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Changing lives

A BCC strategy framework and action plan for an HIV vulnerability reduction intervention for young people

for YWCA, Sharan and Salaam Baalak Trust

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I. Introduction

The HIV virus constitutes a grave life risk globally, cutting across social, economic, gender and cultural barriers. Within the larger mass of humanity, it poses an especially serious threat to the underprivileged and the marginalized communities in every society - those who for lack of opportunity or information find themselves unable to protect themselves from exposure to the virus.

Young people, especially, find themselves on a tightrope: Faced by peer pressure, dissolving parental and societal support structures, and a continuous flood of high pressure media imagery, they are notably at higher risk of indulging in unsafe behaviours with regard to the HIV virus. As a subset of this group, young people living in slums, migrant populations, or on the street face a still more significantly elevated level of risk: By virtue of the very context they live in, they are exposed to sexual exploitation and substance addictive behaviours. Beyond the daily struggle to eke out a living and survive, they are unable to gain access to information regarding the infection and/or seek medical or professional assistance if they feel they have indulged in unsafe behaviours.

As part of its continued support to projects aiming to reduce HIV/AIDS related vulnerability among young people, FHI/USAID supports three field level interventions being implemented in the Delhi/New Delhi area by the **Salaam Baalak Trust (SBT)**, the **Young Women's Christian Association (YWCA)**, and the **Sharan Society for Services to Urban Poverty**.

Salaam Baalak Trust works with street and working children in the New Delhi Railway station and Central Delhi area, providing care and support services including nutrition, shelter, education, clinical care and psychosocial support. SBT repatriates runaway children, and implements a multilayered intervention that offers street children safe havens where their basic physical and mental needs can be fulfilled; and where they can acquire formal and non-formal education and life skills. Young people can access a variety of shelters (Arushi for gilr children, Uttam Nagar; and Apna Ghar, Multani Dhanda), drop-in centers and interaction centers (GRP post and Prerna center, New Delhi railway station; and Hanuman Mandir, BKS Marg) run by SBT, some of which are residential in nature.

YWCA works with a variety of communities in the Najafgarh area of west Delhi, notably the *singi* community (traditional ear cleaners), the *sapera* community (traditional snake charmers) and the Bangladeshi migrant community (most of whom are ragpickers). YWCA's outreach programmes work towards empowering adolescents and reducing their vulnerabilities, and towards developing community mechanisms through a mix of community capacity building interactions and formal/non-formal education-cum-activity centers for young people.

Sharan's intervention focuses on substance abusing young people in and around the Central Delhi, Daryaganj, Yamuna Bazar and Old Delhi Railway station areas. Their intervention works principally through a drop-in center in Daryaganj, which street children can access for midday meals, recreation, rest, and life skills education. Substance dependant young people can then sign up for an extended detoxification programme at Sharan's detox

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center in Neb Sarai; following which Sharan strives to rehabilitate the young people through other agencies like SBT.

As part of their workplan and activities under their USAID/FHI supported interventions, SBT, Sharan and YWCA requested Ideosync Media Combine, a development communications strategy design organization, to address their common need for a behaviour change communication framework and action plan for their interventions, to be utilized as the basis for their HIV-related behaviour change related activities.

This document constitutes the common BCC framework and action plan for HIV/AIDS for young people developed to address the need expressed by SBT, YWCA and Sharan. The recommendations contained in this document are based on interactions and discussions with the staff of the three agencies; interactions and discussions with the young people accessing the services and infrastructure provided by these agencies; and a review of the communication materials being utilized by these organizations as part of their interventions.

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II. Understanding BCC

2.1 What is BCC?

To start with, it would be useful to define BCC as a concept: Behaviour change communication is an interactive process of moulding social and individual attitudes and behaviour through the provision of information and ideas in the form of persuasive and contextual messages. These messages should ideally be presented in the form of comprehensible, relevant and segmented communication products that can be used by (and within) the communities being addressed by the intervention.

It is worth noting that BCC goes beyond the mere provision of information: Knowledge of a problem and awareness of the issues concerned are by themselves only the foundation for behaviour change, and do not constitute behaviour change communication by themselves - especially where issues such as HIV are concerned. The closer the behaviour in question is to issues of personal spaces, self identity and moral/ethical societal and personal structures, the more difficult it is to ask for a change in the behaviour.

Thus, BCC must be seen as a process rather than a one-shot affair: An individual passes through a series of stages or steps in a thought process before he or she accepts that the change in behaviour carries definite advantages for him/her (see ANNEXURE 1). Guiding the individual - and thereby the community s/he belongs to - through these steps successfully is the process of behaviour change communication. Successful BCC implementations require a systematic assessment of the stage the individual is at, followed by a careful articulation of an argument or incentive in favour of changing the behaviour and nudging the individual along to the next step.

2.2 What to expect from this document

This document is a strategic communication framework and action plan; and provides some ideas and some directions to the BCC initiatives that SBT, YWCA and Sharan are implementing as part of their interventions with young people. It attempts to coalesce the needs of a variety of audiences addressed by the three agencies into a coherent whole.

The recommendations in this document are open to interpretation, and to adaptation, and are by no means exhaustive. These are some options and suggestions that are likely to prove workable and improve programme performance; and provide a structure within which to view and measure the behaviour change process within the addressed communities.

Ideally, this document should be used as a starting point and a reference for a thought process, for introspections and the initiation of systematic intervention designs based on evidence, intensive interaction, and analysis.

While the document does provide clear “to do”s regarding message composition and communication channels that may be used to facilitate the process of behaviour change with regard to young people and HIV infection, it is best used as a starting point for facilitators in the three organizations. Focusing the recommendations contained here to the specific needs of each organization’s activities, and adapting them continually to changing contexts and the evolving needs of the communities is the best way to derive value from this document.

