable women (11%) and youth (7%).

1.3 LEADING BY EXAMPLE

...Fighting Stigma and Discrimination

Background

The AIDS Prevention and Control Project (APAC) in its 20 years of existence has promoted several PLHIV ambassadors as an example of people living a healthy life with a positive outlook. The purpose of these initiatives is to mainstream the epidemic, eliminate the possibility of stigma and discrimination against PLHIV and create an enabling environment for accessing treatment and care and support services.

In continuation of this process and to provide a fresh impetus to the ongoing campaign against stigma and discrimination, it was decided that cricketers, who are the demigods of the Indian society, should be brought in as ambassadors to spread the message of stigma prevention.

Celebrities, especially cricketers have a very important place in our society today. They capture the imagination of old and young alike and are important brand messengers whose star power can be used to market ideas, concepts and products.



In March 2008, the AIDS Prevention and Control Project decided to use this star power to spread the message that – Discrimination hurts people living with HIV/AIDS. The fact that cricketers have tremendous crowd-pulling power and attention grabbing power and their popularity cuts across both urban and rural centres was a major factor in this campaign.

The fact that the Indian National Cricket team was in Chennai during that period made involving them an irresistible proposition.

Objectives

- ◆ To create mass awareness on various aspects of HIV-related discrimination and take steps to eliminate the existing stigma around people infected with HIV.
- ◆ To create a hype around cricketers and celebrities while getting a commitment from them to accept PLHIV as normal individuals.
- ◆ To reach the larger audience through the various media that would automatically provide coverage to the activities of celebrities and cricketers.
- ◆ To use the celebrities and cricketers as role models whose stigma-free attitude towards the PLHIV would be emulated by the general population.

Campaign Approaches

1. Cricketers to spread the message on Eliminating Stigma against PLHIV.
2. Cine celebrities to give support to the campaign by cricketers.
3. Cultural program with both kinds of brand ambassadors for wider reach.
4. Placement of banner advertisements on eliminating stigma around the stadium.
5. Get ample press and media coverage.
6. Organize for group photographs with PLHIV and celebrities which can be used for further campaigns.
7. Organize casual interactions between PLHIV and celebrities to normalize the interactions and drive home the message of eliminating stigma.
8. Organize signature campaigns and oath taking programs to make the campaign more participatory in nature.

Methodology

A day was chosen in 2008, when members of the Indian Cricket team along with officials of USAID and APAC VHS met up with adults and children living with HIV/AIDS. Around 300 people participated in the program.

The cricketers and other celebrities posed for photographs with PLHIV, signed autograph books, gave away signed cricket bats to children living with HIV/AIDS. They also launched a signature campaign by signing a large banner with the message – “We will not discriminate against People Living with HIV/AIDS.”

Apart from the formal interaction the celebrities mingled freely with the PLHIV and socialized with them without any inhibition. Thanks to presence of the media at the program, a strong message against discrimination of People Living with HIV/AIDS went out into the community.

Members of the Positive Networks, Orphan and Vulnerable Children who were infected and affected by AIDS participated in the program. Apart from this, the banners signed by the celebrities were carried out into the stadium and set up at all entry gates. The promoters were assigned to obtain the signature of the spectators who came into the stadium, as part of the signature campaign.

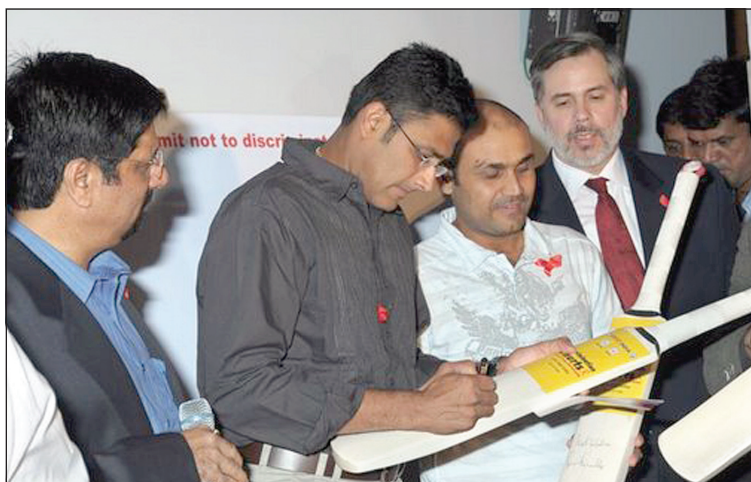
More than 10,000 signatures were obtained from the public. Advertising panels with the message “Non discrimination of People Living with HIV/AIDS” were placed at vantage points in the stadium. This message reached millions of viewers, across the nation through television coverage during the five days of the match.

Impact

- ◆ This event and associated media campaigns led to an increased awareness amongst specific sectors and general population leading to reduction in stigma and discrimination.
- ◆ Enhanced acceptability of the PLHIV in their respected field of existence.







Cricketers + Cine Celebrities + PLHIV = Enabling environment, zero stigma in the state, greater access to services, and greater participation of the general community in the fight against stigma.





Lessons Learnt

This first of its kind campaign helped in providing a unique impetus to the ongoing fight against stigma and discrimination. Some of the lessons learnt from this campaign were:

- ◆ Using celebrities in a campaign is an effective way of communicating with a larger audience. Such innovative approaches are required to break the monotony and bring about innovations in the existing programs.
- ◆ Using celebrities, especially someone as popular as cricketers, is a very cost effective way of reaching a large population.
- ◆ The fact that accepted icons are dealing with PLHIV in a normal fashion goes a long way in normalizing the infection and helps gain a greater acceptance for PLHIV.
- ◆ As the media generally covers all activities of celebrities- the media gets automatically roped into a program like this - making for a wider message reach at no extra cost.

1.4 THOZHA- THOZHA

... A Community-driven campaign



Background

APAC is currently working in seven selected districts in Tamil Nadu in an intensive manner to provide comprehensive Prevention, Care and Treatment services. These districts are known as Intensive Intervention Districts (IIDs). These Intensive Intervention Districts are Villupuram, Kancheepuram, Karur, Trichy, Tirunelveli, Kanyakumari and Tuticorin. In addition to these districts, APAC is also working in two districts of Puducherry (Puducherry and Karaikal).

In view of NACO's strategy to focus intervention activities at the district level, a District Level Communication Campaign (DLCC) was formulated by APAC in collaboration with the Tamil Nadu State AIDS Control Society to stem the explosive growth of HIV infection among Men who have Sex with Men (MSM).

Rationale

According to the NACP-III document, the MSM population is not only highly infected and affected by HIV, but is a core group that requires urgent attention. The document further said that the MSM in India are at significant risk of HIV infection because:

- ◆ They have frequent anal sex (45-55% of MSM in India practice anal sex).
- ◆ Only between 5% and 20% of MSM use condoms for anal sex.
- ◆ They have many casual sex partners, reportedly between 11 and 28 per month.
- ◆ They have poor health-seeking behavior - only 20-30% of MSM going for STI check-ups.

Besides the evidence mentioned above, other studies including

Methodology

The campaign primarily used Inter-Personal Communication and direct communication through small group

2,000

members of the community (thozhas) were chosen and trained to impart the messages to others in the community.

It was decided that each thozha would work with five MSM and five clients (panthis).





meetings and IPC training to train peer educators or 'thozhas', who in turn would carry the message to both hidden and known MSMs. Apart from IPC, a judicious use of mid-media like street plays and folk songs, mobile exhibitions and display IEC materials were used.

Planning

An evaluation of the MSM community was held, prior to launching the campaign. It was decided that, based on the findings of the evaluation, the methodology of the campaign would be outlined. It was also decided that the evaluation would be conducted in two phases: one before the beginning of the campaign and the other after the completion of the campaign. This would help measure if any visible behavior change had occurred due to the campaign.

Based on all pre-campaign findings an exclusive communication strategy was evolved for the campaign. It was decided to build the capacity of the NGO and CBO staff, on imparting interpersonal communication. It was also decided that volunteers would be chosen and trained, in street theatre and folk media. After several rounds of discussions with various stakeholders, it was decided that 2,000 members of the community (thozhas) would be chosen and trained to impart the messages to others in the community. It was decided that each thozha would work with five MSM and five clients (panthis).



While on one hand the thozhas were being selected, on the other hand, key messages were being worked out which the thozhas would impart to the community. Based on the findings of the pre-campaign evaluation, five basic key messages were worked out for use in the campaign. These ranged from HIV prevention and testing, consistent and correct use of condoms and gel to STI check-ups and partner treatment.

Some of the key messages were

For the MSM community:

- ◆ Anal sex without protection can be life threatening. Using condoms and gel are some of the ideal ways of prevention.
- ◆ Importance of reducing number of sexual partners.
- ◆ It is important to cultivate health seeking behavior.
- ◆ Partner treatment is essential for curing STIs

For the clients:

- ◆ It is important to understand the risks involved in unprotected sex.
- ◆ Condoms should be used in a correct and consistent fashion.

COMMUNICATION TOOLS

Inter Personal Communication (IPC)
 Counseling (one to one)
 Group meetings (one to group)
 Mid-media: Street theatre/folk/
 traditional media
 Events/competitions/shows
 Rallies/ seminars/workshops
 Wall painting/hoardings/ exhibitions



- ◆ It is important to seek testing services, if one has been involved in risky behavior.

For District-level stakeholders – the messages were aimed at:

- ◆ Helping them understand the MSM community.
- ◆ Increasing acceptance of the community by the general society.
- ◆ Sensitizing the families on MSM behavior.

Advocacy programs

While these messages were being worked out, a series of sensitization and advocacy programs were being held with different stakeholders and members of the civil society. These included members from the district administration, officers from the police department, community leaders and members of the civil society including teachers, lawyers etc. and healthcare providers.

Training of the Thozhas

Once the sensitization program was completed, a series of one-day training programs were conducted for the thozhas. Ten



thozhas were trained each day on the objectives of the DLCC, how to saturate the coverage, provision of regular services, line-listing and the Master Health Check-up.

Communication Material

A huge inaugural function was held along with an exhibition and a mobile van with panels carrying messages from the DLCC was also flagged off. A three month-long campaign followed the inauguration. A variety of communication strategies were used as part of the campaign.

It was also decided that the members of the MSM community would be actively involved in the preparation as well as the dissemination of the communication materials.

In fact one of the key strategies was to prepare all the material in the language/dialect/lingo used by the MSM among themselves. It was felt that this material would have more acceptance in the community and would also be better understood and have

CAPACITY BUILDING

Ten Thozhas were trained each day on the objectives of the DLCC, how to saturate the coverage, provision of regular services, line-listing and the Master Health Check-up.

a larger reach. The IEC package included display materials like posters, panels, flipbooks, demo kits, interactive games and puzzle-based materials. Material like handouts and pamphlets were distributed during the campaign. Exhibition booths in pink colour were set up during the campaign.

Key findings

Once the campaign was completed, a post campaign evaluation was conducted as per the plan. Some of the key findings of this evaluation were:

- ◆ As a result of the campaign, it was found that the percentage of MSM who had undergone HIV testing had increased to 88% during post evaluation as against 62% during pre evaluation. Apart from this close to 14 of the community had also accessed STI treatment from the Nakshatra clinics.
- ◆ There is an increase in the comprehensive knowledge of HIV prevention amongst MSM from 31% to 49%. Close to 93 per cent recalled the message on usage of condoms during sex.
- ◆ Though the percentage of MSM who used lubricants during anal sex remained the same [83% both during pre and post evaluation], around 96% of the community members took action after the campaign by using lubricants, condoms, going for STI treatment, HIV testing and discussion campaign with peers.

TAKE HOME MESSAGES

- The novel approach of involving the community members in the planning and dissemination process has resulted in building the capacity of the community members and in reaching out to the hidden MSM
- A campaign like this helps in linking the community members to services.

1.5 DOST

...your only 'friend' against HIV/AIDS

Background

Condoms are critical tools in our fight against HIV. Correct and consistent use of condoms can greatly reduce the transmission of HIV and STIs too.

Consequently, APAC has left no stone unturned in its efforts to promote and increase the awareness of condom use especially among the high-risk groups.

However, it has been observed that though there is considerable awareness about safer sex and the

role played by condoms in the prevention of STIs and HIV/AIDS, there is a lot of hesitation when it comes to buying condoms whether from a small shop or a large medical store.

In order to tackle this issue of embarrassment and to normalize condom use, APAC undertook a three-month long campaign – DOST ('friend' or 'buddy')- from 2003 to 2004, with the specific aim of helping people overcome this inhibition.

ஆணுறை

**சுகத்துக்கு சுகம் !
பாதுகாப்புக்கு பாதுகாப்பு !**



ஆணுறை வாங்க தயங்காதீர்கள் ! பின் வருந்தாதீர்கள் !!
ஆணுறை : வீ.டி., எய்ட்ஸை தடுக்கும்.
தேவையற்ற கர்ப்பத்தையும் தடுக்கும்.

எய்ட்ஸ் தடுப்பு மற்றும் கட்டுப்பாடு திட்டம்
அடையாறு, சென்னை-113, போன் : (044) 2254 1965 / 2254 1048



APAC-VHS
Chennai

Campaign Objectives

- ◆ Normalization of buying and selling condoms.
- ◆ Addressing the myths and misconceptions associated with condoms.
- ◆ Promoting consistent and correct condom use.
- ◆ Promoting the triple benefits of using condoms: prevention of STIs, HIV and pregnancy.

Methodology

The campaign consisted of three short films and a series of print advertisements. Newspapers and magazines, Doordarshan and private cable TV channels, All India Radio and FM channels were used to give the message of condom use.

To begin with, the 90-day campaign was divided into two parts. The first 45 days were used to conduct an intensive communication campaign on buying and using condoms. The condom was portrayed as 'Dost' or friend, who could prevent an individual from getting HIV.

Information on the role played by condoms in preventing the transmission of STIs and HIV was given out through the media. Interactive programs – like talk-shows and phone-ins- were organized on both television and radio to give detailed information about condom promotion and use. The slots chosen for telecast were those which had high viewership and increasing TRPs.

The 3As concept of Access, Availability and Affordability formed the basis of the campaign that was focused primarily on young adults. The target audience was told where condoms were available, how to access them and what they would cost.

APAC also undertook a study to assess the popular programs, popular timings and popular channels and the TRP ratings of each program to release advertisement and short films related to condom usage. Four TV spots of 30-seconds each – Park Bench,

LET'S BUY A DOST

The term dost was used as a substitute for condoms to make buying and selling of condoms easier. People were encouraged to ask for 'dost' from the shopkeeper.

The term dost also denoted a friend/buddy who would protect the individual from getting HIV.

Worry, Jalikattu and Friend were telecast in a strategic manner. The aim of these spots was to convince the target audience on the importance of using condoms to protect themselves from HIV and STIs and motivate them to buy these condoms without being embarrassed or ashamed.

In the meantime, the National Institute of Sales (NIS Sparta) was supported by APAC to identify outlets and train salesmen in promoting condoms. More than 5,000 retailers were trained and more than 3 lakh condoms were sold. Training was also provided to condom-stocking retailers.

This campaign was supported with many ground-level activities like using new materials including bus panels, tin sheets, condom demonstration cubes, retailer handbooks, condom dangles, condom joke series. Stickers and posters on condom usage were developed and distributed to the retailers.

Just at the price of Plantains,
Priceless life Protection
comes only with condoms.



Condoms are available everywhere.
Buy Condoms without hesitation just
as you buy other things.

