

Communication for Development Roundtable Report

Focus on HIV/AIDS
communication and evaluation



COMMUNICATION FOR DEVELOPMENT ROUNDTABLE

November 26-28 2001 Managua, Nicaragua

Organized by

UNFPA

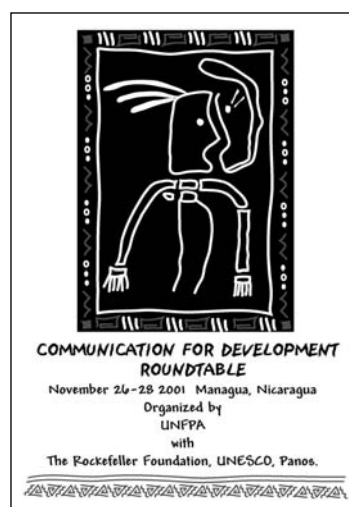
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The Rockefeller Foundation, UNESCO, Panos.



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The Communication Initiative website (www.comminit.com/roundtable) posted background papers, outlined the goals of the Roundtable and facilitated a moderated electronic debate where key issues were identified and discussed.

With UNFPA, the Panos Institute helped organise the meeting. James Deane, Panos Executive Director, coordinated, prepared a background paper and moderated an electronic debate, Thomas Scalway, AIDS Programme Officer, handled the logistics and Martin Foreman, AIDS Programme Director, wrote the proceedings report.

Sylvie I. Cohen, Chief a.i. of the Advocacy and IEC Branch of the UNFPA Technical Support Division, New York, coordinated the meeting and the report on behalf of UNFPA.

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Foreword

Communication for Development lies at the heart of the challenge to involve people in the process of their own development. When successful, Communication for Development is a powerful tool in such areas as health, agriculture and population. It has contributed to poverty reduction and social progress in many countries and, in admittedly fewer countries, led to falls in HIV transmission rates.

Communication for Development is a continually evolving field in which one finds many approaches and ideologies, and those who practise it come from a wide range of backgrounds and disciplines. As a programme intervention in its own right, Communication for Development was initially promoted in the late 1960s within the United Nations system by the UN Development Programme (UNDP), UN Children's Fund (UNICEF) and the Food and Agriculture Organization (FAO).

The Communication for Development Roundtable was conceived as an informal international forum for donors and those working in communication where approaches could be harmonised, news of progress given and good practices shared. Participants include UN agencies, bilateral agencies such as the United States Agency for International Development, universities and non-governmental organisations. Roundtables meet every two years, under the aegis of a UN agency chosen by rotation. The Seventh Roundtable, held in 1998 in Salvador, Brazil and co-ordinated by UNICEF, concluded that greater priority needed to be given to evaluating communication programmes and more resources should be dedicated to developing capacities for catalysing changes in behaviour change.

These topics, with specific reference to HIV/AIDS, became the subject of the 2001 Roundtable, organised by the United Nations Population Fund (UNFPA), in collaboration with the Panos Institute, the Rockefeller Foundation and the United Nations Educational, Scientific and Cultural Organization (UNESCO), and held in Managua, Nicaragua.


HIV/AIDS presents unique challenges for development communicators. In the absence of a cure, the capacity of people to communicate with each other and to change their behaviour as the result of such communication is the central element in prevention, care and mitigation of the impact of the epidemic. Communicators have already played a leadership role in combating the spread of HIV and can point to many successes and much innovation. It is clear that the impact of each organisation working alone will not itself make a difference. Forces have to be joined to achieve a level of collaboration and cooperation to strengthen synergies, share lessons learned and articulate mandates better.

The question examined at the Roundtable was what role communicators have to play in the future and whether current strategies, experience and knowledge are appropriate to slow the epidemic, and in which conditions they need to be expanded.

The long-term goals for communicators included improved inter-agency collaboration in areas such as education and communication in reproductive health for adolescents, the retention of prevention, care and mitigation of the impact of the epidemic high on participants' agendas, and strengthened alliances between governments and civil societies to maintain progress on such themes as rights, gender equity and social equality and reproductive and sexual health.

Seventy participants were invited to Managua, representing a wide range of UN agencies, bilateral and other donors, non-governmental organisations and communication specialists. Preceding the meeting, a website hosted by the Communication Initiative carried background papers, outlined the goals of the Roundtable and facilitated a moderated electronic debate where some of the key issues were identified and discussed. This report comprises a summary of the discussions and conclusions of the 2001 Roundtable. For further reference, a complete record of presentations is available on the Communication Initiative website (www.cominit.com/roundtable2/agenda.html) and on CD-ROM available from the Technical Support Division (cohen@unfpa.org).

I am particularly pleased that UNFPA was entrusted to provide leadership in this timely initiative, which coincides with the UN's renewed emphasis on inter-agency collaboration. From UNFPA's perspective, the recommendations provide strategic directions in communication for population and development issues and converge with my interest in a sociocultural approach to reproductive health and rights.



Thoraya Obaid, Executive Director
UNFPA

Executive Summary

This document gives an overview of the issues debated at the Eighth Roundtable on Communication for Development. This biannual event represents an opportunity for UN agencies, other international organisations, donors and senior communication practitioners from different regions and backgrounds to share information and experience, coordinate efforts and add to the growing knowledge base within Communication for Development. As the “voice” of the meeting, this report will be shared with donors, policy-makers, academics and practitioners in the hope that the lessons and experience from this forum can benefit the broader development community.

The Eighth Roundtable took place against a backdrop of a rapidly transforming international response to HIV/AIDS. The development of The Global Fund to Fight AIDS, Tuberculosis & Malaria, the holding of the United Nations General Assembly Special Session on HIV/AIDS, the Millennium Development summit and other global developments have meant that priorities have shifted and procedures changed as donors and policy-makers require action and results with increasing urgency. But these developments will only translate into a better deal for the communities most affected by HIV/AIDS if we can build on past experience and knowledge.

In this context, any opportunity to incorporate the cumulative expertise of the development communication sector into the global response to HIV/AIDS should be embraced. The Communication for Development Roundtable meeting provided one such opportunity – a platform for a creative exchange of ideas between those working within HIV/AIDS communication. Over the three days more than 70 participants discussed what works, what does not work and the greatest challenges in the medium and long term. At the end of the discussion, the key points were synthesised in the Declaration that leads this document.

To understand where we are and where we wish to go, we must also be clear where we have come from. The meeting opened, as does the report, with an overview of the role of communication in development in general and communication in HIV/AIDS programming in particular. Practice, evaluation and challenges are then examined from the perspective of three specific approaches – Behaviour Change Communication, Communication for Social Change and Advocacy Communication. While recognising the value of this analysis, participants agreed that the priority was less to defend specific approaches than to create bridges between them and promote common understandings, synthesise experiences and identify challenges and means of overcoming them. The final section of the report comprises conclusions from the plenary and workshop discussions, with the primary emphasis on the need to involve communities in all aspects of the development and evaluation of projects that affect them. Projects from a number of countries, including Nicaragua, are also highlighted as examples of where communication has succeeded in empowering communities and preventing HIV.

The lessons and experiences shared at the meeting revealed a growing sense of frustration, from the South and North, over the shortfalls of existing approaches. There was a strong feeling that HIV/AIDS communication, while sometimes highly effective and participatory, is too often donor-led, narrowly focused, short term and uncoordinated – favouring quick-fix solutions rather than deep-rooted social change needed to turn around the epidemic. Many participants pointed out that informed public debate, a robust civil society response to HIV and other horizontal efforts too often take second place to externally conceived and vertically imposed processes. A combination of complementary communication approaches is required, with participation and community empowerment being the enduring motifs.

The overall message of the meeting was to stress the need to pause and take stock of the current situation and incorporate lessons learnt, before deciding how to best turn today's policy and donor climates to the benefit of those most affected by the epidemic. In addition to the position statements and action points formulated in the Declaration, participants agreed that immediate steps for further action would include increased knowledge-sharing, the formation of an international brains trust on HIV/AIDS communication strategies and tools, together with flexible but sustained external funding for professionally sound programming. This need not be a lengthy process; the information is already available and processes such as the Roundtable are facilitating the necessary kinds of exchange, dialogue and coordination. Furthermore the signals coming from these processes are unambiguous – we need to mainstream a variety of complementary approaches, not only those promoting skills and knowledge for individuals, but also those which address the social, cultural, political and gender aspects of AIDS. Above all, these approaches must respond to the long-term needs of those most affected by the epidemic, rather than the short-term goals of those who draft and fund them.

Declaration

International Communication for Development Roundtable

The Communication for Development Roundtable brings together the United Nations agencies, bilateral and multilateral donors, foundations, non-governmental organisations, scholars, and a number of practitioners in development communication from throughout the world.

The Roundtable meets every two years to provide strategic direction and input to development communication programmes for the members of the Roundtable and the larger development community.

The Eighth Roundtable focused on the HIV/AIDS pandemic and the communication challenges it presents. The discussions examined the role of communication, its successes and failures and our attempts to deal with this pandemic.

Communication for Development

The Roundtable asserts:

1. Communication for Development is a powerful process that has shown success in agriculture, population, health, education and many other fields, and has contributed substantially to social and economic progress and poverty reduction.
2. Communication for Development is an essential process within human development and must be integrated in economic, political and social change. This process is more than information dissemination. It is a multi-strategy approach that involves and gives voice to all levels of society.
3. Communication for Development is grounded in political, social and cultural contexts, guided by research and ideally owned by those affected.
4. Communication for Development must create informed public and private debate by creating the space for people's voices to be heard.
5. Human rights are an inherent part of all Communication for Development.

Communication not based on these principles has the potential to do harm.

HIV/AIDS Communication

HIV/AIDS communicators have been successful in broadening awareness of HIV/AIDS, increasing knowledge of how HIV/AIDS is contracted, placing HIV/AIDS in the context of human rights, increasing knowledge and demand for effective services and mobilising political support for national HIV/AIDS plans.

Local, national and international communities, however, have struggled to make an impact on overall HIV/AIDS rates. Despite increased attention and concern, the pandemic continues to spread.

Countries that are making the most progress, for example Thailand and Uganda, are characterised by communication environments that feature high levels of accurate knowledge, interpersonal dialogue, public debate, local action and central involvement of people living with HIV/AIDS. These characteristics are common across other HIV/AIDS initiatives that are making a difference in their countries and communities. The Communication for Development community will encourage and support this approach on a broader scale.

Recognising this scenario, the Communication for Development Roundtable believes the following:

1. The HIV/AIDS pandemic presents unique and unresolved challenges for Communication for Development. In the continuing absence of a cure and a vaccine for HIV/AIDS, the capacity of people to communicate with each other is a critical part of containing the epidemic.
2. Despite the success noted above, existing HIV/AIDS communication interventions have proved inadequate in containing and mitigating the effects of the epidemic. For example, they have often:
 - treated people as objects of change rather than the agents of their own change;
 - focused exclusively on a few individual behaviours rather than also addressing social norms, policies, culture and supportive environments;
 - conveyed information from technical experts rather than sensitively placing accurate information into dialogue and debate;
 - tried to persuade people to do something, rather than negotiate the best way forward in a partnership process.
3. Progress in slowing the epidemic will require a multisectoral response and use of communication to tackle the behaviours related to the spread of the epidemic and to address its causes (inequality, prejudice, poverty, social and political exclusion, discrimination, particularly against women).

The Eighth Communication for Development Roundtable calls for:

- the international communication response to be rooted in and subject to local ownership and agendas;
- a redirection of increased resources towards more effective communication programmes based on the principles outlined above;
- programmes to be accountable to those they are designed to benefit;

- increased investments in capacity building, training and research at the country level in Communication for Development Strategies, evaluation and appropriate indicators, and
- a coordinated and concerted multisectoral international and in-country communication response among all partners, involving governments, NGOs, religious leaders, donors, the private sector and particularly those living with HIV/AIDS.