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III. Current strengths & weaknesses: A Review

From a behaviour change communication perspective, the interventions currently being implemented by all three agencies, SBT, YWCA and Sharan, have already gathered considerable qualitative and quantitative data on the socioeconomic indicators and attitudinal stances of the communities they are addressing. To a large extent, they have been successful in beginning the process of awareness generation. However, it may be useful to briefly note the important strengths and weaknesses that have emerged during the assessment process.

3.1 Strengths

- All three organizations have successfully accessed sections of the communities they are addressing. The degree of access varies, but importantly, some sections of the young people addressed have been accessed on a reasonably consistent basis as a community.
- Over the past year, all three organizations have made significant progress in involving secondary audiences - peers, older members of the same community, in some cases parents - and in addressing them with complementary HIV related messaging.
- Individual facilitators have shown a sense of adaptation and invention by creating individual handmade communication materials to suit the needs of the young people they are working with, often in the face of adverse working conditions in the field.
- Information regarding individual sub-initiatives/contact programmes run by the organizations - notably the drop-in centers - has spread among the young people addressed by those initiatives, by word-of-mouth. This has led to increasing numbers of young people accessing the facilities offered by these centers.
- There is an increased level of general knowledge regarding HIV/AIDS among the young people addressed by the interventions: Although myths and inaccuracies remain widespread, there is knowledge regarding the basic modes of transmission, and regarding the ways in which HIV is not transmitted.

3.2 Weaknesses

- There is a significant lack of understanding of the process of behaviour change among many members of the staff, including the outreach programme facilitators. This has contributed to a lack of cohesion among the various behaviour change related activities conducted by the organizations: The lack of a planned, systematic process has meant isolated breakthroughs with small groups of young people which cannot be fully exploited.
- The activities built around RSH and HIV - especially the first stage activities that involve awareness generation regarding the modes of HIV transmission - have not been sufficiently contextualized within the larger context of life skills, decision making, and cross-linkages with sexuality and STIs. This has meant a superficial understanding of HIV and AIDS among the addressed communities of young people, often without a sense of how all this information applies to each of them at the individual level. It has also meant that the young people addressed by these interventions were unable to envision what they wanted their lives to be like a few years on.

- There was very little information among the field workers in each organization regarding parallel initiatives and interventions in other parts of the country or abroad. Similarly, there was comparatively little information within the projects regarding existing communication and BCC materials that could be used as part of the interventions being executed, which often led to materials directed at other audiences being used with young people (notably materials for CSWs.)
- Interpersonal communication and small group communication related activities were, as a result, conducted principally as interaction sessions unsupported by any but the most basic communication materials. There is also a tendency to confuse BCC with IEC, where IEC should be seen as a means to achieving behaviour change. (See CHAPTER I). This is at least partly responsible for the continued emphasis on basic awareness several months into the interventions, since most of the available materials in use by the interventions are basic awareness materials.
- Though young people from the targeted communities have been accessed in reasonable numbers, there have been issues with sustaining contact with individuals over a length of time, especially girls: Individuals have drifted in and out of the programme, leaving little scope for an extended process of behaviour change. This issue has been exacerbated by changes in the staff members who have been conducting the interaction sessions and outreach programmes, with new staff members forced to reestablish a rapport with even consistent participants, and thereby diluting the efficacy and rate of progress of the intervention.
- There were insufficient role models and positive behaviour examples, an important consideration in terms of the perceived incentive for an individual to change his or her behaviour. Insufficient emphasis on how the behaviour change would benefit the young people addressed materially - in short, no conception of the reward - meant there was no clear progression beyond the primary awareness stage. This is also linked to the observation on the young people's ability to envision the future.
- There were serious concerns among the staff in terms of their facilitation skills, their ability to sustain interest among the young people during a session, and in terms of developing a vocabulary with which to discuss issues around sex and sexuality without becoming too technical. Many of the outreach personnel felt themselves to be inadequately informed or prepared to field questions from the young people, as they were not clear about some of the facts. Many were also unclear regarding their own personal moral/ethical standpoints on issues like homosexuality, gender identities and sexual orientation, and were therefore confused on how to discuss these issues with their groups.
- Finally, the isolated breakthroughs in terms of behaviour change were unsustainable in the face of inadequate follow up planning in terms of support services and continued emotional and ideological guidance. For example, many of those undergoing the detoxification programme eventually returned to the street - and in the face of renewed peer pressure and environmental circumstances, returned to their substance abusing behaviour. Similarly, a life skills and education programme that is not completely grounded in the context and realities of the young people being addressed meant that the perceived rewards for behaviour change became unrealistically high expectations - which subsequently led to frustration, demoralization and a return to the young people's original frame of mind and risk-taking behaviours.

3.3 Key BCC related points that need to be addressed within the interventions

Now that the broad points thrown up by the assessment vis-a-vis BCC strategies and implementation by the three organizations have been enumerated, it may be instructive to categorize the key learnings from the assessment under the following heads:

A. Coverage of key issues

- Awareness about the links between STD and HIV, and substance abuse and HIV, need greater reinforcement. These need to go beyond direct cause-and-effect type of messages (The 'unprotected penetrative sexual contact = HIV infection' type of message, for example, or 'sharing of needles by IDUs = HIV infection') to place HIV within a context of gender, socioeconomic compulsions, sexual choices and life skills.
- Additional emphasis needs to be placed on how HIV/AIDS relates to the choices made by each individual, and how each individual must assess one's risk of exposure. It is important to link this to specific activities and behaviours indulged in by the young people being addressed.
- Information regarding the importance of accessing medical and support services need to be integrated to provide additional direction to the behaviour change process. This constitutes an essential part of the awareness generation stage of the process, and has been comparatively underemphasized till now. (Where to go for an HIV test, for example, or what the testing process involves, without any elements of coercion involved.)

