

Annex-I: Communication Matrix

Audience Segments	Communication Objectives	Major Interventions
General Population – All population segments	<ul style="list-style-type: none"> -Raising knowledge levels about modes of HIV transmission, prevention, -Raising knowledge levels and enhancing access to services for counseling & testing and PPTCT, STIs and its treatment (including locations where they are available) -Consistent condom use (triple benefit) -Changing attitudes towards PLHIV, addressing S&D -Increasing voluntary blood donation (addressing myths, benefits, locations for donation) 	<ul style="list-style-type: none"> - Theme-wise campaigns on TV and Radio - Long format TV and radio programmes (phone-ins, expert discussions, soaps, quizzes) -Q & A columns in newspapers, strip and teaser ads in newspapers and magazines - Cinema Hall, local cable advertising -SMSes -Outdoor : Hoardings at railway and bus stations, hospitals, busy market sites, petrol pumps, municipal areas; Wall Writings along railway tracks, village panchayat ghars, hospitals and other suitable locations; Train Panels in trains connecting migrant corridors -Folk Campaign in identified vulnerable villages along with mini-exhibitions through IEC vans, condom demo through SMOs, group discussion/ Q&A session, involving positive speaker, dissemination of literature on locations of services available in area -Red Ribbon Express train: mini and intensive runs in vulnerable areas -Participating in campaigns of M/o I&B: PIC, mainstreaming messages in campaigns of S&DD, DFP, engaging with Zonal Cultural Centres -Helpline - Message dissemination through mainstreaming with other Ministries such as during gram sabha meetings, on VHNDs
Adolescents and Youth in general population	<ul style="list-style-type: none"> -All above and -Increasing self risk perception -Imparting knowledge about physical growth associated changes -Develop coping skills to handle negative peer pressure -Delayed sexual debut 	<ul style="list-style-type: none"> -All above and - Internet, twitter, facebook messages primarily for urban youth -Messages through music and sports events -Interactive games -Scaling up AEP for covering all government and aided schools, extending coverage to private schools - Scaling up RRC programme to all Government and aided colleges -Reaching out-of-school youth through mainstreaming with M/o Youth Affairs (NSS village camps, NYKS Youth Clubs), M/o Women & Child Development (Sabla for adolescent girl in villages etc.) -Establishing linkages with ARSH clinics
Women in general population	<ul style="list-style-type: none"> -All above and -Increasing self risk perception -Enhancing condom negotiation skills 	<ul style="list-style-type: none"> -All interventions for general population and -PPTCT and safe sex messages through AWW, SHG, ASHA and ANM (Mainstreaming with M/o WCD, M/o RD, Convergence with NRHM) -Specific communication component in counselors trainings to address women clients

	<ul style="list-style-type: none"> -Raising knowledge about availability of PPTCT and RTI services -Challenging gender norms and stereotypes including care giver role, sexual violence 	
FSW, MSM, Transgender, IDU	<ul style="list-style-type: none"> --Raising knowledge levels about modes of HIV transmission, prevention -Increasing risk perception for self and partner -Increasing awareness of access to services in the area (STI, ICTC/PPTCT, ART, Care & Support) -Ensuring consistent condom use with client and partner -Increasing knowledge of harm reduction methods for IDUs -Increasing knowledge about lubricant lubes and MSM condoms for MSM 	<ul style="list-style-type: none"> -Developing communication packages for FSWs, MSM, Transgender, IDUs including flip charts, interactive games, AV material, display material - Flooding hot spots, DICs, service centres in and around hot spots with posters, wall writings, hoardings etc. -Improving communication skills of Pes and ORWs- drawing a pool of resource persons (ORW/PE) from Tis who are good communicators for imparting communication training - Folk campaign at hot spots, possibility of community troupes to be explored, positive speakers to be associated, group discussion and information on services to be given, condom demo - Communication activities during community melas and regional/district level PE conventions - Using MSM internet networking sites for messages - Advocacy with health service providers and police in the area for a stigma free environment
Migrants & Truckers	<ul style="list-style-type: none"> --Raising knowledge levels about modes of HIV transmission, prevention -Increasing risk perception for self and partner -Increasing awareness of and access to services at source and destination (STI, ICTC/PPTCT, ART, Care & Support) -Ensuring consistent condom use 	<ul style="list-style-type: none"> -Communication packages for source, transit and destination, flip charts, information booklets for migrants with details of services and contacts at destination, information booklets for spouses at source -Hoardings, train panels, wall writings -Displays at road side dhabas, petrol pumps, transshipment points -Folk campaigns at migrant sites, involving folk troupes with migrant artists if possible, group discussion, condom demo, literature in language of migrants
Children of sex	-Addressing child abuse	-Educating parents/ guardians on protection of children