CONDOMS

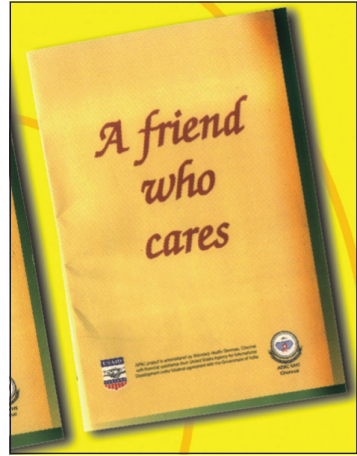
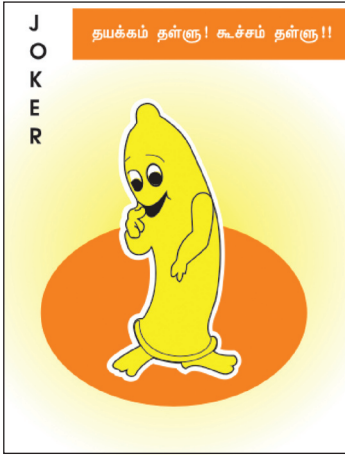
- Prevents STI
- Protects from HIV/AIDS
- Prevents unwanted pregnancies
- Doesn't decrease sexual pleasure.

Don't hesitate to buy & use condoms.



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS),
Adyar, Chennai. Tamil Nadu, India.





Key Strategies

Condom Sawal (A quiz): A mobile condom promotion vehicle was built and commissioned for the purpose of the campaign. The vehicle was driven along a pre-designated route. At each halt people were encouraged to get into the vehicle and play various games and puzzles like spin & win, hoopla hoop, dart and memory games fitted into the vehicle and win prizes. All the games were designed to give information to people on the correct and consistent use of condoms and clear the myths and misconceptions around condoms.

Decorated vans with such games covered more than 250 locations in Chennai, Kancheepuram and Chengelpet. The event proved successful because of APAC's psychological strategy of countering embarrassment with fun and games along with incentive of prizes.

Condom joke contest: NGOs supported by APAC organized a condom joke contest to popularize condoms besides helping people shed their inhibitions about condoms. APAC NGOs placed joke collection boxes along with prominent posters with details, in 250 shops in Chennai for two months. The contestants dropped the entries in the boxes and the overall response was found to be good. The jokes received were screened and 103 were selected on the basis of merit and were published in a book called 'condom joke series'. This kind of initiative, helped to normalize the use of condom by talking about them in a fun way.

As a result of these campaigns shopkeepers felt encouraged to display condoms prominently in their shops and sell them to customers without embarrassment and hesitation.

As this campaign portrayed condom as a 'friend', buyers lost their inhibition and bought condoms more freely.



Outcome

The NGO level outreach team was able to reach out to 5,258 condom outlets as against planned reach of 4,000 outlets. Another 641 new outlets were opened to cope with the increased demand for condoms.

However, as against planned sales of 2 million pieces of condoms, only a total of 1.67 million pieces of condoms were sold. When a study was done to assess the factors in the dip in the condom sales- it was found that the sales in the organized market had dipped slightly as more and more people had begun to buy condoms from the NTO outlets and the unorganized market.

Voices from the community

"My inhibitions was gone. The fact that I could look at a condom as a dost (friend) made me more open to buying and using it to protect myself from HIV."

"A good friend or dost is someone who helps and protects us through our lives. My dost really helped me and protected me."

"I was thinking that condom was meant only for family planning. Today, I know the triple benefits of condoms."

"I can ask for dost in retail outlets without inhibition."

"I am ready to buy dost."

"We can compromise on anything. But we cannot compromise on usage of condoms. Unsafe sex is a sure way getting an infection. Dost is a real friend who protects me. "

"Don't hesitate to take your friend along."

1.6 FAITH SPEAKS OUT

Background

Faith leaders are very important opinion shapers in India. They are held in high esteem by their followers and are often relied upon for advice and guidance. In view of their position in society, faith leaders can also become very important partners in the fight for eliminating stigma and discrimination against People Living with HIV and help in creating an enabling environment for HIV positive people to live a normal life in society.

APAC has been working with several Faith-Based Organizations to help create this enabling environment for the PLHIV, as well as to help motivate the general community to come forward and participate in the care of People Living with HIV/AIDS. In this context, several conferences and meetings have been organized with different Faith-Based Organizations – first to familiarize them with the basics of HIV and then to motivate them to become partners in care and support programs.

Methodology

FIRST INTERNATIONAL INTER-FAITH CONFERENCE FOR PREVENTION AND CONTROL OF HIV/AIDS



The First International Inter-Faith Conference on Prevention and Control of HIV/AIDS was organized in Noida, New Delhi on December 1 and 2, 2004 and resulted in the 'Delhi Declaration' that was signed by faith leaders stating their commitment and their recognition of the need to tackle HIV/AIDS in their communities.

The conference was the FIRST STEP in a journey that brought together people of different faiths, languages, cultures and races, to jointly fight the pandemic of HIV and AIDS. The conference stated:



மத நம்பிக்கை
சார்ந்த நிறுவனத் தலைவர்களின்
எய்ட்ஸ்
விழிப்புணர்வு செய்திகள்

USAID
FROM THE AMERICAN PEOPLE

எய்ட்ஸ் தடுப்பு மற்றும் கட்டுப்பாடு திட்டம்
(APAC-VHS-USAID)
அடையாறு, சென்னை-113.
website: www.apacvhs.org

APAC-VHS
Chennai

Key approaches

- Faith leaders, like celebrities, are an important means of reaching a large population with minimal effort.
- The media, which often covers the programs of faith leaders, becomes an automatic ally in the intervention- thereby spreading the message even further.

Recognizing that,

“This epidemic has far reaching impact upon individuals, families, communities, societies and nations” and,

Affirming that,

“Religions, Faiths, Spiritual traditions, sacred texts and scriptures exert powerful, positive, direct and indirect influences on the lives of individuals, communities, societies and nations,”

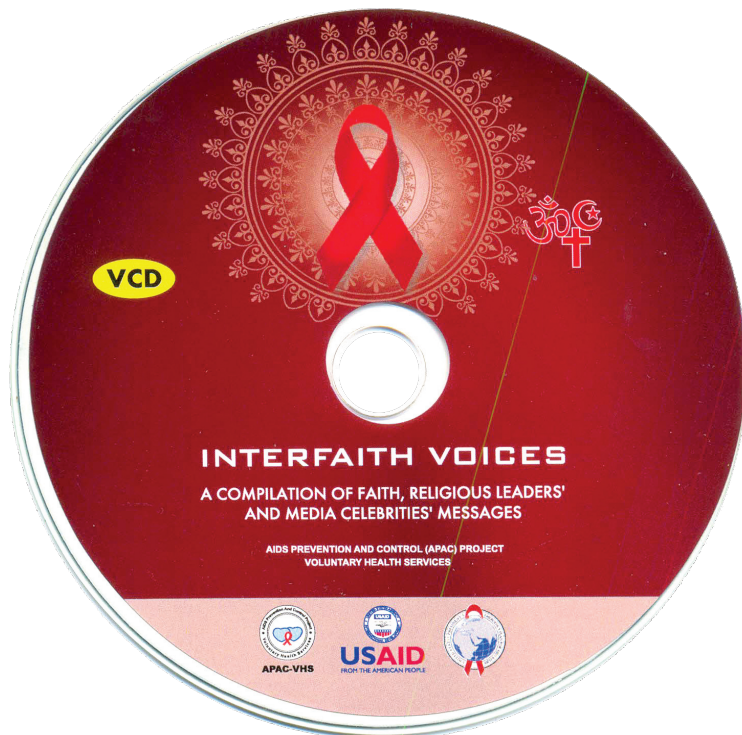
The leaders of various religions and faiths that had gathered at Noida, Delhi pledged to, **“Strive to use the power, influence and instrumentalities of religions and faiths”** for fighting HIV and AIDS.



After the DELHI DECLARATION, the common pilgrimage moved on to **Bangalore** for the Regional Interfaith Round Table on HIV/AIDS, during June 2005.

FIRST ROUND TABLE ON HIV/AIDS

The First Round Table on HIV/AIDS was held at the Urban Health Research and Training Institute, Malleswaram, Bangalore on June 18-19, 2005. The Voluntary Health, Education and Rural Development Society (VHERDS), Chennai, National AIDS Control Organization (NACO), Karnataka State AIDS Prevention



Society (KSAPS), South East Asia Regional Bureau of International Union for Health Promotion and Education (IUHPE/SEARB) organized this Round Table consultation in partnership with USAID, APAC/VHS, Sexual Health Resource Centre (SHRC), and UNICEF.

During this Round Table, acknowledging that,

“Diversity and pluralism in religions and faiths, with denominational distinctions, is a fact of India’s multi-religious society”, the leaders reached a Consensus advocating ***“A high profile Action Plan in consultation and in collaboration with the various Faith-based Organizations and spiritual leaders.”***

SECOND INTERNATIONAL INTER-FAITH CONFERENCE

The Second International Inter-Faith Conference on Prevention and Control of HIV/AIDS was held at Chennai on January 7-8, 2006. In this event, the India Inter-Faith Coalition on HIV/AIDS was formed.

The two-day conference saw an amazing gathering of eminent religious leaders, and resource persons who were widely acknowledged as experts in their fields. The participants drawn from all walks of life, ranged from representatives of religious organizations, religious leaders, doctors, priests, educators and students. The formation of India Inter-Faith Coalition on HIV/AIDS was the integral part of the Action Plan. The coalition was told to initiate dialogues with faith leaders of different sects/denominations at the State and sub-state levels to seek their partnership in the efforts towards prevention and control of HIV/AIDS and care and support of PLHIV, work for removal of stigma and discrimination, besides placing the issues of the epidemic in public space. Faith leaders/ and Faith-based Organizations from Pakistan, Nepal, Thailand, Malaysia, Uganda and various parts of India participated in this conference.

THIRD INTERNATIONAL INTER-FAITH CONFERENCE

The Third International Inter-Faith Conference on HIV/AIDS—Stigma & Discrimination evoked a tremendous response among the heads of religious leaders and Inter-faith sects. The National AIDS Control Organization (NACO), Tamil Nadu State AIDS Control Organization (TANSACS), Andhra Pradesh AIDS Control Society (APACS), People Living with HIV/AIDS (PLHIV), NGOs and International Organizations like USAID, UNAIDS, World Health Organization (WHO), Catholic Medical Mission Board (CMMB) UNICEF etc participated in the conference. As a result of the conference, it emerged that given sufficient motivation with empowerment, faith leaders and NGOs could become a force for positive change. They could also be further involved in the prevention and control of HIV/AIDS, care and support for PLHIV, while accelerating the process of reduction and ultimately eliminating stigma and discrimination against those infected with HIV.

FAITH IN ACTION SUMMIT

The Art of Living organized a Inter-Faith Summit on the theme 'Faith in Action' on 27th & 28th September 2010 at Bengaluru, in collaboration with USAID, Avahan, AIN, APAC-VHS, INERELA+, Heroes Project, KSAPS, UNAIDS & UNICEF.

The Summit sought to maximize the growing leadership po-



tential of religious leaders from all faiths in the response to HIV/AIDS. The Summit was attended by over 400 inter-faith religious leaders, delegates and VVIPs from Government and other sectors, across India and from the Asia Pacific region.

This Summit was a forum to provide a platform and an open channel of communication for religious leaders, Faith-based Organizations (FBOs) and many other groups to debate the issue and arrive at ways and actions to reduce the stigma and discrimination faced by People Living with HIV. The outcome was a declaration signed by religious leaders from eight faiths committing to work on prevention of HIV, reducing stigma and discrimination and provide compassion and care for the PLHIV.

As a follow up to this meeting, Ved Vignan Maha Vidyapeeth) along with its partners UNAIDS, AINA+, INERELA+ & Heroes Project met with officers from the National AIDS Control Organization to discuss how to further support and strengthen the FBOs contribution to the national response on HIV. This meeting was held on 11th January, 2011. It was felt that there had to be a document collated specifically with scientific evidence in religious scriptures which may be related to HIV prevention, treatment, and care and support issues.

As a result of this intervention, many members of the general population began to view PLHIV as normal people. There was a fall in the stigma and discrimination level against People Living with HIV, thereby creating an enabling environment for them to access treatment, care and support services. ■

1.7 ELIMINATING STIGMA AND DISCRIMINATION

... In Health, Education and Industry

Background

A State-Level Communication Campaign on Eliminating Stigma and Discrimination was undertaken by APAC in March 2008. This campaign cutting across all urban, semi-urban and rural centres with a theme-based communication on eliminating stigma in the health, industry and education sectors was organised to reach out to the general population as well as the target population.

The campaign was designed to cover both Tamil Nadu and Puducherry in an intensive manner.

Core theme of the campaign

A sector specific approach employs focussed interventions that emphasise and **highlight the challenges faced by PLHIV** with relevance to that sector such as in a hospital, in an industrial unit or in an educational institution.

It is important to note that the sector specific approach is distinctive in its choice of specific target groups, the situation that the PLHIV face in their day-to-day dependence on the services within these sectors. The targeted approach results in developing a focussed strategy and facilitates different cross-sections of the society to move towards a more acceptable behaviour towards the PLHIV.

Objectives

- ◆ Address the issues relating to stigma and discrimination of PLHIV in these sectors.
- ◆ Create an enabling environment to offer hope to the PLHIV.
- ◆ Motivate people to change their existing mindset and accept PLHIV as other normal people and treat them with care.

Key components of the campaign

Television: All prime regional channels were considered and

Discrimination hurts

people living with HIV/AIDS

Let's stop today



Mrs. Nalini Wilson
Principal

Why discriminate?

"We don't get infected with HIV just by playing, sharing food or moving with children living with HIV."

They are just like anyone of us. Parents and teachers should be aware and educate others.

Let's make a difference by not discriminating children living with HIV."

Discrimination hurts people living with HIV/AIDS. Let's stop today.

"We don't get HIV by just playing, sharing food or moving with children living with HIV. They are just like everyone else. Parents and teachers should be aware and help in the education of HIV positive children."

- Mrs Nalini Wilson,
Principal.

Issued in public interest by



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS),
Chennai - 600 113. Website : www.apacvhs.org

To report any act of discrimination against people living with HIV/AIDS
Contact **1097**

best prime time slots were selected.

Radio: Region-specific FM channels played a major role in delivering interactive messages.

Print Media: English and vernacular language dailies and magazines were used to reach the literate population both among the general community and the target population.

Event: An exclusive ground event with cricketers and celebrities, who interacted with the PLHIV to challenge the notion of HIV spreading through casual contact.

Methodology

The SLCC was a mix of mass media and event/ground level activities. To begin with, the overall campaign was shared and discussed, opinions sought and whetted by all major stakeholders in the State to ensure ownership and acceptability of the campaign by all concerned.

APAC identified a team of consultants experienced in communication-related activities for co-ordination and monitoring of the campaign. Different players such as NGOs, advertising agencies, event managers, evaluating and monitoring agencies all came together to chalk out an effective campaign which would have a huge impact across the population.

Chosen representatives from their respective fields were identified and used in the campaign cutting across the three identified sectors – health, industry and education. Enough care was also paid to choose the correct creative concepts – ones which were linked to each other and mutually reinforced each other whether they appeared in the print media or were broadcast on the radio or were telecast as TV commercials.

Once the basic messages were worked out, they were pre-tested to check their acceptability. This pre-testing was done by SAMARTH, an NGO involved in research activity. As a result of the pretesting the messages were sharpened and fine-tuned and sometimes modified to suit the sensitivity of the communities involved.

Once this was achieved the messages were put out as per the pre-decided plan in all the media so as to have the maximum reach and effect. Appropriate strategies were used and media plans were introduced to achieve the campaign objectives in a timely manner. Partnership with different individuals and organizations developed a sense of ownership to facilitate better co-ordination of the events.