(ii) Messaging thematic and quality of communication

- There is a lack of quality communication materials in general; and the materials in use were old, in poor condition, meant for a different audience, or not focused enough to be suit the needs of specific groups of young people (See SECTION VI: AUDIENCES)
- There must be greater variety in the type of interventions, and the corresponding types of materials used to support those initiatives. It is important to explore other existing materials, electronic and print, besides the products and materials that will be developed by the organizations themselves as part of their interventions.
- There must be greater coherence in messaging in terms of encouraging individuals to move step by step from awareness to acceptance to behaviour change to long term behaviour change. (This means not only an accurate assessment of the message required by specific groups of young people from within the overall matrix of messaging enunciated later in this document, but a constant revision of the presentation to keep it interesting even while it reemphasizes concepts and rewards.)

(iii) Capacity, Coordination and Management of BCC interventions

- The capacity of the programme and project staff for delivering quality IEC/BCC materials and activities needs strengthening: This must range from facilitation skills to self-awareness building, and refreshers on basic information regarding HIV and related issues

- There must be much greater coordination with potential partners and programs, especially with a view to creating a system of support service linkages that can be offered to young people seeking to change behaviour and access these services.
- A more elaborate monitoring & evaluation system that constantly revises the assessment of the required messaging and behaviour stimuli for each group is required.
- While extensive documentation of the programme and interventions exists within these organizations, there needs to be a greater effort to isolate BCC-related best practices and experiences from parallel projects in different geographical locations and contexts, so as to avoid reinventing the wheel and avoid wasteful experimentation.
- A more elaborate monitoring & evaluation system that constantly revises the assessment of the required messaging and behaviour stimuli for each group is required.
  (For more on stimuli, see APPENDIX I)

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IV. Recommended strategy

Given the parameters for the interventions being carried out by SBT, YWCA and Sharan, the respective audiences they are addressing, and in synergy with the BCC/IEC objectives outlined in NACP II, there are two overall goals for the achievement of HIV/AIDS related behaviour change communication are:

- **To reduce transmission and prevalence of the HIV/AIDS among young people through effective prevention initiatives**; and
- **To improve the care and support of young people exposed to or living with HIV/AIDS**.

The recommended strategy is to realize these goals through the achievement of a series of **selected behavioral objectives** executed through a series of **planned and systematic interventions** undertaken by the three agencies noted above, using a **phased series of messages and BCC tools** as outlined later in this document.

These BCC interventions will:

- Target changes in the behavior of those young individuals, male and female, who are at **highest risk** of becoming infected by or transmitting the HIV/AIDS virus, preferably by identifying those individuals who are **receptive** to **substantial, positive impact**;
- Make full use of **second generation** HIV/AIDS prevention messages emphasizing **personal recognition and acceptance of risk**, the **adoption of personalized risk reduction strategies and care-seeking behavior**, and the **reduction of fear, stigma and discrimination regarding HIV/AIDS** (See APPENDIX 2);
- Extend the range of tactics used to achieve behaviour change, such as **stimulation of discussion within the larger community context** around the young people being addressed, the **secondary targeting of "personal influencers"**, **outreach to community leaders** and **peer education**;
- Base themselves firmly **within the social and cultural realities** of the young people being addressed (street and working children, without or without parental and familial support structures, and including substance abusing young people), and within their behavior patterns and belief systems; and address the constraints and limitations facing individuals attempting to initiate new behaviors within existing social structures and personal relationships, such as social norms, perceptions of self-efficacy and power inequalities in male/female relationships.
- The BCC activities and materials envisioned in this strategy document must be executed within a **defined time plan.**
- There must be a continuous and sustained **documentation** and **monitoring and evaluation** process for the BCC related activities, to enable course corrections and refinement of the intervention parameters and correct for inadequacies in implementa tion and misinterpretation of the messages by segments of the audience.

The **core principles** that form the basis for this strategy will be:

(i) **Complete and correct knowledge on the routes of transmission and modes of prevention:** The communication approach should focus on all four routes of transmission without excessive emphasis on any single mode of transmission. However, with a primary audience of young people and adolescents, the interventions must be prepared for a focus on issues around sex and sexuality.

(ii) **Removing myths and misconceptions**: Clarifying how HIV spreads and does not spread by giving correct, complete, consistent and comprehensible information thereby facilitating an enabling and supportive environment

(iii) **Beyond the ABCD approach:** The ABCD approach has been the mainstay of HIV BCC programming in India and across the globe over the last few years. However, discussions reflect that this may be out of touch with the realities faced by street and working young people. It may be useful to build on the ABCD approach and realign the strategy around a **new six point agenda**:

- Delay the onset/initiation of sexual activity
- Know your status and that of your partner
- Know the symptoms of STIs and get them treated promptly
- Reduce your number of sexual partners
- User safer sex techniques and tools correctly and consistently
- Do not share needles if you are an IDU

(iv) **Creation of role models:** Involves the introduction of older young people who have successful gone beyond the vulnerabilities and inherent restrictions faced on the street and as working children to make a career or place in life for themselves. These individuals provide a valuable focus for the targeted young people to create a future vision for themselves, and provide a high-value incentive for behaviour change.

(iv) **Provision of prevention, care and support:** Addresses both the community context of the targeted young people (in terms of creating awareness and under standing of the risks and circumstances faced by young people on the street which make them vulnerable to HIV infection) and the targeted young people themselves in terms of creating increased acceptance of and willingness to access treatment and testing services, as well as care and support facilities if infected..

(v) **Improving gender and cultural sensitivity:** The content, visual, text, and meaning in the message design need to be gender sensitive and creatively innovative, and must be referential to the context of the young people being addressed.

