

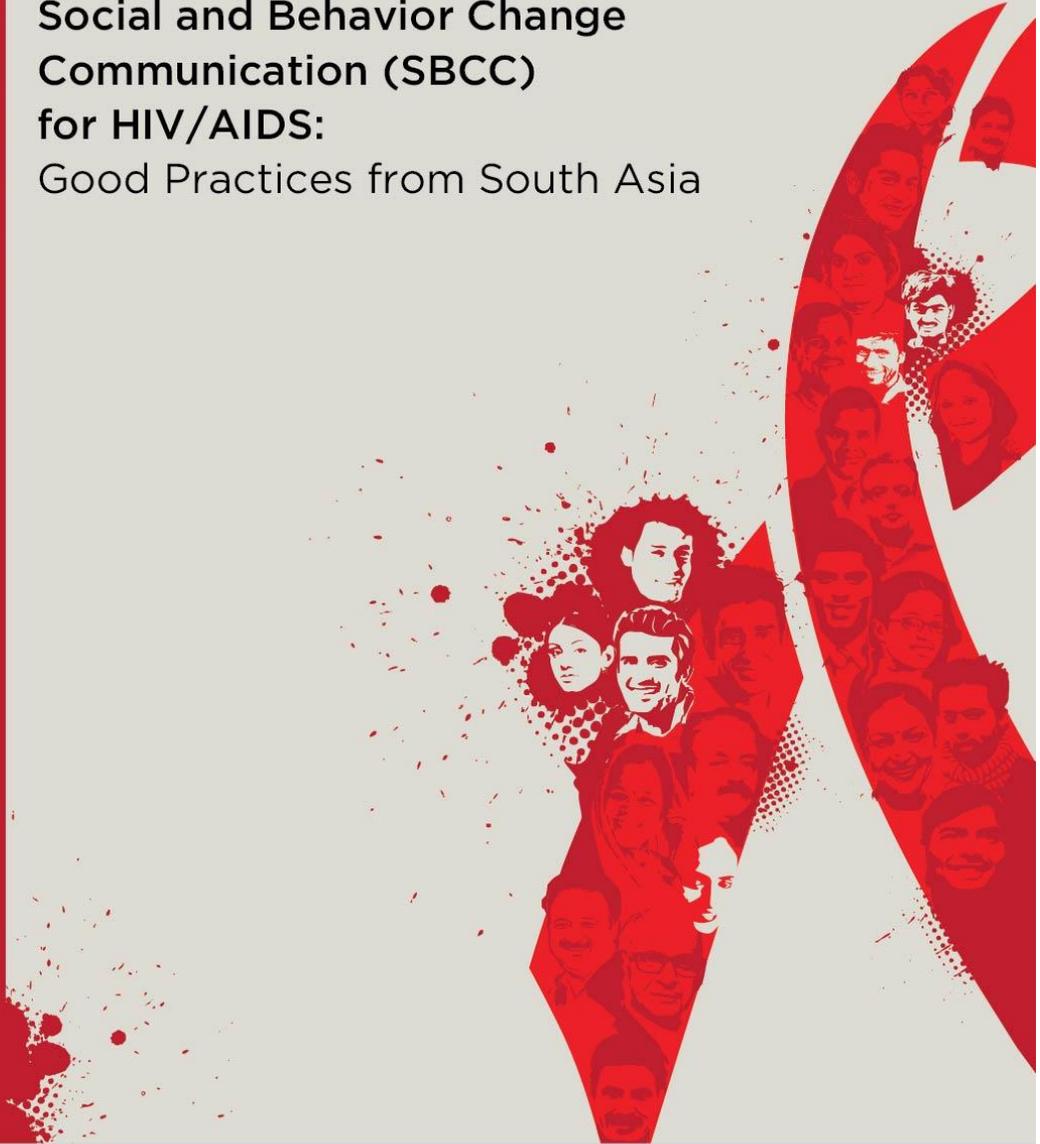


Ministry of Health
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Government of India

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Social and Behavior Change Communication (SBCC) for HIV/AIDS: Good Practices from South Asia



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August 2013



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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMIC	Asia Media Information Communication Center
ANM	Auxiliary nurse midwife
ART	Anti-retroviral therapy
ARV	Anti-retroviral treatment
ASHA	Accredited social health activist
AASHA	AIDS Awareness and Sustained, Holistic Action
AWW	Anganwadi health worker
BCC	Behavior change communication
BLS	Baseline survey
BMGF	Bill & Melinda Gates Foundation
BSS	Behavioral surveillance survey
BWHC	Bangladesh Women's Health Coalition
CBO	Community-based organization
CHCP	Community Health Care Project
CHW	Community Health Worker
CMP	Common Minimum Program
COW	Communication on Wheels
CSW	Commercial sex worker
DAC	Department of AIDS Control
DAVP	Directorate for Advertising and Visual Publicity
DFID	Department for International Development
DIC	Drop-in center
ELS	Endline survey
FC	Female condom
FFL	Facts for Life
FGD	Focus group discussion
FHF	Female Health Foundation
FP	Family planning
FSW	Female sex worker
GOI	Government of India
HCP	Health care provider
HIV	Human Immunodeficiency Virus
HLFPPT	Hindustan Latex Family Planning Promotion Trust
ICAAP	International Congress on AIDS in Asia and the Pacific
ICDDR	International Center for Diarrheal Disease Research
ICRW	International Center for Research on Women
ICTC	Integrated counseling and testing center
IDI	In-depth interview
IDU	Intravenous drug users
IEC	Information, education, communication

IHBP	Improving Healthy Behaviors Program
ILO	International Labor Organization
IPC	Interpersonal communication
JHU	John Hopkins University
JOBS	Job Opportunity and Business Support
JSTOR	Journal Storage
KII	Key informant interviews
KP	Key population
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDG	Millennium Development Goals
MHEU	Mobile Health Education Unit
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NACO	National AIDS Control Organisation (India)
NACP	National AIDS Control Program
NFHS	National Family Health Survey
NGO	Nongovernmental organization
NYKS	Nehru Yuva Kendra Sangathan
PE	Peer educator
PLHIV	Person/people living with HIV/AIDS
PPTCT	Prevention of parent-to-child transmission
PSI	Population Services International
PSP-One	Private Sector Partnerships-One Project
PSTC	Population Service and Training Center
RAB	Reaching Across Borders
RH	Reproductive health
RCH	Reproductive and child health
RGF	Rajiv Gandhi Foundation
RRC	Red Ribbon Club
RRE	Red Ribbon Express
SACS	State AIDS Control Society
SARDM	South Asia Regional Development Marketplace
SBCC	Social and behavior change communication
SHG	Self help group
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	United Nations Agency for HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	UN General Assembly Special Session

USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WBSACS	West Bengal State AIDS Control Society
WDCE	Workplace Discipline and Congenial Environment
YUVA	Youth Unite for Victory on AIDS

I. Executive Summary

India's HIV infection rates are steadily declining, with the number of new infection rates having decreased by 56 percent from 2000–2009, though some individual states have recorded an increase in infections. Current challenges include lowering HIV infection rates among high risk populations, creating communication campaigns that effectively reach all segments of the population, reducing stigma, and ensuring sustained HIV/AIDS education in schools.

FHI 360's Improving Healthy Behaviors Program (IHBP) is a five-year project to improve adoption of positive healthy behaviors in four technical areas: HIV/AIDS, family planning and reproductive health (FP/RH), tuberculosis (TB), and maternal and child health (MCH). India, like other countries in the region and around the world, is working to address the burden of HIV with programs for prevention, care and support, and treatment for vulnerable groups, individuals, and their families.

IHBP conducted a literature review to identify good practices in social and behavior change communication (SBCC) for HIV prevention, care and support, and treatment in projects and programs implemented throughout the five major South Asian countries—India, Sri Lanka, Bangladesh, Nepal, and Pakistan. SBCC is an interactive, theory-based, and research-driven communication process and strategy to address change at the individual, community, and societal levels. SBCC uses a socio-ecological model for change and operates through three key strategies—advocacy, social and community mobilization, and behavior change communication (BCC). The findings of this review will inform the work of SBCC practitioners across India, including government officials responsible for BCC.

Two levels of analysis were used to select the 16 case studies presented in this document. The first level was a broad brush search of popular databases for access to academic publications and of specific publishing houses, as well as the use of Google Search for more process documentation and “gray” literature. The second level of analysis involved shortlisting the initial content, based on availability of documentation, evidence of impact by end of project, and meeting at least **two** of the following criteria for “good practices”:

- They rigorously followed the steps of a **communication planning cycle**, thereby employing a systematic approach for planning, implementation, and evaluation.
- They employed a **“360 degree approach,”** meaning that they used mutually reinforcing materials at many levels to increase demand for HIV prevention services while providing high-quality, accessible, and affordable services and products.
- They used **behavior change theories or models** to guide their programs.
- They **positioned HIV as a treatable and preventable disease**, including addressing stigma and discrimination.
- They established a **strong, recognizable brand** for HIV treatment and prevention services and products.
- They **segmented their target audiences in ways** that allowed activities to be tailored to women and men in specific professions or demographic categories, such as key populations (KP), couples in discordant relationships, or school-aged youth.
- They employed **high-quality media programming and message design** based on sophisticated audience research and triggers most likely to provoke behavior change.
- They **linked mass media with community-level activities**, facilitating the mutual reinforcement of activities at both levels.

- They **adapted BCC materials to the local context** by translating them into multiple languages and taking into account local customs, practices and taboos.
- They provided extensive **training and support to peer educators/community health workers (PE/CHW)** in facilities and/or at the community level. Support included robust supervision and high-quality job aids.
- They built **strong and innovative partnerships** with medical associations, medical supply companies (including condom suppliers), private sector, media groups, and/or NGOs.
- They increased community support by utilizing **participatory processes** in the project design, implementation, or evaluation.
- They utilized **robust research** to drive the program, including formative research, pretesting, and monitoring and evaluation (M&E).
- They **focused on sustainability** by integrating interventions within government services, utilizing existing networks/systems, building the capacity of local NGOs, obtaining private sector support, and/or making their activities easy to scale up.

Out of this second level of analysis, three broad categories of focus emerged, which were used to group the programs in the table in Section IV. The three broad categories of focus are:

- **Programs that employed a “360 degree” approach:** These were large, comprehensive programs that used a variety of communication approaches (mass media, community-based programs, interpersonal communication, etc.) that were mutually reinforcing; worked to improve the quality of services for HIV prevention, care, and support services (including addressing stigma); and developed strong partnerships with NGOs and/or the private sector to achieve goals.
- **Programs that focused primarily on community-based initiatives:** These programs focused primarily on HIV prevention programs at the community level, through community media, CHWs/educators or health care providers (HCP). Some utilized other SBCC approaches, but the bulk of their work was at the community level.
- **Programs that focused primarily on mass media:** These programs focused primarily on mass media campaigns, either using advertising or edutainment (education and entertainment) approaches. Some also had a community component, such as radio listening groups, but the main intervention was implemented through television or radio.

II. Introduction and Methodology

HIV/AIDS Prevention and Control in India

India's HIV infection rates are steadily declining, with the number of new infection rates having decreased by 56 percent from 2000–2009, though some individual states with traditionally low infection rates have recorded an increase in infections (Chandigarh, Orissa, Kerala, Jharkhand, Uttarakhand, Jammu, and Kashmir, Arunachal Pradesh, and Meghalaya). Current challenges include lowering HIV infection rates among high-risk populations, creating communication campaigns that effectively reach all segments of the population, ensuring sustained HIV/AIDS education in schools, creating effective private sector partnerships, promoting condom use as a way to reduce infections, and reducing stigma and discrimination, particularly in health care settings. As of 2011, India had an estimated 2.1 million people living with HIV/AIDS (PLHIV) and an adult prevalence of 0.27 percent. Over 80 percent of infections occur in individuals between 15–49 years and 88.2 percent of HIV transmission occurs through heterosexual sex. Those at the highest risk for HIV infection in India are female sex workers (FSW), men who have sex with men (MSM), and injecting drug users (IDUs). Single male migrants and long distance truck drivers are also considered high risk. Because men make up more of these risk groups than women, men in India have been disproportionately affected by HIV (comprising 61 percent of those infected).^{1,2}

Only 17 percent of women and 33 percent of men have comprehensive knowledge of HIV/AIDS, according to the 2005–2006 National Family Health Survey (NFHS-3).³ This means that they know that 1) a healthy looking person can have HIV/AIDS; 2) HIV/AIDS cannot be transmitted through mosquito bites or sharing food; and 3) condom use and fidelity can help prevent the spread of HIV/AIDS.

Since its formal establishment in 1992, the Department of AIDS Control (DAC), an Indian government agency formerly known as the National AIDS Control Organization (NACO), has worked to control, treat, and halt the spread of HIV through a series of consecutive initiatives. From 1992–1999, the first National AIDS Control Program (NACP-I) mainly sought to control the spread of HIV by strengthening HIV-related infrastructure in medical settings across the country, as well as developing HIV sentinel systems and state AIDS cells.⁴

NACP II (1999–2006), focused on targeted interventions among high-risk groups (commercial sex workers (CSWs), MSM, IDUs, truck drivers, and migrant workers) while also introducing elements of behavior change communication (BCC) into their programming, notably with regard to safe sex and condom usage. NACP II's work during this time also included the country-wide establishment of voluntary counseling and testing (VCT) centers, greater access to anti-retroviral treatments (ARVs) and increased HIV programming in schools.⁵ Programs designed and launched to target youth during NACPs, both in school and out of school, include Youth Unite for Victory on AIDS (YUVA), a network composed of various youth organizations as well as Red Ribbon Clubs (RRC) in schools.

¹ World Bank: HIV/AIDS in India. <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india>

² AVERT HIV & AIDS in India. <http://www.avert.org/hiv-aids-india.htm>

³ USAID: 2005–2006 National Family Health Survey (NFHS-3). HIV/AIDS Knowledge and Prevalence. <http://www.wilsoncenter.org/sites/default/files/HIV.pdf>

⁴ About NACO http://www.naco.gov.in/NACO/About_NACO/. April 1, 2014.

⁵ Ibid.

NACP III (2006–2011) focused primarily on continued targeted interventions among high-risk groups, services for the general population and strengthening HIV systems at the state and district levels.⁶ The third phase put a big emphasis on community involvement in program planning and implementation,⁷ NACP IV was launched in February 2014 and will continue to build on the gains made by previous NACPs. Strategies for this fourth phase of the program will include:⁸

- Intensifying and consolidating prevention services with a focus on (a) high-risk groups and vulnerable population and (b) general population.
- Expanding information, education, and communication (IEC) services for (a) general population and (b) high-risk groups with a focus on behavior change and demand generation.
- Increasing access and promoting comprehensive care, support and treatment;
- Building capacities at national, state, district, and facility levels.
- Strengthening strategic information management systems. Objectives include reversing the epidemic and continuing to increase support to PLHIV.⁹

With international donor support as well as assistance from Indian federal and state governments, community-based organizations (CBOs) and nongovernmental organizations (NGOs) have contributed to HIV/AIDS prevention and treatment. NGO and CBO activities vary, with many focused on providing services (education, preventative services, food and basic necessities) to those affected by HIV as well as supporting and empowering marginalized groups that have been disproportionately affected by the epidemic, including IDUs, FSWs, and transgendered individuals. Programs supporting marginalized individuals often involve attempts to reintegrate them back into their familial networks from which many are cut off due to their circumstances.

Communication efforts implemented by NACO (now DAC) have evolved from raising awareness of HIV/AIDS to focusing more on BCC among at-risk populations and increasing awareness and risk perception among youth and women.¹⁰ Given the size of India and diversity of languages spoken, many BCC campaigns have been implemented at the state or local levels, as opposed to the national level. One notable exception has been the Red Ribbon Express (RRE)—a train that has traveled across the country disseminating HIV/AIDS information. It has been called the world’s largest mass mobilization campaign on HIV/AIDS¹¹ and is featured as one of the case studies in this document.

⁶ NACP-III http://www.naco.gov.in/NACO/National_AIDS_Control_Program/ April 1, 2014

⁷ World Bank: HIV/AIDS in India. <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india>

⁸ Press Information Bureau, Government of India. National AIDS Control Programme Phase – IV. <http://pib.nic.in/newsite/erelease.aspx?relid=99831>

⁹ Press Release – Government to Launch the Fourth Phase of the National Aids Control Programme <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103323>

¹⁰ Rewari, BB. HIV/AIDS in India: Journey So Far and the Road Ahead. *Medicine Update*. Vol 23, 2013. http://www.apiindia.org/medicine_update_2013/chap14.pdf

¹¹ Ibid.

Improving Healthy Behaviors Program in India

The USAID/India-funded Task Order for IHBP aims to improve adoption of healthy behaviors through institutional and human resource capacity building of national-, state-, and district-level institutions to design, deliver, and evaluate communication programs that will:

- Increase knowledge and change attitudes and behaviors of individuals, families, communities, and health providers about health.
- Promote an environment where communities and key influencers support positive health behaviors.
- Reduce barriers of vulnerable and key populations (women, youth, migrant workers, PLHIV, sex workers, IDUs, and MSM) to demand and access health services.