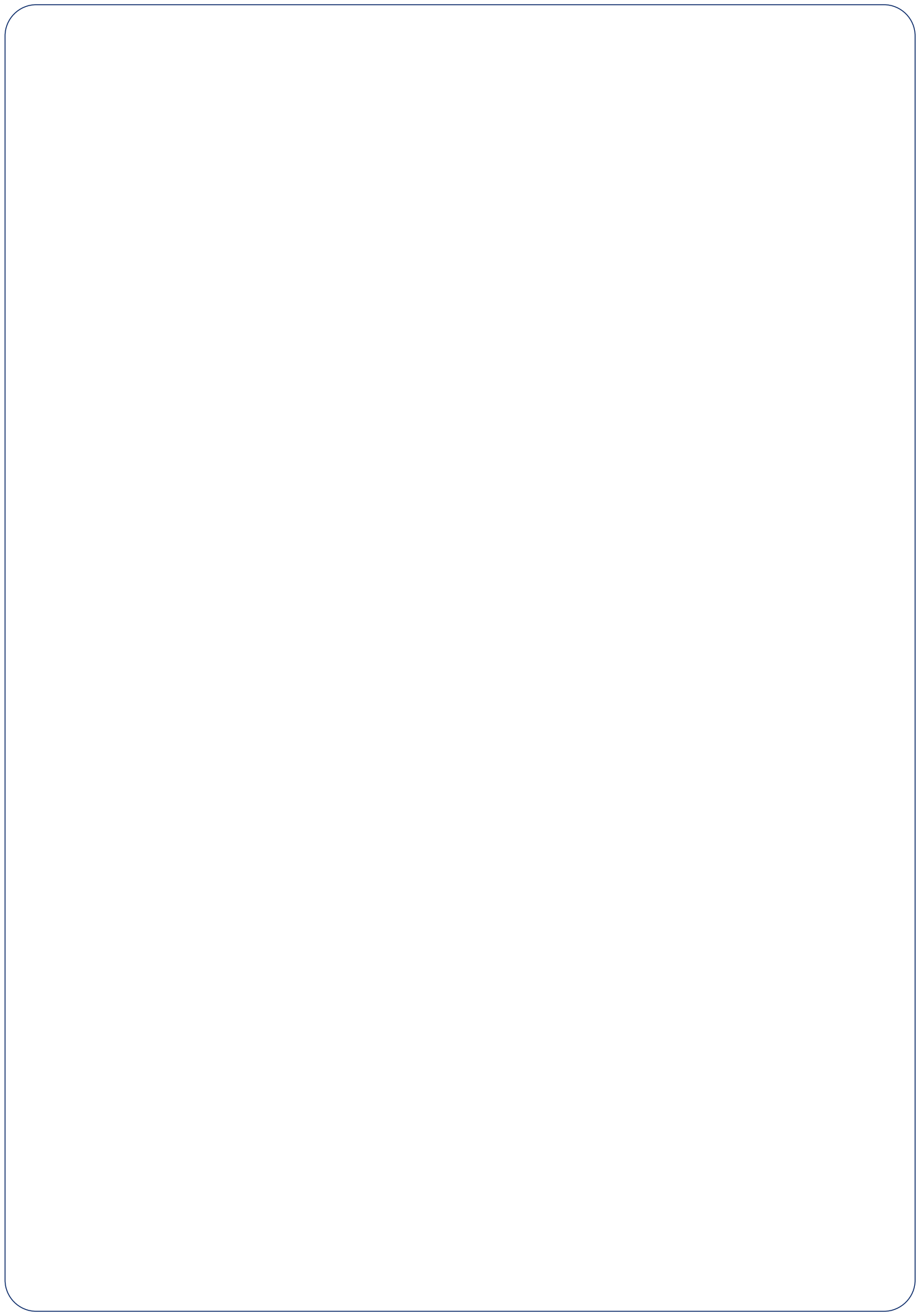
Containing HIV/AIDS will take many years, and the current renewed energy and commitment to fight this epidemic must be sustained. Measuring the impact of this work must happen over the long term. Although methodologies for evaluating the impact of Communication for Development need to take into account this longer timeframe, short-term process indicators must ensure accountability.

As immediate actions, the Roundtable proposes:

- The formation of an international brains trust on HIV/AIDS communication strategies and tools. The work of this trust will feed into the planning for the Global Fund.
- The collection and sharing of tools from key agencies/implementers to identify and improve access to proven tools and reduce duplication.
- To call upon UNESCO to include this Declaration in its biannual report on Communication for Development to the Secretary-General of the United Nations.

“Communication specialists should focus less on targeting information than on creating the opportunities for people to generate and distribute the information they need.”

James Deane, Executive Director, Panos



1 Communication for Development

Using a variety of interpersonal and mass media communication channels to engage, motivate and educate beneficiaries of development programmes, Communication for Development promotes changes in people's attitudes and behaviours and increases their participation in the development process. Developing a dialogue with beneficiaries by either involving them directly in planning or by conducting on-going research is a central element of Communication for Development.¹ In this sense, communication is a process which links individuals and communities, governments and citizens, in participation and shared decision-making.²

1-1 The Communication and Information Revolution

In the last 20 years a global information and communication revolution has taken place, affecting even the poorest countries on the planet. This revolution is characterised by multiple sources of information, including increasing numbers of local radio stations and print publications, often privately owned in countries once dominated by the state media, television where there has been no television, multiple, usually commercial, channels where there was only one, and the new technologies of the internet and mobile telephones.

In place of limited information coming from a few authoritative sources, many messages are now passed between growing numbers of individuals and organisations in increasingly networked societies. It has become far more difficult to target information and fewer sources are automatically accepted as authoritative. Views of the world are increasingly dominated by globalisation and its counterpart, a global civil society. As inequality grows, Africa and other parts of the developing world are economically and politically marginalised and power is increasingly concentrated in transnational corporations.

In this context, Communication for Development depends fundamentally on engagement, leadership and ownership from developing countries themselves. Poverty reduction strategies should be owned by poor countries and societies themselves, and this framework of ownership, developed through consultation and public debate, should be the framework within which all actors, including governments and international organisations, should operate. Instead of defining the strategies through which their money should be spent, donors should be accountable to those whom the funding is designed to benefit.

This strategy also applies to HIV/AIDS. Communication specialists should subsume their own agendas to those most affected by the disease and focus less on targeting information than on creating the opportunities for people to generate and distribute the information they need. Resolving issues of ownership, control and accountability are fundamental to an effective response to the epidemic.

1–2 *Communication for Development: An Evolution*

A number of Communication for Development theories have evolved in the last 50 years.³ In the 1950s the premise was that development problems were rooted in lack of knowledge; these problems would be solved by communication – the transmission of information. Media-centred persuasion activities could improve literacy and allow populations to break free from traditionalism, with the numbers of television and radio sets and newspaper consumption accepted as indicators of modern attitudes.

By the 1960s, while the media was seen to have a great importance in increasing awareness, interpersonal communication and personal sources were considered crucial intermediaries in people’s decisions to adopt innovations. A decade later, it was recognised that it was necessary to be sensitive to the economic forces and political and sociocultural environments in which communication took place. Development was participatory and communication was a process by which participants created and shared information with one another in order to reach a mutual understanding.

Social marketing appeared, arguing that individuals and organisations are willing to exchange resources for perceived benefits and commercial techniques can promote pro-social behaviour and ideas. Social marketing positions a product such as condoms, by giving information that helps fulfil, rather than create, uncovered demand and makes that product affordable, available and attractive. Social marketing has been criticised for reaching mostly urban middle-class consumers rather than the poorest segments of the population and for treating people as consumers rather than protagonists. Social marketers respond that campaigns inform publics and use methods that are not intrinsically good or bad. The fact that campaigns need to be adjusted to sociocultural contexts and morals is evidence that social marketing does not manipulate audiences. If a product goes against traditional beliefs and behaviour, campaigns are likely to fail.

As an alternative to the preconceived agendas for the promotion of specific products or ideas and as a way to promote ownership, Participatory Development Communication (PDC) views participation as an end rather than a means. PDC is a planned activity based on participatory processes and interpersonal communication, which assist individuals and community groups to understand the causes of problems and identify and implement possible solutions. PDC focuses on facilitating exchange. It has a strong capacity-building and empowering component, since those participants in such exchanges are responsible for informing and sensitising their peers. Local stakeholders identify communication objectives and activities to support initiatives, while communication tools, channels and materials adapted to the context and pre-tested with participant groups are selected.

Recent understanding of development stresses that individual and social actions need to be integrated. Health promotion should provide and maintain conditions

that make it possible for people to make healthy choices. Health education is an important component of health promotion, which includes a vast range of activities such as peer education, training of health workers, community mobilisation and mass media campaigns. It also includes the promotion of public health policies that shape an environment that supports healthy behaviours.

Entertainment-education (also known as “edutainment” or “enter-educate”) disseminates information through the media, in a combination of entertainment and education. Soap operas, songs, cartoons, comics, theatre and other forms can transmit information that may result in pro-social behaviour. This process depends on the existence of role models in the stories: good models, bad models, and those who transition from bad to good. Besides social learning, entertainment-education strategies are based on the idea that self-efficacy, the belief of individuals that they can complete specific tasks, will lead to expected results.

Media advocacy uses mass media to advance social or public policy initiatives. Media advocacy and entertainment-education share the perspective that because the media are the main source of information about health issues, interventions need to focus on the media. However, unlike entertainment-education, which is mostly concerned with directly influencing audiences, media advocacy centres on shaping the public debate about public health.

Social mobilisation emphasises political coalition-building and community action. Wide community participation is necessary for members to gain ownership so innovations are not seen as externally imposed. Social mobilisation is closely interlinked with advocacy. It strengthens advocacy efforts and relates them to social movements and social marketing activities.

The three strands of development communication – Behaviour Change Communication, Communication for Social Change and Advocacy Communication – that formed the basis of discussions at the Managua Roundtable are discussed in greater detail later.

“Renewed global commitment provides communicators with the mandate and opportunity to play an increasingly effective role.”

Mario Acha, UNFPA Country Support Team, Mexico

Making Community Media Work

A definition of “community media” (CM) requires different approaches that allow for complementary emphasis on different aspects of such media. Four approaches have been proposed, two media-centred and two society-centred. While each of these approaches identifies different strengths and threats of CM, none gives a sufficient overview when applied independently. The only way to capture the diversity of community media, therefore, is simultaneous application of each approach.

One: Serving the community (media-centred; CM identified as autonomous)

The definition of a community assumes the presence of close human ties and a collective identity, while the impact of information and communication technologies has shown that communities are not restricted to geographically defined spaces, and it is arguable that culture rather than structure is the focal point. A community is constructed by its members and those members derive an identity from the construction.

CM’s strengths under this approach are that it validates and strengthens the community, treats the audience as part of the community, enables and facilitates access and participation by members of the community, allows discussion of topics considered relevant by the community by members of the community, and opens a channel of communication for misrepresented, stigmatised and repressed social groups.

Threats under this approach are a dependency on the community, difficulties of raising the community’s interest in two-way communication when the primary model is one-way, lack of two-way communication skills and interest, lack of technology facilitating two-way communication, and reduction of the community to its geographical meaning.

Two: Alternative to mainstream media (media-centred; CM identified in relation to other identities)

The primary definition under this approach is of alternative media as opposed to mainstream media. The alternative media are small-scaled and oriented towards specific communities, independent from state and market, horizontally structured, facilitating audience access and participation, and carriers of non-dominant discourses.

CM’s strengths under this approach are that it shows the “third way” is open for media organisations, alternative ways of organisation remain possible, representations and discourses that vary from mainstream media can be offered, and it allows a diversity of formats and genres and gives rooms for experiment.

Threats under this approach include a lack of financial and organisational stability, perception as unprofessional, inefficient and limited in capacity, and low political priority given by mainstream structures to the “marginal”.

Three: Part of civil society (society-centred; CM as both autonomous and identified in relation to other identities)

By defining community media as part of civil society, it can be considered the “third voice” between state and private media. Civil society itself can be defined as a group of intermediate organisations separate from privately owned organisations operating in the market economy and from the state and quasi-state organisations.

CM’s strengths under this approach are its importance as part of civil society for democracy, the democratisation of the media through micro- and macro-participation, and democratisation through the media with extensive participation in public debate and opportunities for self-representation in the public sphere. Civil society and community media deepen the media.

Threats under this approach include community media as contenders among commercially oriented media, financial uncertainty, dangers caused by a repressive state, a degree of inefficiency, and the constant attention required to make democracy work.

Four: Rhizome (society-centred; CM identified in relation to other identities)

A rhizome is an underground stem that produces roots and leafy shoots. This network approach (as opposed to the linear, tree-like model) sees community media as embedded in a fluid civil society and antagonistic / alternative towards the state and market. CM tend to cut across borders and build linkages between pre-existing gaps, connecting not only within civil society, but also with the state and the market.

The strengths under this approach are that the community media are seen as a crossroads where people from different movements meet and collaborate, democracy is deepened by linking diverse democratic struggles, the rigidities of public and commercial media organisations are questioned, and their independence is guaranteed by their elusiveness and difficulty to control and encapsulate.

Threats under this approach are the CM may not realise their role as a crossroads, there are diverging or conflicting objectives with civic organisations, the possibility of incorporation by state and market organisations and lack of a clear “common ground” leading to lack of policy efforts, preventing the emergence of a well-defined community media movement.

Adapted from Making Community Media Work, Nico Carpenter, Rico Lie and Jan Servaes, UNESCO, April 2001.

1–3 Why Focus on HIV/AIDS?

Despite wide-ranging and often intense prevention programmes HIV has spread rapidly and almost unchecked through the developing world and some countries in transition. Only a very few countries have seen a significant fall in transmission rates, while many more, particularly in eastern Europe and Asia, have found rates rising dramatically in recent years.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), over 13,500 people a day contract HIV, the vast majority heterosexually. By the end of 2001, 40 million people were living with the virus. Ninety-five per cent of these were in the developing world, including 70 per cent in sub-Saharan Africa.

Women and the young are particularly affected. UNAIDS reports that worldwide only 47 per cent of people with HIV are women, but that proportion rises to 55 per cent in sub-Saharan Africa and globally women are contracting the disease at a faster rate than men. Meanwhile, one in two of all new infections in 2001 occur in 15 to 24 year olds. Young women between the ages of 16 and 24 are particularly vulnerable; worldwide 60 per cent more young women than men are living with HIV, and in some countries they are up to five times more likely to be HIV-positive. Women often contract the virus from their long-term partners; in some communities 90 per cent of women living with HIV report having had only one sexual partner in their lifetime.