workers and OVC	and sexual exploitation through building up coping skills of children in dealing with negative situations -Addressing issue of IDU among children	-Enhancing coping skills of children in vulnerable situations and how to deal with negative peer pressure -Interventions to be primarily mainstreamed with programmes of M/o Women and Child Development such as ICPS.
Tribal Population	Apart from the objectives as enumerated for General Population, vulnerabilities specific to tribal sub-groups due to cultural practices, increasing urbanization and industrialization and trafficking of young girls will be addressed.	-Apart from interventions for General Population, the activities will be mainstreamed with the plans and schemes of M/o Tribal Affairs such as ITDP, tribal haats and fairs will be used for mid-media (folk theater) and outdoor activities. - Ashram Schools, faith based healers, tribal leaders and community groups will be involved in continuum of IEC activities
Clients at ICTC, ART centres, STI clinics, TB Centres	-Comprehensive communication in Inter-Personal setting in a stigma free and gender sensitive setting -Linkages to other services -Information on rights and entitlements -Addressing gender issues, condom negotiation for women, violence against women, men's responsibility	- Training of counselors on inter-personal communication skills and how to use communication tools such as flip charts, phallus model for demo -Display material at OPD and waiting areas for clients -TV and DVD with AV aids for clients - Display material for doctors such as charts on treatment protocols
Prospective Blood Donors/ Blood Banks	-Increasing awareness about need for VBD and where to go for blood donation -Why one should donate blood, it does not cause weakness -Sensitisation on blood safety issues	-Mass media, mid-media, outdoor and IPC -Blood camps as part of regular activities of RRC in colleges, youth camps, NSS and NCC activities -Promoting role models

<p>PLHIV – men , women and children</p>	<ul style="list-style-type: none"> -Positive living -Information on drug adherence, nutrition, linkages to ART centre, DIC, CCC -Information on linkages to welfare schemes -Information on rights and entitlements -Role of WLHIV as care givers -Discordant couple relationships 	<ul style="list-style-type: none"> -Counseling of PLHIV at ART centres, at DICs and CCCs in Inter-Personal setting -Specific communication component in the counselors training to address PLHIV –men, women and children -Sensitizing medical and para-medical staff on stigma & discrimination issues- developing appropriate communication material for doctors, nurses etc. allaying their fears, communication material on PEP and protocols -All communication packages and sensitization programmes to address S&D -Communication materials to address family members of PLHIV for building up supportive environment at family level -Child friendly information material through comics, play books at service centres
<p>Service providers – doctors, HCPs</p>	<ul style="list-style-type: none"> -Allaying fear of HIV transmission through casual contact -Imparting knowledge on universal precautions -PLHIV should not be stigmatized and discriminated in service delivery -Linkages with other services 	<ul style="list-style-type: none"> -Training and sensitization programmes with HCPs - Display materials at clinics on universal precautions -Displays on commitments that the service centre and the HCPs do not discriminate against PLHIV -Display of information on grievance redressal in case of complaints
<p>Mainstreaming and multi-sectoral partners</p>	<ul style="list-style-type: none"> -How HIV/ AIDS can impact different sectors -What interventions may be taken up to reduce vulnerability of the sector due to HIV/ AIDS 	<p>Sector specific communication packages will be developed for various Government Ministries/ Departments, Corporate and Civil Society</p>
<p>Leaders, opinion makers and influencers (Advocacy)</p>	<ul style="list-style-type: none"> - Support to the programme at political, administrative levels -Leveraging HIV/ AIDS related services -Creating enabling environment 	<ul style="list-style-type: none"> -Umbrella of National council on AIDS -Engaging with Parliamentarians' Forum and Legislature Forums on HIV/ AIDS -Engaging with administrative machinery at different levels, PRI institutions, corporate heads, civil society activists - Engaging with FBOs
<p>Media</p>	<ul style="list-style-type: none"> -Regular reporting on HIV/ AIDS issues -Use of correct and 	<ul style="list-style-type: none"> -Press Conferences/ Press Briefings/ Press Releases -Media visits to the intervention sites -Training and sensitization workshops for media

Annex-II: Guidelines for Content and Materials Development

While the design and development of materials would follow a systematic and participatory process, some broad guidelines would be kept in mind:

- The basic 1st generation prevention messages would continue along with 2nd and 3rd generation messages promoting demand generation for services and influencing attitudes, norms and beliefs.
- User-friendly materials on rights and entitlements of communities require to be developed.
- Creative materials developed by NACO may be adapted by SACS and other stakeholders taking into account regional and cultural variations to obviate a mere routine translation of materials.
- All materials should be developed/ adapted through participatory processes by involving the target population/community at various stages, such as planning the types of materials to be developed, messaging, designing and pre-testing.
- Efforts should be made to ensure synergy in communication style and positioning so that the same creative theme runs across all campaign components - mass media, outdoor, mid-media and IPC channels.
- A technical committee of experts drawn from the field of HIV/AIDS and communication should vet the content and presentation style of all materials including spots for mass media, episodes on long format radio and TV programmes, prototypes for newspaper and outdoor advertisements, scripts and performances for folk media etc.
- Gender sensitive check should be ensured for all communication materials and tools; It should be ensured that communication materials do not inadvertently reinforce stigma through the choice of visuals, analogies, words or characters.
- NACO and SACS will regularly publish newsletters and disseminate it among stakeholders, mass mailing of newsletter to wider audience may be tried out.

Annex-III: Matrix giving details of the functionaries who need to be trained:

Level	Functionaries to be trained on communication skills
Field Level	
TI intervention level	<ul style="list-style-type: none"> • Peer Educators, Outreach Workers, Counselors, Project Coordinators

LWS Level	<ul style="list-style-type: none"> • Link Workers and their supervisors, District Resource Persons, RRC Members, Volunteers
Out of school youth program	<ul style="list-style-type: none"> • RRC supervisors, Coordinators, members, Outreach Workers,
RRC at Colleges	<ul style="list-style-type: none"> • Program Officers, Peer Educators, RRC Club members
DAPCU	<ul style="list-style-type: none"> • District Program Managers and Supervisors
Service Centres- ICTC, ART centre, STI clinic	<ul style="list-style-type: none"> • Service Centre In-charge, counselors
State Level	
	<ul style="list-style-type: none"> • Project Directors and Heads of programs at SACS, SACS IEC officers, TSU Program Officers
National Level	
	<ul style="list-style-type: none"> • IEC team, NACO Program Heads, TSU Program Officers

Type of training

For SACS/NACO Communication Team

- Behavior Change Communication
- Campaign planning, budgeting and management
- Materials Development
- Monitoring and evaluation of communication programs
- Advocacy & Social Mobilization

For field level Outreach Team

- IPC

For DAPCU

- Behavior Change Communication
- Monitoring & Evaluation of BCC
- Effective management of mid-media, outdoor media and mass media
- Dissemination and documentation

Methodologies for Capacity Building

- Basic training
- Refresher training
- Exposure visits
- Experience sharing
- Technical updates through email, newsletter and e-forum
- A web-based knowledge management forum
- Organizing national level experience sharing meetings
- Mentoring visits by consultants

Annex-IV: Indicators on Communication:

- Knowledge of modes of HIV Transmission
- Knowledge of modes of HIV prevention
- No incorrect beliefs about HIV transmission
- Awareness of Services ICTC, PPTCT, STI, ART, EID etc.
- Awareness of STI – symptoms, transmission, prevention, treatment, and partner notification
- Hesitation and taboo related to accessing treatment for HIV/ AIDS and STI
- Confidence relating to HIV/ AIDS and STI treatment
- Awareness of condom
- Access to condom
- Confidence relating to talking about condoms, negotiating condom use (particularly among women) and buying condoms
- Age at sexual debut
- Last time condom use with different type of partners (regular/casual etc)
- Consistent condom use with different types of sex partners – regular, non-regular and clients
- HIV risk perception
- Exposure to HIV interventions – mass media, mid-media, outdoor, IPC and BCC
- Source of knowledge
- Stigma and Discrimination indicators - shame, blame and judgment
- Uptake of services – ICTC, ART, EID, STI treatment
- Percent who have the self-efficacy to protect themselves from HIV
- Percent women who are confident of negotiating safer sex with partners
- Percent who are willing to go for an HIV test
- Percent who display accepting attitudes towards PLHIV
- Percent who practice safe behaviours (sexual, injecting drugs etc.)
- Percent of MARPs who have been engaged in participatory development of communication interventions
- Percent of MARPs who report receiving services in a stigma-free environment
- Percent of service providers using job aids during one-on-one and group communication sessions