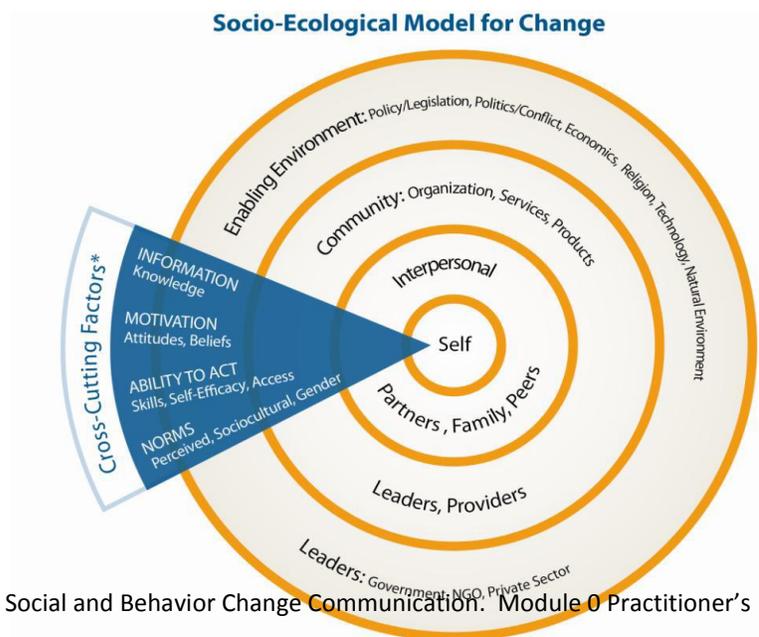
The project focuses on four technical areas: HIV/AIDS, FP/RH, TB, and MCH.

Overview of Social and Behavior Change Communication (SBCC)

Social and behavior change communication (SBCC) is an interactive, theory-based, and research-driven communication process and strategy to address change at individual, community, and societal levels.¹² It is a process, uses a socio-ecological model for change, and operates through three strategies:

- **Advocacy** to raise resources and political/social leadership commitment for development actions and goals
- **Social mobilization** for wider participation, coalition building, and ownership, including community mobilization
- **Behavior change communication (BCC)** for changes in knowledge, attitudes, and practices of specific participants/audiences in programs

SBCC applies a socio-ecological model¹³ that examines several levels of influence to provide insight on the causes of problems and to find the **tipping point** for change—the point at which a behavioral practice spreads suddenly within and across populations.¹⁴ This model is a combination of ecological models and sociological and psychological factors and layers of influence that can assist



¹² C-Modules. 2012. A Learning Package for Social and Behavior Change Communication. Module 0 Practitioner's Handbook. FHI 360: C-Change project.

¹³ Ibid. https://www.c-changeprogram.org/sites/default/files/sbcc_module0_intro.pdf (people, organizations, and institutions). They were originally developed for the individual level.

¹⁴ Ward, T. et al. Leadership and Communication: Lessons from the Tipping Point. Cambridge Center for Behavioral Studies, Inc. 2011. Available at <http://www.behavior.org/resources/503.pdf>. SOURCE: Adapted from McKee, Monocourt, Chin, and Carnegie (2000).

program managers in analysis and planning.

Effective SBCC programs apply a set of core principles:¹⁵

- **Principle #1:** Follow a systematic approach.
- **Principle #2:** Use research (for example, operational), not assumptions, to drive programs.
- **Principle #3:** Consider the social context.
- **Principle #4:** Keep the focus on the key audience(s)/populations.
- **Principle #5:** Use theories and models to guide decisions.
- **Principle #6:** Involve partners and communities throughout.
- **Principle #7:** Set realistic objectives and consider cost effectiveness.
- **Principle #8:** Use mutually reinforcing materials and activities at many levels.
- **Principle #9:** Choose strategies that are motivational and action-oriented.
- **Principle #10:** Ensure quality at every step.

These principles can serve as a compass, helping managers and SBCC specialists to plan their programs and stay on track during implementation and evaluation. Many of the good practices described in this document tie into to the 10 principles outlined above.

Purpose of the Document and Methodology

IHBP commissioned a review of good practices in SBCC for HIV prevention, treatment, and care and support to assist program managers and communication specialists to design and implement effective communication programs. Published and unpublished literature was reviewed to identify successful SBCC interventions in five South Asian countries—India, Bangladesh, Nepal, Pakistan, and Sri Lanka. The literature review was performed in phases. In the first phase, a matrix with the main themes of HIV/AIDS in India, Bangladesh, Nepal, Pakistan, and Sri Lanka, and sub-themes (stigma and discrimination, condom use, migration, prevention of parent-to-child transmission (PPTCT), and integrated counseling and testing) was used to identify interventions from the universe of HIV and AIDS communication interventions. Popular databases were searched, including JSTOR, Popline, Medline/PubMed, and Cochrane, to access academic publications. Specific publishing houses, including Sage, Francis and Taylor, Harvard Business Review, and local databases such as ICMR and Delnet were also utilized. Google yielded more process documentation and “gray” literature.

This literature review provided a set of HIV prevention, care and support, and treatment communication interventions and identified a variety of examples of good practices. Confined to web searches, the selected good practices sometimes lacked thorough documentation on implementation, results, and impact. Additional documentation included project reports, strategic plans with logic models, technical manuals, and implementation materials, and in-depth interviews with project stakeholders.

A list of 102 HIV/AIDS interventions were identified based on this first level of analysis, followed by a further analysis for good practices in health communication, which narrowed the list to 16 interventions.

¹⁵ C-Modules. A Learning Package for Social and Behavior Change Communication. Module 0 Practitioner’s Handbook.

This second level of analysis was contingent on availability of documentation, evidence of impact by end of project, and employing at least two of the following 14 “good practices”:

- They rigorously followed the steps of a **communication planning cycle**, thereby employing a systematic approach for planning, implementation, and evaluation.
- They employed a **“360-degree approach,”** meaning that they used mutually reinforcing materials at many levels to increase demand HIV prevention services while providing high-quality, accessible, and affordable services and products.
- They used **behavior change theories or models** to guide their programs.
- They **positioned HIV as a treatable and preventable disease**, including addressing stigma and discrimination.
- They established a **strong, recognizable brand** for HIV treatment and prevention **services and products**.
- They **segmented their target audiences** in specific ways that allowed activities to be tailored to women and men in specific professions or demographic categories, for example, key populations (KP), couples in discordant relationships, and school-aged youth.
- They employed **high-quality media programming** and message design based on sophisticated audience research and triggers most likely to provoke behavior change.
- They **linked mass media with community-level activities**, facilitating the mutual reinforcement of activities at both levels.
- They **adapted SBCC materials to the local context** by translating them into multiple languages and taking into account local customs, practices and taboos.
- They provided extensive **training and support to peer educators/community health workers (PE/CHW)** in facilities and/or at the community level. Support included robust supervision and high quality job aides.
- They built **strong and innovative partnerships** with medical supply companies (including condom suppliers), the private sector, media groups, NGOs, or medical associations.
- They increased community support by utilizing **participatory processes** in the project design, implementation or evaluation.
- They utilized **robust research** to drive the program, including formative research, pretesting, and monitoring and evaluation (M&E).
- They **focused on sustainability** by integrating interventions within government services, utilizing existing networks/systems, building the capacity of local NGOs, obtaining private sector support and/or making their activities easy to scale up.

The section below describes the good SBCC practices that were identified, with examples from selected case studies. The summary of good practices is followed by a matrix of case studies. Not all of the case studies will be relevant for all readers. **Therefore, readers are invited to consult this matrix to identify the case studies that most closely match their own programs, and then read those specific case studies to obtain detailed information about how these programs used good SBCC practices.** An index at the end of this document cross references all case studies by good practices, for those readers who wish to consult those program examples that effectively demonstrate a particular good practice.

III. Good Practices and Case Studies

This section provides information about the **good SBCC practices** of the 16 identified programs/interventions in India, Bangladesh, Nepal, Pakistan, and Sri Lanka. This is followed by the **case studies**, which includes a **matrix** of the 16 programs (detailing the SBCC channels, objectives, target audiences, and good practices) and a detailed description of each of the 17 interventions in a **case study format**.

Good Practices

A wide range of good practices were identified in program design, implementation, and evaluation. Interventions that met the criteria for inclusion in this document used at least 2 of the 14 good practices that were introduced in Section II. Examples of these programs/interventions are described below.

- They rigorously followed the steps of a **communication planning cycle**, thereby employing a systematic approach for planning, implementation, and evaluation. The Bindass Bol project systematically carried out research, based its communication strategy on the results of the research, used a phased approach, and based rollout on the analysis of the barriers that consumer had iterated. Everyone’s Concern – Think, Understand, Prevent implemented a mass media program that followed a communication planning cycle and a systematic approach to developing, implementing, and evaluating the mass media, advocacy, and community dialogue components.
- They employed a **“360 degree approach,”** using mutually reinforcing materials and communication channels at many levels to increase demand for HIV prevention while providing high-quality, accessible, and affordable services and products. Bula Di employed a broad mass media approach using print, TV, radio, and buses as well as a HIV toll-free hotline for counseling and information. AASHA used multimedia (TV and radio), community media (skits and competitions), and printed materials (handouts, posters) and increased partnerships among government and NGOs. Desh Pardesh increased demand for HIV prevention services and products, producing an edutainment (education and entertainment) radio program, with listeners able to broadcast messages across country borders, training in radio production, and use of satellite radio to increase reach. Bindass Bol used mass media and community-based activities to reach out to consumers and vendors to reduce stigma and normalize condom use. The John Keells HIV/AIDS Awareness Campaign provided leadership, working with providers and private sector, while also advocating for HIV workplace policies with key stakeholders. Avahan employed mass media, community-level media, and interpersonal communication (IPC) in its work on HIV prevention with key populations in India.
- They used **theory/model as foundation** to guide their program.¹⁶ The Balbir Pasha project employed Bandura’s social learning theory in developing the fictional TV character Balbir Pasha to communicate HIV risk awareness and generate discussions among viewers. Utilization of Services by Sex Workers in Bangladesh created specific behavioral pieces of the intervention to facilitate FSW developing condom negotiation skills and pursuing STI treatment, acknowledging

¹⁶ Theory at a Glance: A Guide for Health Promotion Practice (Second Edition). National Cancer Institute. U.S. Department of Health and Human Services. 2005.

Bandura's social learning (cognitive) theory and the importance of self-efficacy in making behavior changes.

- They positioned **HIV as a treatable and preventable disease**, including addressing stigma and discrimination. Bindass Bol created the media character Binda Bas, whose daily decisions engaged audiences and brought discussion of HIV prevention, treatment, and stigma into the public sphere. Balbir Pasha personalized HIV risk through a same-named TV character to help target audiences understand HIV risks and behaviors and that HIV is preventable and treatable. The PPTCT Campaign in India was a mass media campaign on PPTCT during pregnancy, birth, and breastfeeding that increased awareness and uptake of services at PPTCT centers. Desh Pardesh addressed Nepali migrant wives' exposure to HIV after their husbands' return from work in India, with community-based care teams that assisted with treatment adherence, psycho-social support, provision of ARVs, and caregiver trainings. The John Keells HIV/AIDS Awareness Campaign focused on HIV prevention through advocacy, awareness building, and education on HIV within the country's business world.
- They established a **strong, recognizable brand** for HIV treatment and prevention services and products. The Bindass Bol (*Condom, Just Say It*) project partnered with private sector condom marketers to market the Bindass Bol condom.
- They segmented their **target audiences in specific ways** that allowed activities to be tailored to men and women in specific professions or demographic categories, for example, KPs, couples in discordant relationships, and school-aged youth. Bula Di segmented audiences, addressing urban and semi-urban married women separately, and then addressed husbands and men. Avahan segmented the audiences and developed interventions specific to each of these high-risk audiences. This included structural interventions and community mobilization efforts to reduce stigma, violence and barriers to accessing services. The program for long distance truck drivers differed in scope and intensity from that for MSM.
- They employed **high-quality media programming and message design** based on sophisticated audience research and triggers most likely to provoke behavior change. During development of the TV programs, Kalyani conducted workshops with policymakers, service providers, and specialists to develop key messages, and facilitated links between production people and health officials that included pretesting with target audiences to ensure effective message creation. *Kyunki* based the TV show's health content on UNICEF's *Facts for Life*, while its storylines were developed by media savvy writers, thus producing a high-level drama serial, which challenged a variety of social norms. *Everyone's Concern –Think, Understand, Prevent* produced TV and radio spots with memorable jingles, high-quality animation, and dramatization on the topics of HIV modes of transmission and prevention, stigma, unsafe sex, and used syringes with celebrity actors and singers to reach youth; the programs were noted for their engaging edutainment (education and entertainment) value.
- They linked **mass media with community-level activities**, facilitating the mutual reinforcement of activities at both levels. Bula Di combined multimedia messages with messaging at football games and print messaging at bus stops. The Balbir Pasha campaign linked the experiences of its fictional TV and radio character to community-level activities that included art shows, local advertising campaigns, and a hotline to achieve risk awareness and bring discussion of HIV risk into the public sphere. Kalyani health clubs were formed to mobilize communities to initiate actions at the community level that strengthened the HIV and other health messages from the Kalyani TV programs. Desh Pardesh coupled its popular radio drama (lauded for its content

addressing HIV prevention, care, and treatment) with health service clinics that provide care and support and community- and home-based care teams services to PLHIV and a cross-border collaboration between Nepal and India. *Kyunki* was developed as an entertaining TV serial drama about six main characters confronting a variety of life situations, to appeal to women aged 15–35 from lower economic groups, which challenged existing social norms and wove in valuable health content relevant to this audience.

- Adapted **materials to the local context** by translating them into multiple languages and utilizing locally-available technology. The Bula Di doll was a culturally relevant approach (using the elder sister as the character) to deliver HIV messages (in three languages) that would be accepted by a general audience. The Female Condom Social Marketing Program worked closely with PEs to create the Female Condom Toolkit in eight local languages (English, Hindi, Gujarati, Bengali, Telugu, Tamil, Kannada, and Marathi). Kalyani produced TV shows to increase knowledge about HIV across nine states but used local languages, dialects, dress, songs, dances, and cultural norms to contextualize to each area. The Red Ribbon Express I and II used local trains as the dissemination mechanism for HIV prevention and other health-related information in the local languages, a creative approach that brought information to remote, rural populations.
- They provided extensive **training and support to PEs/CHWs** in facilities and/or at the community level. Support included robust supervision and high-quality job aids. The Female Condom Social Marketing Program provided training and well-designed job aids to PEs. The JOBS: Fighting internalized stigma among IDUs in Bangladesh program provided training, supervision, and high-quality job aides to counselors in their work with former IDUs.
- They built **strong and innovative partnerships** with medical associations, medical supply companies (including condom suppliers), private sector, media groups, and/or NGOs. AASHA worked closely with NGOs to increase their capacity in organizing meetings, working with government department, and developing action plans. APAC built strong, innovative partnerships with 48 NGOs and condom retail outlets in its work with high-risk populations. Bindass Bol worked closely with retailers of condoms to remove cultural stigma of buying condoms by encouraging customers to ask for condoms and marketing them like any other product. The JOBS: Fighting internalized stigma among IDU in Bangladesh program formed partnerships with the private sector for an innovative job skills training program for IDU that enabled economic independence. The Red Ribbon Express I and II worked closely with the media and local NGOs in the many rural areas into which the train ventured. The John Keells HIV/AIDS Awareness Campaign built strong and innovative partnerships with other private companies and collaborated with Sri Lanka's Ministry of Health's (MOH) AIDS Control Program, the International Labor Organization (ILO), and the Chamber of Commerce to implement HIV workplace policies and enhance services for HIV prevention for employees and their families.
- They increased community support by utilizing **participatory processes** in the project design, implementation, or evaluation. Avahan engaged participatory processes to increase community support in project design, implementation, and evaluation (using the Common Minimum Program [CMP]), which helped to define a common vision and set of operating standards for all groups involved. The Female Condom Social Marketing Program used participatory processes with PEs to develop the look, illustrations, and content of the Female Condom Toolkit.
- They utilized **robust research** to drive the program, including formative research, pretesting, monitoring and evaluation. APAC undertook research activities to understand the behavior of high-risk populations and to assess the effectiveness of their programs, which included use of innovative tools and monitoring systems. The Female Condom Social Marketing Program

utilized a feasibility study to inform intervention design, quantitative surveys, and qualitative research with focus group discussions (FGDs) and In-depth interviews (IDIs) to inform the intervention, and an impact evaluation to validate the female condom (FC) as a tool for HIV prevention and female empowerment. *Kyunki* carried out rapid audience assessments to gauge reach, exposure and recall of messages, and development of future episodes, as well as quality assurance and impact assessments. The Red Ribbon Express (RRE) carried out an impact study using a random household survey to assess knowledge of HIV, use of condoms and baseline survey (BLS) and endline survey (ELS) of the general population where the RRE stopped. Everyone’s Concern – Think, Understand, Prevent carried out qualitative and quantitative evaluation research, using FGD, key informant interviews (KII), and structured questionnaires with representative sampling of the target communities. The PPTCT Campaign in India used research to inform its mass media campaign, including a field-based survey.