The underlying causes of the epidemic are socioeconomic as much as medical. Widespread poverty prevents the establishment of health services that would treat other sexually transmitted infections which facilitate transmission of HIV. Together with taboos on discussion of sexual matters and inequitable sexual relations, poverty also limits the range and depth of prevention messages on sexuality education and the provision of reproductive health services for young people, which have proved successful in higher income countries.

The epidemic poses a particular threat to women, who are more likely to be illiterate and less likely than men to learn about HIV/AIDS and are physically more vulnerable to the virus. Above all, the low social and economic status of women often forces them into short- or long-term sexual situations, which they might otherwise avoid, and where they are unwilling or unable to refuse intercourse or insist on use of a condom.

The statistics underline the importance of including a gender perspective in prevention strategies and of providing adolescents with the knowledge and means to protect themselves. They also question the idea that fidelity or abstinence are realistic and safe options in contexts where women are unable to ensure their partner's fidelity or negotiate prevention measures with them.

The HIV/AIDS epidemic is both a consequence and cause of under-development. In sub-Saharan Africa in the 1980s and 1990s the foundation stones of a potentially

effective response to the disease crumbled as rapid sectoral reforms accompanied by austerity measures initiated by Structural Adjustment Programmes led to the erosion of social sectors, including public health and education systems. This erosion was matched by complacency from many governments and international agencies, by late recognition from several political leaders of the potential impact of the epidemic, by limited funding and by poor coordination among all partners at all levels.

The implications of the epidemic continue to be poorly understood, hindering an effective response. HIV/AIDS is socially, psychologically and medically complex; there are differing modes of transmission; its economic impact is varied and severe; it generates fear and stigma; and the development and distribution of treatments and vaccines raises many national and international political and economic issues.

Those who work in HIV prevention are faced with enormous challenges, which are exacerbated by the lack of adequate funds and insufficient political will to place an adequate response to the disease – prevention, treatment and mitigation of impact – in the first rank of national priorities. In such an environment, agencies which work in isolation cannot make a difference; efforts have to be combined to strengthen synergies, share lessons learnt and to better articulate their mandate.

Despite this gloomy picture, there are signs of change. Recent years have seen a renewed commitment from Northern and Southern leaders and international agencies to tackle the epidemic. Such commitment was evident in the Africa Development Forum Consensus and Plan of Action, agreed in Addis Ababa in December 2000 and endorsed by the Extraordinary Abuja Summit of African Heads of State on HIV/AIDS and other Infectious Diseases in April 2001.

In June 2001 the United Nations General Assembly held a three-day Special Session on HIV/AIDS, culminating in the Declaration of Commitment on HIV/AIDS: “Global Crisis – Global Action”. In the same year a wide range of Northern and Southern governments, international donors, non-governmental organisations and representatives of the private sector established The Global Fund to Fight AIDS, Tuberculosis & Malaria to ensure that the unprecedented international and political attention that has now been mobilised is translated into real commitments that will help improve access to the information, goods and services that people urgently need.

This renewed global commitment provides communicators with the mandate and opportunity to play an increasingly effective role in HIV/AIDS prevention, care and mitigation of impact strategies. The Managua Roundtable examined this opportunity, together with the strengths, weaknesses and threats facing those most affected by the disease, and presented its conclusions and recommendations for ongoing HIV/AIDS communication in the context of development.

“Knowledge is an essential prerequisite for changing behaviour but in itself it is not enough.”
James Deane, Executive Director, Panos Institute

Trends in UNESCO Communication Programmes

UNESCO provides a platform for international policy, discussion and guidelines for action on the preservation of information and universal access to Information and Communication Technologies (ICT), and on the ethical, legal and societal consequences of ICT developments, specifically with the Information For All Programme, providing training, networking and supporting indigenous knowledge.

The Programme for the Development of Communication (IPDC) has 900 projects on the most urgent priorities in communication development in more than 130 developing countries. These projects have had a remarkable impact on a broad range of fields, including press freedom and pluralism, community media, and modernisation of national and regional news agencies, radio and television.

UNESCO aims to increase the contribution of media and information to the process of social integration and development, emphasising poverty, illiteracy, good governance, empowerment of women and young people. The Division of Communication provides support to strengthen the communication capacities of developing countries as an integral part of development strategies, and to enhance the educational and cultural role of public broadcasting organisations.

The agency has 15 years’ experience in supporting community media, confirming community radio as one of the most effective and cheapest means of Communication for Development, especially in rural communities. It supports Communities Multimedia Centres (CMCs), which integrate community radio and multipurpose community telecentres. CMCs address the digital divide in less developed countries, seeking to ensure that information, communication and knowledge become basic tools of the poor in improving their lives through a cost effective, country differentiated and empowerment-oriented approach.

UNESCO encourages not only the production of audiovisual materials by local media, but also the exchange of such programmes. Several regional CreaTV Workshops have been organised in cooperation with the INPUT Group and local professional organisations.

In Indonesia (in close cooperation with the United Nations Provisional East Timor Administration), the Philippines and Cambodia attention has been given to reinforce the free media through enhancing journalistic skills and legislation. In the Balkans, several actions have been undertaken to restore independent public media structures such as radio and television broadcasting and news agencies.

In Mediterranean Arab countries, UNESCO has launched activities to strengthen the numbers of women journalists and introduce new perspectives, bringing about changes in long-established practices. In November 1999, the Chair on Freedom of Expression was created at the Al-Qods University in Jerusalem. In cooperation with

the United Nations High Commission for Human Rights and several professional media associations, a roundtable was held in Geneva in May 2000 on The Media in Conflict and Post-Conflict Areas. The annual international celebration of the World Press Freedom Day continues with an increasing number of participants from UN agencies.

Following recommendations of the Seventh Roundtable and the Secretary-General's recent call for action on HIV/AIDS, information on the epidemic has been systematically integrated into most UNESCO communication programmes. In 2002, and in close cooperation with UNAIDS, an innovative health care information methodology will be developed through investigative journalism in East Africa.

UNESCO supports professional organisations such as the International Association for Media and Communication Research, and through its active participation at major events, such as the Forum of Youth and Media Research in Sydney, Australia, and the Thessaloniki Summit on Children and Media.

The exponential growth of the internet has evoked a renewed interest on the part of national authorities and the public in general, in the concept of distance learning and youth media education for their integration in formal and informal school curricula. UNESCO has therefore started a series of research programmes on media literacy aiming to improve critical approaches towards the media and broadcasting organisations.

The Ottawa Charter

The Ottawa Charter, agreed at the First International Conference on Health Promotion, Ottawa, Canada, in November 1986, defines health promotion as the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social well-being, an individual or group must be able to identify and realise aspirations, satisfy needs, and change or cope with the environment. Health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites. Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

“Communicators have to be aware of unexpressed messages.”

Winnie Ssanyu-Sseruma, African HIV/AIDS Policy Network, UK

Health promotion action aims to reduce differences in current health status and ensure equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This applies equally to women and men.

Health promotion demands coordinated action by all concerned: governments, health and other social and economic sectors, non-governmental and voluntary organisations, local authorities, industry and the media, as well as people in all walks of life as individuals, families and communities. Professional and social groups and health personnel have a responsibility to mediate between differing interests in society for the pursuit of health. Health promotion strategies and programmes should be adapted to local needs and take into account differing social, cultural and economic systems.

Health promotion policy combines diverse but complementary approaches, including legislation, fiscal measures, taxation and organisational change. Joint action contributes to safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy-makers.

The inextricable links between people and their environment constitute the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike is the need to encourage reciprocal maintenance – to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasised as a global responsibility.

Health promotion works through effective community action in setting priorities, making decisions, planning and implementing strategies to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources to enhance self-help and social support, and develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health and funding support.

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options for people to exercise more control over their own health and over their environments, and make choices conducive to health. Enabling people to learn

throughout life, prepare themselves for all of its stages and cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorienting health services requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organisation of health services, which refocuses on the total needs of the individual as a whole person.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

“HIV/AIDS Communication places the virus at the heart of overlapping factors, all of which have to be confronted simultaneously.”

Barbara de Zaldondo, Director, Synergy Project

2 Grounding the Debate

The experience of the last decade has been that in most communities in the developing world HIV prevention messages have not catalysed expected behaviour changes. Neither safer sex – mutual fidelity, reduced numbers of partners and consistent condom use – nor the sterilisation of injecting equipment in recreational drug use has been widely adopted in the communities most at risk.

2-1 Basic Needs and Cultural Appropriateness

The underlying assumption of early prevention strategies was that knowledge leads to change. According to the IEC – information, education, communication – model, clear information presented in an appropriate format and language would persuade those at risk to protect themselves from the virus. Surveys show that well over 90 per cent of people in the worst affected countries are aware of the disease. However, more often than not, that awareness is limited, does not include accurate knowledge or development of the skills needed to protect oneself and has not resulted in reduced HIV transmission.

Instead, it has become increasingly clear that while awareness is an essential prerequisite for changing behaviour, in itself it is not enough. Behaviour and behaviour change are intimately linked to the social, cultural, political and physical environments in which people live; focusing on HIV prevention alone does not address the primary needs of many, if not most, people at risk. Substantial progress will only be made when prevention strategies address not only the symptoms of the epidemic but also its causes.

Ownership of the communication process by those it is intended to benefit is essential. It is arguable that many, if not most, people who work in Communication for Development live outside the communities in which communication interventions take place. The priorities for communicators, particularly in HIV/AIDS, may not be the priorities of the targeted communities. Can these contradictions be reconciled, and if so, how?

As Dorothy Onyango of the National Association of People Living with HIV/AIDS in Kenya points out, most Africans have very few resources and are primarily concerned with basic needs such as food and clothing. Only when those needs are met will they be willing to assimilate and act upon prevention messages.

Furthermore, behaviour change is a complex process motivated by several factors, including awareness of the need for change and of its benefits, practice in new skills in different settings, and confidence in one's own ability to maintain new behaviour in the light of changing circumstances and setbacks or failures.

Onyango argues that new mechanisms are not needed to convey HIV prevention messages. Messages adapted to people's own language, intellectual systems and

“HIV/AIDS Communication has tended to marginalise the people best placed to prevent the further spread of HIV – those of us carrying the virus.”

David Lush, Media Programme Officer, Open Society Initiative for Southern Africa

ways of life, as well as their teaching and learning and communication methods, can communicate information and influence behaviour change.

If these issues are taken into account, communities will be more willing to discuss HIV/AIDS and related problems in a variety of settings, including regular health education, formal or informal discussions within the family, the community, the work place and other public debate. The result will be broader acceptance of medical and preventive actions like testing, counselling, peer education, a decrease in unsafe practices, growing mobilisation among the general population, increased support to the sick and medium-term decreases in new infection figures.

VCT and Behaviour Change

Voluntary counselling and testing (VCT) is a key tool in HIV prevention. Dorothy Onyango of the Kenyan National Association of People Living with HIV/AIDS argues that single sessions of pre- and post-test counselling do not usually lead to sustained behaviour change. Several sessions of counselling for individuals, couples or groups, together with a variety of skills-based interventions linking clients to other HIV-related preventions, may reduce risk.

To ensure the effectiveness of longer-term counselling, it is important that communicators and counsellors are trained in a wide range of skills, including behaviour change approaches, resources development and referral, contact tracing, confidentiality and the basics of early interventions with antiretroviral drugs. Furthermore, counselling must be extended to rural areas, where most Africans live and there is a severe shortage of trained counsellors.

Gender issues are an integral aspect of the cultural response, according to Jennifer Sibanda of the Federation of African Media Women. In addition to the vulnerabilities imposed by their low socioeconomic status, women are affected by a range of issues. These include widow inheritance and stigmatisation, the responsibility of being the primary caregivers and, together with increasing numbers of children, the burden of heading households with few resources. HIV prevention work with women must be complemented by other actions, including reduction of high rates of illiteracy, increased economic security for women, inclusion of gender in education curricula, increased numbers of women as community and national leaders, and an increased role for women in running media outlets such as community and national radios.

2-2 Living with HIV

As a woman living with HIV, rather than a professional communicator, Winnie Ssanyu-Sseruma of the UK-based African HIV/AIDS Policy Network says, “My primary concern is not so much how the cake is made but what it tastes like, and right now it doesn’t taste very good.” Twenty years into the HIV epidemic more people are HIV-positive than ever before. Prejudice and stigma persist.

Most people living with HIV do not have access to care and treatment and resources in general are still scarce. Whether or not treatment is communicators’ primary concern, they have to be aware of unexpressed messages. One of those messages is that for people in Africa lack of access to treatment engenders a sense of hopelessness which makes behaviour change less likely.

Women and men living openly with HIV have a critical role to play in HIV/AIDS prevention. People in general relate less to statistics than to the experience of others and those who are living with HIV give a human face to the virus. That does not

“Current theories and models may not provide an adequate foundation on which to develop interventions.”