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V. Goals & Behavioural Objectives

With reference to the recommended strategy (outlined in Chapter IV preceding), the overall goals specified need to be subdivided into a series of clear, coherent and specific behavioural objectives which may be addressed by the interventions run by the three organizations in question. Accordingly, the overall goals and objectives recommended as part of this HIV/AIDS BCC strategy framework are:

Goal I • To reduce transmission and prevalence of the HIV/AIDS among young people through effective prevention initiatives

Objective 1. To increase the appropriate self-perception of risk and the use of appropriate primary behaviour change and risk-reduction strategies by young people

Objective 2. To dispel myths and improve the accuracy (correct, complete, consistent) of knowledge about HIV/AIDS among young people

Objective 3. To create a supportive environment that reinforces healthy choices on the part of those young people who are at risk

Objective 4. To improve the knowledge, skills and attitudes of outreach professionals and facilitators within the three agencies regarding HIV/AIDS & BCC

Goal II • To improve the care and support of young people exposed to or living with HIV/AIDS

Objective 1. To reduce fear, stigma, and discrimination against persons living with HIV/AIDS

Objective 2. To increase the access, acceptance, adherence of appropriate care and treatment seeking behaviors

Objective 3. To stimulate family and community to provide support to young people exposed to HIV, and care for young people living with and affected by HIV/AIDS

It is important to note that these objectives are highly inter-linked and inter-dependant: The achievement of one objective (for example, increased community and family support for young people on the street) is dependant on the concurrent achievement of others (such as increased accuracy of knowledge about transmission risks).

Additionally, it must be noted that these objectives cover a wide variety of possible interventions and messages that are limited only by our senses of imagination and inventiveness in addressing the need of the targeted communities of young people. These objectives address young people at risk, as well as young people who may already be HIV+, since there has been no clear study of incidence within the target communities as of this date. These objectives will be met by designing activities, material and creating a supportive and enabling environment.

VI. Target audiences & segments

For BCC to work effectively, it has to be audience specific and relevant to the needs and concerns of the audience it is directed at. Though there is always a strong temptation to maximize the potential of a communication strategy or tool by designing them for everyone, issues that fall in the personal domain (like HIV, substance dependency or sexual choices and behaviours, for instance) can only be addressed if the communication strategy, messages and tools also address communities and individuals at the same personal level.

However, the definition of specific audiences and segments carries its own pitfalls: The very act of audience definition sometimes blinkers intervention personnel to the needs of audience segments which may emerge during the course of the intervention - and sometimes leads to false feelings of safety among segments that are not being targeted by the primary intervention. Overemphasis of an audience or a group may also label specific audience segments with negative associations in the minds of the secondary audiences.

With reference to the interventions addressed by this framework, and the goals and objectives outlined, the target audiences for the BCC strategy may be classified as follows:

A.Primary audiences

- Adolescents and young adults
  - Males and females prior to the initiation of sexual activity
  - Males and females with serial and multiple partners
  - Males and females in union
  - Young people with STIs
  - Young PLHAs
  - IDUs and substance abusing young people
  - New entrants to street population

B. Secondary audiences

- Families and extended families of vulnerable young people
  - Blood relations (if existing and accessible)
  - Surrogate parent figures (older peers, local shopowners)
- Local community leaders
  - Members of community and local professional associations
  - Local religious leaders
  - Workers of other social organizations working in same geographic area (but not necessarily with same or overlapping primary audience)
  - Opinion leaders (political, religious, educational, government officials, media decision-makers, social and professional organizations, public intellectuals, traditional healers)
  - Teachers and school workers in local schools
  - Outreach workers within YWCA, Sharan, SBT

VII. Messages & Channels

The existing interventions are already giving in information on modes of HIV transmission, and on addressing basic myths regarding HIV transmission. In order to achieve the BCC objectives listed, this plan recommends the usage of the following key messages as part of the BCC implementation in addition to information regarding transmission modes:

7.1 Messages and message keynotes

A. For Primary audience:

- It's vital to inform yourself about HIV and AIDS, because you could be at risk.
- Seek more information from agencies, social workers and peer educators in your area, so that you can protect yourself. More information makes for better choices.
- Abstain from sexual contact. negotiate and avoid sexual contact where possible, if sexual contact is unavoidable, use a condom. Do not share needles for intravenous drug use.
- Substance dependency often means undertaking high risk behaviour (sexual contact, experimenting with new drugs) to pay for the habit and the 'high'.
- Be faithful to a single sexual partner if you must have sexual contact. Serial monogamy could place you at as much risk as multiple partners.
- Be open and discuss issues around sex, sexuality and your reproductive health with others. More heads make wiser decisions.
- You are worth protecting: You are important as an individual. The rest of your life is worth looking forward to.
- Being an adult means taking responsibility for your actions - and this includes being sexually responsible towards yourself and your partner(s)
- Your body is your greatest resource. Look after it and protect it.
- Only you have the right to make choices regarding your life.
- Being young means experimenting and trying out new things. But being wise means understanding the consequences of what you are doing.
- It's alright to be confused about the options available to you,
- Hiding sexual coercion and sexual abuse is to encourage it. Report it to someone you trust (parent, relative, friend, local community leader, police), who can take action.
- It is better to seek assistance and support than to blindly accept whatever life hands out.
- Freedom to do what you want also means the responsibility of thinking about consequences for yourself.

B. For Secondary audiences:

- The community includes young people on the street. It is in the community's interest to concern itself with the welfare of street and working children.