- They **focused on sustainability** by integrating interventions within government services, utilizing existing networks and systems, building the capacity of local NGOs, obtaining private sector support, and/or making their activities easy to scale up. Avahan increased the quality of clinical services, developed better referral systems, strengthened the prevention infrastructure and delivery of services, and addressed barriers to coverage. The project brought private sector efficiency to a public health program, addressing barriers to uptake and coverage, increasing the quality of clinical services, developing better referral systems, and strengthening the prevention infrastructure and delivery of services. APAC integrated interventions within government services, utilized existing networks/systems, built the capacity of local NGOs, obtained private sector support, and made activities easy to scale up. The John Keells HIV/AIDS Awareness Campaign focused on sustainability by working with the Sri Lankan MOH, the ILO, the local Chamber of Commerce, and 64 other private sector companies to create company-wide HIV prevention and awareness programs. Utilization of Services by Sex Workers in Bangladesh recognized the need for sustainability and importance in the country’s overall health improvement efforts by integrating interventions within government services and utilizing existing networks to assist FSW to access these critical health services.

Case Studies

The following matrix summarizes the 16 program/interventions that emerged following the second level of analysis. They are organized into three categories:

- **Programs that employed a “360 degree” approach:** These were large, comprehensive programs that employed a variety of communication approaches (mass media, community-based programs, IPC) that were mutually reinforcing; worked to improve the quality of services for HIV prevention, care, and support services (including addressing stigma); and developed strong partnerships with NGOs and/or the private sector to achieve goals.
- **Programs that focused primarily on community-based initiatives:** These programs focused primarily on HIV prevention programs at the community level, through community media, CHWs, PEs, or HCPs. Some utilized other SBCC approaches, but the bulk of their work was at the community level.
- **Programs that focused primarily on mass media:** These programs focused primarily on mass media campaigns, either employing advertising or edutainment (education and entertainment)

approaches. Some also had a community component, such as radio listening groups, but the main intervention was implemented through television or radio.

Following are also definitions of key terms used in the matrix for types of communication materials:

- **Mass media** = Radio/TV dramas, radio/TV ads, magazine/newspaper ads, public relations (earned media)
- **Provider interpersonal communication and counseling (IPC/C)** = Provider IPC and counseling provided individually or in groups through health facilities, pharmacies/chemists, or telephone hotlines
- **Community IPC/C and mid-media** = Community IPC and counseling and mid-media provided individually or in groups by community health volunteers, rural medical practitioners, PEs, or community change agents. Includes communication action groups, community discussion/chat groups, community theater, cinema ads, posters, flyers, billboards, retail promotion, and collateral materials (such as t-shirts, stickers)
- **Digital media** = Websites, Facebook, Twitter, SMS messages

MATRIX OF CASE STUDIES

Name and Location	SBCB Channels	Objectives	Target Audiences	Good Practices
PROGRAMS EMPLOYING A 360 DEGREE APPROACH				
1. AASHA India (state of Andhra Pradesh)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media • Advocacy 	<ul style="list-style-type: none"> • Achieve 100% awareness of HIV/AIDS • Eliminate myths and misconceptions about HIV/AIDS • Initiate long-term partnering between government units and • Increase community involvement, participation and ownership of HIV awareness programs 	<ul style="list-style-type: none"> • Population of Andhra Pradesh 	<ul style="list-style-type: none"> • 360-degree approach • Strong, innovative partnerships
2. Avahan India (6 states of Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Nagaland, and Manipur)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media • Advocacy 	<ul style="list-style-type: none"> • Build an HIV prevention model at scale in India • Catalyze others to take over and replicate the model • Foster and disseminate learnings within India and worldwide. 	<ul style="list-style-type: none"> • Sex workers and their clients, IDUs, MSM, and other men at risk (e.g., long-distance truckers) 	<ul style="list-style-type: none"> • 360-degree approach • Focused on sustainability • Participatory processes
3. Bindass Bol India (10 northern states of Uttar Pradesh, Uttarakhand, Bihar, Hgarkhand, Madhya Pradesh, Chattisgarh, Rajasthan, Delhi, Punjab, and Haryana)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media 	<ul style="list-style-type: none"> • Increase sales volume of commercial condom brands by 5% of year 2003 • Improve consistent use of condoms by 2 percentage points. • Increase percent of target audience who know dual purpose message • Increase percent target audience who believe that condoms are not only for commercial sex 	<ul style="list-style-type: none"> • 20–40 year old men, married and unmarried, in urban areas of 10 north Indian states 	<ul style="list-style-type: none"> • 360-degree approach • Communication planning cycle • Positioned HIV as treatable/preventable • Strong, innovative partnerships • Strong, recognizable brand

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
4. Bula Di India (West Bengal)	<ul style="list-style-type: none"> • Mass Media • Community IPC/C/mid-media • Advocacy 	<ul style="list-style-type: none"> • Educate women in monogamous, heterosexual relations about HIV and through them educate the men • Change low self-perception of HIV risk in general population • Encourage open discussion of HIV, empathy for PLHIV, and debunk myths • Motivate people to access toll-free helpline and VCT Center 	<ul style="list-style-type: none"> • Entire urban and semi-urban population of West Bengal 	<ul style="list-style-type: none"> • 360-degree approach • Adaptation of materials to local context • Detailed audience segmentation • Strong community–mass media linkages
5. “Desh Pardesh” Radio program: Reaching Across Borders Nepal	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media • Advocacy 	<ul style="list-style-type: none"> • Provide HIV prevention, care, and treatment for migrants and their families • Develop an edutainment radio program as part of cross-border HIV prevention initiative for Nepalese, particularly migrants working in India. 	<ul style="list-style-type: none"> • Nepalese, particularly migrants working in India. 	<ul style="list-style-type: none"> • 360-degree approach • Positioned HIV as treatable/preventable • Strong mass media-community linkages
PROGRAMS FOCUSED PRIMARILY ON COMMUNITY-BASED INTERVENTIONS				
6. The John Keells HIV/AIDS Awareness Campaign Sri Lanka	<ul style="list-style-type: none"> • Provider IPC/C • Community IPC/C/mid-media • Advocacy 	<ul style="list-style-type: none"> • Increase number and diversity of companies committed to responding to the HIV epidemic • Provide advocacy and leadership among key stakeholders in response to HIV 	<ul style="list-style-type: none"> • Private sector companies in Nepal and their surrounding communities 	<ul style="list-style-type: none"> • Focused on sustainability • Positioned HIV as treatable/preventable • Strong, innovative partnerships

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
7. APAC India (Tamil Nadu and Puducherry)	<ul style="list-style-type: none"> • Provider IPC/C • Community IPC/C/mid-media 	<ul style="list-style-type: none"> • Transfer knowledge and skills to government and NGO HIV prevention programs • Develop BC strategies to raise the demand for services and the training of HCPs to meet this demand • Collaborate with private sector to increase condoms sale and provide training in condom marketing • Undertake research on behavior of high-risk populations 	<ul style="list-style-type: none"> • Vulnerable populations including truckers, FSW, MSM, IDU, PLHIV, industrial workers, youth in slums and male sex workers 	<ul style="list-style-type: none"> • Focused on sustainability • Robust research • Strong, innovative partnerships
8. Balbir Pasha India (12 port cities of Kandla, Margao, Mangalore, Kolkata, Cochin, Tuticorin, Chennai, Vishakhapatnam, Haldia, Paradip, Mumbai, and Vashiof)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media 	<ul style="list-style-type: none"> • Increase awareness and risk perception of HIV when engaged in unprotected sex • Increase discussion of HIV and AIDS with others • Reduce stigma and discrimination • Increase number of people accessing HIV hotlines and VCT services 	<ul style="list-style-type: none"> • Urban men, lower socio-economic groups, aged 18–34, who may frequent sex workers 	<ul style="list-style-type: none"> • Positioned HIV as treatable/preventable • Strong mass media-community linkages • Theory/model as foundation
9. Female Condom Social Marketing Program India (4 states of Maharashtra, Andhra Pradesh, Tamil Nadu, and Karnataka)	<ul style="list-style-type: none"> • Community IPC/C/mid-media • Mass media • Advocacy 	<ol style="list-style-type: none"> 1. Understand the acceptance of FC among female sex workers in the context of its usage 2. Explore the extent of awareness and knowledge on FC usage 3. Examine the accessibility of FC through a single channel (from NGO-to-PE-to-FSW). 	<ul style="list-style-type: none"> • Women involved in multi-partner sex for commercial and economic reasons 	<ul style="list-style-type: none"> • Adaptation of materials to local context • Robust research • Participatory processes • Training and support to peer educators/CHW
10. Job Opportunity and Business Support (JOBS) Bangladesh	<ul style="list-style-type: none"> • Provider IPC/C • Community IPC/C/mid-media • Advocacy 	<ol style="list-style-type: none"> • Provide male IDUs with economic opportunities and facilitate path to economic independence and regaining self-esteem and dignity, and 4. Facilitate reconnection with family, overcome internalized stigma, and raise awareness of HIV stigma among the general public 	<ul style="list-style-type: none"> • Former male IDUs in Dhaka, Bangladesh 	<ul style="list-style-type: none"> • Training and support to peer educators/CHW • Strong, innovative partnerships

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
11. Kalyani India (21 states)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media • Advocacy 	5. National program geared to local cultures and languages for behavior change, social action, and knowledge gains around HIV, malaria, cancer, TB, and tobacco use	<ul style="list-style-type: none"> • General public 	<ul style="list-style-type: none"> • Adaptation of materials to local context • High-quality media programming • Strong community-mass media linkages
12. Red Ribbon Express I and II India (rural areas of 22 states)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media 	<ul style="list-style-type: none"> • Increase levels of accurate knowledge about HIV/AIDS, • Build an enabling environment to promote safe behavior • Strengthen district/and village partnership of stakeholders to <ul style="list-style-type: none"> a) Break the Silence around HIV/AIDS, b) Initiate BCC, c) Link with services, d) Address youth and feminization of the epidemic. 	<ul style="list-style-type: none"> • Youth groups, women's groups, student communities, urban slum dwellers and farmers 	<ul style="list-style-type: none"> • Adaptation of materials to local context • Robust research • Strong, innovative partnerships
13. Utilization of Services by Sex Workers Bangladesh (Dhaka and Barisal districts)	<ul style="list-style-type: none"> • Provider IPC/C • Community IPC/C/mid-media 	<ul style="list-style-type: none"> • Implement strategy that includes peer education for reaching FSW with STI and HIV prevention message; show changes in KAB among FSW on STIs and HIV prevention 	<ul style="list-style-type: none"> • Female sex workers in brothels 	<ul style="list-style-type: none"> • Focus on sustainability • Theory/model as foundation

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
PROGRAMS FOCUSED PRIMARILY ON MASS MEDIA				
14. Everyone's Concern – Think, Understand, Prevent Pakistan	<ul style="list-style-type: none"> • Mass media • Advocacy • Community IPC/C/mid-media 	<ul style="list-style-type: none"> • Improve KAB of general adult population to protect themselves from HIV and STDs • Use a detailed communication strategy heavy on mass media 	<ul style="list-style-type: none"> • General population 	<ul style="list-style-type: none"> • Communication planning cycle • High-quality media programming • Robust research
15. Kyunki Jeena Isika Naam Hai India (states of Uttar Pradesh, Rajasthan, Madhya Pradesh, Chattisgarh, Bihar, and Jharkhand)	<ul style="list-style-type: none"> • Mass media 	<ul style="list-style-type: none"> • Generate behavior and social change among women 15–35 years of low socio-economic status and their families • Program becomes sustainable with high TV ratings 	<ul style="list-style-type: none"> • Primary audience is women 15–35 years old of low socio-economic status and their families, • Secondary audience is frontline workers (auxiliary nurse midwives, teachers, and pradhans) 	<ul style="list-style-type: none"> • High-quality media programming • Robust research • Strong community-mass media linkages
16. PPTCT Campaign in India India (states of Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu)	<ul style="list-style-type: none"> • Mass media 	<ul style="list-style-type: none"> • Enhance awareness about the PPTCT program, including efforts to prevent HIV transmission to the child, prevention of unintended pregnancies, and education on remaining HIV free, • Trigger behavior change among targeted segments of the population re: PPTCT. 	<ul style="list-style-type: none"> • Pregnant women and new mothers 	<ul style="list-style-type: none"> • Positioned HIV as treatable/preventable • Robust research

This section describes the programs listed in the matrix above in fuller detail. They are presented in the same order, and according to the following three criteria: programs that employed a 360-degree approach, programs focused primarily on community-based approaches, and programs focused primarily on mass media interventions. The case studies provide a review of each intervention, using relevant information identified through the literature searches. Each description is divided into several sections, which include:

- Background
- Goals and objectives
- Target audiences
- Process and strategies
- Good practices

Programs Employing a “360 Degree” Approach

I. AASHA	
<p>Donor: DFID</p> <p>Implementing Agency: APSACS</p> <p>Technical Assistance: HLPPT</p> <p>Creative Agency: R K Swamy</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • 360-degree approach • Strong, innovative partnerships
<p>Duration: 2005–2006</p> <p>Geography: India (Andhra Pradesh)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. AASHA Presentation 2. AASHA: Partnership in Action, A Special Report, APSACS 3. AASHA Vahini Report 4. HIV/AIDS Awareness Caravan in Andhra Pradesh, http://www.unicef.org/india/resources_957.htm 	

Background

AASHA (AIDS Awareness and Sustained, Holistic Action) was a program to deliver the HIV/AIDS message to every home in Andhra Pradesh state.

Target Audiences

The campaign targeted every home in the state.

Goals and Objectives

The Government of Andhra Pradesh planned a series of initiatives to control the HIV/AIDS epidemic. The month-long special campaign launched in July 2005 had the primary objective to ensure that every individual is aware of the proximity and risk of HIV/AIDS and adopt safe and responsible behavior. The objectives of the campaign were to:

- Achieve 100 percent awareness about HIV/AIDS in the state.
- Eliminate myths and misconceptions related to the disease.

- Initiate a convergence among the different government departmental units and non-governmental sector towards achieving the long-term objective of partnership.
- Increase community involvement, participation and ownership of HIV awareness programs.
- Increase recognition and acceptance of HIV as a development issue.

Process and Strategies

The campaign involved three phases: the preparatory phase in June 2005, the campaign phase throughout the month of July 2005, and a follow-up phase in subsequent months.

The two broad components of the campaign were to 1) Increase awareness of the epidemic to address the risk perceptions of the general population and the proximity of the disease, and 2) to develop institutional and organizational mechanisms to increase access, coverage and the quality of the services by necessarily strengthening the interdepartmental linkages.

The project relied on Project Support Unit NGOs to play a crucial role in the campaign. NGO project partners conducted various activities to enhance public awareness on the HIV/AIDS epidemic, including massive rallies, exhibitions, door-to-door campaigns, film shows, cultural programs, condom demonstrations, health camps, meetings and discussions, training and orientation sessions, and various other special activities.

Partnership was the hallmark of the campaign wherein the different players—public representatives, NGO/CBO bodies, departmental units of the government, private and corporate sector, and media worked in tandem to achieve the common goal of reducing the threat posed by the epidemic to the socio-economic development of the state.

A multimedia approach was used to attain the mammoth task of achieving 100 percent AIDS awareness in the state. A mix of modern and traditional media was used to maximize reach.

Private and government TV channels, All India Radio, cinema theaters, newspapers, promotion of a tele-counseling number, and hoardings (billboards) were used to disseminate information on HIV/AIDS at the mass level. A three-minute film was developed, in addition to a heros project advertisement in Telugu.

Mid-media efforts involving caravans, mobile publicity units, kalajathas, street plays, skits, exhibitions, seminars and workshops, special gram sabhas, competition, and AIDS information centers were also used to disseminate information on HIV/AIDS. Small media efforts included pamphlets, handouts, posters, and exhibition kits.

The implementation of the campaign was administered through steering committees set up at the state, district, mandal and village level. Daily reports were collected and analyzed and course correctives taken where ever required.

Results

Major outcomes of the campaign were:

- Increased awareness of HIV in communities at the grassroots level
- Rise in the number of people coming voluntarily to VCTCs
- Increase in youth seeking treatment services
- Increase in the number of sexually transmitted infections (STIs) treated at the medical camps
- Better knowledge of safer sex practices, including condom usage among the youth, women and men
- Increase in number of reunions of PLHIV with families, indicating myth reduction and greater acceptance of HIV
- Strong linkages developed between government departments and different communities.

Good Practices

- **360-degree approach:** AASHA used multimedia (TV and radio), community media (skits and competitions), and printed materials (handouts, posters) and increased partnerships among the government and NGOs.
- **Strong, innovative partnerships:** AASHA worked closely with NGOs to increase their capacity in organizing meetings, working with government department, and developing action plans.