Mario Acha, UNFPA Country Support Team, Mexico

mean that people with HIV are a free resource that can be used in every situation; they need to be empowered with skills and paid for the work they do, including when they are solicited as advocates and goodwill ambassadors.

Openly positive people have been influential in turning the tide of the epidemic in Uganda. However, the offer of a better quality of life, and specifically access to treatment, has meant many have left the communities where they are needed, to work for Northern organisations. People living with the virus should be encouraged and empowered to remain in the communities where they are most likely to have a significant impact.

2-3 Talking about Sexuality

In many communities respect for local values often inhibits frank discussion about sexuality. In India, according to a contributor to the pre-Roundtable electronic debate, “a veil of silence hangs over sexuality. Messages aimed at dispelling myths about HIV are sometimes so vaguely worded that the point is often lost or incomprehensible.” A fellow contributor adds that any reference to sexuality in the Indian media is seen as obscene. “A key issue is how to discuss sex as a health topic; we need to learn how to discuss sex before we discuss safe sex.”

Because it is often difficult to talk about issues of sexuality, many organisations do not approach HIV in isolation, but include it in other issues of concern. Amy Bank of Puntos de Encuentro in Nicaragua (page 50), points out that HIV/AIDS is a codeword for young people to talk about sexuality, identity, relationships, self-esteem, the meaning of life and feeling connected, all issues which deeply concern them. However, as the experience of Puntos indicates, rather than talk about the epidemic as a single issue, it is often more effective to ground the discussion in the broader realities of people’s lives.

Such an approach means risking tension, with the authorities and with the strongly held popular beliefs and values of many in the target audience. In Puntos’ experience, the best way to raise issues is not to try to convince people that “you’re right and they’re wrong”. The strategy should be to convince people that they can think for themselves, open their minds to other possibilities, ways of living and solving their problems. In other words, they can take control of their own lives and do not have to let other people or stereotypes or social norms dictate what’s right for them.

2-4 What Makes HIV/AIDS Communication Unique?

A number of issues specifically mark out HIV/AIDS communication. The central element is the HIV community, with its own culture, language, norms and rituals, which places people living with the virus at the centre of the response, honours

partnerships and makes decisions based not only on epidemiological data, but on community and emotions.

HIV/AIDS communication requires attention to sexuality, not just sex and its biological consequences. It deals with motivations such as pleasure, and meanings such as those which tie sexuality into personhood, and makes explicit the power relations and disconnection between ideal and real behaviour, such as “norms” of fidelity that apply to women but not men.

HIV/AIDS communication places the virus at the heart of overlapping factors that include sexuality, culture, gender, health, and economic, political and social power, all of which have to be confronted simultaneously.

HIV/AIDS communication understands the importance of stigma, and the double burden of stigma when the disease is identified with populations that are already marginalised. It recognises the challenge of serving such populations and providing them with resources without further stigmatising them by identifying them as a group apart and without leading to inaction or silence.

HIV/AIDS communication recognises that the most effective response is not necessarily the most obvious one, but that each audience must have the opportunity to discuss its response on its own terms. Issues, such as whether to quarantine people with the virus, silence versus openness and the tendency to deal with medicine rather than communities, must be worked through by each new audience.

Just as the uniqueness of HIV/AIDS communication gives it strengths, so it also presents challenges. It has succeeded in raising awareness of the existence of the disease, yet not in informing people how to protect themselves. In many countries only a few at high risk, in particular young women, know the main way to prevent infection, know where to get a condom or have the skills to talk about the issue with their partner.

HIV/AIDS communication does not always deal efficiently with science and politics. Skilled advocacy places the issue on the decision-makers’ agenda, as demonstrated by the June 2001 United Nations Special Session and the involvement of the UN Secretary-General, and such advocacy must be extended.

2–5 Successes and Failures in HIV/AIDS Communication

HIV/AIDS communication often appears to fail. Opportunities were missed early in the epidemic. Some programmes have paid insufficient attention to the local context; others have been fragmented and lacked adequate planning and co-ordination both within HIV/AIDS and with other programmes. Messages have often been of poor quality, in technical language and contradictory. Research has been underutilised and audiences not properly segmented. Individuals’ vulnerabilities have not been addressed. Behaviours such as partner reduction, delaying sexual

“The goal of Behaviour Change Communication is to empower individuals and enable communities to make informed choices as to their wellbeing and act upon them.”

Jose Rimon, Senior Deputy Director, Johns Hopkins University Center for Communication Programs

initiation, getting tested and male circumcision need to be discussed more openly. There has been an almost exclusive focus on prevention. Rumours and misconceptions persist and communicators' lack of resources and concerted efforts have failed to raise the public's knowledge and understanding to a realistic perception of risk and to make safer sex appealing. Efforts to help those most affected may even have led to increased stigma of people affected by the disease. It is even arguable that some poorly managed media campaigns have not only failed to reverse trends but have actually promoted spread of the virus by, for example, instilling a false sense of security when suggesting that only particular groups were affected by the disease.

Yet much has been accomplished. There is nearly universal awareness of the epidemic and increased awareness of human rights in relation to many aspects of the disease. Increasing numbers of people practise safer sex. Political advocacy has put HIV/AIDS on the public agenda, internationally and nationally. In many countries there has been significant progress towards a sensitised and responsible media. Discussion of sexuality and HIV is increasingly legitimised. Marginalised groups such as commercial sex workers have been reached. Youth has been placed at the top of the reproductive health agenda. Men are increasingly engaged in the response to the disease. Social marketing programmes have successfully distributed and promoted condoms.

There is a need for strategic thinking and analysis. Communication efforts are only one of many interventions needed to reduce the epidemic. Current theories and models may not provide an adequate foundation on which to develop interventions. Quantitative and qualitative research is required at design stage and in evaluation, both of which should be seen as tools for empowerment. What has been learned, and what still needs to be learned, to make HIV/AIDS communication more effective?

Breaking the Silence in Rural Communities

FAO points out that HIV/AIDS brings particular problems to rural communities. It results in less land being cultivated, a decline in crop yields and varieties, less efficient food storage and processing and a loss of agricultural knowledge and skills. Within the household, less food is available and the quality and variety of food falls, there is a loss of culinary and diet knowledge and skills, less livestock and an increase in numbers to feed as orphans from other families are adopted. Other problems include a breakdown in informal institutions and traditional safety mechanisms, forced migration, an increase in transactional sex (for money, food or other items), a breakdown in parenting and loss of education opportunities.

Several obstacles must be overcome to respond to the threat of AIDS. From the perspective of knowledge, these include lack of culturally and socially appropriate information about HIV transmission and prevention, lack of awareness of the impact of the epidemic on agriculture, food security and livelihood, lack of knowledge about the appropriate diet for disease resistance, lack of awareness of existing services to mitigate the impact of the epidemic and less sharing of knowledge between the generations. “Technical” obstacles include restricted prevention and mitigation capacity (human resources, funding and support infrastructures), a lack of or limited role for an HIV/AIDS component in national communication policies and systems, lack of communication, skills, methodologies and strategies supporting HIV prevention and AIDS mitigation, and monitoring and evaluation of communication interventions and impacts.

In this context, communication can play an essential role in prevention and mitigation. It can encourage the support of decision- and policy-makers, create an enabling, non-discriminatory and accepting environment for prevention and mitigation efforts, promote multi-level participation and mobilisation, and build trustful partnerships through networking and collaboration. Communication can develop socially and culturally sensitive programmes, act as an intermediary between service providers and those seeking support, and act as a medium for sharing and recording indigenous technical knowledge.

The appropriate communication approach is research- and rights-based, multi-sectoral, gender-sensitive, participatory, culturally and socially appropriate, and multi-media. An effective national communication plan includes nine steps: (1) defining research gaps, (2) undertaking qualitative and quantitative research, (3) linking research findings to communication planning, (4) developing a national communication plan, (5) developing a series of action plans, (6) producing multi-media communication materials, (7) conducting field training, (8) implementing sustainable field activities and (9) monitoring, evaluating and redirecting. Multi-sectoral partnerships must be formed, including the Agriculture, Education, Transport, Fisheries and other relevant Ministries, both local and national

“Evaluation must serve the needs of programming and not vice versa.”
Jane Bertrand, Director, Johns Hopkins University Center for Communication Programs

“Programme managers and evaluators must collaborate, and involve the community, to determine objectives and definitions of success.”

Jane Bertrand, Johns Hopkins University Center for Communication Programs

government, national and international non-governmental, community-based and faith-based organisations, specialised agencies such as FAO, International Labour Organisation (ILO), UNAIDS, formal and informal rural networks, people living with HIV/AIDS and other concerned individuals, and the private sector.

Lessons that have already been learned from FAO’s work in rural communities include the importance of listening to people, taking into account their perceptions, needs, knowledge, experiences, cultures, traditions, gender and age; the need to focus on communication as a social process; the fact that participatory approaches are essential for strategic targeted communication activities to address specific audience needs; and the fact that multi-media approaches help to integrate channels and messages, improve understanding and strengthen impact.

3 Youth and Masculinity in Nicaragua

Nicaragua is a Central American country, with a population of five million people. With an average annual per capita income of US\$420, it is the second poorest country in the western hemisphere. In recent years it has suffered a civil war and natural disaster. It is currently politically stable, but there is widespread migration, both internally and to neighbouring countries and the United States, in search of income.

Nicaraguans are very aware of HIV/AIDS but do not practise safer sex consistently. This is partly because other risks such as war, hurricanes, assault, other diseases and even dying of hunger are more apparent than HIV, and teenage suicide, in a country where more than half the population is under 21, kills more people than AIDS.

Rates of HIV infection remain low. Nevertheless, the threat of the disease is real. While some factors underlying transmission, such as poverty, are almost universal in the developing world, Nicaragua also confronts others, such as migration, and commercial sex by men and women starting at a young age. The primary task for communicators is to raise the perception of risk of HIV, thereby lowering the actual risk.

Nicaragua responded early to HIV/AIDS and in 1986 was the first Central American country to develop a national plan, despite there being no recorded case of the virus. Laboratory tests for HIV became available in the same year and transfused blood was tested except in war zones. There were publicity campaigns, condoms were promoted and gay and lesbian organisations raised awareness of the disease in festivals and other campaigns.

Despite these activities, however, for many years few people talked about HIV/AIDS. In addition to denial, there was marginalisation, polarisation, discrimination and homophobia. Silence was broken with the establishment of new coalitions, including the Ethics, Human Rights and Juridical AIDS Network, the Nicaraguan AIDS Communication and Human Rights Network, and the Community Network of Human Rights and AIDS. In 2000 CONASIDA was created: a national committee on HIV/AIDS chaired by the Ministry of Health, which comprises organisations from the state and civil society.

Through these networks, a large number of people – both the general population and vulnerable groups – have been reached and lessons learnt, including the prevention of discrimination and the importance of linking health to human rights, gender and development. The networks generate new discourse and a multisectoral response, and create a synergy of communication, capacitation, organisation and social mobilisation. Networking with international organisations such as the International Council of AIDS Service Organisations (ICASO) has allowed access to international experience and materials, that in turn has allowed members to present proposals which can influence public policy in Nicaragua.

“Accurate and targeted information has to address local needs and respect local customs values and traditions in order to be sustainable.”

Dinesh Kumar, Director, Health and Development Initiative – India

Greater numbers of people are involved in HIV prevention, but serious problems remain in many sectors. The country has passed key laws and signed international agreements, but there are still drastic breaches of human rights. Clinics carry out HIV tests without the client's permission, confidentiality is broken and people living with HIV continue to face discrimination. Those who are ill have no access to treatment and even face difficulties in getting medicines for opportunistic infections.

Youth

Young people are critical, both as audience and participants, in HIV prevention. Adult perspectives often do not recognise young people's needs, which explains why in May 2001, 14 teenagers in Pueblo Nuevo, in the north of Nicaragua, an area characterised by poverty, low levels of literacy and high rates of adolescent pregnancy, opened the *Casa de los Adolescentes*. This "Teenage House" was the most recent of 21 such meeting places established with UNFPA support across the country.

Casa de los Adolescentes offers resource centres for teenagers where they can spend free time and get access to information on such issues as reproductive rights. Other projects include increasing and improving knowledge around sexual and reproductive health and health in general, changing attitudes and practices and encouraging the participation of families in programmes.

Casa de los Adolescentes visits neighbourhoods, schools and rural areas with films, theatre workshops and puppet shows. These portray lively debate on issues of sexual and reproductive health, reflecting teenagers' own experiences, and create an opportunity for young people themselves to participate, exchange ideas and listen to others' opinions and suggestions. Not only teenagers, but also some adults and street children, have been involved, often leading to greater mutual respect.

The success of the project has enabled many young people to talk and communicate more freely, but it has also had some negative results. Local authorities, parents and the strong conservative and religious forces often see this development as a threat to their authority and their own interests, and the topics of sexual and reproductive health as vulgar and degenerate.