- Street children are exploited for sex and labour. In the interests of fairness, justice and children's rights, it is the community's responsibility to see that this does not happen.
- Our lack of attention and support is what places street and working children in vulnerable situations.
- HIV is not just a problem that concerns someone else: It concerns us all because it threatens the society and the economic and social infrastructure we all depend on.
- Changes start at individual level: Inform yourself about HIV to begin with.
- Seek more information about HIV from a trustworthy source (NGOs, social workers, doctors, media) if you do not have it.
- By not paying attention to street children's vulnerability to HIV infection, you are contributing to the problem.
- It requires very little time and effort from the community to create more support for awareness, concern and assistance that addresses street children's vulnerability to HIV: Vigilance, the will to make a difference and individual resolve are the principal components.
- Street and working children have as much right to life and comfort as any of us. Give them a chance to make good.
- Your children and families may be exposed to the same attitudes that we turn a blind eye to where street children are concerned: Turning a blind eye to rape, sexual coercion of young people on the street, or the spread of narcotics is to encourage their growth.
- Our attitudes and emotional baggage are our biggest enemy. Open your eyes and examine your realities with a reasoned and scientific logic.
- Clinging to our existing ideas, mores and attitudes will not make HIV, sexual violence and drug use go away.
- Be open and discuss issues around sex, sexuality, reproductive health and social conditions with others. Openness is the only way to combat this infection.
- Understanding one's sexuality, and the requirements for one's reproductive and sexual health are not immoral in any way. Making intelligent choices about lives is important - and that includes sexual choices.
- The world is a beautiful place, and we can make it better. You owe it to yourself, and to your society.

7.2 Channels

Suggested channels for these messages are:

A. Primary Audience

- Interpersonal communication (at group sessions/drop in centers/outreach/counselling)
- Printed materials (flash cards/posters/games/printed non-standard materials)
- Video materials & folk media (Films/Taped TV programmes/Montages prepared from popular film and TV imagery/puppetry/theatre)
- Peer-to-peer messaging

- Older members of street children/working children community as role models
- NGO-to-NGO linkages & linkages with support service providers (like doctors, hosiptals, VTCTs) (in order to back up changing behaviour with availability of accessible services, as well as in order to increase dissemination and programme reach)

B. Secondary Audience

- Interpersonal communication (at group sessions/public meetings/school PTA meetings)
- Printed materials (flash cards/posters)
- Video materials & folk media (Films/puppetry/theatre/TV spots/newspaper adverts/ leaflets handed out with newspaper or door-to-door/billboards/local cable adverts/ programming on local cable media/radio)
- Peer-to-peer messaging (Enlisting local community leaders as peer educators or motivators/enlisting religious leaders as peer eductaors or via media/Local politicans at ward or assembly level but higher if possible)
- NGO to NGO networking (with other NGOs working locally, to share contacts, experience and leveraging)
- Local business partnerships (Sensitization meetings/apprenticeships programmes)
- Training (Refreshers for facilitatoirs and outreach workers/Self realization exercises)

It must be noted that BCC activities call for a variety of channels to be used to present these messages, not all of which are always possible to implement within a given time frame and budget. (See CHAPTER IX: CHALLENGES). This document suggests an ideal scenario, for the greatest possible gains. It is recommended that the agencies adapt and choose from the possible messages, channels and communication tools suggested that are feasible for them within their intervention parameters.

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VIII. Monitoring & Indicators

The importance of a sustained and multidimensional monitoring process that moves in tandem with the implementation of the BCC strategy cannot be overstated; and has been referred to in other sections of this document.

This strategy document recommends a **standard three stage M & E plan** (baseline/ midterm/endline) using a number of qualitative and quantitative indicators, as given below. It may be noted that these indicators provide a basic framework which may require adjustment to the specific outreach activities conducted by each of the three organizations; and that - as in most BCC related assessments - the qualitative indicators play a larger role than the quantitative, especially given the changes in personal domains being assessed.

A. Qualitative indicators

- What increase has there been in:
  - Family discussion?
  - Discussion among friends?
  - Discussion in community gatherings?
  - Problem solving dialogue and decision making behaviours?
  - Information seeking behaviours from girls and boys from target populations?
  - Ability to identify risk taking behaviours (with reference to HIV) and examine it in a personal context?
  - Participatory behaviour among more reticent members of targeted groups, especially girls?
  - The ability of targeted young people to coherently respond to questions regarding their future plans?
  - The ability of targeted young people to engage in reasoned debate regarding the information disseminated?
  - The ability of facilitators and outreach workers to answer queries and questions from young people?
  - The positive attitude towards street and working children and their issues (esp. vulnerability to HIV)?
  - The comfort level of facilitators and outreach workers to pick up, explain and discuss issues around RSH, sexuality and HIV to targeted young people, and other members of local community?

B. Quantitative indicators

- What change has there been in:
  - The attendance of sessions conducted for young people at the drop in centers/ detox centers/life skills sessions etc.?
  - The incidence of myths and incorrect information?

- The number of repeat visitors to the drop in centers/decrease in repeat visitors to the detox center?
- The proportion of girls who attend the sessions or reach drop in centers?
- The substance dependencies of young people reaching the drop in centers?
- The requests for medical assistance or information regarding medical, detoxification or HIV testing facilities?
- The number of local community members to gather to discuss issues around working and street children?
- Acceptance for HIv and sexuality related education among parnets/guardians/local community leaders?
- The number of local community members who accept volunteer and coordination roles for intervention?
- The number of local community members/leaders who understand and approve of intervention objectives?

C. Indicators against specific objectives

The following are some examples that MAY be appropriate for SOME interventions:

- anecdotal evidence and observation of changing social norms
- self-reported evidence of more open conversation about use of condoms, decrease in number of partners, etc.
- self-reported ability to discuss or negotiate safer sex options with partner(s)
- self-reported ability to recognize STD symptoms
- decreased time between recognizing an STD symptom and seeking treatment
- self-reported increased access to/use of condoms and delayed sexual debut
- self-reported increased abstinence or reduction in number of sexual partners
- self-reported increased faithfulness
- self-reported STD treatment-seeking and preventive behavior
- more requests for information about STDs/HIV/AIDS
- more requests for information about how to talk to children and/or sexual partners
- more religious/local community initiatives and community leaders speaking in a positive way about street and working children's issues and HIV/AIDS issues

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IX. Challenges

Communication on HIV/AIDS, especially with a view to changing behaviours, faces several challenges, not least because the infection is still difficult to talk about in society, and because the behaviours in question concern some of the core personal spaces of the individual. However, when talking to young people - especially very young children below the age of 10 years, an important advantage is that behavioural patterns are still largely malleable, even if the children live in a context where peer pressure and the pressure of daily living force them into choices they would otherwise not have made (substance abuse, for example, or sexual exploitation, especially of girls). The same advantage remains even with older adolescents in the 12 - 17 year age group, if the correct triggers can be found.