II. Avahan	
<p>Donor: Bill & Melinda Gates Foundation (Gates Foundation)</p> <p>Implementing Agency: Partners/PSI/FHI.</p> <p>Technical Assistance : The India AIDS Initiative</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Detailed audience segmentation • Focus on sustainability • Participatory processes
<p>Duration: 2005–2008</p> <p>Geography: India (Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Nagaland, and Manipur)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Avahan: The AIDS India initiative: The Business of Prevention at Scale, BMGF, New Delhi, India, 2008. 2. Lipovsek V, Mukherjee A, Navin D, Marjara P, Sharma A, Roy KP. Increases in self-reported consistent condom use among male clients of female sex workers following exposure to an integrated behaviour change programme in four states in southern India. <i>Sex Transm Infect</i> 2010; 86 (Suppl 1): i25ei32._. 3. Laga, M and B Vuylsteke. Evaluating AVAHAN’s design, implementation and impact: Lessons learned for the HIV prevention community. <i>BMC Public Health</i>, Vol 11, Suppl 6. 4. Managing HIV Prevention from the Ground Up: Avahan’s Experience with Peer Led Outreach at Scale in India. New Delhi: Bill & Melinda Gates Foundation, 2009. 5. Ng M, Gakidou E, Levin-Rector A, Khera A, Murray CJL, Dandona L. Assessment of population-level effect of Avahan, an HIV-prevention initiative in India. <i>Lancet</i> 2011; Volume 378 (9803): 1643-1652. 6. The Power to Tackle Violence: Avahan's Experience with Community Led Crisis Response in India. New Delhi: Bill & Melinda Gates Foundation, 2009. 7. Rao, Prasada JVR. Avahan: The transition to a publicly funded programme as a next stage. <i>Sex Transm Infect</i> Feb 2010, Vol 86, No 1, Suppl 1. 	

Background

Originally called the India AIDS Initiative, the Avahan project was funded by the Bill & Melinda Gates Foundation beginning in 2003 to curtail the spread of HIV in India. This large scale project was in response to a sense of urgency regarding the rising prevalence of HIV in the world's second most populous country.

Avahan successfully built a large-scale HIV intervention program, operating in six states with a combined population of 300 million people. It provided prevention services to nearly 200,000 FSWs, 60,000 high-risk MSM, and 20,000 IDUs, together with 5 million men at risk. Avahan involved the effort of partner

organizations, hundreds of grassroots NGOs, thousands of PEs, and others. It has been described as bringing private sector efficiency to a public health program.

Target Audiences

Avahan provided prevention services to nearly 200,000 FSWs, 60,000 high-risk MSM, and 20,000 IDUs, together with 5 million men at risk.

Goals and Objectives

The project's three primary goals were to:

- I. Build an HIV prevention model at scale in India
- II. Catalyze others to take over and replicate the model
- III. Foster and disseminate learnings within India and worldwide

Process and Strategies

In devising the program strategy, two major factors that contribute to the growth and size of the HIV epidemic were taken into consideration—the population of sex workers and their clients, and the frequency of unprotected sex between them. Also contributing to the overall epidemic were IDUs and MSM. The limited data available from published studies and sentinel surveillance of high-risk groups in India at the time indicated that HIV transmission in south India was primarily sexual, and in the northeast mainly related to injecting drug use.

Also taken into consideration was the Indian government prevention program coverage and strategy, which focused on addressing high-risk groups. Although the government strategy was sound, coverage of these groups was variable, and in general low. Upon careful review of the data and programs, and after consultation with the Government of India (GOI), Avahan's strategy was to slow the transmission of HIV to the general population by raising prevention coverage of high-risk and bridge groups to scale through achieving saturation levels (over 80 percent) across large geographic areas.

The Avahan program elements for high-risk groups included:

- Peer-led outreach education.
- Program-supported clinical services to treat STIs other than HIV.
- Commodity distribution—promoting and distributing free condoms for sex workers and needle and syringe exchange for IDUs.
- Facilitating community mobilization and capacity for community ownership of the program.

The program elements for men at risk differed from those for high-risk groups in scope and intensity and included:

- Enhanced distribution and social marketing of condoms, condom normalization effort using mass media.
- Behavior change communication activities using interpersonal, mid-, and mass media. STI treatment either through clinical services provided in truck stops or through a franchised network of private STI providers.

Avahan was composed of several different entities including local and international NGOs, universities, and research organizations. Partner roles included: Lead implementing partners, who grant to and support grassroots NGOs; capacity building partners; M&E partners; knowledge building partners; and other supporting partners.

To build a common vision and define a set of operating standards, Avahan used the CMP for virtual organization. CMP included well-documented guidelines for programmatic and technical approaches, key project milestones, a common management framework, and a common set of indicators against which the program could be monitored. The common program management framework included the following:

- Defined relationships across the virtual organization and clarified ownership of specific areas for lead implementing partners, capacity building and other partners, NGOs, and peers
- Management support guidelines for such areas as intensity of field engagement and relationship with local stakeholders
- Formal review process guidelines

Results

Avahan had a unique business model that brought private sector efficiency to a public health program. The model addressed key challenges such as barriers to coverage and uptake, maximizing the quality of clinical services, and developing better referral systems to allow members of high-risk groups to access comprehensive health services. With five years of implementation in 2008, Avahan had achieved impressive impact results on the coverage of high-risk populations, strengthening prevention infrastructure and the delivery of services. Avahan contributed significantly to the declining trend of the Indian HIV epidemic, in addition to non-HIV outcomes, such as reduction in violence against women.

Good Practices

- **Detailed audience segmentation:** The project worked to reach high-risk populations with capacity building, clinical services and BCC activities by tailoring to each groups’ identified needs.
- **Focus on sustainability:** The project fostered capacity by investing in building peers’ skills in communication to manage outreach caseloads and to eventually take on leadership roles.
- **Participatory processes:** The project engaged the community support in project design, implementation, and evaluation, using the Common Minimum Program [CMP], which helped to define a common vision and set of operating standards for all groups involved. A group of leaders has emerged from the project, who may lead future work with high-risk groups in India.

IV. Bindass Bol	
<p>Donor: USAID/PACT CRH</p> <p>Implementing agency: ICICI Bank</p> <p>Technical Assistance : PSP one</p> <p>Creative agency: Lowe India</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • 360-degree approach • Communication planning cycle • Positioned HIV as treatable/preventable • Strong, innovative partnerships • Strong, recognizable brand
<p>Duration: 2006–2007</p> <p>Geography: India (10 North states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chattisgarh, Rajasthan, Delhi, Punjab and Haryana)</p>	

Publication/Source:

1. Condom Bindaas Bol Campaign. <http://www.comminit.com/?q=global/node/273554>
2. Yahi Hai Sahi! (Growing the Condom Market in North India through the Private Sector), ICICI Bank, PSP One, USAID/India, 2007.
http://shopsproject.org/sites/default/files/resources/4770_file_Yahi_Hai_Sahi.pdf.

Background

This campaign sought to reach both consumers and vendors through a mix of traditional and non-traditional media vehicles, public relations initiatives, and activities meant to address the stigma surrounding condom use by reducing the embarrassment associated with buying condoms.

Goals and Objectives

This project was conceived in the context of a declining market for condoms in North India—both in value and volume. This declining trend was observed amongst both commercial brands and social marketed brands between 2002 and 2005. The key implication of this was the likely declining use of condoms for family planning or STI/HIV prevention. The Condom Bindaas Bol project represents a repositioning of the Yahi Hai Sahi project.



The program objectives were to:

- Increase sales volume of commercial condom brands by 5 percent of year 2003 volumes each year, in partnership with commercial marketers of condoms.
- Improve consistent use of condoms by 2 percentage points. Indicator measured by KAP tracking study
- Increase percent target audience who know dual purpose message to cover 95 percent by end of year 4.
- Increase percent target audience who believe that condoms are not only for commercial sex.

Target Audiences

Based on available secondary research, the project initially focused upon all sexually active men (married or unmarried) who were 20–40 years old in urban areas. In its last year the audience was refined to sexually active men (married or unmarried) in the 20–29 age group. This was done to sharpen the focus to younger and more vulnerable audience segment.

Process and Strategies

The campaign employed a 360-degree approach, seeking to reach both consumers and vendors through a mix of traditional and non-traditional media vehicles, public relations initiatives, and activities meant to address the stigma surrounding condom use by reducing the embarrassment associated with buying condoms. Research conducted by PSP-One revealed that:

- Condoms were a taboo subject in India.
- Discussion about the issue was almost always uncomfortable.
- This attitude could hinder use of the product.

A strategy was developed to "normalize" the condom, positioning it as a product like any other for normal people, which meant that people shouldn't feel discomfort when simply saying the word 'condom.'

Three of the largest private sector condom marketers in India—JK Ansell Limited, Hindustan Latex Limited (HLL) and TTK-LIG Limited—agreed to partner with ICICI Bank in this project through a Memorandum of Understanding (MOU). ICICI Bank contracted Lowe India to implement marketing and communications activities for this project. Project strategies were developed and implemented with technical assistance provided by the PSP-One project with funding from the United States Agency for International Development (USAID). In 2006, the Yahi Hai Sahi project was repositioned as Condom Bindaas Bol (meaning “Condom Just Say It” in Hindi) to specifically address the issue of embarrassment.

To promote the campaign, a series of TV advertisements (designed to be high-energy and engaging) were produced and provided to media partners, who then aired numerous stories about the campaign and condoms on key television channels and in print media such as NDTV, Brunch, Brand Reporter, Pitch, and Hindustan Times. These mass media efforts were supported by town-level contests that invited people to reenact the television advertisement—be it by retailers, consumers, or celebrities—to create more impact and "buzz." Contest winners were given prizes by celebrities supporting the "Bindaas Bol" campaign. In addition, the campaign partnered with male TV celebrities to do pro bono advertisement re-enactments, and media interviews to talk about the campaign and why they chose to endorse it.

To supplement the mass media activities, "Bindaas Bol" reached out to retailers and providers to actively engage them in the campaign. The project partnered with condom marketers to enhance retail visibility and access, informed over 40,000 HCPs (chemists, retailers stocking condoms, and indigenous medical practitioners) through project field representatives on sensitization and the importance of correct and consistent use of condoms, and developed a contest exclusively for retailers. The winner of the contest was the retailer that had the best display of "Condom, Bindaas Bol" point of sale materials, prominently displayed their condom selection, and openly discussed condoms with their customers. According to campaign organizers, retailers responded enthusiastically to the contest, essentially "wallpapering" their shops with "Bindaas Bol" and other condom promotion materials.

Good Practices

- **360-degree approach:** The project reached out to consumers and vendors using traditional and non-traditional media and activities to reduce stigma and “normalize” the purchase and use of condoms.
- **Communication planning cycle:** The project carried out research, based its communication strategy on the results, used a phased approach, and based the implementation rollout on the analysis of the barriers that consumers had iterated.
- **Positioned HIV as treatable/preventable:** The project worked with retailers to destigmatize purchase and use of condom and created the character of Binda Bas to help users normalize condom use as they identified with his daily decisions.
- **Strong, innovative partnerships:** The project worked closely with retailers of condoms to remove cultural stigma of buying condoms by encouraging customers to ask for condoms and marketing them like any other product.
- **Strong, recognizable brand:** The project partnering with three private sector condom marketers to build this condom brand and normalize its use.

V. Bula Di	
<p>Donor: DFID Implementing Agency: West Bengal SACS Technical Assistance : DFID Creative Agency: Ogilvy & Mather (O&M)</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • 360-degree approach • Adaptation of materials to local context • Detailed audience segmentation • Strong community- mass media linkages
<p>Duration: 2004–2007</p> <p>Geography: West Bengal, India</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1) Biswas, R. This Didi Talks Sex. 2) Bhattacharya, R. 2006, May 31. Buddha govt plays morality police. 3) Kotler, P. 2009. <i>Marketing Management: A South Asian Perspective</i>. Pearson Education. 4) Seal A, P Goswami, MS Mishra. From Recall to Redressal: A Deconstructional Content Analysis of the Buladi HIV/AIDS Campaign in West Bengal. Social Science Research Network. 5) Sengupta, S. Buladi Brand. 2008, Feb. <i>HIV/AIDS Information Gateway</i>. 6) Who is Bula-Di? http://bitchmagazine.org/post/who-is-bula-di? 7) NACO - About the 360 Degree Surround BULADI Campaign 	

Background

A pre-campaign study by O&M (2004) showed that awareness levels about HIV and AIDS prevention among the general population stood at about 50 percent. Among women, the figure was 33 percent. Other findings were: 67 percent of rural women and 25 percent of urban women were not familiar with the term AIDS; 66 percent of rural women were ignorant about how HIV infection spreads; 47 percent of people believed that AIDS happens only to people from the lower classes or to laborers, and several respondents, rural and urban, believed that diseases like leprosy, heart ailments, cancer, boils, and sores are the result of condom use.

Launched by the West Bengal State AIDS Control Society; this project capitalized on the commonly accepted authority of a didi ("elder sister" in Bengali) to educate the public (men and women) about HIV transmission and prevention. Bula Di appeared on billboards, advertisements, television and radio commercials, and posters throughout the city

Target Audiences

Urban and semi-urban women in West Bengal in monogamous, heterosexual relations, and their husbands and partners.

Goals and Objectives

The broad objectives of the mass media campaign were to:

- Educate women in monogamous, heterosexual relationships and through them educate the men about the ground realities of HIV/AIDS.
- Change the low self-perception of risk of contracting the virus among the general population through dissemination of information.

- Encourage people to talk openly about HIV/AIDS and to empathize with people living with HIV/AIDS.
- Debunk myths related to the disease.
- Motivate people to access the toll-free helpline and Voluntary Counseling and Testing Center (VCTC).

Process and Strategies

The Bula Di campaign was launched on World AIDS Day in 2004 by the West Bengal State AIDS Control Society (WBSACS). The strategy capitalized on the commonly accepted authority of a *didi* in the form of a non-threatening, plump sari-clad rag doll named Bula Di, with large round eyes, to educate the public about HIV transmission and prevention. Bula Di appeared on billboards, advertisements,



television and radio commercials, and posters throughout the city. Examples of advertisements included placements on street corner or subway cars with Bula Di warning parents who seek potential suitors for their daughters that “looks, education, and character alone do not make for an ideal son-in-law,” further advising, “Don't decide before he's gone through an HIV test,” and informing a wife who suspects her husband's infidelity to “go for a blood test immediately” because “61 percent of HIV patients in West Bengal are married.” Bula Di also encouraged communities to be accepting of those who are HIV+ and provided a toll-free number for those in need of assistance or more information.

The campaign achieved broad visibility and reach through a strategically developed mix of print advertisements, television and radio jingles, and advertisements on billboards, posters, bus shelters and several city crossings, in all the major languages – English, Hindi and Bengali.

The campaign was conducted in phases. In the first phase, the focus was on educating people about how HIV/AIDS is transmitted, and debunking myths and prejudices associated with it, in addition to promoting a toll-free number for women to inquire about HIV/AIDS. In the second phase the campaign concentrated on providing information about the STI and AIDS symptoms, in addition to information on VCTC centers and linkages to care. The third phase focused on addressing low self-risk perception among the general population who consider themselves excluded from being vulnerable to HIV and unable to contract the disease.

VI. Desh Pardesh – Radio Program of Reaching Across Borders

Donor: DFID Implementing Agency: Equal Access Technical Assistance : Ideosync, India; Family Health International (FHI)	Good Practices: <ul style="list-style-type: none">• 360-degree approach• Positioned HIV as treatable/preventable• Strong mass media-community linkages
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Part of the strategy was to approach sensitive subjects gradually. The Bula Di character started as an amiable but outspoken myth buster, gradually attempting to get people to discuss taboo subjects. She talked about condom use, risk perceptions, sexuality, safe sex and sexual pleasure, generating dialogue in the public domain. Messages included ‘Have fun responsibly,’ ‘Always carry a condom,’ ‘Protected sex is best sex,’ and ‘Use condoms in conjugal sex,’ among others.

The fourth phase of the campaign addressed single sex partners with HIV prevention messages. Another focus of this phase was to increase acceptance of HIV-infected patients to help fight discrimination they typically face.

Results

An evaluation found that the overall recall for the campaign was 80% (56% unaided). About 83% of the respondents claimed that the campaign had changed the way they view HIV/AIDS. Over 90% were able to identify the modes of HIV transmission, despite the fact that 79% had never seen any HIV/AIDS campaign prior to this one. Before the Bula Di campaign, only 9% of people said they believed HIV was a serious threat to India and 95% of women said they did not believe they could contract HIV. A year after the campaign was launched, 83% of people reported the campaign had changed the way they view HIV/AIDS and 90% were able to identify the ways HIV can be transmitted.

Sanjeev Jasani, Account Director at O&M Kolkata, observed: “Bula Di being a strong and versatile mnemonic can be extended to places like never before, prompting the state body to do a full 360-degree around it.”

Good Practices

- **360 degree approach:** The project used a broad mass media approach using print, TV, radio, and buses, and a HIV toll-free hotline for counseling and information.
- **Adaptation of materials to local context:** The elder sister doll character was highly relevant for delivering HIV messages that would be culturally acceptable.
- **Detailed audience segmentation:** Bula Di addressed urban and semi-urban married women separately and then addressed husbands and men.
- **Strong community–mass media messages:** HIV prevention messages were broadcast at football games, linked with print messaging at bus stops and the mass media programming for mutual reinforcement of HIV prevention messages.