Discrimination hurts

people living with HIV/AIDS
Let's stop today

~~You are
HIV+
Stay away~~



Mr. Shankar Sundaram
Industrialist

Why discriminate?

"We don't get infected with HIV while we work or interact with people living with HIV. They are just like us and can perform to the utmost capacity of their skills.

They can also work well and contribute to the development of the organisations they are employed with.

Let's make a difference by not discriminating people living with HIV"

Discrimination hurts people living with HIV/AIDS. Let's stop today.

"We don't get infected with HIV while we work or interact with people infected with HIV. They are just like us and they can work well and contribute to the development of the organization they are employed with."

**– Mr Shankar Sundaram,
Industrialist.**



National AIDS Control Organisation
India's voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.nacoindia.com

Spectrum of Activities

SMS/ Telephone contests, Daily contests (FM-AIR), Inter-Media Publicity Co-ordination Committee meetings and interviews with important personalities formed an important part of the campaign.

Channels were motivated to conduct in-house programs based on the campaign theme getting a cross-section of influential individuals and celebrities to voice their opinions on the subject.

Other special programs included: Celebrity endorsements, Group discussions in the presence of PLHIV and Pattimandaram (debate) competitions.

A website for promoting the SLCC was created on the theme of Eliminating Stigma and Discrimination. Pop ups were created in Web Duniya and India Times.

Lessons Learnt

- ◆ The campaign proved that even sensitive and complicated messages would reach across the media effectively.
- ◆ Pre-testing of the concepts/creative ideas definitely helped in standardization and ensured acceptance by all the parties concerned.
- ◆ The sector-wise approach was the ideal route and the respective industry head used for the dissemination of messages had the potential to connect with the intended audience, which helped in bringing about a change in the lives of the PLHIV.

Campaign Impact

- ◆ The most effective media was television with around 35% of the population getting the information from this source. The most popular channels were: Sun TV followed by Kalaingar TV and Vijay TV.
- ◆ The most popular Radio Channels (which had the maximum listenership) were Suryan FM followed by Radio Mirchi.
- ◆ The most popular magazines were Ananda Vikatan, Kumudham and Kumkumam and the dailies were Dina Thanthi, Dina Karan and Dina Malar.

Discrimination hurts

people living with HIV/AIDS
 Let's stop today

~~You are
 HIV+ve
 Stay away~~



Dr. Sivakadasakam
 Cardiologist

Why discriminate?

"Medical service is a noble profession. There is no fear of infection, if regular precautions are taken. Let's treat people living with HIV just like any other person. In our hospital, we don't discriminate as we value the life of every individual. We give treatment to everyone. **Let's make a positive difference by not discriminating people living with HIV**"

Discrimination hurts people living with HIV/AIDS. Let's stop today.

Issued in public interest by



 AIDS PREVENTION AND CONTROL (APAC) PROJECT,
 VOLUNTARY HEALTH SERVICES (VHS)
 Chennai - 600 113. Website : www.apacvhs.org
 To report any act of discrimination against people living with HIV/AIDS
 Contact **1097**

"Medical service is a noble profession. There is no fear of infection if regular precautions are taken. Let's treat PLHIV just like any other person. In our hospitals, we do not discriminate as we value the life of every individual."

- Dr Shivasadasakam,
 Cardiologist.

1.8 WRITING ON AIDS

Background

Tamil Nadu has a very rich literary history and short stories are very popular among the literate. People in both rural and urban areas, old and young, read short stories both for entertainment and information.

Recognizing the unique power that the short story writer had among his/ her readers, APAC decided to involve them in the program to spread awareness about various aspects of HIV.

Methodology

Around ten to twelve writers were identified and roped into the program. They were given basic information on HIV, and were motivated to integrate HIV/AIDS messages and themes into their stories.

Each of the writers selected one theme on HIV and wrote a story based on that theme. They were given the needed technical support to understand the concepts and to enable them to integrate the message into their stories without diluting the story plot.

The writers were also taken on a field visit to meet the members of the community on whom they were going to base their stories. This helped the writers get enough evidence to write their stories in the real context.

Once the stories were written, consultations were held with writers for appropriate changes, after which the writers incorporated the recommended changes. Once the final stories were submitted, they were compiled into a single book called '*Velicham*' (*illumination*). APAC printed 10,000 books in partnership with the State Resource Centres, Ministry of Human Resources and the Government of India. The books were then distributed to public libraries, both in the cities as well as in the districts and also supplied to Continuing Education Centres established as part of the total literacy campaign in the rural areas.

A book is a permanent mode of communication long after a project is over. The matter in the book is there in the public domain for people to read, understand and refer to at any point.

MID MEDIA

This is the use of locally relevant, culturally appropriate and audience specific vehicles of communication.

2.1 DIALOGUE-BASED IPC

...Solutions through dialogue

Background

Dialogue-based IPC is a problem-solving communications strategy that encourages analytical thinking and problem-solving among individuals and small groups of populations that are most at risk of getting HIV.

The conceptual framework for dialogue-based IPC focuses on dialogue and debate, enabling the target groups to identify barriers to HIV risk reduction or service utilisation, and analyse, plan and act to address them. Participatory IPC methods have been developed that help people move from problem identification to developing and acting on locally appropriate solutions.

APAC decided to build the capacities of the NGO staff involved in implementing Targeted Intervention programs among the Core Group members on dialogue-based communication activities, using the dialogue-based Inter-Personal Communication methods. In this regard APAC identified a team of communication experts and involved them in planning the capacity building activity, developing appropriate modules, and training a team of State-level trainers to implement the same.



Methodology

A team of five personnel with specific skills and experience in communication was formed by APAC for carrying out the IPC Capacity Building process. The first task of this expert team was to develop a tool kit.

Keeping PATH-IPC tool kit as a base, the expert team worked intensively and developed a tool kit consisting of Facilitators Guide and a Participants Manual. The draft tool kit was critically reviewed by APAC technical officers and modified and fine-tuned to suit the needs of the field-level implementers. This tool kit was then used to conduct the TOT and the same was translated into Tamil by the team.

Further reviews were conducted and modifications were executed based on the TOT experience in the area of content, style of presentation, usage of language etc. The draft Tamil module was used for the first level training of ORWs in four districts.

The entire capacity building process was designed as a TOT model to suit the needs of the field-level team.



Lessons Learnt

The TOT and the district-level workshops provided following lessons:

- ♦ The methodology helped the participants gain insights into the lives and vulnerabilities of Core Group members and motivated them to change their attitudes towards the Core Group Members.
- ♦ This also has proved that non-core group staff can be effectively trained to practice with the Core Group members without any hesitation.
- ♦ If an opportunity is created to discuss intimate sexual behaviour through simulation exercises and guided to analyze the STI/HIV risks involved in such behaviour, the information sinks deeper into the minds of the individuals and results in positive behaviour changes.
- ♦ Discussion and analysis of the risk behaviour help individuals to go deeper and analyze the root cause of the problem. This would go a long way in empowering the Core Group communities towards changing their high risk sexual behaviour, demanding and utilizing appropriate services available to them.
- ♦ Classroom training combined with fieldwork practice and field mentoring is helpful for the participants to translate the learnings into actions.
- ♦ If a suitable atmosphere is created, the IPC methods can be effectively practiced among all types of Core Groups.

2.3 KHEL KHEL MEIN

... educating while entertaining

Background

Edutainment (education + entertainment) or Entertainment Education is defined as 'the presentation of informative or educational material in an entertaining style'. It is important to have a good balance between the entertainment and the education so it is neither too boring nor only entertainment.

APAC has been implementing edutainment- based HIV communication approaches for nearly 15 years using audio, video, street theatre, game based, magic and mimicry etc. Some of these edutainment approaches are described here so that they may serve as inspiration for further ideas or adaptation by public health program and policy personnel. The edutainment approaches can be categorized into the following:

- ◆ Audio
- ◆ Video
- ◆ Games
- ◆ Traditional media
- ◆ Events/competitions

Why Edutainment in HIV / AIDS Communication?

- A crowd pulling tactic
- Helps in overcoming monotony and message fatigue
- Encourages community participation and interaction
- People relax and learn more when they are being entertained
- Enables the people to become inquisitive and seek information;
- Creatively models behaviours, actions and consequences
- Helps in reaching the unreached and hidden populations

Audio

Tamil movie songs interspersed with messages: Audio cassettes with movie songs interspersed with messages on HIV AIDS were distributed to owners of small shops frequented by general public.

They were also played in drop-in centres and at events and competitions for the HRGs. These messages in between the songs reinforced the knowledge on HIV AIDS. The key messages delivered, focused on Sexually Transmitted Infections, symptoms of STIs, Treatment for STIs, regular monthly check-ups for STIs etc.

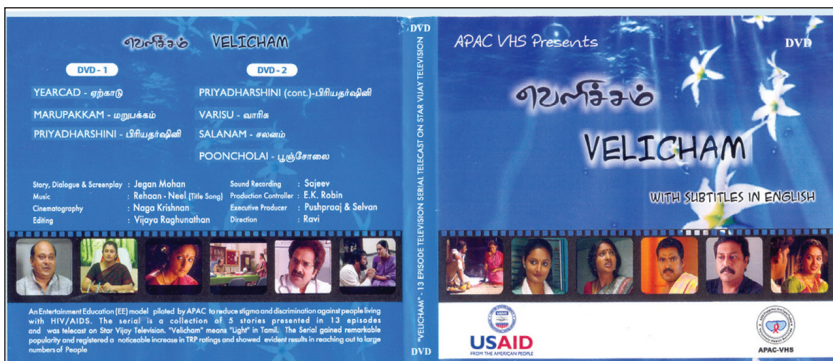


Audio CD with songs on HIV: An audio CD titled 'Nam Nalam' (We are well) with songs on AIDS awareness and prevention, hope for PL-HIV, condom promotion and care & support was developed by APAC. A professional music composer and team were used to enhance mass reach. The target audience was general public.

The audio CDs were given to petty shop owners like tea/snacks/tobacco shops which were frequented by general public and HRGs alike. The CD was also played in groups, during health camps and competitions etc. The key messages from these songs included information on HIV AIDS transmission and prevention.

Video

TV programs: APAC produced 'Vellicham' (Illumination) a 13-episode television serial as an attempt to address stigma against people



Radio Jingles



Title	Concept	Theme	Duration
Thoi Kodukka	Care & Support	PLWHA	30 Sec
Naan VCTC Poren	Information on VCTC	VCTC	30 Sec
Aanurai Ondruthan Kelunga	Condom Promotion	Condom	30 Sec
Right Ranga teaser	Teaser for Right Ranga Campaign	Teaser	10 Sec
Abstinence	Right Ranga Abstinence promotion Messages	Abstinence	30 Sec
Be Faithful	Right Ranga Be Faithful promotion messages	Be Faithful	30 Sec
Condom Promotion	Right Ranga Condom promotion messages	Condom	30 Sec

TV COMMERCIALS



Title	Concept	Duration
PLHA Office Girls	Motivation people to accept PLHAsigma & Discrimination	30 Sec

CONDOMS

Dost- Nandan	Condom as a friend Condom	30 Sec
Condom	Condom promotion with Right Ranga Character	30 Sec
Right Ranga		
Right Ranga Teaser	Teaser ad for Right Ranga Campaign	10 Sec
Abstinence	Abstinence promotion with Right Ranga Character	30 Sec
Be Faithful	Be Faithful promotion with Right Ranga Character	30 Sec
VCTC		
Enakkum Indukuma	VCTC is the right place to clear the doubts about HIV/AIDS	30 Sec
PPYCT		
Naan Kuzhathai	Motivating pregnant mothers to undergo testing for HIV/AIDS	30 Sec





living with HIV AIDS. The serial was telecast on a prime time slot of 7:00 to 7:30 PM on Star Vijay, a popular channel in Tamil Nadu.

Packaged as an edutainment tool, the serial constituted of six short stories on the lives of the people living with HIV AIDS. The protagonist in each story was a person infected and living with HIV. The impact/ viewership of the initiative was evaluated based on the TRPs that significantly rose from first to the last episode.

In another serial produced by APAC, a comprehensive package of information on different aspects of HIV- prevention, testing and care & support services was presented along with information to make the general public understand the importance of his/her role in the larger fight against HIV AIDS. This TV serial was based on a collection of short stories, one story told over one/two/three episodes. A total of 26 episodes of half hour duration were telecast on a weekly basis to reinforce the messages over a period of time.

As a part of TV programs initiatives, debates were also telecast on various popular TV channels on topics concerning stigma & discrimination against PLHIV and other sexual health related aspects.

Games

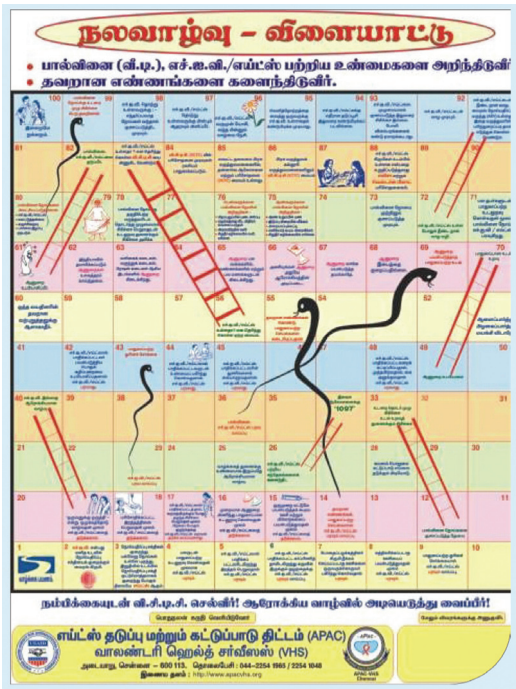
Snakes and Ladders: Snakes and Ladders is an ancient Indian board game regarded today as a worldwide classic. It is played between two or more players on a game board having numbered, gridded squares. APAC adapted this game for HIV prevention based on an idea from community members in a community consultation workshop.

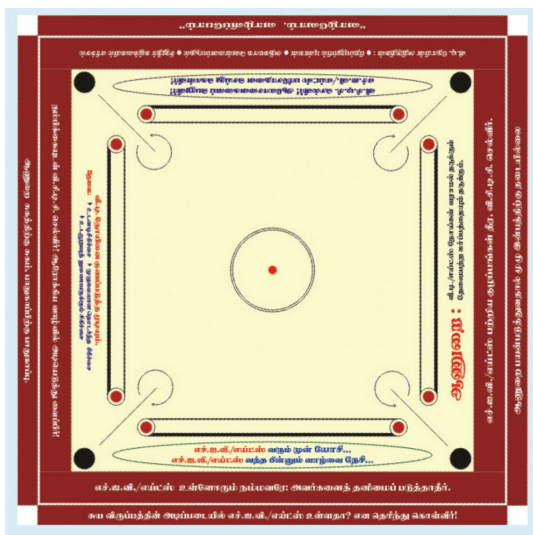
This game based material was used at the drop-in centres, NGO project office, hotspots etc. Messages on prevention and care, ser-

vices such as STI clinics, ICTC, etc. were incorporated at strategic locations on the game board. It helped to reinforce the messages on HIV AIDS to community members in a playful manner and helped facilitate discussion between players and the ORWs. The intended target audiences were the high-risk groups.

Playing cards: Playing cards are a popular pastime in rural and urban India alike. APAC introduced playing cards with messages on HIV/AIDS such as transmission, services provided by ICTC and correct usage of condoms etc. These cards were used at the drop-in centres as a recreational medium to reinforce prevention and care messages among the MARP. These were an inexpensive mode of communication that also helped in generating dialogue among the participants.