This has led to tension with local authorities and others and there have been threats of withdrawal of municipal support. Some meetings have been shouting matches, with project leaders demanding to be taken seriously and community leaders insisting on their power of veto and control. However, negotiation has overcome many of these problems, changes have been made and much has been learned, as *Casa de los Adolescentes* imparts youth with conflict resolution skills, and develops new techniques and different communication strategies.

Men Against Violence

According to the most conservative statistics, in Nicaragua one in three women has been hit by her husband or partner. The Association of Men Against Violence (Asociación de Hombres Contra la Violencia – AHCV) is a national organisation promoting personal and social change aimed at overcoming machismo and violence in daily life.

AHCV works with men from many different backgrounds. It organises workshops, seminars, discussion groups, national meetings and local fora for men against violence, as well as undertaking sociocultural research into masculinity and participating in communication actions and education campaigns. The association also works with the women’s movement, at local and national level, and it has inspired and helped other men’s groups in the region.

AHCV does not claim “victories” over machismo, which has deep roots in Nicaraguan society. It is aware that machismo can accommodate itself to changing situations and adopt politically correct discourses, sometimes acting in “micromachista” ways. However, the association has been successful in breaking the silence. Hundreds of men have participated in discussion groups and planned activities for men who are not yet involved, while many men now speak openly against violence and gender inequity.

In collaboration with Puntos de Encuentro (page 50), AHCV investigated men’s expectations and fears. Many men expect passivity, dependence and servitude from their female partners, while they fear women’s infidelity and being dominated by them. When these expectations are not met, they may use violence to assert their control. Some men, who are not violent, have different ways of resolving conflicts with their partners, including leaving the conflict, yielding, not offending nor being offended and positive thinking. Such men perceive many benefits from this approach, including good relations with their children, peace and harmony in the household, a better functioning household and greater ease with themselves.

In AHCV’s anti-violence campaign in 1999, which was implemented with 150 organisations and the media, men were encouraged to respect their partners, resolve conflicts peacefully and seek help to avoid violence. The campaign included television and radio spots, posters, leaflets and other graphic material (caps, calendars, billboards), training of 700 trainers in anti-violence workshops, with materials and guides for their future training activities, and public activities in various cities.

The campaign slogan was “Violence against women: a disaster which men CAN avoid”. The overall message said, “If you think you are going to abuse your family, be aware of your anger so you can control it; go for a walk and clear your mind, don’t take refuge in drink, alcohol isn’t a solution; find someone you can talk to about what you feel, talk with your partner and respect her opinions.”

The campaign came from men – and was validated by women to ensure their interests were not prejudiced – and offered solutions and alternatives from within men’s cultural make-up. Men’s ability to prevent violence was emphasised, while blame was avoided, solutions sought and benefits offered. The messages were acceptable, but not radical, since the question of power was hardly mentioned. AHCV recognises this dilemma: how to place oneself in the audience’s shoes so that they do not reject the message while challenging them to rethink their paradigms.

Six out of 10 men nationwide saw the campaign. Men who had seen it were more optimistic about avoiding violence than those who had not seen it and were also more aware of the harmful consequences of violence towards women. A third of men surveyed talked about the issues with their partners and two-thirds with other men. Men who were aware of other anti-violence campaigns were more receptive to the message, indicating the cumulative impact, and more than 50 per cent of women surveyed reported changes in the behaviour of their partners as a result of the campaign.

4 Communication Paradigms and Experiences

4-1 Behaviour Change Communication

Over the last 30 years, Behaviour Change Communication (BCC) has evolved from the model of small-scale IEC (information, education, communication) projects to strategic national communication programmes.

The goal of BCC is to empower individuals and enable communities to make informed choices as to their well-being and act upon them. At the community level, BCC seeks to change knowledge (so that people do not act out of ignorance), attitudes (so that individuals and communities approve and work for an enabling environment for healthy behaviour), behaviour and practices (so as to reduce known risks to individuals and to the community) and to foster interpersonal communication and advocacy (so that people can privately and publicly encourage others to act in a positive manner). BCC sees social change and individual change as two sides of the same coin.

Since most HIV prevention measures are taken in private but are based on prevailing community norms, indicators of knowledge, attitudes and behaviours and advocacy inform communicators what changes have taken place, while ideation (see below) can be used to predict both individual and community behaviour.

BCC is sometimes misinterpreted. The term is inappropriate when talking about behaviour development, as in children, or reinforcement for behaviours already in place. There is sometimes confusion as to the extent to which BCC differs from health promotion or IEC. The theory has been criticised on several grounds, including difficulty in bringing successful interventions to scale, an inability to prove that it works and difficulty in explaining its theory in practical terms.

Broader reservations on BCC usually focus on institutional failure: lack of coordination between research and planning, a shortage of planners and failure in getting stakeholders to deal frankly with issues of sexuality. Development agencies often have their own conceptions about the theory, with the result that there are many uncoordinated activities. In the words of one contributor to the electronic debate preceding the Roundtable, “Social marketing people seem to regard BCC as nothing more than improving mass communications messaging. The UN agencies see it as more of an ‘advocacy’ thing. The NGO community sees it as direct service delivery and counselling. Each takes on only a part of what an integrated BCC programme should be... We do not have a central, national, BCC management that would set out to understand the totality of the pathways down which the disease is being spread. What is needed is this function.”

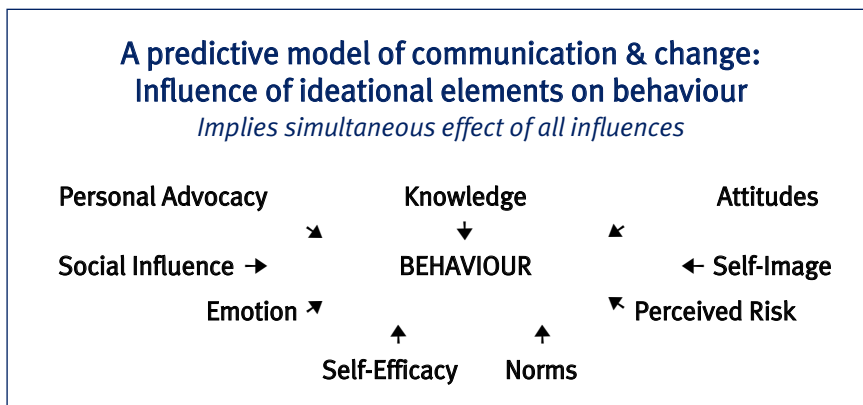
Since the 1990s, more comprehensive communication strategies have addressed the determinants of behaviour change, leading to better integrated approaches such as community mobilisation, client-centred counselling, social network interventions such as peer education, social marketing, entertainment-education, public policy and media advocacy, personal and community empowerment and public relations.

This evolution has triggered some agencies such as Johns Hopkins University Center for Communication Programs (JHU/CCP) to adopt the more encompassing term of Strategic Communication (SC). SC integrates all means of communication as appropriate, including interpersonal communication and counselling, many stakeholders with different backgrounds, attention to evaluation and evidence-based programming, increased sophistication in audience segmentation, large-scale impact at national and sub-national level and the increased role of the electronic media. In summary, SC is:

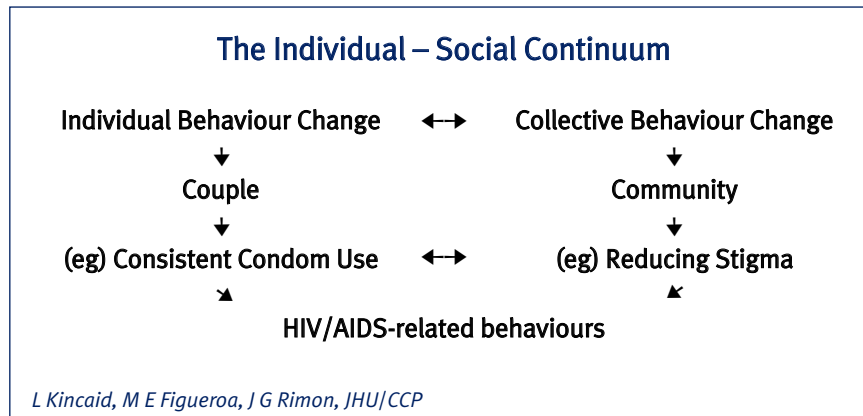
- results-oriented
- benefit-oriented
- service-linked
- programmatically sustainable
- science-based
- multi-channelled
- advocacy-related
- client-centred
- technically high quality
- participatory
- expanding to scale
- cost-effective

Ideation: An Important Contributor of BCC

Jose Rimon of JHU/CCP points out that a central aspect of the relationship between communication and behaviour is ideation – the spread of new ways of thinking through communication and social interaction in local, culturally defined communities: “An idea, if shared, is more powerful than money.”



Ideation accounts for individual behaviour, but individual and collective behaviour and behaviour change influence each other, as can be seen from the Individual – Social Continuum below.



A Zambian study⁴ demonstrated which ideational factors predicted condom use:

- perceiving oneself to be at moderate to high risk of HIV infection
- knowledge of at least three ways to protect oneself
- talking to at least three other people about safer sex
- having a positive attitude towards people who use condoms
- knowing where to buy condoms
- having an above average sense of self-efficacy regarding ability to use condoms even when faced with opposition from a partner.

Where male adolescents shared at least five of these factors, they were 47 per cent likely to use condoms; the rate for female adolescents was 61 per cent. Although high exposure to information about HIV/AIDS did influence condom use, the impact of ideation was stronger. Perhaps counter-intuitively, having a member of one's family die from HIV/AIDS was not a factor in predicting condom use.

The theory of ideation applies not only to condom use but also to other desired behaviours, such as abstinence, delayed sexual debut and treatment for sexually transmitted infections. This implies achieving social legitimacy, breaking the silence surrounding the issue, improving the policy environment, strengthening political will and overcoming stigma. When the topic is in the media and publicly debated, it becomes legitimate for everyone to discuss.

Evaluation of BCC

It is increasingly accepted that evaluation must serve the needs of programming and not vice versa. Programme managers and evaluators must collaborate, and involve the community, to determine programme objectives, definitions of success and how rigorous the evidence for success must be. Programme inputs should lead to greater participation, dialogue and ownership, in turn leading to individuals seeking ways to improve their situation. As they adopt desired practices, overall HIV incidence will fall.

Prevention programmes have traditionally focused on individual behaviour change or a reduction in HIV incidence through behavioural surveillance surveys. Communication for Development tends to measure success by increased community ownership, dialogue and participation, based on the underlying assumption that community involvement leads to behaviour change. The question remains whether this assumption can be taken at face value, in which case only the process of participation needs to be measured, or whether the link between community involvement and behaviour change must be demonstrated.

Evaluation should be based on three categories: process – how the programme was implemented, whether there was ownership, gender equity and widespread participation; whether the beneficiaries were satisfied and what was learnt to improve future activities; outcome – whether the desired change occurred; and impact – whether that change is attributable to the programme.

Problems arise because few programme managers and donors want to invest the time and resources needed to demonstrate cause and communication effect definitively, while donors tend to seek evidence-based results. The statistical techniques required by programme managers and donors may not be compatible with community-based orientation. Methodologies that satisfy statisticians tend to reduce local participation and marginalise people doing the work, while methodologies that maximise community participation rarely yield scientifically defensible results. The question arises as to how to negotiate the balance between the rigour that donors ask for to show credible impact results and the need to create appropriate conditions for community involvement and ownership.

Existing methodologies can measure changing social norms, but these may be too academic to be useful. Furthermore, when monitoring shifts in underlying causes, such as poverty, discrimination and the status of women, it is virtually impossible to disentangle programme effects from society’s secular trends.

Community Ownership

Most evaluation indicators are donor-driven and leave many communities alienated. Nevertheless some indicators can both help communities and facilitate evaluation. The disadvantage is that they drive programmes according to narrow objectives. A broader shelf is needed; in addition to behaviour change, indicators should include determinants, context, quality and community issues. Evaluation should focus on broader process and results and impact evaluation should be undertaken only if the right measurement guidelines are known.

Behaviour Change Communication should define and take into account the target community. What does community ownership look like, given the diversity of communities that communicators work with? How can accountability be ensured, given the complexity of community? And how can accountability be measured?

Defining the quality of communication and evaluation depends on who is judging the activity or outcome. Nonetheless, there is a crucial link between quality and respecting processes and relationships at community level, which means that more expertise is needed at community level.

Some evaluation tools are available, but access, either electronically or in hard copy, may be difficult. Furthermore, such tools are designed for different audiences and some are too complex and have too many indicators to be user-friendly. Global indicators may not be applicable at country level. Useful indicators at community level are difficult to measure or collect. Evaluation is often undertaken too quickly, wasting resources and giving poor results.

Indicators of community ownership and quality should be developed and an inventory of tools undertaken and made widely available. Organisations need to collaborate to ensure the right mechanisms are available to produce more and better tools.

“Local research capacity to undertake evaluation – human, financial, capacity building, continuity, systemisation – needs to be strengthened.”

Esca Scheepers, Soul City, South Africa

Federation of African Media Women

FAMW creates radio programmes with rural women who meet once a week, sometimes walking up to 10 kilometres each way, to participate. To sustain the groups, income-generating projects have become a unifying factor, and they also enable women to achieve some economic independence from their husbands.