Broadly, given the strengths and weaknesses assessment (Chapter III) and the design and structure of the existing interventions run by Sharan, YWCA and SBT, the challenges are likely to fall within four principal categories:

1. Content and form in the form of the nature of HIV: Communication, though a powerful tool, is not a one-stop solution for all behavioural changes required; or for prevention or care and support programme supplementation. There must be a realistic understanding of the role BCC can play if the projects are not to run into a mismatch between their expectations of the messages and communication tools that will be evolved. An individual's response is directly linked to his or her context, gender, socio-economic status, and belief structures - and while this strategy document suggests a multi tier/multi-audience approach to address vulnerability among working and street children, the successful implementation of the strategy is dependent on all these factors as well as the capacity of the implementing organizations.

2. Capacity in the form of staff and technical skill: Carrying out a BCC intervention of even moderate scale calls for a team of individuals who are not similarly equipped mentally, emotionally or in terms of learned skills - even if they may be executing the same task or strategy component. It is important to build and monitor staff capacity to execute the BCC strategy, and provide appropriate orientation and training inputs to prevent this from being an obstacle. Leadership and project coordination must be subject to the same monitoring and review process, otherwise a lack of coordination between sections of the intervention could lead to a flawed implementation.

3. Cash, Resources and Time: BCC, as noted before, is a process of change: It is inherently time and funds intensive, especially where appropriate communication materials must be created. The best laid BCC plans will flounder if they are concluded too early or are dragged out for an inordinate length of time - or if the required stimuli and materials cannot be developed for a shortage of funds. In this sense any implementation of a BCC strategy carries inherent compromises. But using funds, time and personnel resources judiciously, and leveraging fund from other sources can solve this problem to an extent.

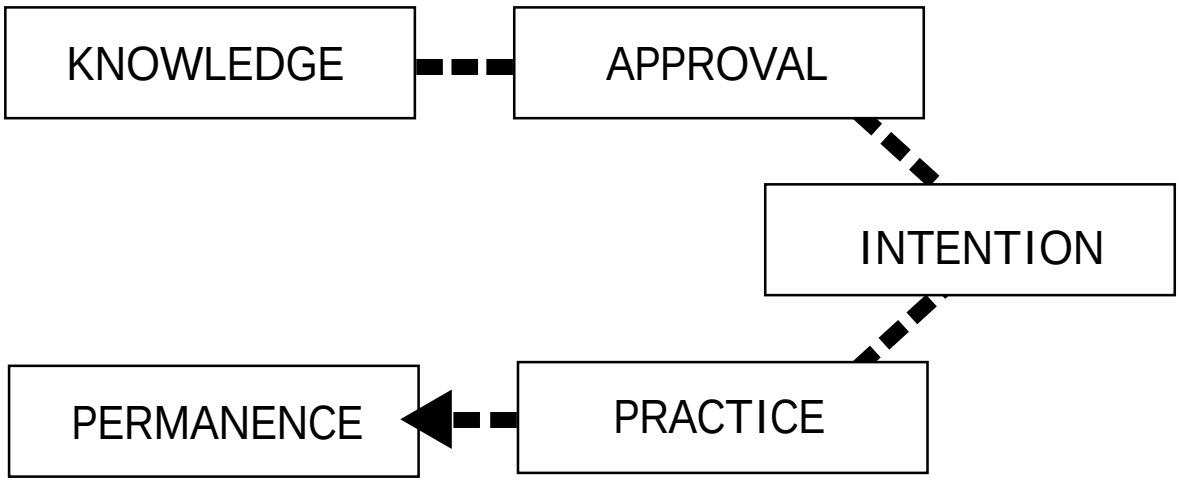
4. Consistency and monitoring: Not only must the different components of the BCC implementation - contact programmes, materials and messages - remain consistent, they should follow common perspectives and styles of presentation. Additionally, there should be a constant monitoring of the process and change indicators, in order to carry out mid-course corrections and fine tuning of the base strategy.

APPENDIX -1

The Process of Behaviour change

The process of behaviour change can be seen as a progression through five dsitinct mental states on the part of the individual. The essence of BCC or behaviour change communication, correspondingly, is to assist the individual in making the transition from each stage to the next, till the desired change in behaviour is permanent and a regular part of the individual's life.

These five stages - in the sequence of progression - are as follows:



In order to carry and individual through this process of self-realizations and change, it is necessary to offer a series of well planned and logical arguments and messages that inform the individual and allow him or her to make the leap from one stage to another. Finding the correct stimulus at a particular point in time has to be correlated with:

1. An analysis of the stage at which the individual is currently placed; and
2. An assessment of the appropriate stimulus that will suit the mental make up and context of the individual in question.

Broadly, these stimuli can be categorized into 6 types:

1. Rational stimuli (e.g. appeals to reason, justice, fairness)
2. Emotional stimuli (e.g. patriotic appeals, the chance to earn praise or)
3. Skills (The chance to learn a new skill or capability which is perceived as useful)
4. Family and personal networks (Motivation due to blood ties or friendship)
5. Social structures (Motivation on account of belonging to a specific club, or society or structures like labour unions and welfare associations)
6. Physical stimuli (Physical gratification, income, wealth generation)

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APPENDIX -2

Second Generation HIV messaging

Given the lack of effective communication materials faced by the three interventions being addressed by this strategy document, the emphasis in these interventions has been primarily with what is now categorized as 1st generation HIV related messaging, which focuses primarily on safety issues. These safety issues have been primarily linked to secondary behaviour change - clean needles, safer sex practices - rather than images and associations that address context, linkages and personal choice and consequences.