Carom board: In India, carom board is a very popular game played across rural, urban and slum areas among the young and old alike. It has been used to reach the truckers at halting points, migrant workers at DICs and the youth at youth clubs and CBOs. It serves as an excellent method to facilitate building of rapport and building an enabling environment to initiate dialogue between the outreach workers and the trucker/migrant. Key messages on HIV AIDS are also incorporated in





the board so that it reinforces messages even when the ORW is not present.

Communication is easier, more complete, lengthier, more interactive and with a focus towards behaviour change when games are used. Also from a program perspective, it helps in overcoming monotony and message fatigue by delivering the messages to target population in a playful environment.

The key messages aimed to be delivered via this approach are condom use, STIs, testing for HIV at ICTCs, avoiding stigma and discrimination against PLHIV etc.

Blind-fold game: To enable drop-in centres to be recreational spaces, APAC has explored many game and puzzle based materials to let the FSWs and MSM play, relax and learn (PRL approach). Blind-fold game is a popular game among all age groups across rural and urban areas. This game does not require the presence of an ORW for facilitation; the community members themselves can play this game. The salient advantages of the game are that it encourages the participants to

“It has become easier for me to interact with truckers and helpers in a better way. They may win the game, but I win in conveying the message”

- an ORW on playing carom board at the truckers’ halting point.

“I came for tea, but relaxed through the game, and above all the messages received through this mode has made me conscientious about safe sex”

- a trucker at a halting point.

“It is fun here, with all these games and activities. The information on how to use condoms is printed on these games which is helpful”

- FSW playing cards.

“Pallanguzhi is my favorite game; it brings back memories of childhood”

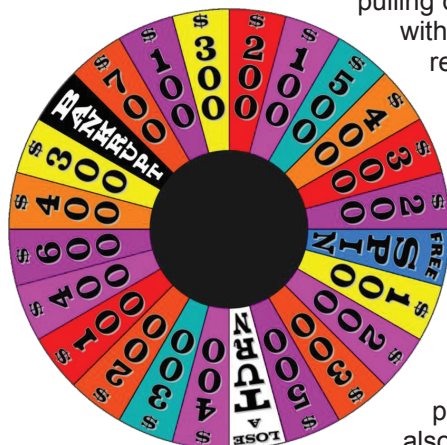
- an FSW playing traditional board game Pallanguzhi.

aim better and thus helps in building confidence, self esteem and if the participants perform well, they receive recognition from peers. At the same time it helps in reinforcing HIV/AIDS messages in a playful environment.

Rotating cube: In another example of introducing innovative communication approaches, APAC has utilized a rotating cube with messages incorporated in it. There were two types of cubes which were released as a part of this effort; the first one focusing on knowledge-related to use of condoms (steps in use of condoms, types, sizes, flavors and triple benefits of condom etc.) and the second on various aspects of HIV/AIDS prevention (STIs, Condom use, ICTC etc.). It was usually placed at the DIC or truckers' halting points such as 'dhabas' and was often placed along with carom board or other games to enhance its recreational appeal. Like other games based approaches, it helps in establishing dialogue between the ORW and the community member. It served as an excellent communication aid that helped in imparting new knowledge and also in its reinforcement. From a providers' perspective, it helped to overcome monotony and gave a new dimension to the usual IPC activities.



Wheel rotation game: This game based approach was either used in conjunction with other games such as ring game or sometimes by itself. It was usually played as a part of events, conventions and festival celebrations and was meant for the general public, migrants and truckers etc. It served as an effective crowd-



pulling device that linked entertainment with knowledge assessment. The realization of gap in volunteer's knowledge helped in creating a demand for it and generated dialogue between the ORWs and the target audience.

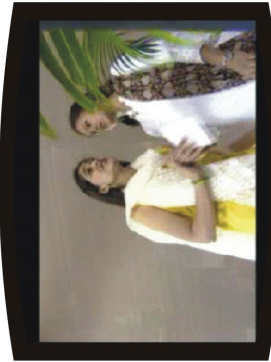
Traditional board game (Pallanguzhi): Pallanguzhi is a popular and a traditional board game, once patronized by women in Tamil Nadu. It has been the rural woman's pastime for many years and is also considered an entertaining way



to improve math and motor skills. This game – as a means to reinforce messages on HIV/AIDS - was introduced as a result of a community consultation workshop. It was felt that messages via this game would have a better reach in FSWs hailing from rural areas. Messages on use of condom, ICTC, treatment of STIs and promotion of the Hello+ Help-line were displayed on various strategic locations on the board game. It was used primarily in the DIC with the aim of making it a recreational, relaxing space for the FSWs. It helped in reinforcement of HIV/AIDS messages by behaving as ‘cues to action’ and also helped generate dialogue about the messages among the players.

Hula Hoop game: This game was played as part of events, conventions, weekly markets, festival celebrations and in parks. It was either played in conjunction with the wheel rotation game or by itself. In this game, the players are required to throw a wooden ring at a table full of items such as soap, shampoo sachets, condoms, small gift articles etc. If the player is able to successfully encircle any item with the ring, he/she is given the item as a prize. Banners and panels with messages on HIV AIDS are placed and displayed along the space where the ring game is played. The target audience is general





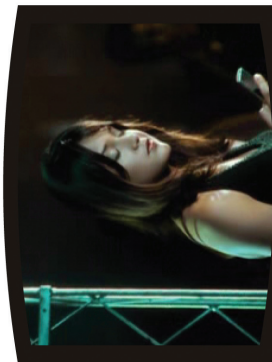
Enakkum Irukkuma "Will I have too?"
VCTC is the right place to clear the doubts about HIV/AIDS - stop AIDS and should care for AIDS affected persons



Nam Kuzhathai
PPTCT - Motivating pregnant mothers to undergo testing for HIV/AIDS



Right Ranga Campaign- Teaser ad



Right Ranga Campaign - Abstinence



Right Ranga Campaign - Be-faithful



Right Ranga Campaign - Condoms

public or the mobile population. This game is competitive and with the attached incentive of the gift, helps the participant to aim high. Since, condoms are also a part of the gift items; it helps in the normalization of condoms.

Impact

Evidence shows that in order to minimize message fatigue and monotony to the audience, communication strategies have to be continuously reinvented to keep up their mass appeal. Edutainment approaches are excellent means to deliver messages on sensitive issues to varied populations as they are personal, popular, interactive and arouse curiosity and interest.

Most approaches delivered messages that cut across various aspects related to HIV/AIDS such as prevention, care, support and treatment. Similarly, the communication approaches were also tried in combination with one another, for example different games with the same messages were used with the same groups to reinforce the information.

These approaches were found to be highly effective in communicating with the intended audience as evident from the impact evaluations and audience testimonies.



2.3 FOLK MEDIA

...As the drums beat

Introduction

Using traditional media for disseminating messages on different health programs, including HIV has been attempted by many stakeholders - especially the Government, because of its popularity and ability to communicate in simple yet understandable language and its capacity to retain the interest of the audience, thus increasing their chances of retaining the messages.

Further, where rural communities are characterized by low literacy and limited access to technology, folk media forms the primary and most effective means of communication. Moreover, the entertainment value associated with these traditional forms due to their ability to use local folklore, dialects, costumes and music and their immense popularity make them a powerful tool to deliver messages to the rural masses. Men, who are decision makers in most households, generally have less time and can be addressed through such media which are interactive and interesting and have the ability to capture their attention.

Methodology

Keeping these above factors in mind, APAC, in association with the National AIDS Control Organization, decided to roll-out cultural programs in 23 states on the theme of HIV- Prevention to Care Continuum.





However, it was recognized that there were two important challenges to be overcome before the program could be rolled out - training local performers and building their capacities to integrate HIV/AIDS related messages with entertainment and keeping the right balance, AND tackling the logistical and organizational challenges of conducting performances in the field. Hence a series of workshops were organized with the aim of developing capacities of performing troupes in several spheres.

The first workshop was organized under the leadership of NACO from 17th to 20th November with the aim of:

◆ Enabling enhanced Behavior Change Communication activities on HIV and AIDS prevention, care, support and treatment.

***The challenges
faced by the folk medium
lie in two areas:***

- Training performers to integrate messages with entertainment keeping the right balance
- Tackling logistics and organizational challenges of conducting performances in the field.

◆ Preparing standardized, customized and region specific tools for folk performances such as scripts and songs.

◆ Promoting resource persons in each State to support the folk cultural teams.

◆ Ensuring specific and appropriate monitoring and evaluation.

The second workshop was organized in January 2011 in partnership with FHI and APAC. The major outcome of

two workshops was the finalization of 119 scripts in 43 folk forms.

The third workshop was organized from 5 to 8 April, 2011 in New Delhi, in partnership with APAC-VHS. It provided a platform for developing scripts, refining messages and conducting model performances.

Development of key messages

Under each thematic area, key messages were developed. Program officers who were from different departments were responsible for developing these messages keeping in mind the program priorities. Care was taken to ensure that the messages did not have any hidden trigger that could lead to fear about HIV and fuel stigma. Instead, messages needed to be conveyed in a positive manner and underline that HIV is a manageable condition and it is possible for a HIV positive person to maintain the quality of life despite being infected by HIV.



புதுவாழ்வு மலர...

(எச்.ஐ.வி / எய்ட்ஸ் குறித்த விழிப்புணர்வு வீதி நாடகங்கள்
மற்றும் பாடல்கள் தொகுப்பு)

COMPENDIUM OF STREET THEATRE SCRIPTS AND SONGS ON HIV / AIDS



USAID
FROM THE AMERICAN PEOPLE



APAC-VHS

Following the workshops, the program was piloted in 18 states. Local festivals and celebrations were used as focal points and folk performances were held at fairs, fests and festivals. Most of these performances were followed by distribution of pamphlets and presentations by positive speakers. The members of the audience also asked them questions and clarified their doubts about HIV prevention, treatment and care.

Outcome

- ◆ Increase in the number of walk-in clients at ICTCs for HIV testing and counseling and other services/benefits.
- ◆ A resource pool of trained persons, master trainers, troupe leaders and folk artistes, who are exposed to various themes under HIV/AIDS.
- ◆ Hitherto unreached rural folks reached with information and knowledge.

Folk Media helps to:

- Create awareness about HIV/AIDS among the general population and counter myths and misconceptions about HIV/AIDS.
- Identify the hidden groups.
- Reach the unreached.
- Provide information on services and facilitate linkages.
- Create an enabling environment in the intervention area.
- Facilitate elimination of stigma and discrimination.
- Provide comprehensive information on HIV/AIDS prevention, care, support and treatment to the audience.
- Reinforce messages and complement the state level communication campaign inputs from technical teams from NACO to develop standardized messages.



2.4 COMMUNICATION ON WHEELS

...taking the message home

Background

The COW (Communication on Wheels) was introduced in April 2005 by APAC as an innovative pilot program to support prevention initiatives in Tamil Nadu and Puducherry.

COW is a mobile type vehicle with a capsule-type body. This vehicle is equipped with set of exhibition panels to give out specific messages to the general population, HRGs, and youth, along with an audio and video system with provision for IPC facilities. This vehicle was designed to move from place to place to conduct events, to create awareness on HIV and provide need-based information to HRGs, to identify hidden groups and motivate them to avail services, to establish linkages with the existing services, including STI treatment, counseling and testing.

Objectives

- ◆ To provide comprehensive communication on STID/HIV/AIDS to members of High Risk Groups especially truckers and their helpers including information on :









- How HIV spreads?
 - How HIV will not spread?
 - How to prevent HIV ?
- ◆ To counter myths and misconceptions associated with STD/HIV/ AIDS, condoms use, STI, counseling and testing, etc.
 - ◆ To create awareness amongst the truckers and helpers on STI care.
 - ◆ To promote condom use amongst truckers and helpers for promoting safer sexual behavior.
 - ◆ To promote positive prevention amongst the truckers and helpers.
 - ◆ To motivate the truckers and helpers to go in for Counseling and Testing.
 - ◆ To promote Non-Traditional Condom Retail Outlets and to motivate the local stockists to stock condoms to ensure continuous condom supply.
 - ◆ To support the Lorry Owners Association's initiatives on HIV/AIDS prevention in the intervention areas.



Methodology

The body of a 19-foot lorry was constructed in the shape of a condom. The inside of the vehicle was designed in a way to provide detailed information on sex and sexuality, STIs and condoms. The plan was that the vehicle would travel to different locations within the State and halt for a few days during which time people could come and look at the various messages inside the vehicle.

The vehicle also stocked with different varieties and brands of condoms apart from a counseling cabin. The vehicle was expected to cover over two villages every day, halting at prominent places and attracting around 200 to 300 persons. In a very short span of time the Communication on Wheels (COW) rose to fame and was able to get the attention of various segments of society, right from policy makers/ administrators/ political and opinion leaders and the masses.

The media reported the journey of the vehicle extensively wherever it went. Key stakeholders in HIV prevention and care spoke elaborately about the vehicle in various forums. The model was highly appreciated by a lot of people and proved to be a very successful initiative.

Condom games- To address the embarrassment in buying condoms, an event was planned to eliminate stigma associated with condoms and increase demand for them through games. These were trucks with games of chance and skill with condom related messages in them. There were games like spin & win, hoopla hoop, dart and memory games.

2.5 REACHING THE UNREACHED

...through street theatre and magic show

Street Theatre

Considering the evidence that the HIV epidemic is moving from urban to rural areas and from HRGs to general population, NACO has proposed the use of a communication approach that can reach out to population residing in rural areas with information on HIV AIDS. It was in this context that APAC/VHS decided to use street theatre as an ideal means of approaching the illiterate population with messages on HIV prevention, treatment, care and support.

The fact that street theatre is performed in local dialect and is based on socio-cultural values of the community makes it more popular and accepted than any other media form in the rural and remote areas. APAC has compiled a collection of scripts for street plays that draws attention to the concerns of PLHIV. The scripts were prepared and pre-tested among the target population. Modifications were duly made and the same was printed under the title 'kelungalkelungal'. These street plays were enacted by community members, volunteers and NGO employees and were performed at highly populated areas such as railway station and bus stands ensuring higher reach of messages among the general public, hidden populations and MARP.





"We are able to communicate to a larger audience with the help of street play. The audience gets emotionally involved and understands the message better"- a street play artist.

Magic show

Magic shows are popular across all age groups and all economic classes as they have the ability to evoke interest and arouse curiosity. They cut all language barriers as they primarily work on the principles of sight and the use of language is minimal. APAC organized events with magic shows for the migrant population using the local professional magicians. The magic shows proved a success as they were able to pull a crowd together, sustain the crowd and had a non-verbal approach which helped to reach messages to the multilingual populations of migrants. The message on HIV/AIDS was given as fillers (in between the magic acts). The focus of the messages was on the use of condoms. This strategy helped to reinforce the condom related knowledge among the migrants and also helped to normalize them.

"Magic shows are interesting and if they give some useful information, they are even better" – a migrant worker attending a magic show.

Advantages of street play

- Helps in gathering a crowd as it is a popular medium of entertainment
- Helps to reach the hidden and unreachable populations
- Addresses common myths and misconceptions associated with HIV AIDS
- Addresses stigma and discrimination associated with HIV AIDS.

6.2 KOOVAGAM

...Marrying the Gods

Every year during the fourth week of April, Koovagam festival is celebrated in Villupuram, which is one of the APAC priority districts. As a rule, APAC has extended support to an NGO called ARM in organizing a variety of activities in Villupuram and Puducherry during Koovagam, to spread the message of HIV prevention.

As part of the program, APAC has organized the Ms. Koovagam Contest, put up hoardings and advertisements and distributed IEC materials on prevention of HIV. A poster campaign, orchestra, dance program and mobile exhibition are also organized as part of the festival each year.