Planète Jeunes

Planète Jeunes is a West African magazine aimed at 14 to 20 year olds. Founded in 1993, the project was sponsored by the Ministry of Foreign Affairs in France which wanted to develop reading habits in West African youth. It was joined in 1998 by *Planète Enfants* for 7 to 13 year olds. The two function in a commercial market, where *PJ* has a circulation of 55,000, but a readership of one million. *PE*'s circulation is 25,000 and its readership 300,000. The mother group, Bayard Presse, has 30 years' experience in the youth market and five million readers across the world.

Although many more people listen to the radio than read magazines, the written message has advantages. It is permanent, easy to exchange, comment on and duplicate, and it encourages freedom to think and interpret. *PJ* and *PE* are successful, not only because they are the only magazines for their target audiences, but because they are fashionable, interactive, engaging and entertaining, and present a balanced view of issues. The readers feel they run the magazines, not only through their letters which are often published as input into discussion on particular themes, but through the *Planète Jeunes* clubs which many readers have set up independent of the magazine.

PJ and *PE* have several objectives in addition to developing reading skills. They help to develop freedom of thought, instil pride in being African and encourage behaviour development. One mechanism is helping young people to make choices, such as through the cartoon characters Ka and Ba, youths who respond to situations, such as maintaining relations with siblings, in either a good or bad manner. Children see the different choices and make their own decisions. The magazines also promote public service, awareness and mobilisation on issues such as the environment, child rights, and helping to develop civic behaviour. Other issues covered by the magazines include child soldiers – “war is hell; I have nothing to do with it” – sustainable development, public health such as HIV, nutrition, hygiene, puberty, malaria and vaccination, and other things that concern young people and development.

Different partnerships are being developed, including use of the magazines in school curricula and supplements sponsored by UNAIDS, UNICEF and others, and helping others to develop youth-oriented magazines.

Juntos Decidimos Cuando

Juntos Decidimos Cuando (“Together We Decide When”) is a national reproductive health campaign in Nicaragua which began in 1997. Its messages include condom use and encouragement for young people who want to delay sexual intercourse until they are ready. It uses many different media, including television and radio spots, newspaper announcements, youth and community mobilisation through festivals, posters in health units and at bus stops and elsewhere, stickers, t-shirts, caps, street theatre, and songs by famous national singers.

JDC is run by a committee of 23 members that includes not only organisations traditionally working in reproductive health, such as the Ministry of Health, non-governmental organisations and UNFPA, but also the Police and Fire Departments. National campaigns are designed by the committee, with the assistance of Johns Hopkins University Center for Communication Programs. The primary audience is 15 to 24 year olds who have not yet married, and young couples with only one child who may be encouraged to delay the birth of future children.

The first phase of the campaign was seen by 76 per cent of women and 70 per cent of men in Nicaragua. As a result of the campaign over 30 per cent of men and women said that they had talked with someone else about the issue of reproductive health, three per cent of men and five per cent of women reported avoiding sex, and 14 per cent of men and 24 per cent of women decided to use a family planning method.

Among 15 to 19 year olds surveyed, almost one in two young men and one in 10 young women said they had had sex before marriage. Among those who were having sex, the majority were not using condoms, partly because of widespread belief that you can tell whether someone has HIV/AIDS by looking at them.

As a result of the survey of this first phase, new messages were created for the second phase. Sexually active youth were encouraged to use condoms to protect against unwanted pregnancy and HIV/AIDS, while a social marketing campaign increased access to condoms. In addition, messages were created for abstinence, validating the decision of young adults’ to delay their sexual debut.

Seven television and radio spots were developed for this second phase, three to position condoms, and four focusing on safer sex messages and abstinence. These included a rocking car and a couple listening to loud music instead of making love; the message was, “if your time hasn’t come, don’t have sex.” The HIV/AIDS spot showed the legs of many people walking past the camera; the voice over said, “in Nicaragua seven out of eight people with HIV don’t know they have it... AIDS has no face, has no cure – always protect yourself; don’t have sex without a condom; always be prepared.” One of the spots focusing on condoms showed a young couple returning to their car after surfing and putting on their seatbelts before driving off;

“Mobilising social and political support for programmes such as HIV means transforming a health issue into a political one.”

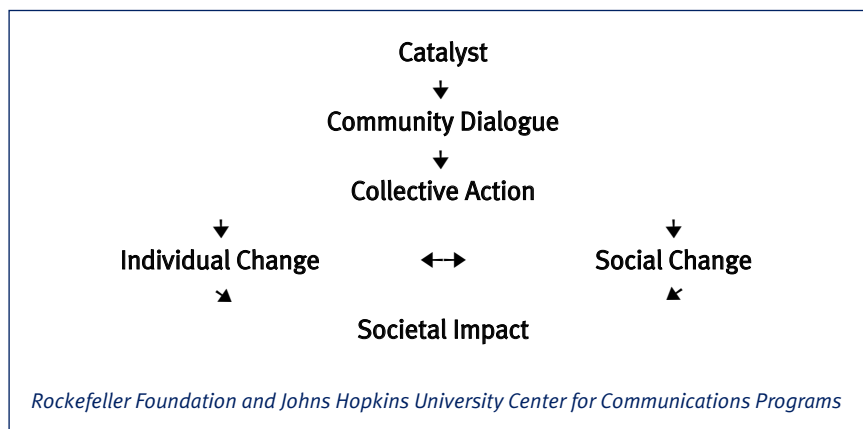
Mario Acha, UNFPA Country Support Team, Mexico

the message was “always take care”, associating seatbelts with the final image of a BodyGuard condom box. All the TV and radio spots used the same tag line, “Always take care”, to unite them and send the dual protection message of protection.

At the time of writing, the second phase of the campaign had not been evaluated, but a high measure of success is suggested by the fact that 1.5 million BodyGuard condoms were sold in the first year.

4-2 Communication for Social Change

Communication for Social Change (CFSC) attempts to integrate different theories and approaches in development communication. CFSC relies on participatory approaches in emphasising the notion of dialogue as central to development. In contrast to a sender-receiver, information-based premise, it stresses the importance of horizontal communication, the role of people as agents of change, and the need for negotiating skills and partnership. In a process of public and private dialogue, politically and economically marginalised people define who they are, what they want and need, and how to attain what they need to better their lives. Change is defined as the people themselves define it.



The focus of CFSC is not on products, messages, content, information dissemination or even the desired behaviour change, but on the process of dialogue through which people can remove obstacles and build structures and methods to help them achieve the goals they set for themselves. CFSC seeks to understand the whole person, the lives they lead and circumstances in which they live, in order not to “overcome” their life experiences but to build upon them.

CFSC strategy moves communication and its practitioners away from individual behaviours to collective community change and long-term social change; away from persuasion and social marketing to negotiating the best way forward in partnership; away from external agencies dominating the means and methods to community control and the community becoming advocates for change; away from people as

objects for change to people as agents for change; and away from communicators seeing themselves as the experts to placing information in public domains, making it more accessible and elevating local experts.

CFSC does not look to hierarchies or authorities to provide answers and it is not wholly dependent on outside forces. Successful CFSC approaches can be sustained and replicated when external funding ends. CFSC is guided by principles of tolerance, self-determination, equity, social justice and active participation.

Elements of the CFSC process include catalyst, community problem recognition, community dialogue, planning and collective action. An internal or external catalyst leads to identification of the problem and community dialogue. That in turn leads to collective action, which can result in individual or social change or both – and both are needed if there is to be long-term sustained societal impact.

A more detailed analysis of the above model gives the following: shown on p46.

A New Paradigm?

Some communication practitioners and scholars argue that CFSC is not new but is simply a new term for participatory communication for development. Most contemporary communication initiatives aim to empower people to make informed choices and focus on an intelligent and locally appropriate mix of different communication approaches. By proposing a move away from “traditional” approaches to communication, CFSC may create an unnecessary tension between different approaches when what is needed – and is already practised – is a synthesis between a range of interventions.

Furthermore, while CFSC’s strength is that it has emerged largely from practitioners on the ground, some critics claim that it has failed to back its arguments and evaluation methodologies with rigorous academic analysis, modelling and theory. CFSC practitioners acknowledge these reservations, but point out that their analysis is a response to widespread perceptions on the ground that HIV/AIDS communication initiatives in developing countries are driven by institutional and external agencies operating according to their own assessment rather than supporting and working within a framework of genuinely internally driven debate and agendas.

Evaluation

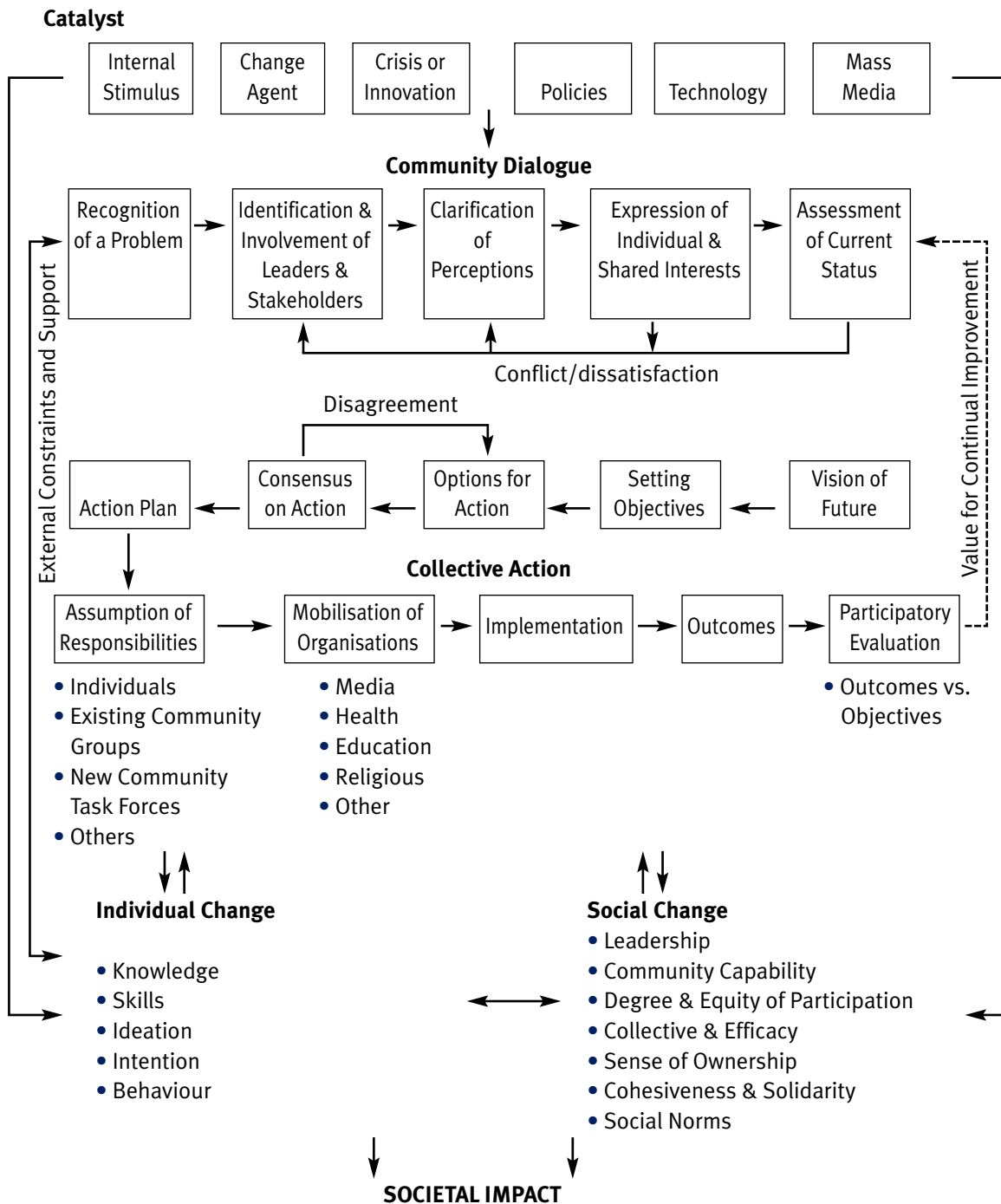
If change and communication are processes, rigorous and systematic indicators are needed which measure process as well as outcome. Unfortunately, the words “rigour” and “systems” have often been felt as ways of excluding the community, because few members of the community have the training to understand the principles and terminology used. The Rockefeller Foundation and Johns Hopkins

“In addition to the continuous construction of the needed new indicators we need to discuss mechanisms to encourage funding agencies and programme managers to adopt already existing tools.”
Juan Silva, National Professional, Pan American Health Organisation

University are drafting guidelines to measure social indicators and processes, based on the model above. The aim is to develop a process which average people can understand but which still has critical systems, rigour and a scientific approach.

For some observers, CFSC still needs elaboration and precision. It is important to explore critically and constructively how far communicators agree and how willing donors are to support social change processes. Social change itself needs to be

Integrated Model of Communication for Social Change



Rockefeller Foundation

defined, whether as mobilising people in focused interventions or as altering structures in society. Designing and evaluating CFSC requires new questions and new ways of thinking that help to understand change processes in a community, while considering evaluation not as a complicating addendum but as integral to the process.