The current emphasis in national and international HIV BCC programming, especially for young people, is on a second generation of messages even while continuity is maintained in the previous messaging. These 'second generation messages' focus on primary behaviour changes, which eliminate the possibility of acquiring HIV, rather than just protecting oneself from instances when HIV could be acquired or transmitted.

These messages call for life-style changes that encourage non-risky and responsible behaviours, using the "choice" idiom that promotes individual responsibility for oneself and for one's partners. Inevitably, this means presenting HIV messaging to young people in terms of future plans, and a visioning of their lives over the next several years. Accordingly, it also means positioning the seeking of care and support services as a normal and individually responsible mature behaviour.

Second Generation of Messages (schematic)

	Key focus shift (Second Generation)	**Continuity of previous (First Generation)**
Prevention	- Primary behaviour change - Risk perception enhancement - You have a choice - Life is worth more - Look at wider horizons	- Harm reduction - Information and awareness
Care, support	- Access - Utilization - Adherence - Normalization - Counseling and voluntary testing	- Awareness generation giving some/little hope to individuals at risk or infected

APPENDIX -3

Available communication materials

This list has been derived from an extensive review of existing materials, conducted during the initial assessment period. It is recommended that the agencies explore the sources suggested here for additional relevant materials on a continuous basis.

1. PRINTED MATERIALS

- **Education in Human Sexuality**
  Author: Dhun Panthaki **Source:** Family Planning Association of India, Mumbai
  Available from: FPAI, Bajaj Bhavan, Nariman Point, Mumbai - 400 021
  Email: fpai@giasbm01.vsnl.net.in
- **Womantalk: Contraception, safety and our health**
  Source: Saheli, New Delhi
  Available from: Saheli, Above shop No.105-108, Defence Colony Flyover Market, New Delhi - 110024
  Tel: 24616485
- **The Red & Blue Books**
  Source: TARSHI, New Delhi
  Available from: TARSHI, 11, Mathura Road, New Delhi -110014
  Tel: 24319070/71 **Email:** tarshi@vsnl.com
- **Learning for Life/Jeevan Ke Liye Shiksha**
  (Module on reproductive health and life skills) (In English & Hindi)
  Source/Available from: UNESCO/UNICEF/NACO/NCERT
- **Let's Talk about AIDS: A book of stories**
  Source/Available from: WHO SEARO
- **Information on AIDS/Sexually Transmitted Diseases**
  AIDS Ke Bare me Jaankari/Gupt Rog (Available in English & Hindi)
  Source: AIDS Awareness Group (AAG), New Delhi
  Available from: AAG, 119, Humayun Pur, Safderjung Enclave, New Delhi - 110 029
  Tel: 26187953/54
- **What is a Girl? What is a Boy?**
  Author: Kamla Bhasin **Source:** Jagori, New Delhi
  Available from: Jagori,C-54 (Top Floor), South Extension II, N.Delhi - 110 049
  Tel: 26257015/26257140 **Website:** www.jagori.org
- **Programme on Adolescent Mental Health**
  A series of handbooks/resource books for trainers and facilitators
  Author: Dr.Prema Sundararajan **Source:** WHO SEARO
- **Peer Based Adolescent Education (a toolkit)**
  Source/Available from: UNESCO
- **All for teens : A resource kit for teenagers, parents and teachers**
  Source: Sangath Society for Child Welfare & Family Guidance, Goa
  Available from: Sangath Society, 841/1, Behind Electricty Dept., Alto Porvorim, Goa - 403521
  Tel: 0832-2414916 **Email:** contactus@sangath.com

(Available communication materials, contd.)

2. AUDIOVISUAL/FILM/VIDEO MATERIALS

- **Innovative communication project on HIV: A set of 3 films**
  Source: UNICEF
- **When Four Friends Meet**
  Source: Rahul Roy, Aakaar/UNICEF
- **Growing Up Vol I & II/Badhte Hum Vol I**
  A video based modules series on RSH and HIV for young people
  Source: Ideosync Media Combine, 177, Ashoka Enclave III, sector 35, Faridabad - 121003
  Tel: (95129)2254395/96 **Email:** info@ideosyncmedia.org

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MEDIA COMBINE

APPENDIX - 4: BCC Strategic Framework Goals, Objectives, Audience, Messages, Activity & Indicators

GOALS	OBJECTIVES	AUDIENCE	BARRIERS	MESSAGE FOCUS	CHANNEL	INDICATOR
Goal I • To reduce transmission and prevalence of the HIV/AIDS among young people through effective prevention initiatives	**Objective 1.** To increase the appropriate self-perception of risk and the use of appropriate primary behaviour change and risk-reduction strategies by young people	• Young people on the street: - Males and females prior to the initiation of sexual activity - Males and females with serial and multiple partners - Males and females in union - Young people with STIs - Young PLHAs - IDUs and substance abusing young people - New entrants to street population	• Low risk perception • Lack of knowledge • Information sources not easilyavailable • Self exemption • HIV info not linked to personal contexts • Perception of facilitators as 'sanstha wale' • Staff capacity • Resources & time	• Choices (See 'Beyond ABCD') • Role models • Perception – right, respect, responsibility • Complete and accurate information and knowledge on routes of transmission and modes of prevention	- Interpersonal comm. - Printed materials - Video materials & folk media - Peer-to-peer messaging - Role models - NGO-to-NGO linkages	- Increased abstinence/ reduction in no. of sexual partners - self-reported ability to recognize STI symptoms - Delayed sexual debut - More requests for information about STIs/HIV/AIDS - Increase in participatory behaviour (esp.girls)
	Objective 2. To dispel myths and improve the accuracy (correct, complete, consistent) of knowledge about HIV/AIDS among young people	• Young people on the street: - Males and females prior to the initiation of sexual activity - Males and females with serial and multiple partners - Males and females in union - Young people with STIs - Young PLHAs - IDUs and substance abusing young people - New entrants to street population	• Information sources not easilyavailable • No consistent use of available resources • Perception of facilitators as 'sanstha wale' • Myth transmission from peers more accessible • Staff capacity • Resources & time	• Complete and accurate information and knowledge countering the misconceptions and myths	- Interpersonal comm. - Printed materials - Video materials & folk media - Peer-to-peer messaging - Role models - NGO-to-NGO linkages	- Decrease in myths & incorrect information - Increase in informa tion seeking behaviours - Increased ability to identify risk taking behaviours - Increase in repeat visitors to drop in centers - Proportion of girls at sessions - Decrease in substance abuse of attendees