Background

Koovagam is a sleepy and non-descript village in Villupuram district. The village comes to life once a year during the Tamil month of Chithirai, when the festival of Lord Koothandavar is celebrated.

This 15 days' festival culminates on a Tuesday night on or before Chithira Pournami (full moon night in the month of Chithirai). Thousands of devotees mostly Aravanis and MSM throng this village from all over the country, coming from as far as Delhi, Pune and Mumbai. Hence, this is a unique festival of the Transgender and MSM communities.





The Legend of the Koovagam Festival

Legend has it that the Pandavas needed to sacrifice one warrior to gain a tactical victory in the Mahabharata war. The Pandavas war council chose Aravan, the son of Arjuna.

He willingly agreed, but with one condition, that he be allowed to marry first and consummate his marriage. There was a big problem in this- knowing he was soon to die, no woman was forthcoming for the union. It was then that Lord Krishna assumed the form of Mohini and married Aravan. The warrior sacrificed himself in the battle the next day.

This episode from the epic of Mahabharata is enacted out here in Koovagam every year. Lord Aravan is symbolically married to every devotee who comes to the temple. The priest ties the Thalli (mangalasutra), on behalf of the Lord and then the devotees go out in the night with their male partner(s).

The Aravanis form a beeline to the temple decked as brides in their entire splendour and after they are “married” to Aravan, through the temple priest, they have their “first night” with any of the males, who wait for them in dark places at the bushes and on the fields of the village.

Need for Intervention

During the festival the Aravanis and MSM freely have sex with many male partners, who throng Koovagam, from the villages in and around. Therefore, every year ARM has been working among the Aravanis/ MSM during the Koovagam festival, providing counseling, distributing condoms and conducting some competitions for them, as well as sensitize the media and the public and aim to promote safe sexual behavior among the community members.



IEC material used

In order to sensitize the society about the Aravani/Kothi community, to provide knowledge on HIV/AIDS and disseminate safe sex messages and to provide information on the Beauty Contest, posters are printed and put up at various locations.

ARM with the support of APAC prepares handbills that contain HIV/AIDS messages, behavior change communication messages and information about the services people could access at ARM and APAC. Hoardings are prepared and put up throughout the town giving information on STI and HIV prevention, safe sex, risk reduction and the services offered by APAC and ARM.

Simultaneously, programs are conducted in the Koovagam village to give messages on HIV/AIDS prevention and management, safe sex, importance of HIV test etc.

In the year 2010, an interaction was held with the media in which 20 Aravanis and 20 members of the media participated. The interaction started with the Aravanis speaking

Key Approaches

- Display materials,
- Balloons,
- Posters,
- Condom outlets,
- Contests on HIV/AIDS,
- Peer education,
- Miss Koovagam,
- Communication on Wheels.



on various issues that concerned them. They said that the public was not still sensitized to their issues and in rural areas they were being subjected to ridicule. They also spoke to the media about the changes in the community and the empowerment of the community. They also spoke about the issues faced by the community and asked the media to highlight this information.

In Puducherry

A similar festival is supported in Pillayarkuppam, a sleepy and non-descript village in Puducherry district. During the Koothandavar festival thousands of devotees especially the Kothis and Aravanis have unprotected sex with male partners, who throng to Pillayarkuppam from the villages around, just like in Villupuram.

This festival also provides one with an excellent opportunity to educate and provide counseling to all the MSM and TGs who come from different parts of the country and also distribute condoms and BCC material.

Sahodaran, a Puducherry-based NGO has decided to use the festival to sensitize the community and increase health-seeking behavior among the community members. With the support from APAC, Sahodaran conducts a series of programs to discuss issues of stigma, discrimination, violence, marginalization, ill-treatment, denial of treatment, privacy, quality of life, access to the medical facilities for the MSM and TG community. A series of competitions are organized, which include fashion show, dance competitions and quiz.

An exhibition is organized and material on HIV/AIDS and STI prevention and treatment are displayed as well as distributed. Free condoms are also distributed at the venue. Hoardings on safe sex, STI prevention and treatment, correct and consistent use of condoms are also displayed at the venue.

WORLD
AIDS DAY

WORLD AIDS DAY

**On December 01, 2008
WORLD AIDS DAY**

**LET'S TAKE A
STAND
AGAINST DISCRIMINATION
OF PEOPLE LIVING
WITH HIV/ AIDS**



**My pledge on
World AIDS Day**

PLHIV have equal rights like anybody else.
Today I take a pledge that I will respect their rights.
I will oppose any move to isolate or
discriminate them.



TANSACS
Tamil Nadu State AIDS Control Society



APAC-VHS



CAPACS



TALVHS



UNICEF

DIPR / 2014 / DISPLAY / 08

On December 01, 2008
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DPRI/2114 DISPLAY/08



TANSACS
Tamilnadu State AIDS Control Society



APAC-VHS



CAPACS
Central



TAI
TAMILNADU



UNICEF

WORLD AIDS DAY

WORLD AIDS DAY



I protect myself against AIDS.
“If I can,
everyone can.”



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS)
Chennai - 600 113
www.apacvhs.org



We love each other...
We don't let AIDS
in our life.
Why not you?



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS)

Chennai - 600 113
www.apacvhs.org



WORLD AIDS DAY

WORLD AIDS DAY

Live and Let Live
World AIDS Day Campaign
2003 - 2004

World AIDS Day
December 1, 2003

CHANGE begins with you

RESPONSIBLE PARENTING

"It's our responsibility to shape our children's behavior. It's also our responsibility to lead the fight against discrimination related to HIV/AIDS at home and in our community. We don't stigmatize and discriminate a person because of an infection, the same way we should not isolate and marginalize people living with HIV/AIDS."

The best way to tackle stigma and discrimination related to HIV/AIDS at high school and college level is to keep everyone concerned well informed about the HIV/AIDS epidemic. This will enable students and parents to realize that by studying and playing together with a student living with HIV/AIDS is no risk."

- Ms. Nalini Wilson, Principal, St. John's Sr. Sec. School, Mandaveli, Chennai.



THE HEALING TOUCH

"Fear of discrimination may prevent people from seeking treatment for HIV/AIDS or from acknowledging their HIV/AIDS status publicly. People with, or suspected of having HIV/AIDS should not be turned away from health care services. They should be admitted and attended to with all necessary medical attention. A person living with HIV/AIDS is just another patient who loves his / her life as much as anybody does."

Only by confronting stigma and discrimination, the fight against HIV/AIDS can be won. As responsible health care professionals, we could bring about a change."

- Dr. Ganapathy, Dean, Madras Medical College, Chennai.



YOU ARE THE STARTING POINT

"An organisation's human resource is its biggest asset. I ensure that proper awareness on HIV/AIDS reaches my workforce. Because prevention is better than cure."

I believe in facing the issue of HIV/AIDS head-on and our HR policy reflects the framework of the International Labour Organisation (ILO) guideline. No employee is stigmatised or discriminated on the basis of his/her HIV status. Constructively, we engage in educating our employees on the protection of people living with HIV/AIDS and on non-discrimination laws. We try to make a difference to employees living with HIV/AIDS by treating them as equal and recognizing their valuable contributions towards achieving the organizational goals."

- Mr. L. Ganesh, Vice Chairman & Managing Director, Rane Engine Valves Ltd. and Chairman, CII (SR) - APAC HIV/AIDS Industry Intervention Project



DELIVERING A CHANGE

"All mothers and the children in their womb are important to me - irrespective of their HIV/AIDS status. As a responsible doctor, I help pregnant mothers living with HIV/AIDS to give birth to babies and operate on women living with HIV/AIDS. I have no problem in providing counseling and offering treatment to them as I follow universal precautions. I wish all doctors and medical professionals to show solidarity by accepting the challenge and fighting this global epidemic."

- Dr. Sandhya Babu, MD, DGO, Obstetrician and Gynaecologist, Sandhya Hospital, Vellore.



HOW TO SUPPORT PEOPLE LIVING WITH HIV / AIDS

- Reducing stigma and discrimination shown towards people living with HIV / AIDS
- Treating them and moving with them like any other person
- Encouraging them to lead a healthy and normal life
- Guiding them to counselors / doctors who will help them lead a normal life
- Providing psycho-social support to them and their families
- Increasing their involvement in care programmes for other infected persons
- Help them to know their rights

USEFUL POINTERS TO PEOPLE LIVING WITH HIV/AIDS

- **CONSULT THE QUALIFIED** - Choose a qualified doctor with experience in the treatment of HIV/AIDS. The more experience, the better. This is the most important decision you make.
- **DON'T MISS A DOSE** - If you are on anti-HIV drugs, take every dose of every drug everyday. Take the drugs on time. Taking irregular medication, even missing a dose can do more harm than good. Be regular and disciplined.
- **DOCTOR IS YOUR FRIEND** - Seek prompt medical attention for skin rashes, abdominal pain, etc. Anti-HIV drugs can cause these conditions. Left untreated, these conditions can develop further complications.
- **STAY WELL** - Take a multivitamin and a high-potency supplement of B complex vitamins everyday. There is some evidence that vitamins help HIV-infected people stay well.

DON'T GIVE UP!

Smile and happiness do wonders to me. I am a living example of the fact that one can live for more than 10 to 15 years even after beginning to live with HIV.

- Mr. Rama Pandian, Person living with HIV, Chennai.

I strictly follow the Dos and Don'ts. I take healthy food on time and do simple aanas to keep my body fit and dynamo to keep my mind fine. Try to journal, you will know the difference.

- Ms. Bageswari, Person living with HIV, Chennai

Issued in public interest by APAC-VHS, Chennai



**AIDS Prevention And Control (APAC) Project,
Voluntary Health Services (VHS),**
Adyar, Chennai 600 113. Tamil Nadu, India, Phone : 044-22541048, 22541965.
Fax : 044-2542018. Website : <http://www.apacvhs.org>; e-mail : apacvhs@vsnl.com



APAC Project is administered by the Voluntary Health Services (VHS), Chennai with financial assistance from the United States Agency for International Development (USAID), under bilateral agreement with the Government of India.

பேனா சக்தியை எடுங்கள் எச்ஐவி / எய்ட்சைத்தடுக்க எழுதுங்கள்



எச்.ஐ.வி/எய்ட்ஸ்

இவற்றின் மூலம் பரவும்

இவற்றின் மூலம் தடுக்கலாம்

பாதுகாப்பற்ற உடலுறவால் நோய்த்
தொற்றுள்ள ஒரு நபரிடம் இருந்து
மற்றவருக்குப் பரவும்.



பரிசோதிக்கப்படாத இரத்தம் மூலம்
ஒருவரிடம் இருந்து மற்றவருக்குப் பரவலாம்.

எச்.ஐ.வி. உள்ள கர்ப்பிணித் தாயிடமிருந்து
கருவிலிருக்கும் குழந்தைக்குப் பரவலாம்.



சுத்தம் செய்யப்படாத ஊசிகளைப்
பகிர்ந்துக்கொள்வதனால் பரவும்.



'ஒருவனுக்கு ஒருத்தி' என்ற நல்லொழுக்கம்
கொண்டு வாழ்வதனால் தடுக்கலாம்



இரத்த வங்கிகளிலிருந்து எச்.ஐ.வி பரிசோதனை
செய்யப்பட்ட இரத்தம் பெறுவதனால் தடுக்கலாம்.



முறையாக ஆணுறை அணிந்து பாதுகாப்பான
உடலுறவு கொள்வதனால் தடுக்கலாம்

எச்.ஐ.வி தொற்றுள்ள தாய், கருவுற்றிருக்கும்
போது தகுந்த சிகிச்சை பெறுவதனால்
சேய்க்கு வராமல் தடுக்கலாம்



இணைவோம் அனைவரும் எச்.ஐ.வி / எய்ட்சை எதிர்த்து போராடுவோம்.



எய்ட்ஸ் தடுப்பு மற்றும் கட்டுப்பாடு திட்டம்
(APAC-VHS)

அடையாறு, சென்னை-113.

e-mail : apacvhs@vsnl.com website : www.apacvhs.org



WORLD AIDS DAY

WORLD AIDS DAY

ஒவ்வொருவருக்கும் வாழ்வதற்கான
உரிமை உள்ளது!
நான் காப்பாற்றப்பட்டேன்.

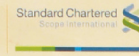


எச்ஐவி/எய்ட்ஸ் விழிப்புணர்வு,
சிகிச்சை, அக்கறை மற்றும் ஆதரவு
அனைவருக்கும் கிடைக்கப்பட வேண்டும்.
இது மனித உரிமையின் மிக முக்கிய ஒன்றாகும்.
எய்ட்ஸைத் தடுப்போம்! உறுதி காப்போம்!



USAID
FROM THE AMERICAN PEOPLE

INDIA



எய்ட்ஸ் தடுப்பு மற்றும் கட்டுப்பாடு திட்டம் (APAC) வாலன்டரி ஹெல்த் சர்வீசஸ் (VHS)
சென்னை: 600 113. website: www.apacvhs.org



WORLD AIDS DAY

WORLD AIDS DAY



If I can wait till marriage
why not you?
So I have no fear of AIDS.



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS)

Chennai
www.apacvhs.org





I
you
we
Promise.



To Stop AIDS.



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS)

Chennai - 600 113
www.apacvhs.org



WORLD AIDS DAY

WORLD AIDS DAY



STOP AIDS

**KEEP YOUR PROMISE
BE ACCOUNTABLE**



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS)
Chennai-113





எய்டஸ் தடுப்போம்

உறுதி காப்போம்!
பொறுப்பேற்போம்!