Long-term intervention outcomes can be evaluated through long-term studies that focus on the process of change. These should identify and analyse, among other indicators, individual practices, policy changes, structural developments, cultural developments and change in power structures. They should also record community development by examining what interventions have been seen over previous years. Questions have to be asked that address the causes of the HIV/AIDS epidemic and explore how interventions respond to deep-lying determinants of inequity and marginalisation. This requires broad social and cultural analysis from anthropologists, sociologists and perhaps also historians and political scientists.

Better in-depth audience studies are needed. There must be detailed analyses of how campaigns feed into the dynamics of everyday life and how people make sense of the issues and messages. The fact that this complex issue is filled with taboos and linked to intimate aspects of people's lives demands a very high degree of sensitivity in formative or summative research.

Other questions include the extent to which audiences are involved in the content of communication, the format of communication, whether it interferes in their norms, attitudes and practices and how sustainable such interference is over time. This element of evaluation needs to draw on experiences from qualitative audience research and audience ethnography in particular.

Local research capacity to undertake evaluation – human, financial, capacity building, continuity, systemisation – needs to be strengthened in many countries. Such capacity can be strengthened by research-related budget lines in the donor community focusing less on donor programmes and more on specific target groups.

Challenges

For participants at the Managua Roundtable, a number of issues surrounding CFSC remain unresolved. These include an agreed definition of community and the extent to which it should include stakeholders and decision-makers, and the fact that mechanisms have not been established to enable a fully participatory approach to alter the landscape in which services are provided.

Many aspects of evaluation are still uncertain, including the question of who owns the process, who is its most appropriate audience and whether the tools used are appropriate. Donor pressure can lead to biased results, while the “industry” of external consultants means lack of independent evaluation as North American and European perspectives continue to dominate.

Positivist approaches predominate, while subjectivity is barely taken into account. There is very little cross-fertilisation of evaluation knowledge and experiences within communication and other sectors and the process frequently neglects to address power relations. Indeed, the chain of evaluation has a series of power tensions that need to be addressed. Above all, there is a failure to isolate the specific impact of communication intervention.

The challenges facing evaluation, therefore, are (i) ensuring community ownership, (ii) achieving appropriate design and management, (iii) identifying the political and social tensions in evaluation research and different expectations, (iv) identifying methods of measuring social change that address how changes emerge and evolve, (v) developing a long-term vision to evaluate social change, (vi) translating qualitative processes into quantitative data, (vii) creating specific tools and using better the tools that are available, (viii) keeping the balance between participation and intervention, (ix) reducing institutional constraints, (x) permeating lessons learnt into the culture of donor and cooperation agencies, (xi) designing evaluation with an integrated holistic and multisectoral approach (following the example of Soul City, below), (xii) encouraging geographic mapping of communication contexts, (xiii) linking indicators for the underlying causes of HIV with those of social change, and (xiv) addressing issues of the unintended consequences of intervention.

Soul City

Soul City is a South African organisation working in health promotion from a perspective based on the Ottawa Charter (page 21), which aims to develop healthy public policies, create supportive environments, develop personal skills and support community action. Working through the mass media, including television and radio drama, community leaders, interpersonal communication and advocacy campaigns, Soul City stimulates dialogue and debate between individuals and in communities, with the goal of shifting perspectives of social norms and increasing support-seeking and support-giving behaviour. (An overall view of Soul City's strategy can be seen in the diagram on page 52.)

A television drama series on AIDS and violence against women was developed over 18 months, in partnership with other non-governmental organisations, the government and the media. The story showed the impact of violence on the heroine and her children and changes in attitude in the fictional community from silent acceptance of violence to open protest against it. Meanwhile, in the "real world", a helpline was established and media advocacy began. The impact of the drama and advocacy was seen when a man, arrested for the murder of his wife, was released on bail. Strong public protest against the granting of bail was widely reported and was a factor in the passage in December 1999 of the Domestic Violence Act.

Evaluation of Soul City confirms that (a) the impact of its various activities are greater than the sum of their parts and (b) community action is critical. Community and organisational leaders and service providers such as medical staff are essential factors in change, both as individuals and in their positions of leadership, as they interact with their communities, constituencies and patients. Soul City helps people define themselves as part of their community, and collective norms and behaviour begin to change (see diagram on page 52). There is more interpersonal discussion about HIV/AIDS and domestic violence; individuals are more favourable to behaviour such as condom use and are more likely to adopt more positive attitudes about AIDS.

Other evidence of the series' impact comes from an actual community, Mamelodi, north of Pretoria, which faced many of the problems confronted by the fictional characters, including poverty, lawlessness and high rents. The community renamed itself Soul City because, in the words of one its members, "we are not giving up. We are not telling ourselves that things are not going to get better. Even if there are obstacles along the way, we know that we will get there. And that strength we have gotten from Soul City."

These successes have been achieved despite the media environment in which Soul City operates. The programme is only broadcast once a week, a small fraction of the multi-channel commercial media output 24 hours a day, where broader individualistic, consumerist messages predominate.

Puntos de Encuentro

Puntos de Encuentro (“Meeting Points”) believes diversity with equality and personal autonomy in gender, sexuality, reproductive health and class are essential conditions of development. It aims to create public opinion favourable to change by strengthening the ability of social movements to influence public policies and building support for change through coalitions and collaboration with different social actors.

In order that people and communities become aware of human rights and are able to exercise them, they require not only information but empowerment. Puntos uses entertainment-education (see page 15), including television, radio, street theatre, murals and music festivals, work with non-governmental organisations and strengthening of coalitions, to guarantee wide coverage of themes from different perspectives. This strategy helps people understand their rights, develop self-esteem and autonomy, and participate in the decisions that affect them.

The principal element in the project *Somos Diferentes Somos Iguales* (SDSI – “We are Different, We are the Same”) is the television drama *Sexto Sentido* (“Sixth Sense”), Nicaragua’s highest ranking nationally produced television drama. The weekly broadcast, which captures 80 per cent of the 13–17 year old target audience, is supported by local radio shows and followed up by various education and support activities. By raising sensitive issues such as sexuality and violence in human dramas that people can relate to, the right mix of accommodation and confrontation can be achieved that leads to attitude and behaviour change.

SDSI shows the importance of reinforcing networks and developing local capacities to achieve slow but long-lasting impact, compared with single campaigns which have a quick impact but sometimes lead to saturation and a boomerang effect of rejection. People live in a network of simultaneous relationships and have to deal with complex problems gradually; their ability to assimilate new processes has its own timing. Themes cannot be constantly changed but must be deepened over time. SDSI’s strategy touches emotional as well as cognitive threads. Rationality alone cannot overcome individual resistances, judgments and prejudices, values and attitudes towards life.

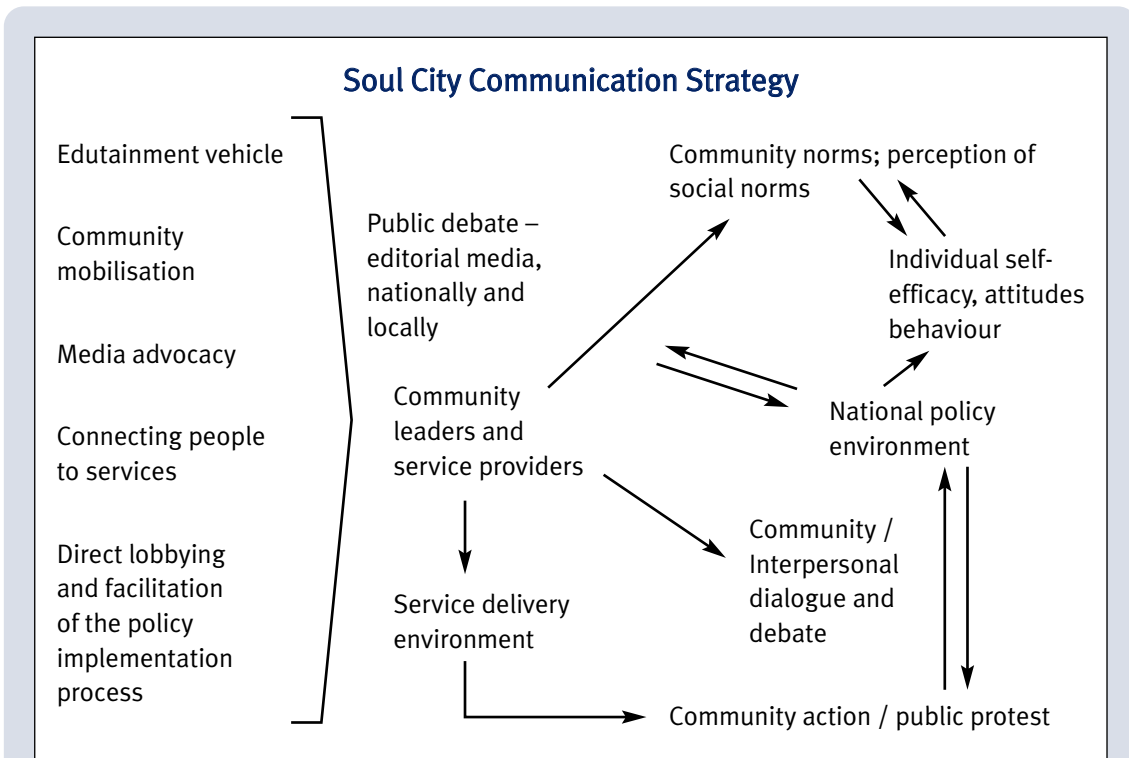
Logistical challenges confronting SDSI include difficulties in securing funding or receiving funding on time and difficulties in working with local media and organisations. Many NGOs are economically precarious and it is difficult for them to collaborate without economic recompense. Timing is also an issue in that organisations and activities have different timeframes. Agreements between organisations are evaluated regularly, including the relationship’s strengths and conflicts and rivalries which exist between organisations. The human factor and empathy between people responsible for the process have been fundamental.

UNICEF Focus

Within its rights-based programme approach, HIV/AIDS is one of five priorities of the new UNICEF Medium Term Strategy Plan for the period 2002–2005. The aim of UNICEF interventions in HIV/AIDS is to strengthen capacities within families, communities and countries to prevent HIV infection and care for those infected or affected by HIV/AIDS. Specifically, UNICEF's focus is on prevention of HIV infection among young people; prevention of mother to child transmission of HIV; care for children, young people and parents living with HIV/AIDS; care for orphans and children in families made vulnerable by HIV/AIDS. Among these priorities, prevention of HIV infection among young people is at the core of UNICEF's global response to HIV/AIDS, as UNICEF recognises that prevention among young people is key to stopping the epidemic.

UNICEF's communication approach in HIV/AIDS utilises a combination of three synergistic strategies: advocacy, to enlist the commitment and support of decision-makers at different levels of society, in order to increase public debate, resources, and establish policies and laws to support the battle against HIV/AIDS; social mobilisation, in order to establish wide partnership and alliances with civil society organisations, including religious organisations, NGOs, the private sector, trade unions, women and youth organisations, etc.; and behaviour development communication, in order to increase information sharing, knowledge acquisition, debate within communities and families, and facilitate informed behaviour development among individuals and groups. Within this holistic approach, participation cuts across all strategies – moreover, it is a prerequisite to successful communication interventions, as are the use of research, especially participatory research, as well as the active and central involvement of people living with





HIV/AIDS and the organisations (where they exist) that represent them. An example of this approach is the new initiative called “What Every Adolescent Has a Right to Know”, which is based on the full involvement of young people in defining communication strategies to prevent HIV/AIDS, with a special focus on reaching the most disadvantaged youth.

4-3 Advocacy Communication – the Missing Link

Advocacy Communication involves organised attempts to influence the political climate, policy and programme decisions, public perceptions of social norms, funding decisions and community support and empowerment towards specific issues.

Advocacy Communication can be interpreted in several ways. According to the BCC model, advocacy is the last step in behaviour change, when the individual becomes an advocate for social mobilisation. For reproductive health clients, speaking out in favour of condom use or voluntary counselling and testing validates their choices and sustains their commitment. As more people speak up, their behaviour becomes the community’s norm and health behaviour becomes not just accepted, but expected. Both Soul City and Puntos show mechanisms to achieve this goal.

The primary difference between BCC and Advocacy Communication is that the former operates at the individual level, while the latter is the collective dimension – and it is that collective dimension which fills the gap between BCC and CFSC. For some agencies, such as UNICEF, WHO and UNFPA, a key difference between advocacy to achieve social change and CFSC is that their advocacy is driven by

thematic imperatives. These may be health issues, such as HIV/AIDS prevention and access to care and destigmatisation of vulnerable groups, accountability (the need to achieve quick and widespread social change), or the imperative to build networks and coalitions.

A Complex Environment

Advocacy is a relatively new programme area in the field of Communication for Development and there are differences of interpretation. The collective and political dimension of advocacy may be overlooked; it may be seen as public relations to promote a project or organisation or a component of global initiatives with more or less national or local specificities and ownership. It may even be reduced to a support function to the supply of services or policies, through activities such as media events.