Duration: 2006–2007

Geography: Nepal

Publication/Source:

1. Communication Tools and Media Products: Desh Pardesh (Home & Abroad). http://www.ideosyncmedia.org/tools_ii.htm.
2. Desh Pardesh: At Home and Abroad. <http://www.comminit.com/entertainment-education/node/308167>.
3. Evaluation of “Reaching Across Borders” [RAB] Supported by Family Health International

Background

Thousands of Nepalis migrate to India each year for seasonal work. Many live in poor unhygienic environments that make them vulnerable to diseases. A substantial portion of Nepalese migrants engage in unprotected sex with sex workers in areas of India such as Delhi and Mumbai, which have relatively high HIV prevalence. As a result, seasonal migrants constitute over 40 percent of all PLHIV in Nepal. Nepal's National Action Plan for HIV and AIDS 2008–2011 recognized the urgent need to protect migrants and their families and has outlined strategies to make HIV prevention, care, and treatment services accessible.

Desh Pardesh was part of a larger initiative, the Reaching Across Borders (RAB) project, funded by the United Kingdom Department for International Development (DFID). RAB provided continuous prevention, care, and treatment services, including access to ARVs to Nepali migrants and their families between "source communities" in far-western Nepal and "destination sites" in India. RAB was implemented by FHI's country offices in Nepal and India.



Target Audiences

Nepalese migrants and their spouses in India and Nepal.

Goals and Objectives

Desh Pardesh ("At Home and Abroad") was a cross-border initiative that comprised an edutainment (education and entertainment) radio program at the center of a cross-border HIV/AIDS prevention initiative designed for Nepali migrants working in India and their spouses. Designed to be linguistically and culturally appropriate, Desh Pardesh aimed to reach migrants and spouses in India and Nepal with life-saving information. The program combined innovative media solutions with grassroots community mobilization to empower people to improve their lives. It utilized a range of tools to achieve lasting impact.

The four-year radio program targeted the populations of Nepal going abroad to earn money who were from the mid and far-western regions. The program raised awareness about HIV/AIDS, advocated safe sexual practices within migratory populations through case studies, voxpops, drama, songs, letters from listeners, and voices of Nepalese migrant workers who have immigrated to India. Through Equal

Access's Satellite Channel, the program simultaneously reached people living in India and their family members in Nepal.

RAB health clinics provided information and care to potential migrants in Mumbai and Delhi. Community- and home-based care teams in Nepal and HIV-positive *sathis* (meaning friends) in India tended to the needs of PLHIV through referrals, treatment adherence, and equally important, psychological and emotional support. These teams were a major asset, supporting both individuals and families, and facilitating meetings for people living with HIV and caregiver trainings for family members. The linkages between home-based care, care teams, and antiretroviral therapy (ART) sites not only turned out to be a national success story but also provided a valuable lesson in effective cross-country program collaboration at the field level.

Process and Strategies

Desh Pardesh operated as a weekly satellite radio broadcast targeting migrant workers and their families on both sides of the border with information on HIV prevention, safe sexual behavior, condom use, and services available to those with HIV and other sexually transmitted infections (STIs).

On air for 30 minutes each week, the program reached 5,000 people on the borders of Nepal and India. The first half of the 30-minute program was a drama while the second half featured short interviews with experts in areas such as ART and PPTCT. It also allowed listeners to broadcast messages to each other and their families and to stay connected across the border.

As part of the 52 episodes developed by Equal Access, Ideosync produced 15 episodes presenting the Nepali migrant experience in India. The segments were recorded by Nepali migrants in Delhi and Mumbai, who were trained in radio production by Ideosync. *Desh Pardesh* ran from 2006–2009, its initial 52 episode run extended by a further 35 episodes (of which Ideosync produced 15).

In addition to being broadcast locally through six FM stations in mid and far western districts and Radio Nepal, it is also broadcast via satellite, which reaches the migrants in India and their families in Nepal.

Results

Desh Pardesh was recognized as one of the top five radio programs addressing the issues related to HIV/AIDS by weaving critical messaging about HIV/AIDS prevention, care, and treatment into its episodes, according to a Nepal DHS survey. The radio show reached beyond its target audiences with important information on HIV prevention, safe sexual behavior, condom use. The program also made a positive impact on issues such as women's empowerment, initiation of saving schemes, IPC, and increased self-efficacy.

Good Practices

- **Employed a “360 approach”:** *Desh Pardesh* used mutually reinforcing materials at several levels to increase demand for HIV prevention services and products, for example, edutainment (education and entertainment) radio programs with characters with whom listeners identified, combined with listeners able to broadcast messages to each other across the India-Nepal border, training Nepalese migrants in radio production, and using local radio and satellite radio to increase reach.
- **Positioned HIV as a treatable and preventable:** *Desh Pardesh* addressed the issue of migrants' wives being exposed to HIV upon the return of husbands from migrant work in India by partnering with DFID to provide ARVs, and with community-based and home-based care teams who assisted with treatment adherence and psycho-social support.

- **Strong mass media-community linkages:** The project combined strong community programs (care and treatment in particular) with a radio satellite broadcast program that reached families in Nepal and India. The project implemented a listener call-in, encouraged letters from listeners, carried out local interviews, and enabled simultaneous radio transmissions to India and Nepal.

Programs Focused Primarily on Community-Based Initiatives

VII. The John Keells HIV/AIDS Awareness Campaign	
<p>Donor: International Labor Organization (ILO)</p> <p>Implementing Agency: John Keells (Pvt) Ltd</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Focused on sustainability • Positioned HIV as treatable/preventable • Strong, innovative partnerships
<p>Duration: 2008–2009</p> <p>Geography: Sri Lanka</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. John Keells HIV and AIDS Awareness Campaign. 2. UNGASS Report, Sri Lanka 2009. 	

Background

The John Keells HIV/AIDS Awareness Campaign was launched in 2005 in collaboration with the NACP of the MOH, the ILO, and the Ceylon Chamber of Commerce, which focuses on prevention through awareness and education for behavior change and continued during 2008–2009. It was the first such campaign to be undertaken by a local corporation in Sri Lanka.

The business conglomerate John Keells (Pvt), Ltd., has been an active partner in the national response to HIV prevention. The Sri Lanka Business Coalition on HIV/AIDS was established in 2004 and was strengthened with international linkages at the 8th International Congress on AIDS in Asia and the Pacific (ICAAP) with 34 local companies registering with the coalition. This increased to 64 members by end of 2009.

Goals and Objectives

The objective was for each company to have a HIV/AIDS workplace policy within the framework of the ILO Code of Practice and the National Policy and National Strategic Plan, to enhance and facilitate the use of a company’s core competencies, products, and services toward prevention of HIV/AIDS among the workers and their families and to provide advocacy and leadership among key stakeholders in response to HIV/AIDS.

Target Audiences

Sri Lankan business community

Process and Strategies

The project employed the following strategies:

- Build awareness of, and education about HIV and AIDS, within the Sri Lankan business world through extensive awareness building and advocacy.
- Assist each company to have an HIV workplace policy, which followed the ILO Code of Practice.
- Enhance a company's core competencies, products, and services for HIV prevention among workers and their families.

Starting with World AIDS Day in 2008, the John Keells Group rolled out an HIV/AIDS Workplace Policy, based on ILO's 10 Principles, among ten different companies belonging to its Leisure industry. The awareness program was structured to educate people on HIV and AIDS, how the virus spreads and could be prevented and the care and support needed by the infected and the affected. The campaign comprised three phases which were:

- Phase 1 – Sensitization and awareness on HIV/AIDS for staff of the John Keells Group. This continued as an ongoing exercise.
- Phase 2 – Business Surroundings. This included building awareness in the various high-risk environments around the Group's business locations, for example, persons attached to the Leisure industry, manufacturing industry, city-based corporate, members of the armed forces and police as well as the inmates of prisons were covered under this phase, which continued on a need basis.
- Phase 3 – General Public. In the third phase, the campaign covered island-wide awareness programs for the benefit of the general public.

Results

At the end of 2009, over 13,000 people across Sri Lanka benefited from this program including both the staff of the John Keells Group, persons from other private and public sector organizations, and vulnerable communities living in close proximity to the group's business locations.

Good Practices

- **Built strong and innovative partnerships:** The campaign worked with other private companies and in collaboration with Sri Lanka's MOH, AIDS Control Program, the ILO, and the Chamber of Commerce to implement HIV workplace policies and enhance services for HIV prevention for employees and their families.
- **Focused on sustainability:** By implementing this program broadly in the private sector (64 companies), the government sector, and the ILO, the project has successfully led a process/campaign that has the momentum to sustain itself. Both individuals and companies are benefiting from and seeing the successes of company-wide HIV prevention and awareness programs in their lives.
- **Positioned HIV as treatable/preventable, including addressing stigma:** The John Keells HIV Awareness Campaign (Sri Lanka) focused on HIV prevention through advocacy and awareness building /education about HIV (how the virus spreads, is prevented, and care, support, and treatments needs of HIV-infected and HIV-affected individuals) within the country's business world.

VIII. APAC – AIDS Prevention and Control Project	
<p>Donor: USAID</p> <p>Implementing Agency: 48 NGOs in India</p> <p>Technical Assistance : Voluntary Health Services, Chennai</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Focused on sustainability • Robust research • Strong, innovative partnerships
<p>Duration: 1995-2007</p> <p>Geography: India (Tamil Nadu and Puducherry)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. APAC presentation. 2005. 2. APAC Evaluation: USAID/India Final Report. 2012, April. 3 Voluntary Health Services: The AIDS Prevention and Control (APAC). 	

Background

APAC was a project implemented in Tamil Nadu and Puducherry, India by 48 NGOs with technical assistance from the Voluntary Health Services of Chennai from 1995 to 2007. The project worked to increase the visibility and use of HIV services by vulnerable populations through demand creation. Partners included 48 NGOs, which implemented STI/HIV/AIDS prevention and control programs. USAID funded the implementation under a tripartite agreement with the Government of India.

Target Audiences

The target population for this project was vulnerable populations including truckers, FSW, MSM, IDU, PLHIV, industrial workers, youth in slums and male sex workers, among others.

Goals and Objectives

- Establishing Demonstration Centers with a view to transfer the knowledge and skills about targeted interventions to both Government and NGOs implementing HIV prevention programs in the country.
- Developing a comprehensive model of STI care for high-risk groups that combines use of innovative behavior change strategies to raise the demand for quality STI services and the training of HCPs to meet this demand.
- Collaborating with the private sector to increase the sale of condoms and training of over 6000 retail outlets in condom marketing.

Process and Strategies

The project used conceptual frameworks such as Communication on Wheels (COW) and Mobile Health Education Units (MHEU) for awareness generation in rural and semi-urban areas, and undertook research activities to understand the behavior of high-risk populations and assess the effectiveness of their programs. Tools and approaches used included the Behavioral Surveillance Survey (BSS) and community mapping and community prevalence of HIV and STI as well as monitoring systems.



Good Practices

- **Focused on sustainability:** APAC integrated interventions within government services, utilized existing networks/systems, built the capacity of local NGOs, obtained private sector support, and made activities easy to scale up.
- **Robust research:** APAC undertook research activities to understand the behavior of high-risk populations and to assess the effectiveness of their programs, which included use of tools such as BSS, community mapping to assess community prevalence of HIV and STI, and use of monitoring systems such as ESRM, PSV, and FOCUS.
- **Strong and innovative partnerships:** APAC worked with 48 NGOs as well as retail organizations on promotion of condom among high-risk populations.

IX. Balbir Pasha	
<p>Donor: USAID</p> <p>Implementing Agency: PSI</p> <p>Technical Assistance : USAID; MSACS NACO</p> <p>Creative agency: Lowe</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Mass media-community linkages • Positioned HIV as treatable/preventable • Theory/model as foundation
<p>Duration: 2003–2004</p> <p>Geography: India (Kandla, Margao, Mangalore, Kolkata, Cochin, Tuticorin, Chennai, Vishakhapatnam, Haldia, Paradip, Mumbai, and Vashi)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Balbir Pasha: HIV/AIDS Campaign is the Talk of Mumbai. 2003, Aug. http://www.psi.org/sites/default/files/publication_files/balbir-pasha.pdf. 2. Balbir Pasha HIV/AIDS Campaign-Mumbai, India. http://www.comminit.com/global/node/118605. 3. Lowe makes 'Balbir Pasha' a conversation point on AIDS. 2002, Nov. 4. PSI India--Will Balbir Pasha Help Fight AIDS? 2006, Sept. 	

Background

Balbir Pasha was a mass media campaign to dispel HIV/AIDS myths to reduce stigma and discrimination, increase risk perception, generate discussion, and motivate people to access HIV hotlines and VCT services. The campaign was part of Population Services International (PSI) India's Operation Lighthouse, an HIV/AIDS prevention project in 12 major port communities of India, funded by the USAID.



Goals and Objectives

PSI India launched an HIV/AIDS mass media campaign for a four-month period in late 2002 and early 2003 to reach urban men aged 18–34 in the lower socioeconomic groups in Mumbai, India. The *Balbir Pasha* campaign sought to dispel HIV/AIDS myths (thereby helping to reduce stigma and discrimination), increase risk perception, generate discussion, and motivate people to access HIV/AIDS hotlines and VCT services.

Target Audiences

The target audience was urban men aged 18–34 in the lower socioeconomic groups.

Process and Strategies

Through a mixture of outdoor communications, television and radio messaging, and comprehensive newspaper exposure, a fictional character named *Balbir Pasha* was portrayed in various scenarios, serving as a behavioral model with whom consumers of Mumbai mass media can relate, learn, and empathize. Outdoor hoardings, bus shelters, press, cinema theaters, television, cable, and radio were used to promulgate the campaign. By gradually unravelling each of the *Balbir Pasha* scenarios in an approachable and familiar manner, the campaign succeeded in building interest, personalizing HIV risk, and bringing the topic of HIV/AIDS into the public sphere.

The bedrock of the campaign was the principle that people can learn by observing the behavior of others. As part of the campaign, a fictional character (or "alter ego") named *Balbir Pasha* was created to communicate risk awareness, serve as a behavioral model, and dispel myths surrounding HIV/AIDS. The idea was to increase perception of HIV/AIDS risk from unprotected sex with non-regular partners by personalizing the message and creating empathy through identifiable real-life situations. Viewers encountered people speculating on *Balbir's* future: in one scene from a television commercial, two workers ask, "Will *Balbir Pasha* Get AIDS?" and raise the subject of condom use with regular partners. Ads featured *Balbir* in places and experiencing situations that were familiar to the group being addressed.

Following pre-campaign testing of the acceptability and comprehension of the messages' tone and content, campaign materials were designed that featured the following three themes:

1. The Alcohol Connection: "I often use condoms, but when I get drunk, I sometimes forget to use them."
2. Regular Partner Issue: "I only have sex with one person (sex worker or casual partner) and hence I am safe."
3. Asymptomatic Carrier Issue: "If a person looks healthy he/she must be safe from HIV/AIDS."

Based on the research findings, the campaign addressed: 1) Married men and the risk they put their families into when they indulge in extra-marital affairs; 2) Not wearing a condom is a misplaced sign of being macho; and 3) Sexual relationships with any non-spousal partner put one at risk of contracting HIV.

Good practices

- **Link mass media w/community-level activities:** The project developed the fictional TV and radio character *Balbir Pasha* with whom audience easily identified and empathized. The project linked Balbir's daily exploits on TV/radio to local advertising campaigns and local art shows that assisted self-reflection and increased acceptance of and comfort levels with discussing HIV. The project instituted helplines to allow people to seek out information anonymously.
- **Positioned HIV as treatable/ preventable:** The stories developed for the character Balbir Pasha addressed HIV in an approachable manner by personalizing the message and creating empathy through identifiable real-life situations.
- **Theory/models as foundation:** The project used Bandura's social learning (cognitive) theory when introducing its target audience to the TV and radio character *Balbir Pasha* and his use of

condoms with sexual partners. The goal was to build HIV awareness and risk perception of unprotected sex with non-regular partners by personalizing the message and creating empathy through real-life situations.

X. Female Condom Social Marketing Program	
<p>Donor: NACO</p> <p>Implementing agency: Hindustan Latex Family Planning Promotion Trust (HLPFPT)</p> <p>Technical Assistance : NACO, UNFPA</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Adaptation of materials to local context • Participatory processes • Robust research • Training and support to peer educators/CHW
<p>Duration: 2003–2011</p> <p>Geography: India (<u>Phase 1:</u> Andhra Pradesh, Tamil Nadu, West Bengal, Maharashtra. <u>Phase 2:</u> Assam, Uttar Pradesh, Chhattisgarh, Delhi, Gujarat, Haryana, Karnataka, Madhya Pradesh, Punjab)</p>	
<p>Publication/Source: HLPFPT, National AIDS Control Organisation (India) (NACO)</p> <p>1. HLPFPT Female Condom Project http://www.hlfppt.org/social-marketing-more1.html</p> <p>2. Promoting Female Condoms among Female Sex Workers in India. Deshpande, Sameer. Shah, Purvi. Agarwal, Sharad. <i>In Social Marketing, From Tunes to Symphonies.</i> Hastings, Gerard. Domegan, Christine. P. 361-368. Routledge, 2013</p>	

Background

The Female Condom project in India was designed to increase acceptance among Female Sex Workers (FSWs) of the FC as an alternative to the male condom. Through an advocacy strategy and social marketing with peer educators, and capacity building tools that included a training video, the project increased the level of comfort of FSWs with the product, thus increasing its use and demand.