(APPENDIX - 4... contd)

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GOALS	OBJECTIVES	AUDIENCE	BARRIERS	MESSAGE FOCUS	CHANNEL	INDICATOR
Goal I (CONTD) To reduce transmission and prevalence of the HIV/AIDS among young people through effective prevention initiatives	**Objective 3.** To create a supportive environment that reinforces healthy choices on the part of those young people who are at risk	• Families and extended families of vulnerable young people: - Blood relations - Surrogate parent figures (older peers, local shopowners) • Local community leaders: - Members of community & local professional associations - Local religious leaders - Workers of other social organizations working in same geographic area - Opinion leaders (political, religious, educational, government officials, media decision-makers, social and professional organizations, public intellectuals, traditional healers) - Teachers and school workers in local schools - Outreach workers within YWCA, Sharan, SBT	- Perception of NGOs as working for personal profit - Apathy towards issues not seen as directly relevant to community or individual life - Poverty, illiteracy - Lack of effective enforcement of rape and sexual abuse laws - Lack of visioning ability among community and NGO workers - Lack of coordination between agencies	• Choices (See 'Beyond ABCD') • Role models • Perception – right, respect, responsibility • Complete and accurate information and knowledge on routes of transmission and modes of prevention • Importance of action at community and individual citizen level	- Interpersonal communic - Printed materials - Video materials & folk media - Peer-to-peer messaging - Role models - Social mobilization - Community meetings - NGO-to-NGO linkages - Local business partnerships - Staff Training	- Greater willingness among community members to discuss street children issues - anecdotal evidence of change in social norms - more requests for information about STIs/HIV/AIDS - requests for info on how to talk to children and/or sexual partners - religious/local community initiatives & positive attitue from community leaders - Increase in facilitator ability to answer - Increase in facilitator comfort level - Increased sense of direction and purpose among NGO workers
Goal II • To improve the care and support of young people exposed to or living with HIV/AIDS	**Objective 1.** To reduce fear, stigma, and discrimination against young people from target community living with HIV/AIDS	- Families and extended families of vulnerable young people - Local community leaders - Teachers and school workers in local schools - Young people on the street	- Lack of access to info - Lack of motivation to learn more about HIV - Inability to empathise or perceive risk to oneself - No info on where to seek correct information - Inability to perceive street children's vulnerability as relevant	• Choices (See 'Beyond ABCD') • Role models • Perception – right, respect, responsibility • Complete and accurate information and knowledge on routes of transmission and modes of prevention • Importance of community care for young PLHAs	- Interpersonal communic - Printed materials - Video materials & folk media - Peer-to-peer messaging - Role models - Social mobilization - Community meetings - Local business partnerships	- More requests for information about STIs/HIV/AIDS - Greater acceptance for sexuality/HIV education among community/parents - Increase in community volunteers - Increased community session attendance

(APPENDIX - 4... contd)

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GOALS	OBJECTIVES	AUDIENCE	BARRIERS	MESSAGE FOCUS	CHANNEL	INDICATOR
Goal II • (contd) To improve the care and support of young people exposed to or living with HIV/ AIDS	**Objective 2.** To increase the access, acceptance, adherence of appropriate care and treatment seeking behaviors	• Young people on the street: - Young people with STIs - Young PLHAs - IDUs and substance abusing young people - New entrants to street population • Families and extended families of vulnerable young people: - Blood relations - Surrogate parent figures (older peers, local shopowners)	- Lack of access to info on available care and support facilities - Lack of linkages with support and testing facilities - Lack of info on life after testing positive - Fear psychosis engen dered by peer misinformation	• Complete and accurate information and knowledge on available support and testing resources • Importance of testing and treatment services vis a vis STIs and HIV • Demystification of testing and treatment processes	- Interpersonal comm. - Printed materials - Video materials & folk media - Peer-to-peer messaging - Role models - NGO-to-NGO linkages - linkages with care & support centers and organizations	- Decrease in substance abuse of attenmdees - Requests for medical assistance or info regarding medical, detoxification or HIV testing facilities - decreased time between recognizing STD symptom and seeking treatment - self-reported STD treatment-seeking and preventive behavior
	Objective 3. To stimulate family and community to provide support to young people exposed to HIV, and care for young people living with and affected by HIV/ AIDS	- Families and extended families of vulnerable young people - Local community leaders - Teachers and school workers in local schools - NGO workers	- Lack of access to info - Lack of motivation to learn more about HIV - Inability to empathise or perceive risk to oneself - No info on where to seek correct information - Inability to perceive street children's vulnerability as relevant	• Choices (See 'Beyond ABCD') • Role models • Perception – right, respect, responsibility • Complete and accurate information and knowledge on routes of transmission and modes of prevention • Importance of community care for young PLHAs • Treatment education	- Interpersonal communic - Printed materials - Video materials & folk media - Peer-to-peer messaging - Role models - Social mobilization - Community meetings - Local business partnerships - NGO linkages	- Greater willingness among community to discuss street children issues - more requests for information about STIs/HIV/AIDS - requests for info on how to talk to children and/or sexual partners - Religious/local comm-unity initiatives & positive attitude from community leaders - Increased sense of direction and purpose among NGO workers - Increase in community volunteers