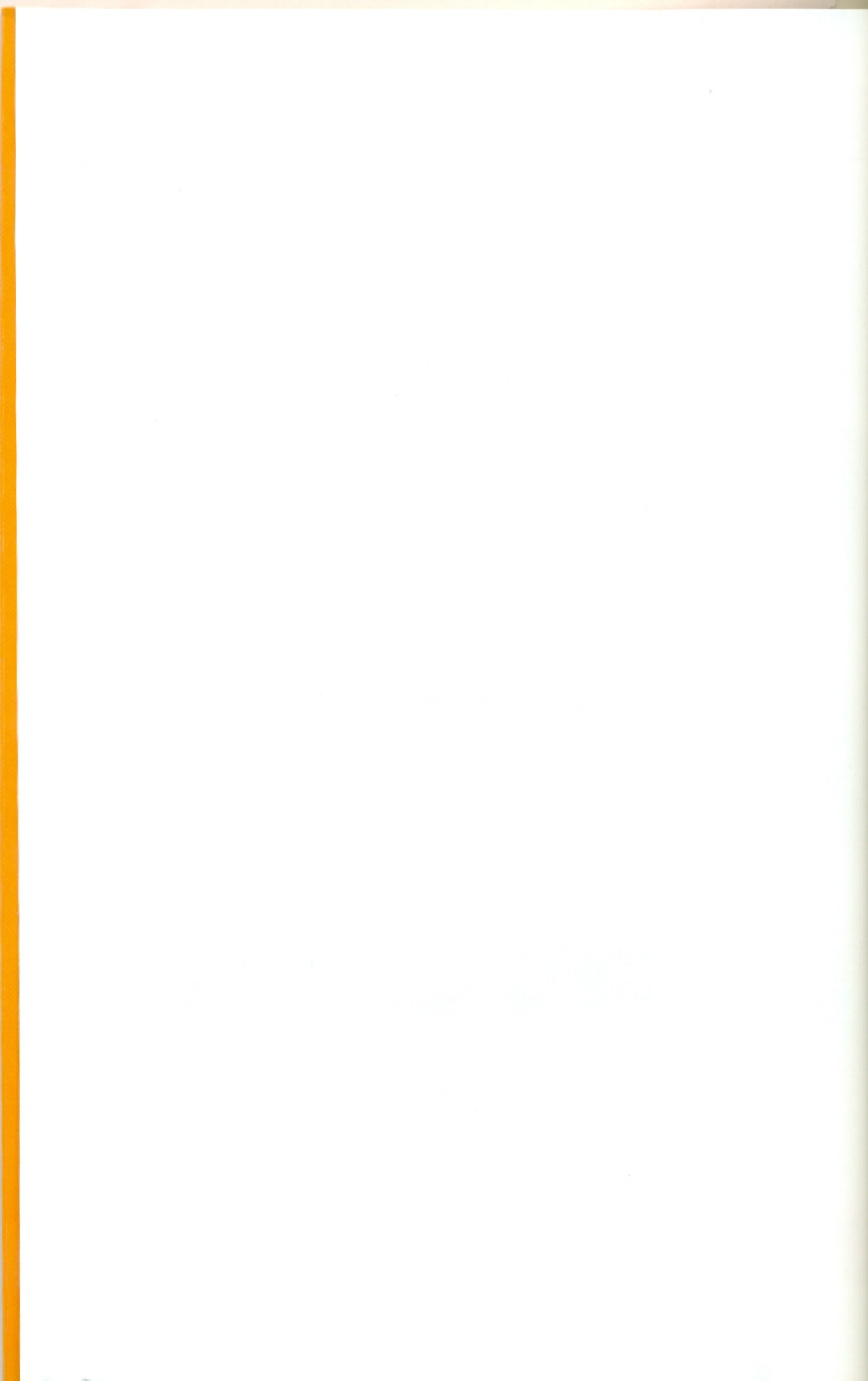


USAID
FROM THE AMERICAN PEOPLE

எய்டஸ் தடுப்பு மற்றும் கட்டுப்பாடு திட்டம்
(APAC-VHS-USAID)
சென்னை-113



WORLD AIDS DAY



TECHNICAL ASSISTANCE TO PARTNERS

3.1 NESCOM

...Networking for Communication

Background

APAC's approaches and materials have been recognized and replicated at the national and state level. In 2011, APAC was awarded an ISO 9001 certification in four areas, including Targeted Interventions (TI). At the national level, APAC was the chair of the Technical Resource Group on TI, and the chair for the Working Group on Communication for NACP-III. Many guidelines developed by APAC have been incorporated into national and state-level guidelines, for example, the guidelines on peer education.

APAC's established model for developing, collecting, recording, management and evaluation of material and their distribution, is also being replicated at both the State and National levels. APAC has for long worked with the State and the Central Governments on developing new communication strategies in the Prevention to Care Continuum in HIV.

One of the first efforts in this direction was a three-day program organised in collaboration with NACO and USAID for all SACS Communication Officers and PDs, to share experiences and develop a comprehensive plan of action (National Experience Sharing on Communication – NESCOM). This program helped in experience sharing, providing the much-needed technical input for designing NACP-III's component on communication.

This three-day program was organised from 6-8 October, 2005 at Mahabalipuram.

Rationale

- ◆ At this point, NACO was in the process of developing a communication model for the National AIDS Control Program- NACP-III. The draft of the model had been completed and it was decided that this should be presented to a larger audience and their opinion sought on the same.
- ◆ Sharing the draft would give the participants an idea of what was to be expected out of NACP-III and prepare them for action.
- ◆ Getting different cadres of workers - policy makers, program team and execution group on the same platform would help create an enabling environment for speedy decision making apart from creating a common understanding on how to tackle the epidemic.
- ◆ The workshop would also serve as a capacity building initiative for the team for better implementation of NACP-III.

- ◆ Extensive media coverage of the workshop would go a long way in indirectly reaching the details of NACP-III to the general population.

Objectives of the Workshop

This workshop intended to identify appropriate strategies of communication in line with the objectives of HIV/AIDS communication.

- ◆ Discuss issues of standardisation of messages on STI/HIV/AIDS, testing, treatment, care and support to ensure clarity and uniformity in the messages.
- ◆ Ensure effective utilisation of the media in prevention and care programs.
- ◆ And evolve a befitting mechanism for strengthening communication activities to support cross-border initiatives.

Methodology

The three-day workshop was inaugurated by the then Honourable Minister of State of Health, Government of Tamil Nadu- N Thalavai Sundaram. Professor S P Thyagarajan, vice-chancellor of the Madras University, Dr N S Murali, Honorary Secretary of VHS, and the Director General of National AIDS Control Organisation, officials from NACO, Project Directors and Communication Officers from the State AIDS Control Societies all over India along with communication experts and consultants from various organisations participated in the workshop.

The participants discussed various communication strategies, had panel discussions and made presentations of integrated communication campaigns, held group discussions and gave worthwhile recommendations. The draft report of the NACP-III working group on Communication, Advocacy, Community and Social Mobilisation was also presented. This workshop was the first of its kind effort towards bringing together all stakeholders, on a single platform, to ensure a uniform understanding on the planning, execution and management of the communication component in the NACP-III.

At the end of three days, a valedictory function was held in which the then Union Minister of Health, Dr Anbumani Ramdoss participated.

Outcome

- ◆ Sharing of experiences on Behaviour Change Communication and other activities in different states and field visits to intervention sites enabled the participants to learn innovative techniques that could be adopted in their respective states.
- ◆ There was an enhanced understanding of the expectations and outcomes of NACP-III that helped the participants plan their interventions in advance.
- ◆ The workshop became an ideal platform for cross-learning and experience sharing among different stakeholders.
- ◆ The cultural program that was held at the end of three days helped in emphasising the possibility of integrating folk media into the HIV communication strategy.

3.2 STATE HEALTH COMMUNICATION RESOURCE CENTRE (SHCRC)

...improving health information system

Background

The Government of Tamil Nadu has made significant progress in improving the health of the people in the State. There are more than 10,500 public health facilities in the State. While there has been significant effort to improve the delivery of services, the health information system lags behind. It was to address this lacunae that the Tamil Nadu Health Systems Project decided to set up a State Information Centre at the TANSACS office to display the range of materials (games, target-specific information, posters, brochures and Mini-IEC kit), which are available.

Objectives of SHCRC

It was decided that the State Health Communication Resource Center would not only bring different resources under a common roof, but would also reach out to a large section of people working in the health sector. The SHCRC was meant to be:

- ♦ One stop shop and a comprehensive Technical Resource cum Information Center on health communication.





- ◆ Repository of IEC materials on health.
- ◆ Promote integration of health messages in all IEC, thereby ensuring co-ordinated communication.
- ◆ Make available all IEC for adaptation and replication (hard copies / soft copies) – produced by different department / different programs.
- ◆ Become a Health Communication Resource Centre for stakeholders, researchers, communication experts, media personnel, program managers, officials in the Health Department etc.
- ◆ Ensure dissemination of communication initiatives on health & health-related programs
- ◆ Undertake capacity building programs on health communication based on need assessment for:
 - State level / District level Communication Officers
 - Developing training manuals to train functionaries at different levels
 - Developing master trainers / TOTs
 - Work closely with training institutions and offer support for manual development
- ◆ Undertaking communication related research:
 - Developing health communication toolkits for assessments and evaluations.
 - Track the behaviors, awareness levels etc., at regular intervals by undertaking a common study.
 - Develop proto-type IEC materials and share soft copies with other states.

Methodology

As per the plan SHCRC has been functioning as:

- ◆ A leading Knowledge Management Center on HIV/AIDS and Health Communication
- ◆ Is strengthening state response for efficient health communications
- ◆ Is helping create models for replicating the best practices.

Some of the key components of the SHCRC include

1. Library – which is a one-stop center for all health and health related materials – journals, publications, research papers, reports, documents, resource kits, modules, training materials etc.
2. Museum on Health- highlighting the health initiatives undertaken by Tamil Nadu.
3. Organizing trainings, technical updates and experience sharing sessions.
4. Development of a state specific health communication strategy based on communication needs and gaps.
5. Preparation of training manuals and toolkit development.
6. Capacity Building and development of IEC material
7. Documentation and dissemination of health programs
8. Development of target and theme specific proto-type material.



3.3 KNOWLEDGE MANAGEMENT CENTRE

...managing knowledge

Background

In a first of its kind intervention APAC has extended support to STRC for establishing a Knowledge Management Center (KMC).

Objectives

Knowledge Generation: Establishing library and reference materials on HIV/AIDS, and capacity building of the STRC program officers.

Knowledge Capture: Documentation of case studies and best practices, and establishing linkages with the State, National and International institutions / universities for technical updation.

Knowledge Sharing: Developing resource pool and capacity building, developing directory of consultants, resource persons, trainers (district and state level), and developing panels to display in halls for exhibition.

Knowledge Application: Developing interactive websites, e-learning through developing discussion forums for the NGO staff, undertaking operational researches and holding academic council meetings.

Methodology

In order to achieve the above objectives it was decided that the following strategies would be adopted:

Rewards: This would be used for motivating knowledge sharing among stakeholders. The rewards would be in the form of recognition and acknowledgment.

Cross-project learning: The stakeholders would be facilitated to learn from people who are carrying out similar interventions.



The Knowledge Management Centre is a one-of-its-kind legacy that APAC will be leaving behind for the State after the completion of its programs.



Knowledge mapping: A map of knowledge repositories available within Tamil Nadu would be made accessible to all the stakeholders.

Expert directories: Tamil Nadu has various consultants and experts working in the field of HIV/AIDS. A directory of the same would be made available to all the stakeholders for further interaction.

Best practice transfer: With the proposed activities, the best practices on HIV/AIDS prevention and care would be transferred for replication.

Knowledge repositories: By the way of creating and managing databases of information, Knowledge Repositories would be developed to assist in sharing of knowledge on various topics.

Outcome

- ◆ As a result of establishing this centre it is expected that all stakeholders will now be able to access accurate information within a short period of time.
- ◆ There will be a cross learning between different partners.
- ◆ Best practices and success stories will be replicated more efficiently.

As this Centre houses the resource materials for the trainers as well as training facilities under one roof, it is expected that the capacity of both the trainer and the trainee will be built simultaneously. Moreover, since this Centre has been established on the premises of an existing institution, it is expected to last long after the completion of the project.

3.4 KNOWLEDGE TREASURY

Holistic Catalogue of IEC

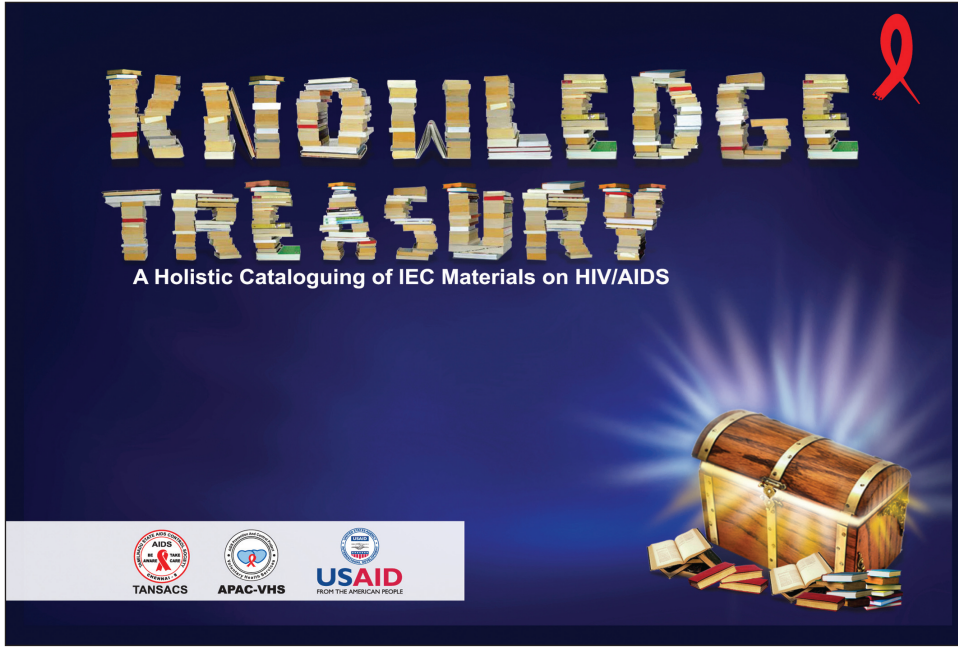
Background

APAC, in consultation with TANSACS, has developed a knowledge treasury book called Holistic Catalogue of IEC material on HIV/AIDS. This compendium has more than 515 IEC materials on a range of topics from Behaviour Change Communication to quality STI care/ treatment, promotion of condoms, research and capacity building of NGOs to undertake STI/HIV/AIDS control programs under the high risk groups etc. These have been collected from over 20 different organizations working directly or indirectly on HIV/AIDS.

Training materials, research reports and monographs, distribution materials like handouts and leaflets, advocacy materials like documents and newsletters, communication aids like flip books and flash cards, electronic audio visual materials and other display materials like exhibition booths, panels, banners, stickers etc. form part of this compendium.

This catalogue is being made available to the State Information Center, SACS, bilateral agencies, health departments and other related organizations for replication and adaptation. The 515 IEC materials have been digitized and catalogued. Against each material is the title of the material, the type, objective, key contents, target audience for whom it is intended, reference number and the reach.

		KNOWLEDGE TREASURY
TITLE	: Mun Maadhiri Kalviyalar Enbadhil Enakku Perumaiyae	
TYPE OF THE MATERIAL	: School Bag – Utility Material	
OBJECTIVE	: To establish the identity of school peer educators and instill in them a sense of pride thereby motivating fellow students to seek information on HIV/AIDS.	
KEY CONTENTS	: The bag comprises of 2 messages: • Being proud to be a Peer Educator • Saying no to bad peer pressure	
TARGET AUDIENCE	: Students trained as peer educators in school.	
REFERENCE NUMBER	: MM/SB/BL/AV/04	
REACH	: 10,000 copies made.	
HIGHLIGHT	: The utility material was provided as a resource kit to each Peer Educators trained in school AIDS programme. It also provides an identity for the peer educators and enable each student to seek information on need.	
		Material Description No. of Sides : 1 Side Colour Specification : Multi Colour Language : Bilingual (English and Tamil) Year of production : 2004 Publisher : APAC - VHS in partnership with TANSACS.
		



TITLE: AIDS al llandhorai Ninaipom

TYPE OF THE MATERIAL: Banner - Cloth

OBJECTIVE: To motivate the general public to act for PLHIV

KEY CONTENTS: In memory of the deceased, care and support for PLHIV.

TARGET AUDIENCE: General Public.

REFERENCE NUMBER: AI/BC/TA/AV/04



3.5 NATIONAL HIV/AIDS COMMUNICATION RESOURCE CENTRE (NHCRC)

At the national level, APAC has developed and shared with NACO a concept for a National HIV/AIDS Communication Resource Centre (NHCRC).

Objectives

NHCRC was set up with the aim of:

- ◆ Developing evidence-based, innovative, pre-tested proto-type IEC materials on selected areas to strengthen communication and address the requirements of those working in the areas of HIV/AIDS management.
- ◆ Documenting historical evolution of HIV communication in the States.
- ◆ Identifying state-specific requirements and suggesting to the IEC unit, methods to develop proto-type IEC materials to suit the needs of different States.
- ◆ Promoting continuous capacity building for state IEC teams.
- ◆ Developing a robust IEC monitoring system at NACO.
- ◆ Documenting Best Practices in communication at different levels
- ◆ Developing a system and a co-ordinated initiative for strengthening research on communication.
- ◆ Recording the innovations in communication.
- ◆ Providing ongoing mentoring to SACS to establish systems for scaling-up and strengthening programs.
- ◆ Networking of HIV/AIDS communication initiatives.
- ◆ Establishing a legacy on HIV/AIDS communication initiatives based on 15 years of achievement and developing a communication plan for NACP-IV
- ◆ Recording the need to develop a data base on communication initiatives and evidences by consolidating the different research studies, assessments, evaluations, pilot initiatives etc.
- ◆ Forming a repository of communication-related research /IEC materials.