In 2003 HLPFPT along with Female Health Foundation (FHF) contracted Blackstone Market Facts India to conduct a social acceptability study of the FC in the three states of Andhra Pradesh, Kerala, and Maharashtra among FSW. The objective of the study was to find out the acceptability of FC as an additional option to the male condom thus increasing protection against STDs and HIV infection. The study also looked into the scope of using the FC as a spacing method for married couples. The study tested a program approach to integrate the FC into existing sexual and reproductive health (SRH) services to ensure usage. The total sample size for the study was 717 across three selected states of India. A BLS and a quantitative ELS were undertaken at the start and the end of the study, besides extensive qualitative research including FGDs and IDIs. The study found considerable acceptability for FC, provided it was introduced with counseling and training.

A pre-program in six states was conducted from 2007–2008, with the support of NACO. At the end of program period, an assessment study was conducted and based on the findings of the study, it was recommended to scale up the Female Condom Program across all FSW interventions in the four states of Andhra Pradesh, Tamil Nadu, West Bengal, and Maharashtra from 2009–2010. From 2010–2011 the project was extended to another 9 states, for a total of 13 states.

Target Audience

Female sex workers in the targeted states

Goals and Objectives

The FC is the only female-initiated HIV prevention method currently available. Besides being an effective contraceptive, it also reduces the risk of transmitting and acquiring STIs, including HIV. To provide alternative prevention methods for women involved in multi-partner sex for commercial and economic reasons, the India's Ministry of Health and Family Welfare (MOHFW) and NACO introduced the FC through large-scale social marketing.

The communication objectives of the program were:

- Increased acceptance and use of the female condom in situations where male condom is not being used.
- Repurchase of the female condom, which would indicate greater use and acceptability.
- Greater user comfort level with the product and benefits of the product.
- Skills development for negotiation of the use of FC.

Process and Strategies

The program approach adopted for promoting the FC among FSWs was through Peer Educators (PEs). Capacity building of the NGOs and PEs along with various communication campaigns were some of the major components of the program. A set of National FC Program Operational Guidelines was drafted to ensure that all implementers adopted a comprehensive programming approach.

The communication strategy positioned the FC as the only female-initiated, dual-protection method against STDs, HIV, and unintended pregnancies. The FC, though available globally for over a decade, was relatively new in India. A basic intervention toolkit for training, IEC/BCC, and advocacy was developed to initiate the project. The BCC strategy also focused on promoting safe sex practices among high-risk groups by using FC to ensure reduction in unprotected sex acts. IPC tools were used to communicate with the key populations.

Because of the variance in language, culture, and sex work settings in the six states, BCC strategies for the promotion of FC among sex workers were developed. Pretesting of materials involving the community members and the users ensured that relevant, culturally appropriate, and user-friendly communication messages and material were developed.

Female Condom Programming Toolkit

A Female Condom Programming Toolkit was developed, which included capacity building tools, BCC tools, negotiation, and social marketing techniques and monitoring formats, which could be readily used by the NGOs to introduce FC in their intervention area. The toolkit development was a community-led process. Inputs from the community included selection of color scheme, layout, style of illustrations, and user-friendly content. The result was greater acceptance of the material and wider usage by PE and the outreach staff during trainings and IPC sessions. Materials were developed in eight languages—English, Hindi, Gujarati, Bengali, Telugu, Tamil, Kannada, and Marathi.

Results

- Over 52,000 FCs sold through primary sales and over 48,000 sold through secondary sales
- Over 35,000 FSWs reached

Social Marketing Strategy

The FC was introduced among the FSW population as a female-initiated, dual-protection method. PEs made the product accessible to through social marketing. This strategy proved to be very effective since the PEs, being users themselves, built the capacities of the FSW to negotiate FC use in situations where difficult clients refused to use male condoms. The PEs also ensured correct usage of the FC and addressed issues related to the product usage and negotiation with clients. Although the preferred method of obtaining FCs was through the PEs, they were also available at chemist shops and to a lesser extent through other shops and vending machines.

Advocacy Strategy

Advocacy with different stakeholders was undertaken to create an enabling environment for FC promotion in the scale-up program phase. Because the FC was a relatively new concept in the prevention program, understanding and acceptance by various stakeholders, like the media, NGOs, medical fraternity, police, legislators, women's groups, networks for PLHIV, SACS, and international funding organizations was crucial. Various advocacy initiatives were taken up with different groups over the study period, which resulted in integration of the Female Condom Program into the mainstream prevention program.

Media were receptive to the concept and reported on the product as a program for women's empowerment. Various newspapers and magazines volunteered to write on the FC and showcased the product as a boon in the hands of the woman to protect herself from infections. Several local and national TV channels invited FC program staff as panelists in their talk shows and special bulletins on women's health. News channels gave a wide coverage to the FC on World AIDS Day. A national media consultation was held involving senior health correspondents from national and regional dailies, magazines, and TV channels, following which the program got considerable visibility in the media.

Good Practices

- **Adaptation of materials to local context:** The project adapted the BCC materials to meet the cultural differences of a range of local customs and eight local languages, including many materials that were developed for a comprehensive toolkit.
- **Robust research:** Formative research and pretesting were used to guide the program's direction; M&E were used to modify the program's direction and to provide information on what worked.
- **Participatory processes:** The toolkits were developed with input from the PEs, including style of illustrations and user-friendly contents, which in turn led to greater acceptance of the materials and wider use by the PEs at trainings and during IPC sessions.
- **Training and support to peer educators/CHW:** The project provided training and support to peer educators at the community level who in turn worked to familiarize FSW with FCs.

XI. Job Opportunity and Business Support (JOBS): Fighting Internalized Stigma among IDU	
<p>Donor: World Bank</p> <p>Implementing Agency: International Center for Research on Women (ICRW)</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Strong, innovative partnerships • Training and support to peer educators/CHW
<p>Duration: 2009–2010</p> <p>Geography: Bangladesh</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Tackling HIV Stigma and Discrimination in Southeast Asia: Lessons Learned from the 2008 Marketplace. ICRW. 2. A Stangl et al. Tackling HIV-related stigma and discrimination in South Asia. July 2010. http://elibrary.worldbank.org/doi/book/10.1596/978-0-8213-8449-7 	

Background

This intervention implemented in Bangladesh provided a highly creative response to stigma and discrimination for IDUs with potential for scale and effect, and operational feasibility and diversity in terms of populations served. IDUs leaving drug rehabilitation centers in Bangladesh faced multiple challenges managing their drug use or staying drug free and reintegrating into their families and society. These challenges were compounded by their inability to find employment and overcome the stigma and discrimination they faced as former IDUs. Low self-esteem and lack of basic education and vocational skills, as well as scarcity of jobs in Bangladesh, made finding employment and re-entering the workforce very difficult for former IDUs. Male IDU are considered the highest risk population and most vulnerable to HIV.

Job Opportunity and Business Support (JOBS), established in 1997, is a nonprofit organization based in Dhaka that aimed to combat economic discrimination against the underprivileged by creating enterprises and jobs. Since 2006, JOBS has worked with former IDU, rehabilitation centers, and the private sector to enhance reintegration of former IDU into economic and social life.

Target Audiences

IDUs and former IDUs attempting to re-enter the job market.

Goals and Objectives

As a South Asia Regional Development Marketplace (SARDM) grant recipient, JOBS expanded its job skills training program to include a stigma reduction component for IDU. The SARDM-funded project had two goals:

- To provide former male IDU with economic opportunities and to facilitate their road to economic independence so that they could regain their self-esteem and dignity as productive members of society.
- To facilitate reconnection with family members, help participants overcome internalized stigma, and raise awareness to fight HIV stigma and discrimination among the general public.

Process and Strategies

JOBS worked closely with rehabilitation centers in Dhaka to select former male IDU for specialized job training coupled with a stigma reduction component. Of 52 former IDUs interviewed, 20 participants were selected on the basis of factors such as history of past drug use and violence on the job. JOBS staff then arranged with Fibertech Mannequin Company to hire former IDUs for factory work and begin a new production line. JOBS subsidized the former IDU's salaries for the first three months of the project with the agreement that if workers achieved the technical skills and productivity expected by the end of the probation period, the firm would hire them. As part of the project's stigma reduction component, the former IDUs produced 50 red mannequins and designed clothes with the AIDS ribbon to be used in advocacy efforts throughout Dhaka. JOBS also assigned two dedicated staff members, who provided informal counseling to participants for the first six months and coordinated weekly visits from a rehabilitation center counselor.

To decrease the likelihood of relapse, the work site for mannequin production was located in a part of Dhaka removed from the participants' existing environment (including friends and family), and living quarters were provided on site. This strategy limited the environmental cues that might tempt participants to use drugs and had the added benefit of moving participants to a community in which their history of drug use was unknown. To foster peer support and help prevent relapse, the production unit employed the former IDUs as a group. Participants within such groups included a mix of men recently out of rehabilitation centers and men out for longer periods of time, an arrangement that encouraged a supportive environment.

Before working at the factory, participants completed a five-day course using the Workplace Discipline and Congenial Environment (WDCE) curriculum. This training aimed to provide individuals with the requisite skills to be successful in a factory environment and a basic understanding of financial management to prepare them for economic independence. Participants also received hands-on instruction in the production of mannequins. Lastly, an FGD provided participants with information about HIV prevention and transmission and to dispel misconceptions.

The first month of the training program, which was a grace period to allow participants to adjust to a new environment and work life was challenging. Indeed, participants needed regular support and encouragement from the JOBS team. With improvement in participation, focus, and attendance by the end of the second month, former IDUs went on to successful completion of the six-month training program.

In the second stage of the project, seven participants were selected for additional block-batik training to design clothes with red ribbons. This included an advocacy campaign with well-known stores throughout Dhaka and strong support from boutique owners, local fashion designers, and the UN

Results

Three-quarters of participants trained and employed through the program were accepted back into their families.

Acceptance was linked to success in regaining trust by staying away from drugs and ability to hold a steady job and save money to contribute to the family income. Job-training and confidence-building efforts were instrumental in helping participants overcome the internal stigma that previously had impeded success.

Participants learned critical information about HIV and AIDS and were confident enough to share this information with other drug users. A former IDU explained: "Since I joined the JOBS project, I have been away from drugs. I also learned a lot about HIV and gained some technical skills. I am now very careful in my sex life. I inform other drug users about HIV and how to protect

ambassador for HIV and AIDS, Bibi Russell. JOBS had provided store owners with basic information about HIV and the project so they could respond to customers' questions.

Former IDU and program managers thought the advocacy component could have been expanded and IDU wanted to be involved in advocacy and outreach. A former IDU explained, "We want the next generation of IDUs to be assisted and not to be looked at as people who only deserve to be hated."

Good Practices

- **Built strong and innovative partnerships:** The program formed partnerships with the private sector for a highly innovative job skills training program for IDUs that provided for robust supervision, built self-confidence, challenged internalized stigma, enabled economic independence and regaining self-esteem and dignity. A successful advocacy campaign with well-known stores and boutiques also played a part in these partnerships.
- **Training and support to peer educators/CHW:** The program provided extensive training and support to committed counselors who responded to the complex needs of the former IDUs; this critical piece was beefed up during the implementation and included robust supervision and high-quality job aids.

XII. Kalyani: TV Program	
<p>Donor: MOHFW Implementing Agency: Prasar Bharati Technical Assistance: MOHFW Creative Agency: CDC</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Adaptation of materials to local context • High-quality media programming • Strong mass media-community linkages
<p>Duration: 2002–present (on-going)</p>	
<p>Geography: India (Originally in the 9 states of Assam, Bihar, Chattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, and Uttar Pradesh. Now in 21 states.)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Bhasin, U. 2012. "Entertainment Education on India's Public Service Broadcaster: The Ground-breaking Role of TV Programme 'Kalyani'" in Sundeep R Muppidi and Premila Manvi (eds.) Public service broadcasting and its role in raising civic consciousness: case studies from Asia, pp. 124-133. Asian Media Information and Communication Centre (AMIC). ISBN 978-981-4136-167. 2. About Kalyani - http://www.ddindia.gov.in/devcom/Program%20Column%201/Pages/Kalyani.aspx 	

Background

Kalyani (which means “benedictions from a goddess”) is a weekly TV program and India’s longest running public health campaign, which launched in 2002. Kalyani is a partnership of the Indian MOHFW and NACO with Doordashan, India’s public service broadcaster. It began in eight states and has expanded to 21 states in India. The MOHFW and NACO provide focus areas and key messages for the following communicable and non-communicable diseases: malaria, HIV/AIDS, cancer, tuberculosis, iodine deficiency, and tobacco-related and water-borne diseases, with reproductive and child health added later. Doordarshan provides the communication programming expertise.

Goals and Objectives

The project goals are to create awareness and to build efficacy and behavior and attitudinal change among the Indian population to begin to thwart these diseases with the ultimate objective of empowering people. The development of Kalyani Health Clubs has been an important piece of this program. These clubs were formed to mobilize the communities and initiate community actions to strengthen the messages from the Kalyani TV programs.

Target Audiences

Kalyani was initially targeted to the citizens of India's eight most populous states, which accounts for nearly half the population of the country. The program has since expanded to 21 states.

Process and Strategies

All programs have a common theme but each state produces independently adding local context, language, and color. This program consists of edutainment (education and entertainment) with stock characters and phone-ins, interviews with doctors/specialists, quiz programs, a health magazine, and a strong participatory community element. The program was conceptualized as a need-based participatory and entertaining program aimed at behavior change and social action. Setting up corresponding Kalyani health clubs has been an important, successful part of this program.

To launch the Kalyani TV program, teams were constituted at different levels. In the initial stages, national workshops were organized with the policymakers, specialists, and service providers, and producers where key messages were developed. These workshops were followed by regional workshops to establish links between program producers and health officials from the respective districts and states.

Post launch, workshops were organized by the series director in which producers from all the *kendras* shared experiences. These workshops ensured regular monitoring of the project and the quality audit of software. Periodic pretesting of programs and FGD among target audiences further ensured effective message creation while engaging the viewers beyond the TV program.

A central team ensured authenticity, relevance, and synergy in messages. The structure, planning, format, approach, treatment, and presentation style and some production attributes were uniform across all the production centers. Kalyani has a common studio and outdoor set and title track in all the states. Each production center was given sufficient space to innovate while making the program area-specific. Producers at regional *kendras* produced programs in local languages and dialects using local folk styles and local celebrities with messages in entertaining formats (songs, dances, and dramas).

The program is presented by two types of anchors: the urban-looking anchor presents phone-in programs, conducts interviews with doctors/specialists, and hosts quiz programs, and the second anchor is a stock character. The actors who played these stock characters

Results

Seven years after initial airing, Kalyani programs reached nearly 500 million people, enjoyed almost the same television rating points as news programs beamed by Doordarshan's regional stations, and brought in much-needed revenue for the public broadcaster.

Kalyani was selected by the Asian Media Information Communication Center (AMIC)-Singapore as the best communication strategy on HIV/AIDS from India.

Selected results from May 2002 to January 2010 include: 7,675 programs produced; 4,529 villages visited by Kalyani teams; 3,119 Kalyani Health Clubs developed; and 79,892 Kalyani Health Club volunteers recruited.

create humor and have developed distinct styles to whom local audiences can relate.

Good Practices

- **Adaptation of materials to local context:** Kalyani adapted the SBCC materials to local cultures and 19 local languages and 17 dialects.
- **High-quality media programming:** Kalyani employed high-quality media programming and message design to move from knowledge acquisition to behavior and social norm change.
- **Strong community-mass media linkages:** Key messages were developed by a team of policymakers, service providers, and media producers with target audiences at the community level engaged to ensure effective message creation. The Kalyani Health Clubs facilitated active community participation that strengthened the HIV messages from the TV programs.

XIII. Red Ribbon Express I and II	
<p>Donor: NACO Implementing Agency: NACO, Min of Railways, RGF, Nehru Yuva Kendra Sangathan (NYKS) Technical Assistance: UNICEF Creative Agency: JWT</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Adaptation of materials to local context • Robust research • Strong, innovative partnerships
<p>Duration: 2007–2012 Geography: India</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. About the Red Ribbon Express http://www.comminit.com/global/content/red-ribbon-express-rre 2. India launches world’s largest social mobilization campaign against HIV. http://www.naco.gov.in/NACO/NACO_Action/Media__Press_Release/ 	

Background

A national campaign to mainstream the issue of HIV/AIDS using an actual train (named *the Red Ribbon Express* (RRE)) was developed by the Rajiv Gandhi Foundation (RGF), NACO and Nehru Yuva Kendra Sangathan (NYKS). The Red Ribbon Express was the first time information and awareness about HIV/AIDS was disseminated through a train service, Indian Railways. Provided by the Railway Ministry, the train itself was an 8-coach mobile education and exhibition centre using technologies such as interactive touch screens and 3D models. It had an auditorium to host education sessions for *anganwadi* (child-care centre) workers, self-help groups, and NGOs serving youth and women. A separate coach provided six cabins for counselling and medical services. The RRE was a comprehensive multi-sectoral, multimedia, multi-theme and unique campaign in the area of HIV/AIDS communication.

Target Audiences

The project’s target audiences were broad, including youth groups, women’s groups, student communities, urban slum dwellers and farmers, with a focus on youth and women in semi-urban and rural areas.

Goals and Objectives

The broad objective of the RRE project was to provide communication about HIV/AIDS and a service package for rural populations, including the hard-to-reach in rural areas.

Overall campaign objectives were:

1. Disseminate information regarding primary prevention services.
2. Develop an understanding about HIV to reduce stigma and discrimination against PLHIV.
3. Inform people about H1N1, TB, malaria, and RCH issues.
4. Promote preventive health habits and lifestyles.

Specific objectives were to use the RRE to increase levels of accurate knowledge about HIV/AIDS; build an enabling environment to assist people to seek health services and get the information required to carry out safe behaviors; and strengthen district- and village-level partnership of all relevant stakeholders.

The RRE also worked to break the silence around HIV/AIDS, initiate behavior change through communication, provide links with services, and address youth and feminization of the epidemic.

Process and Strategies

The Red Ribbon Express phase one launched in India on World AIDS Day, December 1, 2007, and phase two launched on World AIDS Day in 2009. Well-known politician Sonia Gandhi joined high-ranking government officials and representatives of partner organizations at New Delhi's Safdarjang Railway Station to launch the RRE.

In its first phase the RRE was expected to travel 27,000 km, reach 180 stations, and hold programs in over 50,000 villages in 22 states. To reach outer districts, buses and bicycles are used. To make people aware of, and motivated to participate in RRE, prominent personnel participated actively in drawing attention to the initiative. Organizers used skills in mass media planning, development, and execution to develop a creative strategy that incorporates region-specific components and gears messaging to specific groups they want to reach. Communication tools used to publicize RRE include formats for radio, documentaries, television, and print. Sensitized journalists and photographers joined the RRE at different stages of its journey and continuously fed national media newsworthy stories. A series of events that involved local celebrities and related festivals in the villages and at the stations were designed to get people to visit the stations. In locations where mass media did not reach, trained communication activists/volunteers/folk artists were equipped with RRE-related material, keeping local language and traditions in mind.

In its second phase, RRE devoted information to general health, hygiene and communicable diseases such as swine influenza, TB and reproductive and child health services. This second phase aimed to reach out to a larger portion of the rural poor with the goal to get more people tested and treated.

The RRE consisted of eight coaches, with each coach devoted to a particular purpose as follows:

- Coach I displayed bio-medical aspects of HIV/AIDS, including interactive touch screens and 3-D models.
- Coach II exhibited educational material with a focus on HIV/AIDS from the perspective of care, support, and treatment services.
- Coach III focused on HIV/AIDS as a social and developmental issue to promote creation of an enabling environment free from stigma and discrimination.
- Coach IV displayed information on general health, hygiene, and communicable diseases such as swine flu, TB, and malaria and RCH services.

- Coach V, Auditorium-cum-Conference provided for orientation/sensitization of groups such as women’s self-help groups (SHGs), members of Panchayati Raj Institutions (Institutions of Local Self Governance), teachers, government officials, police personnel, NGOs, and youth leaders. A group of 60 people could participate in one session. Three sessions were organized every day.
- Coach VI, Counseling-cum-Medical Services provided for counseling, HIV testing, STI treatment and general health check-ups. These were supplemented by additional health services on the platform.
- Coach VII, Sleeper Coach provided space for crew members, monitoring staff, visiting NACO and State AIDS Control Society (SACS) officials who travelled with the RRE.
- Coach VIII had office, dining and pantry facilities.

A rapid assessment and a population-based survey using a quantitative research methodology was undertaken in selected states. Staggered surveys were conducted at baseline and endline among the general population around the RRE halt stations to measure the achievements of RRE. The BLS was conducted one month prior to the arrival of the train and an ELS was conducted two months after the departure of the train. The impact evaluation included indicators concerning knowledge of HIV prevention, related services, myths and misconceptions, and attitudes and perceptions of people about people living with HIV.

Results

The findings from six states of Rajasthan, Gujarat, Maharashtra, Karnataka, Kerala, and Tamil Nadu indicated considerably higher knowledge of HIV/AIDS issues among respondents exposed to the RRE compared to those not exposed to the project. Knowledge assessed included the routes of HIV transmission, methods of prevention, condom use, STI prevention and treatment, and services such as ICTC, PPTCT, and ART.

Good Practices

- **Adaptation of materials to local context:** The project worked to ensure that the informational HIV materials in the train cars were relevant to that area’s particular needs and available in the languages of the target audience in that town or area.
- **Robust research:** The RRE project team carried out an impact study using a random household survey on knowledge of, and attitudes toward, HIV/AIDS; use of condoms; and stigma and discrimination towards PLHIV. The study segmented audiences by those exposed and not exposed to the RRE. It also carried out a rapid assessment and a population-based survey using a quantitative research methodology in selected states with the BLS conducted one month prior to arrival of the RRE and an ELS two months after departure.
- **Strong/innovative partnerships:** RRE partnered with the media, journalists, and well-known sports and film stars to bring awareness about the train’s arrival and its services. Planning involved active and wide participation of village and district stakeholders, the Railway Ministry and Indian Railways, and SACS. The project engaged and involved popular politicians and high-ranking officials and local celebrities, organized festivals in the villages and at the stations to get people to visit the stations, and partnered with local level district and village stakeholders.

XIV. Utilization of Services by Sex Workers	
<p>Donor: UNICEF</p> <p>Implementing Agency: International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B)</p> <p>Technical Assistance: UNICEF</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Focus on sustainability • Theory/model as foundation
<p>Duration: 2004–2009</p> <p>Geography: Bangladesh (Dhaka and Barisal Divisions)</p>	
<p>Publication/Source: ICDDR,B</p> <p>1. International Center for Diarrheal Disease Research (ICDDR). 2009. <i>Assessment of Utilization of the HIV Interventions by Sex Workers in Selected Brothels in Bangladesh</i>. September 2009, Bangladesh.</p>	

Background

In 2004, three NGOs, Bangladesh Women’s Health Coalition (BWHC), Population Service and Training Center (PSTC), and Community Health Care Project (CHCP), along with the International Center for Diarrheal Disease Research, Bangladesh (ICDDR, B) established a consortium and implemented a comprehensive HIV/AIDS prevention program in brothels in Dhaka and Barisal divisions of Bangladesh. ICDDR, B implemented the project and UNICEF provided funding and technical management.

Target Audiences

More than 3,000 FSWs in four large brothels in four different geographic sites in Bangladesh (Tangail, Mymensingh, Faridpur, and Doulatdia).

Goals and Objectives

This study examined an HIV prevention intervention in which PEs worked to reach sex workers at brothels, who also had access to clinic services. The intervention had a community-based intervention component that included peer educators, BCC organizers, and medical personnel, who worked to increase condom use and health care-seeking behaviors, and promoted messages related to STI and HIV prevention.

The study’s aim was to uncover changes in knowledge, attitude and behavioral practices of the FSWs for STI and HIV/AIDS prevention, and to understand the socio-cultural context for these changes in the selected brothels.

The specific objectives of the study were to:

1. Assess the quality of different components of the intervention among the brothel-based FSWs.
2. Explore the beliefs of the FSWs regarding HIV and assess how the intervention influenced a change in incorrect beliefs about STI/HIV infection prevention.
3. Identify factors that support or hinder safe sex practices (condom-use and negotiation skills) and care-seeking behavior among the FSWs.
4. Understand care providers’/managers’ opinions about the different aspects of this intervention and their roles in improving the intervention.

Process and Strategies

The program was composed of a clinic-based drop-in center (DIC) along with a community-based intervention in the selected areas where the NGOs worked. A team of counselors, BCC organizers, the medical team (paramedics and medical officers), and PEs worked to increase condom use access for appropriate treatment for STIs. To accelerate these behaviors, the project emphasized influencing factors such as imparting knowledge and information, developing condom negotiation skills, and motivating FSWs to pursue STI treatment.

The program used Bandura's Social Learning Theory, which posits that people learn/change behavior by observation along with the opportunity to practice the new behavior and a belief in a level of control over their health and/or support from a community. Peer education approaches to prevent the high-risk behavior among the FSWs have been successful because PEs were found to be credible communicators who knew their audience well and with whom other peers felt comfortable, especially when the issues were sexuality and HIV/AIDS.

Peer educators provided HIV/AIDS-related information to the FSWs, played a role in condom distribution, brought them to the health facilities and acted as a link between program management and the beneficiaries.

Results

Peer educators were found to be acceptable and credible facilitators to FSWs in brothels and valuable in promoting the adoption of preventive behaviors; condom use increased during the intervention period.

FSWs stated that the NGO clinics offered friendly services, were in close proximity to their brothels, had service available during suitable hours, and provided targeted educational campaigns for sex workers.

Good Practices

- **Focused on sustainability:** This intervention recognized the need for sustainability and its importance in overall health improvement efforts in the country by integrating interventions within government services and utilizing existing networks to assist FSW to access these critical health services.
- **Theory/model as foundation:** The project used Bandura's social learning theory and the importance of building self-efficacy in making behavior changes to inform its intervention to facilitate FSW developing condom negotiation skills and motivating FSW to pursue STI treatment.

Programs Focused Primarily on Mass Media

XV. Everyone's Concern-Think, Understand, Prevent	
<p>Donor: National AIDS Control Programme (NACP) Implementing Agency: Midas Communications (Pvt.) Ltd. Technical Assistance: NACP Creative Agency: Midas Communications (Pvt.) Ltd.</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Communication planning cycle • High-quality media programming • Robust research
<p>Duration: 2006–2007 Geography: Pakistan</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. NACP Annual Report May 2005-April 2006 – Delivery of BCC Services through TV and Radio Channels, Print Media and IPC Interventions Project. 2. End of Project Evaluation – Delivery of Behavior Change Communication (BCC) Services through TV & Radio Channels, Print Media and IPC Interventions. 	

Background

Pakistan's *National HIV and AIDS Strategic Framework, 2007–2012* noted that the HIV infection rate has increased significantly over the past few years. In fact, the country has moved from a low prevalence to a concentrated epidemic with HIV prevalence of more than 5 percent among IDUs in at least eight major cities. Other high-risk groups, such as MSM, hijra¹⁷ sex workers, and FSWs, were close to this threshold level. Many bridging populations, totalling almost 5 million persons, were in direct sexual contact with these groups and were exposed to HIV infection through unprotected sexual activity. The heterogeneity and interlinking of high-risk injecting and sexual behavior, combined with low levels of HIV knowledge and prevention, and high levels of other STIs, indicated that HIV could spread rapidly to marriage partners or sex clients and result in generalized epidemic. However, the Pakistani population did not view HIV and AIDS as the broad health issue that it had become. Thus, there was urgent need to address this national health issue, and to that end, the National AIDS Control Program (NACP) under Pakistan's Ministry of Inter-Provincial Coordination developed a BCC project and partnered with Midas Communications, Ltd.

Goals and Objectives

The objective of the BCC project was to improve the knowledge, skills, practices, and behaviors of the general adult population of Pakistan to protect themselves and their peers against HIV/AIDS and other STIs.

Midas produced high-quality TV spots with animation and dramatization concerning HIV and AIDS transmission and prevention measures for the BCC campaign during two specific periods—April 2006

¹⁷ The highly-mobile population of transvestites, transsexuals, and eunuchs are known as hijras.

and September 2007. TV and radio spots were produced with the “Red Ribbon” theme, and aimed at engaging the youth. Famous celebrities such as film actor Shan and members of the pop group Strings made an appearance in the TV spots. There were also a variety of TV spots on blood transfusion, unsafe sex, used syringes, and stigma.

Results

The basic knowledge about HIV and AIDS increased. A majority of respondents (97.8%) who saw the TV ad on HIV and AIDS remembered at least one mode of transmission of HIV.

Findings suggest that the subject of HIV and AIDS is still taboo and that media campaigns should encourage open discussion of HIV and AIDS with focus on interactive forms of communication.

Target Audiences

The target audience was the general adult population of Pakistan.

Process and Strategies

A five-point communication strategy was developed by Midas with the following theme: “HIV/AIDS Everyone’s Concern: Think-Understand-Prevent.” The five-point strategy included: promote advocacy, stimulate community dialogue, increase knowledge, promote preventive and care-seeking behavior, and reduce stigma. The Urdu version of the theme was “HIV & AIDS – Hum sab ka masla he – Sonchye, Samaje, Roakye.” A second theme was developed “HIV & AIDS – Hum sab ko bachna he – Sonchye, Samaje, Roakye.” The theme messages were part of the logo for the BCC campaign. The theme messages ask the target audience to acknowledge HIV and AIDS as a societal as opposed to an individual problem and urge everyone to play a role to prevent its spread.

The advocacy component of the strategy entailed certain specific changes in policy makers’ attitudes towards HIV and AIDS. To achieve this change, Midas implemented activities at the national, provincial, district, and community levels with a good mix of TV spots on various TV channels, radio spots, and programs on FM channels and advertisements in leading newspapers.

Important to the project’s success were: 1) the five-point communication strategy that comprehensively addressed the issue; 2) the variety of TV spot topics that included routes of transmission (that is, blood transfusion, unsafe sex, and used syringes) and discussions of stigma; and 3) featuring celebrities, which added star power to the TV spots.

The evaluation methodology was a combination of KIIs, FGDs, and structured questionnaires. A total of 10 FGDs and 25 KII interviews were conducted. The quantitative portion of the survey included 400 detailed and structured interviews of households with a sampling plan that represented the physical, social, and economic disparities of the target communities as well as the rural and urban divide, variance in literacy rates and incomes, and gender balance.

Good Practices

- **Communication planning cycle:** The project implemented a mass media program with a systematic approach for developing, implementing and evaluating the mass media, advocacy, and community dialogue components.
- **High-quality media programming:** The project produced TV and radio spots with memorable jingles, high-quality animation, and dramatization on the topics of HIV modes of transmission and prevention, stigma, unsafe sex, and syringes and employed celebrity actors and singers as a

tool to reach youth; the programs were noted for their engaging entertainment and education value.

- **Robust research:** The project carried out extensive quantitative and qualitative evaluation research, using FGD, KII, and structured questionnaires that had a representative sampling of the target communities (rural/urban, literacy rates, income, gender, etc.).

XVI. Kyunki Jeena Isika Naam Hai	
Donor: UNICEF Partner: UNICEF CMS Team: CMS Communication Implementing Agency: UNICEF Technical Assistance: NACO Creative Agency: Miditech	Good practices: <ul style="list-style-type: none"> • High-quality media programming • Robust research • Strong community-mass media linkages
Duration: 2008–2011	
Geography: India (Uttar Pradesh, Rajasthan, Madhya Pradesh, Chattisgarh, Bihar, and Jharkhand)	
Publication/Source: <ol style="list-style-type: none"> 1. Resources on Kyunki Jeena Isika Naam Hai http://www.unicef.org/india/resources_4386.htm 2. About Kyunki Jeena Isika Naam Hai http://miditech.tv/content.aspx?page=Kyunki_Jeena 3. Executive summary, mid-term review, KJINH, UNICEF/CMS 2011 4. Intervention Assessment/Concurrent Monitoring for the ‘Facts for Life’ Entertainment – Education Drama Serial ‘Kyunki Jeena Issika Naam Hai’ (Phase 1 and 2) 	

Background

UNICEF developed the Facts for Life (FFL) Communication Initiative to provide parents and other caregivers with the information they needed to save and improve children’s and mothers’ lives. FFL’s flagship activity was an edutainment (education and entertainment) television drama serial titled *Kyunki Jeena Isika Naam Hai* (‘Because... that’s what life is’). One of the longest-running soap operas on Indian television, the *Kyunki* initiative was based on the FFL book that dealt with 13 major causes of morbidity and mortality and exploited strategies for engendering behavior change across sectors and media. The drama also included messages regarding girls’ education and child protection. This innovative social and behavior change TV program provided messages critical to the welfare and survival of children and mothers, and addressed many of the underlying behavior issues with key information, advice, and stories around HIV prevention, testing and stigma, girls’ education, and social inclusion that were important to India’s progress in meeting the Millennium Development Goals (MDGs).

Target Audience

The primary audience was women 15–35 years old of low socio-economic status and their families in Uttar Pradesh, Rajasthan, Madhya Pradesh, Chattisgarh, Bihar, and Jharkhand. The secondary audience was frontline workers: auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), and teachers and *pradhans*.

Goals and Objectives

The goal of the TV drama serial was to generate behavior change among the primary audience of women 15–35 years old of low socio-economic status and their families. It aimed to reach an audience of 40 million mostly rural, poor women with key information, advice, and stories that would help save lives and improve the well-being of children and women.