Library / Resource Centre and Display

Print & non-print library

Digitalizing all IEC

Reading, referencing &
copying

Photo Bank

Touch Screen Technology
to browse for information.

News clippings (Print &
Video)

Historical Evolution

Display

Research repository on communication

Tools for pre-test/post test

Research in
Communication

Suggest Research topics

Use of Research findings
to strengthen
communication

Expected Outcomes

- ◆ Improved integration and co-ordination in communication activities at the national and state level.
- ◆ Communication requirement of each unit addressed.
- ◆ Resources for replication/adaptation for SACS are readily available.
- ◆ State IEC activities reviewed, monitored and reported.
- ◆ IEC strengthened with the use of research findings.
- ◆ SACS IEC teams' capability improved for management and documentation.
- ◆ Best Practices documented and disseminated.
- ◆ IEC management systems, measurement tools, manuals, guidelines are readily available.
- ◆ New channels of communication identified and utilized.
- ◆ Scaled-up monitoring and improved quality of IEC

Documentation of Best Practices and Dissemination

Developing Best Practices guidelines

Identification of Documentation of Best Practices

Collection and consolidation of Best Practices developed by NACO/SACS & other stakeholders

Dissemination

Sharing information for publishing NACO newsletter

Training on documentation for SACS IEC team

Innovations

ICT communication solutions

Pilots on mainstreaming / harmonization with line departments

Communication incubator and learning centre projects



“APAC is providing support to NACO for roll-out of folk media. Also, the National HIV/AIDS Communication Resource Center is in the process of roll-out”

Ms. Aradhana Johri, IAS

Additional Secretary, NACO



“APAC is in the process of establishing State Health Communication Resource Centre. The State Government has identified TNHSP as a nodal agency for co-ordinating the establishment of SHCRC.”

- Tmt. Girija Vaidhyanathan, IAS

Principal Health Secretary, Dept. of Health and Family Welfare.



“IEC materials developed by APAC were adopted by TANSACS to ensure uniformity and to avoid wastage of resources.”

- Dr. S. Vijayakumar, IAS

Former Project Director of TANSACS

Capacity Building of SACS & Monitoring of IEC

Capacity Building of SACS:

- Developing Training manual
- Training for SACS IEC team
- Standard operating protocols

Field Mentoring:

- Empanelment of consultants
- Developing tool kits
- Developing BCC strategy & OG for SACS IEC officers & systems
- Regular visits to SACS by NACO officers/consultants/ state nodal officer
- E-Group on HIV / AIDS by networking communication officers
- Video conferencing for technical update

Monitoring of IEC:

- IEC monitoring formats
- Forecasting IEC requirements
- Distribution & effective system
- Utilization of IEC
- Audience feedback
- Developing system for pro-active coordination with other divisions

AT A GLANCE

Technical assistance in communication

NGOs	SACS	TNHSP	NACO
<ul style="list-style-type: none"> •Develop target specific IEC materials (communication aids, distribution, display and advocacy materials, self reading and knowledge enrichment materials) •District level communication campaign •Community consultation workshops for developing IEC •Development of cultural team •Voluntary Peer Education and networking •BCC events •Street play scripts and songs •Guidelines for WAD, Candlelight Memorial Day and International Women's' Day •Coded catalogue of IEC materials •TOT manual on Peer Education •Handbook for Peer Educators •Audio/Video CDs •Promotion of PLHIV Ambassador 	<ul style="list-style-type: none"> •Target specific IEC •Replication of IEC •Design of mobile IEC van •State Information Centre on HIV/AIDS •Cataloguing of all IEC materials produced in the state on HIV •Branding ART centre and developing IEC package. •SLCC on increasing risk perception (Dillu Durai) •SLCC on ABC messages (Right Ranga) •DLCC for MSM •Chairperson of the consortium on communication •Communication on Wheels •Training kit for training SHGs •Publishing newsletter "Mahila Thoni" (all India level) by PWN+ •Communication package for mainstreaming initiatives (SHG training, police advocacy, School AIDS Programme, training for anganwadi workers etc. 	<ul style="list-style-type: none"> •Creatives for Cardio vascular disease, Bio-medical waste management, Tribal Health, Cervical Cancer & CEMONC Services •Member in communication review committee 	<ul style="list-style-type: none"> •NESCOM •National level roll-out of folk media, process documentation •Member in working group for review and standardization of thematic IEC materials •Concept and design for addressing Truckers with NHAI •Networking of faith based organizations and formation of secretariat at national level

INNOVATIONS

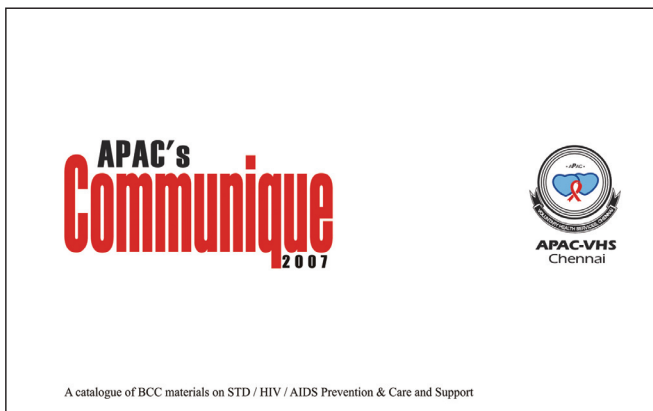
4. INNOVATIONS

Some of the innovative communication initiatives undertaken by APAC in the last 12 years include:

Common Communication Strategy: APAC has developed a common communication strategy for the State of Tamil Nadu. Meetings were held with stakeholders and communication experts both in the State and District Level to draft the strategy. As part of NACO's initiative to review the IEC material for the country, APAC developed the common minimum package of IEC and a template to review the IEC material.

Capacity Building Centres: Developed the concepts of ToT Centre on Peer Education and Resource & Training centres for Tamil Nadu. Managed these centres and demo centres on a theme-wise basis to provide hands-on training for the NGO team.

APAC's Communiqué 2007: Developed a catalogue of APAC BCC materials on STI/HIV/AIDS Prevention and Care & Treatment. "Communiqué" is a compilation of all Communication materials produced by APAC and classified thematically so as to enable implementers to use the materials. The Communiqué is constructed using a simple, user-friendly navigation tool. It is neatly classified into four



major heads like BCC, research, STI and condoms. Each pictured material is thoroughly explained with Code Number, Title, and year of Production, Target Audience, Type of Material, Size, Contents and Languages. APAC Communiqué 2007 got wide acclaim and special appreciation of AS & DG-NACO during her visit to APAC. She requested APAC to share the communication materials produced with NACO so that they can be utilized for national programs.

Developing IEC guidelines for SACS officials: On the request of NACO, APAC has served as a team member for Developing IEC guidelines for SACS officials. This has led to standardizing protocols in IEC development across the country.

Short story competition in collaboration with leading local vernacular newspaper: Organized a short story competition in collaboration with leading

Tamil vernacular newspaper Dinamani, to mark World AIDS Day 2005. All the prize-winning stories were published in a booklet which was brought out as a supplement on Sundays for 13 weeks. The same has been compiled, published and supplied by a private publisher (NalVazhthu) to all libraries and other development departments in the State of Tamil Nadu and Puducherry

Peer Education: Developed a volunteer-based peer education system. Developed ToT manual and handbook for peer educators. Conceived the idea and developed thematic ToT centers on peer education to develop and design the training programs for peer educators. Enrolled 16,000 peer educators and formed district level and State level Peer Educators' Network to co-ordinate activities.

INFO Guide: Developed a Directory of NGOs in STI/HIV/AIDS Prevention and Care & Support in Tamil Nadu & Puducherry. This directory is useful to the NGOs to help them network with those in other areas of the district. The NGOs supported by APAC, TANSACS, CAPACS, TAI and PWDS-Alliance have been featured in this directory.

Communication Needs Assessment: Undertaken two rounds of Communication Needs Assessment study for the State.

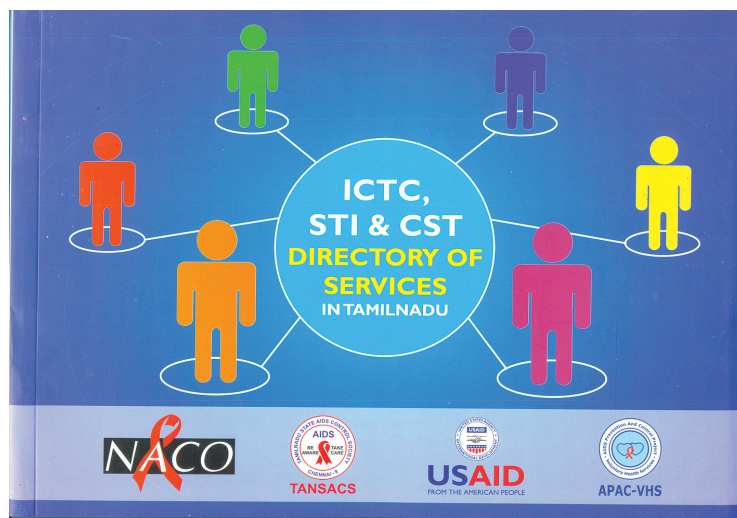
My Life, My Choice: The Madurai District Administration developed a program called 'My Life My Choice' to address

the long-distance truck drivers in collaboration with the Regional Transport Authorities. Co-ordinated this pilot project and developed specific IEC materials to support this innovative project.

Technical Support to SMA, Kerala: Provided Technical Support to the State Management Agency in Kerala, ICHAAP in Karnataka for developing the BCC strategy.

Football Tournament 2006 by involving PLHIV: Organized "Football Tournament 2006" for one day at Chennai to coincide with the "World Cup Tournament – 2006". Two teams consisting of PLHIV participated in this tournament, which was named as PPFT Tournament (People's Plus Football Tournament). The various activities included Coaching the PLHIV in playing football, formation of teams, advocacy with colleges, schools, NGOs etc, media co-ordination, distribution of IEC materials before, during and after the tournament.

National Anthem on HIV/AIDS: Developed the concept and created an Anthem for HIV/AIDS. This anthem is composed in both English and Tamil and is set to music by a leading music director. The song starts briskly, calling for unity to create a better world and asking listeners to stop discriminating against People Living with HIV and to start treating them as friends. The song urges listeners to be aware of their HIV status and know how to protect



themselves from HIV. The song also asks the youth to abstain from sex until marriage and remain faithful to their spouses.

Replication of IEC materials: Some of the materials designed by APAC have been replicated by many other agencies in Kerala, Maharashtra, and Karnataka etc.

Support to TANSACS for designing and development of mobile communication van: In consultation with TANSACS, APAC designed and developed two Mobile Communication Vans equipped with panels, audio/video systems with IEC materials. These vans travelled to major towns in Tamil Nadu spreading the message of HIV prevention, care and treatment.

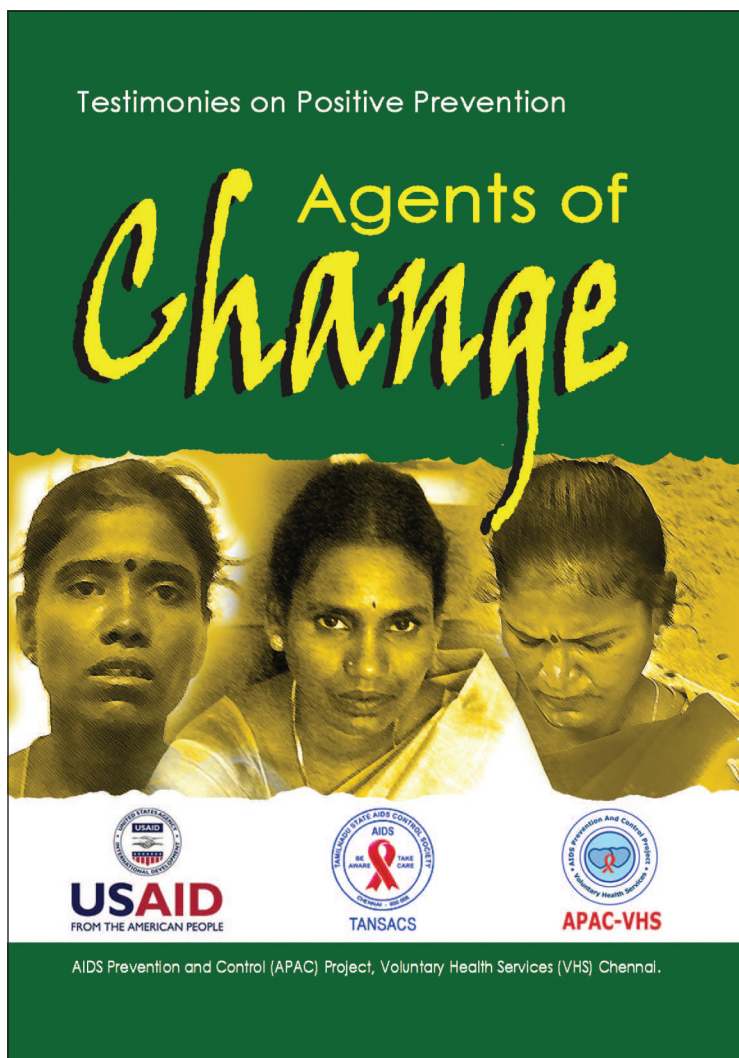
Workshop for media personnel: Organized three workshops to sensitize media personnel on issues related to HIV/AIDS. These included a workshop for the Print Media in 1993 and 2006 and a state level workshop on Health and Nutrition in 2000.

Apart from this

APAC has extended support to PWN+ towards publishing a quarterly newsletter Mahila Thoni, both in Tamil and English, to be circulated among all the networks in India.

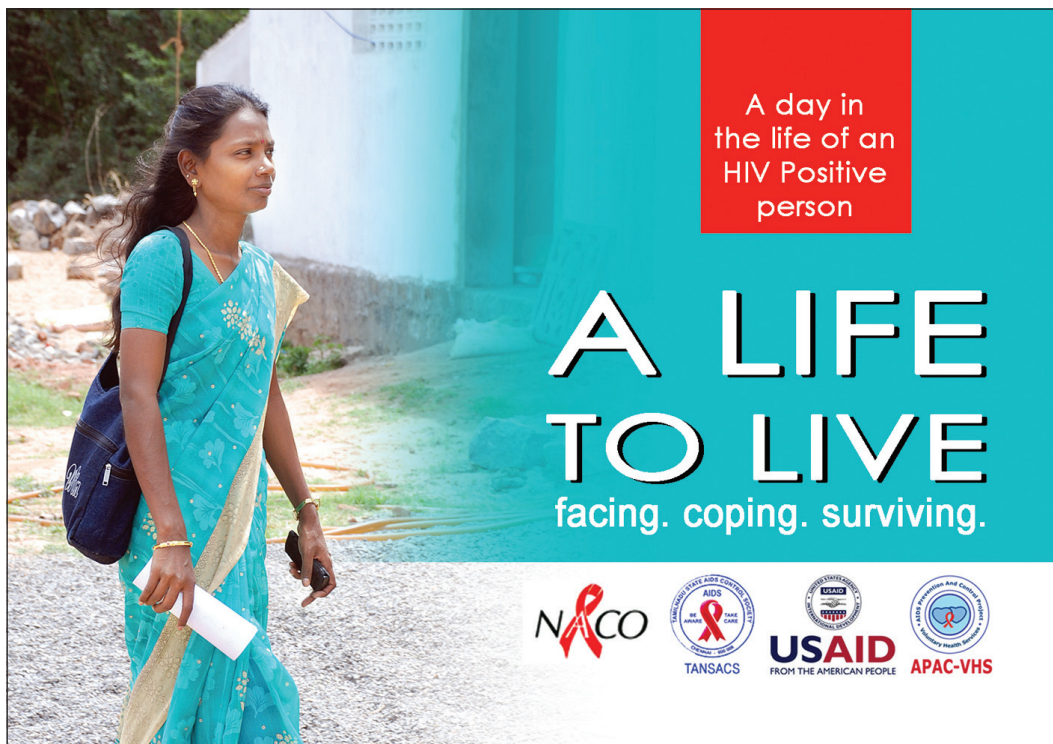
APAC has developed a model service directory for PLHIV. This is a district specific directory, which will be useful to all the service providers in the district, to provide information on services available for PLHIV. The directory contains contact addresses, names of key persons, contact numbers, functioning time, key services provided by the organization and other related details.

To record the struggles of the core PLHIV and to document their involvement in the Shakthi Plus programs-livelihood training program-, APAC brought





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out a booklet called Agents of Change containing the stories of women, who are involved in small business activates after a training in basket making, embroidery, from an APAC sponsored program. A photo album on a day in the life of a PLHIV was brought out recording all day-to-day activities of an HIV positive person which would help him/her lead a healthy and productive life.

APAC has produced dedicated radio programs in partnership with Kodai FM and Chennai Rainbow for the period between 15th June 2009 and 31st March 2010. APAC has facilitated the production of a youth theme song, on video, for use in the Red Ribbon Clubs.

APAC has brought out a newsletter with a 20-page pullout, in partnership with the Tamil Nadu Chapter of the Indian Medical Association, as a WAD special issue, on the involvement of private practitioners in HIV/AIDS care. This newsletter has been circulated among all the medical practitioners in the State.

Community Consultation Workshop

A community consultation workshop was organized through People's Development Initiative to develop IEC materials to be used by the community members. Spread over three days, this unique workshop was done with members of the MSM and TG community, who discussed, brain stormed and prepared IEC materials which would be used by them during their intervention activities. The IEC materials included posters, games, flip charts, banners etc. and had messages ranging from blood safety to correct and consistent use of condoms.

OTHERS

6.1 HELLO+

...Calling for Help against HIV/AIDS

Background

APAC, in partnership with the TATA Group, launched HELLO+ a toll free helpline number for People Living with HIV/AIDS. First of its kind in India, this helpline is an innovative initiative to increase access to health education and ensures confidential counseling for the caller.

This is first being rolled out in Tamil Nadu and will be expanded to other States in India in a phased manner.


Hello+ was initiated on November 2008 in a pilot phase in Tamil Nadu and was launched officially on the 17th February 2009. Thiru V. Subburaj, IAS, Health Secretary, Govt. of Tamil Nadu, launched the toll free No 1800-419-1800 by making the first call. Ms. Kerry Pelzman, USAID, released the IEC material which comprised of posters, stickers and booklet.

Objective

- ◆ Improve the quality of life of the PLHIV.
- ◆ Provide continued care for the caller.
- ◆ Create a non-judgmental environment for the caller.
- ◆ Make it simple and confidential.

Description of the Helpline

- ◆ A dedicated toll free number 1800 419 1800 in collaboration with TATA Business Solutions which provides information, counseling, and referral services for the PLHIV.
- ◆ Availability of trained counselors from 7am – 11pm seven days a week.
- ◆ The Helpline can be reached from a mobile or a landline across India.



A Public Private
Partnership

30,000
calls per month

A toll free helpline
for PLHIV

- ◆ First of its kind in India to demonstrate a model for the country.
- ◆ Counseling and information is available in four languages Tamil, Telugu, Hindi and English.
- ◆ Robust software to capture all details of the calls with complete reports every day.

The services provided through the helpline are

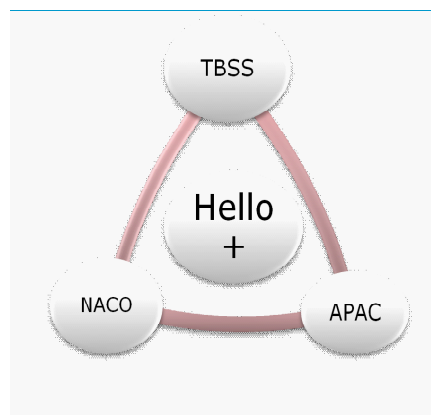
- ◆ One-to-one counseling on positive prevention
- ◆ Information on Government Schemes
- ◆ Linkages to NGO / PLHIV networks
- ◆ Information on Legal AIDS Clinics
- ◆ Information on health, education, nutrition, physical fitness, personal hygiene, safe drinking water etc.
- ◆ Counseling for affected family members, students, factory workers, MSM, FSW and IDUs.
- ◆ Basic information on Reproductive/Sexual Health, contraception, HIV/AIDS, dispelling myths and misconception, safe sex practices etc.

The PPP Model for Hello+

Tata Business Support Services (TBSS) provides the daily management of the call center hub for the helpline. TATA Teleservices (TTSL) provides the toll free number through the Tata Indicom Network.

APAC provides training of counselors at call centers, does the quality check, and monitoring of the allied services. APAC also provides information on referral services available such as the medical, paramedical, legal and PLHIV personnel etc. Although APAC has initiated this process, the program has active participation of the TANSACS and the Networks of People Living with HIV/AIDS, with TANSACS helping in creating an information directory regarding all services schemes provided by the Government for PLHIVs and also promoting the Helpline through IEC materials and campaigns.

The Tri-partite initiative



Introduction to SMS facility

Commercial experiences from 'Just dial' are adapted for Hello Plus services. The addresses of referral and linkages centers like ICTC, DIC, CCC, ART centers, DLNs, NGO / CBOs, Positive Networks etc are readily available. If a caller is interested in receiving the addresses of the linkage

and referral services, he can voluntarily provide his number to receive the addresses through an SMS. The SMS facility was started on March 2010.

Key Achievements

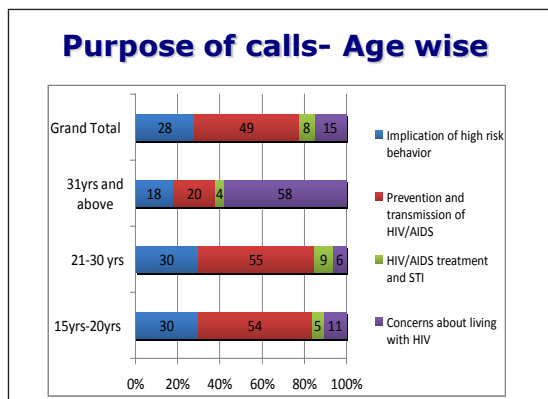
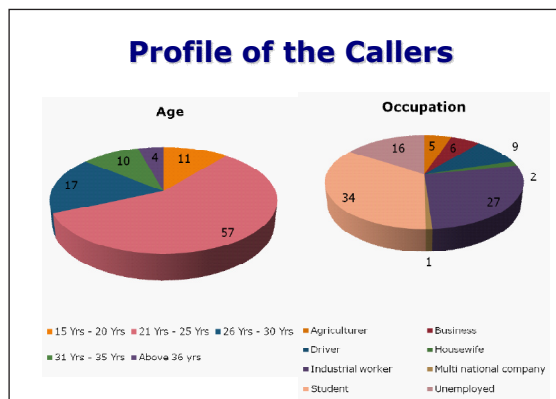
Hello+ receives a daily call load of about 1,000 calls on an average and most of the callers are males in the age group of 21 to 25 years. There is a rise in PLHIV callers, but most of the calls are from the general public. Among the general public it is the student population who call very often. The students generally call to find out about HIV transmission and also about sex and sexuality.

The PLHIV call up the Helpline to know more about ART and the support they can get from an NGO or the Government. The callers are advised to go to the ICTC centers close by and to get further information and treatment if necessary. While 34% of these callers were referred to some service of the other, a clear 66% were referred to the Government Hospitals. It was also noted that 86% calls come from Tamil Nadu and the rest of the calls come from other parts of India. The total calls received till 25th September 2011 were 8,30,297 of which 86% of the calls were answered. From the SMS service an average of 100 text messages are sent every month, with the consent of the receiver.

Evaluation

In an independent evaluation done by IMRB, it was found that:

- ◆ 93% of the callers felt that confidentiality was maintained
- ◆ 81 % of the callers said that the counselors summarized the conversation effectively
- ◆ 89% of the callers said that the counselors had understood their issue
- ◆ 87% of them told that they felt comfortable talking to the counselors
- ◆ 91% of the callers said that the counselors used appropriate words
- ◆ 87% of the callers stated that the counselors were polite to them
- ◆ 97% of them told that all their queries were addressed.



Right Ranga Mega exhibition - on the highway



Abstain from SEX before Marriage



- A**lienate from temptations
- A**dhere to discipline
- A**void peer pressure

Youth Power is Nation's Power !

**Discipline,
the best
syllabus
for life!**

You're young,
with ambitions and dreams.
Achieve them
with single-minded devotion.

Stay clear
from wayward practices,
it avoids **HIV/AIDS**.

**Youth Power!
Nation's Power!**



Be faithful to your partner



It protects you from HIV/AIDS

Abstinence keeps you safe **A**ccept mutual trust **A**ct with precaution



AIDS PREVENTION AND CONTROL (APAC) PROJECT
VOLUNTARY HEALTH SERVICES (VHS) Chennai - 600 113.
website : www.apacvhs.org



USAID

FROM THE AMERICAN PEOPLE

AIDS PREVENTION AND CONTROL (APAC) PROJECT
VOLUNTARY HEALTH SERVICES (VHS) Chennai - 600 113

Say NO to
Peer pressure
Sex before marriage
Unsafe sex



It protects you from HIV/AIDS



AIDS PREVENTION AND CONTROL (APAC) PROJECT
VOLUNTARY HEALTH SERVICES (VHS) Chennai - 600 113. website : www.apacvhs.org



USAID
FROM THE AMERICAN PEOPLE

Code	: BCC - 155	Contents	: -- Message to youth to be guarded and safe -- At 18, your heart flutters. Be aware. Prevent HIV / AIDS -- Know your sexual rights. Be protected -- Driving home the message to prepare youth to say "NO" to sex before marriage and peer pressure -- Abstain from sex before marriage, Be faithful to your partner, Discipline the best syllabus for life
Title	: Flex Banner - The importance of 'A' & 'B'	Language	: English
Year of Production	: 2005		
Target audience	: General Public, Youth		
Type of material	: Flex		
Size	: 24" x 19"		

Press advertisements

இன்றையப் பொழுது நங்கள்!
நிம்நல் உழந்திடு
துணிவாக..!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!

ஆனா இப்பததைக் குறக்குமா?

இப்பம் கொஞ்சக்கூட குறையது
பல பெண்களையும் இடக்கூது..!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!

பால்வினை (வி.டி.)
நூய்களைக் குடிப்பதும் முடியும்
குணப்படுத்தும் முடியுமா?

நீங்கள்?
பாடி? பம்பாய்?

பால்வினை (வி.டி.)
நூய்களைக் குடிப்பதும் முடியும்
குணப்படுத்தும் முடியுமா?

ஆனா இப்பததைக் குறக்குமா?

இப்பம் கொஞ்சக்கூட குறையது
பல பெண்களையும் இடக்கூது..!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!

WORLD AIDS DAY
LIVE & LET LIVE

EXCLUSIVES
HIV & AIDS
HIV & AIDS
HIV & AIDS

ஆனா இப்பததைக் குறக்குமா?

இப்பம் கொஞ்சக்கூட குறையது
பல பெண்களையும் இடக்கூது..!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!

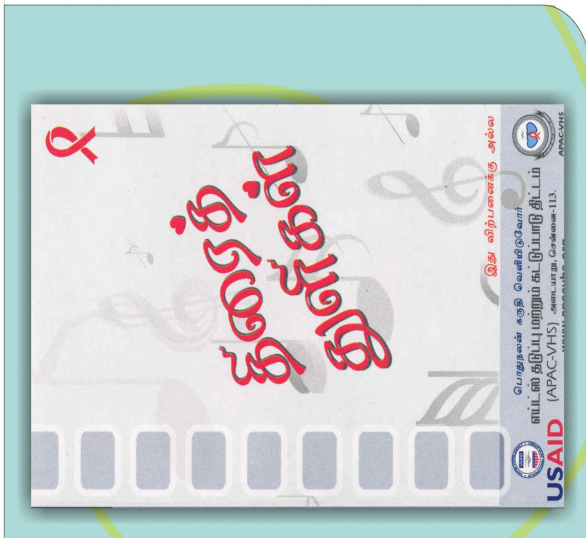
ஆனா இப்பததைக் குறக்குமா?

இப்பம் கொஞ்சக்கூட குறையது
பல பெண்களையும் இடக்கூது..!

செதிர் / வடகால
உதவ ஒன்றாகுமாம்
விவசாயிகள். துணிவாக
எழுந்தோம். துணிவாக!



Title : **APAC Setting Models - CD**
 Year : 2005
 Target audience : Policy makers, Government institutions, Funding agencies, other State AIDS control societies, NGOs, etc
 Type of material : CD
 Contents : -- APAC's setting models
 -- APAC's Communique
 -- Material on BCC, Research, STD and condom promotion
 -- Developed in English (wrapper designed in English, French and Japanese)
 Language : English



Title : **Thirai Thuligal(Film Songs)-Audio Tape**
 Year of production : 2006
 Target audience : General Public
 Type of material : 60 minute Audio Tape
 Contents : -- Selected cine hit songs interspersed with radio jingles on STD, condom, VCTC, Hope for PLHA, etc.
 -- Ideal material to conduct audio sessions as part of BCC events
 -- Very effective for people to hear comprehensive messages through an entertainment mode
 Language : Tamil



Title : **Effectiveness of picnic table in STD / HIV / AIDS Prevention program**

Year of publication : 2004

Target audience : Policy makers, Research scholars and NGO leaders

Type of material : Research document

Contents : -- Evaluation report of the effectiveness of picnic table in communicating HIV / AIDS messages to target groups

Language : English

Title : **Effectiveness of puzzle and game-based material in STD / HIV / AIDS Prevention**

Year of publication: 2004

Target audience : Policy Makers, Research scholars and NGO leaders

Type of material : Booklet (Monograph)

Contents : Evaluative study of the effectiveness of puzzle and game - based materials designed by APAC

Language : English



Title : **Communication Needs Assessment (2nd Round Executive Summary)**

Year of Publication : 2005

Target audience : Government agencies and NGOs engaged in HIV / AIDS prevention, Program Managers Donors and Policy Makers

Type of material : Book

Contents : -- Study conducted by TNS Mode for APAC
-- Study provides details on profile of target groups, existing myths & misconceptions, media reach of the TGS, training needs assessment, information on PLHA & FAA along with appropriate communication strategies and recommendations

Language : English

...In conclusion

We hope you have found this collection of different communication initiatives useful. This book has attempted to share some of the Tamil Nadu specific examples.

While we recognize that the needs for each community, area and State are different and appropriate approaches are warranted, we hope this compilation will provide programme designers and implementers with some inspiration and ideas for adaptation.

We encourage you to find your own innovations to reach your audiences effectively and hope you will share your experiences with us.

MASS MEDIA

MID MEDIA

WORLD AIDS DAY

TECHNICAL ASSISTANCE

INNOVATIONS

OTHERS

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