Process and Strategies

Kyunki was launched and produced out of Delhi with a repertory of 300 actors. The show was filmed on location in a village, popularly called the ‘Kyunki’ village, with one person from each of 150 households appearing on the show at some point. Each half-hour episode of the TV drama was broadcast during primetime on a national television channel, three times per week.

With a rural backdrop, the series followed the lives of six protagonists through intricately woven dramatic stories that seamlessly blended serious messaging into the narrative, primarily taken from UNICEF’s *Fact for Life*. Messages about girls’ education, social inclusion, and HIV and AIDS were also included. The show differed from other *saas-bahu* or family sagas by breaking gender stereotypes and attracting a growing audience among men.

Kyunki content was repurposed to a series of 43 videos covering 13 key themes based on the stories and messages of the first 130 episodes of the serial. These videos were created with the vision of inspiring grassroots dialogue among women. They were viewed and discussed regularly in small groups around India, were facilitated by trained frontline workers, and gave women the opportunity to question norms and conventions, which was not possible in their families.

In addition, UNICEF produced 10 one-hour long thematic films using tracks from the second season, for use with a mixed audience (not exclusively women), and with no facilitator. In response to the growing mobile phone industry in India, UNICEF adapted the content from *Kyunki* to a cellular platform.

After broadcasting 30–35 episodes, a rapid audience assessment survey was conducted with women in the age group 15–35 years across four of the six priority states. The assessment gauged the reach and exposure to the serial along with recall of messages, characters, and storyline and feedback for future episodes.

Results

The show scored high on entertainment and drama while providing information that was potentially lifesaving.

The serial was consistently rated number one daily soap on Doordarshan, viewed by over 145 million Indians, of which 61.4% were underserved women ages 15–35. A mid-term assessment was undertaken after broadcasting 260 episodes and showed significant gains knowledge and perceived importance of key issues.

Kyunki was reported to effect positive behavior change among its audience. For example, findings showed that more mothers were going for antenatal check-ups and both parents were taking their infants for immunization.

Good Practices

- **High-quality media programming:** The project based the Kyunki TV show’s health content on UNICEF’s Facts for Life, while its storylines were developed by media savvy writers, thus producing a drama serial at a high level, which challenged a variety of social norms.
- **Robust research:** Kyunki carried out evidence-based research to inform the serial drama’s content; the project also carried out rapid audience assessments to gauge reach, exposure, and recall of messages, which was fed into development of future episodes. It also carried out a quality assurance and impact assessment.
- **Strong community-mass media linkages:** Kyunki was developed as an entertaining TV serial drama with intricate storylines about six main characters confronting a variety of life situations to appeal to women, aged 15–35 from lower economic groups. The show challenged existing social norms and wove in valuable health content that was relevant to this audience.

XVII. Prevention of Parent-to-Child Transmission (PPTCT) Campaign in India	
<p>Donor: Ministry of Health & Family Welfare</p> <p>Implementing Agency: National AIDS Control Organisation (NACO), Directorate of Advertising and Visual Publicity (DAVP), and CMSD</p> <p>Technical Assistance: Centre for Market Research and Social Development (CMSD)</p> <p>Creative Agency: Directorate of Advertising and Visual Publicity (DAVP)</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Positioned HIV as treatable/preventable • Robust research
<p>Duration: 2005–2006</p>	
<p>Geography: India (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Field Impact Study of NACO Campaign/ 5th April 2006. CMSD. 2. Field Impact study of NACO PPTCT Campaign, Directorate of Advertising and Visual Publicity (DAVP), CMRSD, New Delhi, 2009. 	

Background

Parent-to-child transmission is the most significant route of transmission of HIV infection in children. Among HIV-positive infants, 30 percent are infected during the mother’s pregnancy. About half of the HIV positive infants are infected during labor and delivery. The remaining 20 percent of infected infants acquire the HIV virus while being breastfed. Fortunately, parent-to-child transmission can be prevented with a combination of low-cost, short-term preventive drug treatment, safe delivery practices, counseling and support, and safe infant-feeding methods.

The Prevention of Parent-to-Child Transmission of HIV (PPTCT) program, which was implemented by NACP, focused on prevention of HIV transmission from the HIV-positive mother to the child, prevention of unintended pregnancies, and education of all mothers to remain HIV free. The National AIDS Control Organisation (NACO) provided full-fledged PPTCT services in 282 units across the country, of which 234

are located in high-prevalence states. These services were primarily located in the obstetrics/gynecology department at the medical colleges in all states, and in the district hospitals of high-prevalence states.

Goals and Objectives

To enhance awareness about PPTCT and to trigger behavior change among targeted segments, Directorate of Advertising and Visual Publicity (DAVP) designed, developed, and executed an ad campaign through television, radio, and newspapers.

Target Audiences

Pregnant women and new mothers in India's states of Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu.

Process and Strategies

The mass media campaign consisted of five video clips repeatedly shown on television, two audio clips repeatedly aired on radio, and two print advertisements repeatedly released in newspapers. A total of 15 TV channels, 75 radio stations, and 160 newspapers were used to transmit the messages related to PPTCT.

A field-based study was carried out to assess the impact of the mass-media campaign on PPTCT. Researchers gathered primary data from 2,522 respondents in three states, six districts, 12 blocks, 6 municipalities, and 48 villages. Through a systematic sampling, 1,001 respondents from Maharashtra, 1,004 from Tamil Nadu, and 517 from Manipur were chosen.

Results

There was a high recall of TV ads.

Exposure to the television ad led to greater awareness, knowledge (about AIDS and about PPTCT), and desirable behaviors like visiting a PPTCT center, getting a blood test for HIV/AIDS, discussing HIV/AIDS freely, and advising others about PPTCT.

Data from the convenience sample of PPTCT centers indicated that service uptake improved significantly as a result of the campaign.

Good Practices

- **Positioned HIV as treatable/preventable:** The PPTCT Campaign was a mass media campaign with short messages for TV, radio, and newspapers, to bring awareness and knowledge about preventing transmission of HIV during pregnancy or breastfeeding and thus evoke health-seeking behaviors by pregnant women and new mothers for PPTCT.
- **Robust research:** Research was a critical part of this mass media campaign and comprised a questionnaire-based field survey about the extent of the use of PPTCT centers' services, which was obtained directly from the centers. A field-based survey was carried out to assess the impact of the mass media campaign on PPTCT and to draw lessons for the future. This survey captured the media consumption habits of the target audience, their awareness levels about HIV/AIDS in general and PPTCT in particular, and their attitudes and behaviors related to utilization of PPTCT services.

IV. Conclusion and Additional SBCC Resources

Although HIV rates are declining in India, there remain many challenges, including lowering HIV infection rates among high-risk populations, creating communication campaigns that effectively reach all segments of the population, reducing stigma, and ensuring sustained HIV/AIDS education in schools.

This literature review identified a variety of good practices in HIV/AIDS prevention and treatment from the South Asia region that could be useful for SBCC program managers in India. The case studies provide excellent examples of planning, implementation and impact of different types of communication interventions, including social marketing utilizing mass media and multimedia, edutainment (education and entertainment), and activities to increase knowledge, improve attitudes, and reduce stigma and discrimination. Successful examples of approaches, such as community mobilization efforts and capacity building that utilize existing structures, such as working through village leadership and employing peer outreach, are also abundant. In addition, partnerships with public and private sectors, and/or integration with government systems were salient features in most of the communication interventions reviewed. Social and mobile technologies—although not featured in these case studies—are increasingly important SBCC tools, and should be integrated into future programs.

- **SBCC Toolkit (C-Change Project):** This toolkit includes products and online resources to support training and courses in SBCC. It includes an SBCC Framework, Capacity Assessment Tool, and bulletins on specific SBCC topics. <http://c-changeprogram.org/resources/sbcc-toolkit>
- **Social and Behavior Change Communication Training for Information, Education, and Communication Officers (IHBP):** This is a one-week training for information, education, and communication officers in India on designing, implementing, and evaluating SBCC programs and campaigns.
- **IHBP Toolkit:** This toolkit was designed as a job aid for information, education, and communication officers in India to provide practical tools and templates to assist them in designing, implementing, and evaluating SBCC programs and campaigns. <http://www.ihbp.org/content/sbcc-toolkit>
- **SBCC for Frontline Health Care Workers (C-Change Project):** This is a learning package for use in face-to-face workshops with nurses, community health extension workers, and HIV counselors on SBCC and interpersonal communication (IPC). <http://www.c-changeprogram.org/resources/sbcc-frontline-health-care-workers>
- **Advocacy, Communication & Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes. World Health Organization and the Stop TB Partnership.** This Handbook is a guide to support the design, implementation, monitoring, and evaluation of effective ACSM activities at the national level. It describes each step, illustrating steps with case studies, and provides concrete tools, such as a creative brief template and a focus group discussion guide. http://www.stoptb.org/assets/documents/resources/publications/acsm/ACSM_Handbook.pdf
- **Advocacy, Communication, and Social Mobilization to Fight TB: A 10-Year Framework for Action. World Health Organization and the Stop TB Partnership.** This document is the workplan of the Stop TB Partnerships ACSM Workgroup. It provides an excellent summary of how ACSM can support TB

programs, along with summaries of lessons learned, diagnostic and planning tools, and communication resources.

<http://www.stoptb.org/assets/documents/resources/publications/acsm/TB-ADVOCACY.pdf>

- **The New P–Process: Steps in Strategic Communication:** This brochure summarizes the strategic communication planning framework developed by The Johns Hopkins University Center for Communication Programs. <http://www.–.org/hcp/pubs/tools/P-Process.pdf>
- **Leadership in Strategic Health Communication Workshop:** Every year The Johns Hopkins University Center for Communication Programs holds a three-week workshop in the United States to train SBCC professionals in the steps of designing effective health communication and advocacy strategies. <http://www.jhuccp.org/content/leadership-strategic-health-communication-workshop>

V. Index of Case Studies by Country

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VII. Bibliography

1. A Stangl et al. Tackling HIV-related stigma and discrimination in South Asia. July 2010.
<http://elibrary.worldbank.org/doi/book/10.1596/978-0-8213-8449-7>
2. AASHA Presentation
3. AASHA: Partnership in Action, A Special Report, APSACS
4. AASHA Vahini report HIV/AIDS Awareness Caravan in Andhra Pradesh,
http://www.unicef.org/india/resources_957.htm
5. About Kalyani www.ddindia.gov.in/devcom/Program%20Column%201/Pages/Kalyani.aspx
6. About Kyunki Jeena Isika Naam Hai http://miditech.tv/content.aspx?page=Kyunki_Jeena
7. About the Red Ribbon Express <http://www.comminit.com/global/content/red-ribbon-express-re>
8. APAC Evaluation: USAID/India Final Report. 2012, April.
9. APAC presentation. 2005
10. Avahan: The AIDS India initiative: The Business of Prevention at Scale, BMGF, New Delhi, India, 2008.
11. Balbir Pasha: HIV/AIDS Campaign is the Talk of Mumbai. 2003, Aug.
http://www.psi.org/sites/default/files/publication_files/balbir-pasha.pdf.
12. Balbir Pasha HIV/AIDS Campaign-Mumbai, India.
<http://www.comminit.com/global/node/118605>
13. Bhasin, U. 2012. "Entertainment Education on India's Public Service Broadcaster: The Ground-breaking Role of TV Programme 'Kalyani'" in Sundeep R Muppidi and Premila Manvi (eds.) Public service broadcasting and its role in raising civic consciousness: case studies from Asia, pp. 124-133. Asian Media Information and Communication Centre (AMIC). ISBN 978-981-4136-167.
14. Bhattacharya, R. 2006, May 31. Buddha govt plays morality police.
15. Biswas, R. This Didi Talks Sex.
16. C-Modules. A Learning Package for Social and Behavior Change Communication. Module 0 Practitioner's Handbook.
17. Communication Tools and Media Products: Desh Pardesh (Home & Abroad).
http://www.ideosyncmedia.org/tools_ii.htm.
18. Comprehensive knowledge, as defined by NHFS-3, is 1) Knowing that a healthy looking person can have HIV/AIDS, 2) HIV/AIDS cannot be transmitted through mosquito bites or sharing food, 3) Condom use and fidelity can help prevent the spread of HIV/AIDS
19. Condom Bindaas Bol Campaign. <http://www.comminit.com/?q=global/node/273554>
20. Desh Pardesh: At Home and Abroad <http://www.comminit.com/entertainment-education/node/308167>
21. End of Project Evaluation - Delivery of Behavior Change Communication (BCC) Services through TV & Radio Channels, Print Media and IPC Interventions
22. Evaluation of "Reaching Across Borders" [RAB] Supported by Family Health International
23. Executive summary, mid-term review, KJINH, UNICEF/CMS 2011

24. Field Impact Study of NACO Campaign/ 5th April 2006. CMSD
25. Field Impact study of NACO PPTCT Campaign, Directorate of Advertising and Visual Publicity (DAVP), CMRSD, New Delhi, 2009.
26. HLPPT Female Condom Project <http://www.hlppt.org/social-marketing-more1.html>
27. HLPPT, National AIDS Control Organisation (India) (NACO)
28. [http://www.nacoonline.org/NACO Action/Media Press Release/](http://www.nacoonline.org/NACO_Action/Media_Press_Release/)
29. International Center for Diarrheal Disease Research (ICDDR). 2009. *Assessment of Utilization of the HIV Interventions by Sex Workers in Selected Brothels in Bangladesh*. September 2009, Bangladesh.
30. Intervention Assessment/Concurrent Monitoring for the 'Facts for Life' Entertainment – Education Drama Serial 'Kyunki Jeena Issika Naam Hai' (Phase 1 and 2)
31. John Keells HIV and AIDS Awareness Campaign.
32. Kotler, P. 2009. *Marketing Management: A South Asian Perspective*. Pearson Education.
33. Laga, M and B Vuylsteke. Evaluating AVAHAN's design, implementation and impact: Lessons learned for the HIV prevention community. BMC Public Health, Vol 11, Suppl 6.
34. Lipovsek V, Mukherjee A, Navin D, Marijara P, Sharma A, Roy KP. Increases in self-reported consistent condom use among male clients of female sex workers following exposure to an integrated behaviour change programme in four states in southern India. *Sex Transm Infect* 2010; 86 (Suppl 1): i25ei32.
35. Lowe makes 'Balbir Pasha' a conversation point on AIDS. 2002, November.
36. Managing HIV Prevention from the Ground Up: Avahan's Experience with Peer Led Outreach at Scale in India. New Delhi: Bill & Melinda Gates Foundation, 2009.
37. [NACO - About the 360 Degree Surround BULADI Campaign](#)
38. NACP Annual Report May 2005-April 2006 – Delivery of BCC Services through TV and Radio Channels, Print Media and IPC Interventions Project
39. NACP-III [http://www.naco.gov.in/NACO/National AIDS Control Program/](http://www.naco.gov.in/NACO/National_AIDS_Control_Program/) April 1, 2014
40. Ng M, Gakidou E, Levin-Rector A, Khera A, Murray CJL, Dandona L. Assessment of population-level effect of Avahan, an HIV-prevention initiative in India. *Lancet* 2011.
41. Press Release – Government to Launch the Fourth Phase of the National Aids Control Programme <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103323>
42. Promoting Female Condoms among Female Sex Workers in India. Deshpande, Sameer. Shah, Purvi. Agarwal, Sharad. *In Social Marketing, From Tunes to Symphonies*. Hastings, Gerard. Domegan, Christine. P. 361-368. Routledge, 2013.
43. PSI India – Will Balbir Pasha Help Fight AIDS? 2006, September.
44. Rao, Prasada JVR. Avahan: The transition to a publicly funded programme as a next stage. *Sex Transm Infect* Feb 2010, Vol 86, No 1, Suppl 1.
45. Resources on Kyunki Jeena Isika Naam Hai http://www.unicef.org/india/resources_4386.htm
46. Seal A, P Goswami, MS Mishra. From Recall to Redressal: A Deconstructional Content Analysis of the Buladi HIV/AIDS Campaign in West Bengal. Social Science Research Network.
47. Sengupta, S. Buladi Brand. 2008, Feb. *HIV/AIDS Information Gateway*
48. Tackling HIV Stigma and Discrimination in Southeast Asia: Lessons Learned from the 2008 Marketplace. ICRW.
49. The Power to Tackle Violence: Avahan's Experience with Community Led Crisis Response in India. New Delhi: Bill & Melinda Gates Foundation, 2009.

50. Theory at a Glance: A Guide for Health Promotion Practice (Second Edition). National Cancer Institute. U.S.Department of Health and Human Services. 2005.
51. TV & Radio Channels, Print Media and IPC Interventions.
52. UNGASS Report, Sri Lanka 2009
53. Voluntary Health Services: The AIDS Prevention and Control (APAC).
54. Ward, T. et al. Leadership and Communication: Lessons from the Tipping Point. Cambridge Center for Behavioral Studies, Inc. 2011. Available at <http://www.behavior.org/resources/503.pdf>.
55. Who is Bula-Di? <http://bitchmagazine.org/post/who-is-bula-di?>
56. World Bank/ICRW
57. World Bank: HIV/AIDS in India <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india>
58. Yahi Hai Sahi! (Growing the Condom Market in North India through the Private Sector), ICICI Bank, PSP One, USAID/India, 2007.

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