Sylvie Cohen of UNFPA argues that while the primary goal of advocacy is creating an enabling and supportive environment, there is a two-way relationship between advocacy and environment. For the advocate, the environment is both an independent variable, which cannot always be acted upon, and a target of change. The environment is complex and frequently includes unfavourable social and political contexts with their diversity of interests, shortage of resources, weak civil society and lack of coordination among other challenges. Advocacy is only one of many steps and communication only one of many interventions needed to achieve these goals. Commitment, support articulation, participation, sources of sustainability and self-reliance are all needed.

Mobilising social and political support for population programmes such as HIV means transforming a health issue into a political one. Advocacy is aimed at those individuals or groups whose decisions, resources and opinions can influence the social and political processes, revise and formulate laws, policies and regulations, allocate resources and ensure the participation of civil society. The knowledge, skills, attitudes and values of leaders and other influential people must be modified, leading to sound decisions and practices, which will in turn pave the way to changes in policy and/or social norms. Social and political support and resources must be mobilised. Each of these activities has different outputs, indicators, methodologies, stakeholders, strategies and specialists.

Key advocacy actors include the state and civil society, the commercial sector and international cooperation. These actors operate in the public sphere, the social space in which citizens process opinions, send forth judgments, make demands and claims on the state and receive and interpret information through the mass media. Civil society is a complex organism comprised of citizens acting collectively, usually in voluntary organisations, independent from the state and limited by a legal order and sets of shared regulations. Civil society is an intermediary entity between the private sphere and the state.

“A synthesis of different approaches would help communicators move forward.”

Workshop Conclusion

“At the heart of communication strategies should be permanent and consistent dialogue with those people most affected by the disease.”

Guy Bessette, Senior Program Specialist, International Development Research Centre

Mario Acha of UNFPA interprets trying to change sexual behaviour as entering the private sphere with the cooperation of the state, a hard task made more difficult by the involvement of spiritual institutions, particularly those which hold extremist views. Advocacy therefore operates in a multi-level and complex situation where the spiritual sphere requires critical thinking, globalisation must be balanced with national control, the state must be balanced with democracy, access of the public sphere into the private sphere must respect the citizen’s autonomy and the economic sector must be balanced with equity.

Core priorities need to be established, arguments and scenarios built, the appropriate strategy applied with flexibility, and monitoring and evaluation put in place. Access channels, which include not only the media but alliances and individuals such as someone with access to a Minister, also need to be addressed. Choosing activities must be a participatory process where communicators are not the only experts and communities, people living with HIV and Ministries of Health or Education all have their own views.

Advocacy Communication can also address strategic interventions such as prevention programmes, care strategies, intersectoral participation, legal and regulatory back-up, public policies, human rights, empowerment of women and girls, children orphaned and otherwise affected by the epidemic, poverty reduction strategies, emergency programmes, resources and follow-up mechanisms.

Contextual Domains for Advocacy and Behaviour Change Communication

Successful HIV/AIDS prevention depends on consistent, long-term changes in behaviour by large numbers of sexually active people. Strategic planning for HIV/AIDS communication programming often begins with ascertaining the knowledge, attitudes and practices among individuals in the target audience. However, many prevention programmes are limited by such factors as:

- focus on the individual and exclusion of the social context in which s/he lives
- assumption that HIV preventive decisions are based on rational volition, not emotion
- assumption that knowledge automatically leads to behaviour change
- ignoring differences between single actions (eg immunisation) and life-long activities (eg condom use)
- focus on condom use alone
- ignoring issues of violence and power in sexual relations.

The HIV/AIDS Communications Framework developed by UNAIDS and Pennsylvania State University urges programme implementers to ascertain the role of the social environment or context in shaping individual behaviour. In particular, the framework calls for refocusing communication interventions on the basis of five key contextual domains.

- *Government and Policy*
Governments have a role in enacting legislation, setting policy and agendas, allocating resources, influencing the funding policies of donors, providing political will and commitment including ethics, and support on issues such as tourism, migration, violence and rape of women.
- *Socioeconomic*
The socioeconomic status of individuals, including issues of accessibility of health care, affordability of drugs, education and training, unemployment, income generation and remuneration, poverty, malnutrition, inheritance, marriage and divorce, which all affect individuals' capacity to assimilate and act on prevention messages.
- *Culture*
The elasticity of language, family and community relations, centrality of family in decision-making, individual beliefs vs community norms, role of caregivers, social norms and attitudes, cultural strengths, oral media and performance, tradition and values are all factors in shaping people's perceptions and responsiveness to messages.

“To be able to communicate effectively with everyone in a manner that they are comfortable with, societies must be targeted and consulted about the activities they would want to engage in as opposed to imposing programmes that they will have little or no interest in.” Diana Zulu, Zambian Journalists Against HIV/AIDS Network

- *Gender*

The imbalance of power, unequal access to information and education, sexuality control and negotiation, vulnerability and risk of HIV, women and mothers, men, social habits and expectations, rules and other social constructs, economic dependence of women, role of men all adversely affect women's – and men's – ability to protect themselves from the virus.

- *Spirituality*

Being non-judgmental towards all religions, partnership with religious leaders, seeing spirituality as broader than religion, entry point to communities, humanising people living with HIV, relating prevention to care, respecting different values about the dead, life and fatality are essential elements in the response to HIV/AIDS.

UNFPA and Advocacy Communication

Because one of its priorities is improving the reproductive health of adolescents and young people, UNFPA's HIV/AIDS work primarily focuses on prevention, supporting the integration of strategies to promote gender equity and safer sexual behaviour in reproductive health programmes. Recognising that many attitudes, behavioural lifestyles and gender perspectives are formed during the early adolescent years, strategies are geared towards creating an enabling environment, which includes encouraging open and frank discussion of young people's sexuality and gender equity; advocating for and strengthening providers' communication skills to offer youth-friendly sexual and reproductive health services; strengthening adolescents' capacity to negotiate for healthy lifestyles to reduce their vulnerabilities to STIs and unwanted pregnancies; educating on HIV/AIDS, sexuality and reproductive health and life skills; promoting condom use or postponement of sexual initiation. Advocacy is a central plank in the agency's HIV strategy. The International Conference on Population and Development Plan of Action mandates the following priorities in advocacy: to promote reproductive health and rights; to increase focus on young people and displaced persons; to integrate population issues in development; to advocate for gender equity, women's empowerment and partnership with men; and to mobilise resources for reproductive health and population issues.

UNFPA defines advocacy as attempts to influence the political climate, policy and programme decisions, public perceptions of social norms, funding determinations and community support and empowerment towards specific issues through a set of well planned and organised actions undertaken by a group of committed individuals and/or organisations working in concert.

In the context of the agency's work, the overall purpose of advocacy is to bring about an improved environment for sexual and reproductive health and rights, gender equity and sustainable population and development programmes. Advocacy is only one communication programme vehicle to achieve social change and

contribute towards meeting the goals of the International Conference on Population and Development; others include behaviour change communication and education.

While recognising the importance of the social environment in which advocacy takes place, UNFPA defines it differently from UNAIDS' five contextual domains (above). UNFPA's four contextual domains are:

- *Sociocultural*
gender relations; spirituality; culture
- *Political systems*
governance issues; relationships between state and civil society
- *Institutional aspects*
policy and laws affecting government's role towards the private sector; factors which affect implementation of policies and programmes; sectoral regulations; national and sectoral budgets; services
- *Resources*
socioeconomic status of individuals; social capital: solidarity networks; community knowledge; skills that create social change

UNFPA is developing a framework to plan and assess advocacy results within these four domains. Such a framework will explain possible chains of result, discuss different models and select possible output indicators and instruments that can be used for monitoring and evaluation.

Evaluation

The first step in measuring the impact of advocacy efforts is to define success: what kind of social change can be achieved through advocacy communication interventions? The second step is to identify which areas of the social and political environment are amenable to advocacy efforts; advocacy frequently focuses on the policy level, forgetting resource elements in the community, such as social capital.

UNFPA's framework for operationalising advocacy is based on the four contextual domains defined above, with advocacy mediating between the environmental contextual domains and the resulting enabling environment and vice versa (see diagram on page 59). These domains are not hierarchical. There should be synergy between them and they should be worked on simultaneously, not in isolation.

The five main result domains are:

- policy change (political will and new policies)
- intersectoral collaboration (willingness of governments and civil society to work together, nationally and internationally)

- enhanced advocacy capacity of civil society
- consensus building (favourable public opinion, management of opposition and public debate)
- collective empowerment (citizenship participation and vigilance)

Challenges that face evaluation include the fact that advocacy is collective, involving many alliances and partnerships, which makes it difficult to attribute success to a single agency. Advocacy and social change are long-term processes and success cannot be measured by formulation and approval of a new policy alone; for example, where female genital mutilation is illegal, community leaders may still practise it underground and deny young girls access to their rights. Causal relationships between results and set of activities are very hard to capture, while multiple advocacy outputs and priorities, such as poverty and protecting the environment, all compete for attention.

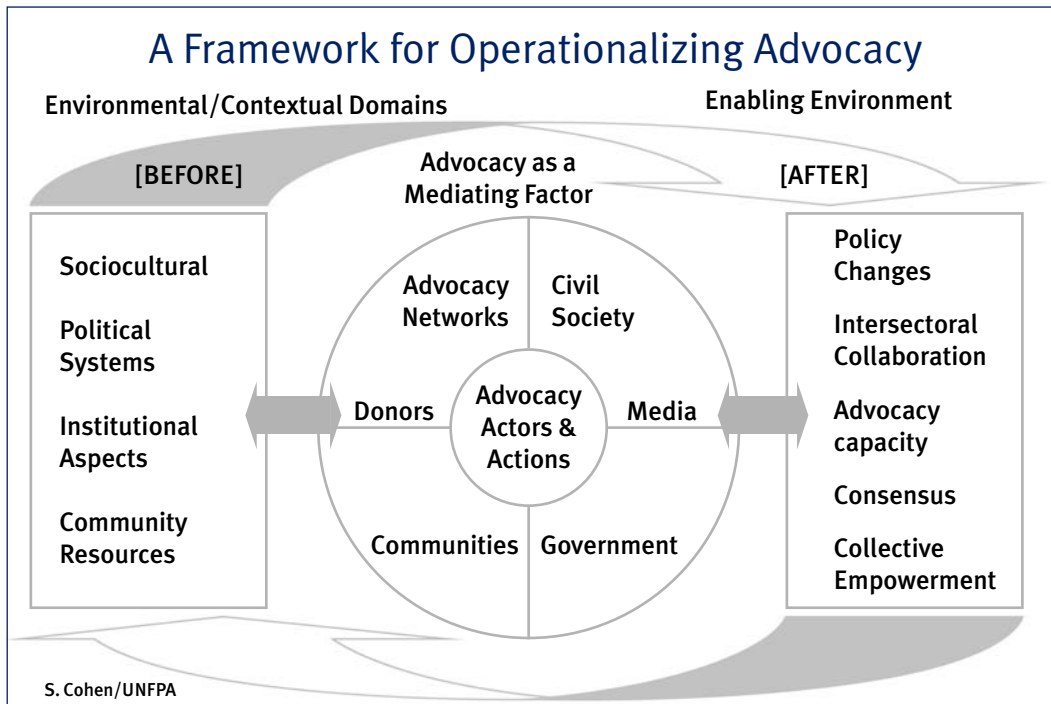
Process indicators are needed to examine how policies are implemented, including community empowerment to change harmful norms such as gender-based violence and stigmatisation of people living with HIV. Other process indicators are needed to measure the advocacy skills of civil society and positive cultural milieux such as supportive networks for young people; partnering with men as policy-makers, community leaders, sexual partners and reproductive health clients; and conflicts of interests, such as men agreeing to give up power and some of the benefits of the patriarchal model of masculinity.

Challenges in HIV/AIDS Advocacy

HIV/AIDS prevention has been hindered by complacency, late recognition of some of the impact of the epidemic and limited funding. The fact that so many people at risk are not fully informed as to the means of protection partly reflects the failure of advocacy with governments to ensure that people are given the facts, skills and services they need.

Nevertheless, advocacy has achieved some success. The original response to HIV was from the perspective of health and was based at the World Health Organization. From there UNAIDS evolved, acknowledging the multi-dimensional aspects of the epidemic. Some reduction in the price of antiretroviral drugs has been achieved through advocacy from different sides, including community-based organisations, people living with HIV, governments, donors and others.

The epidemic has been discussed in many national and international fora, culminating in the United Nations General Assembly in June 2001 and the subsequent Declaration of Commitment on HIV/AIDS: “Global Crisis – Global Action” (page 19), and the establishment of The Global Fund to Fight AIDS, Tuberculosis & Malaria.



Many challenges remain. Communicators must reinforce their capacity to talk to, persuade and build coalitions with partners, and to lobby governments. There is a need for accurate audience analysis; sometimes communicators do not know which decision-makers to address, who they are talking to or what that person thinks. A third challenge is partner coordination and sustaining the effort in the presence of so many other priorities. A fourth challenge is to go beyond rhetoric; advocacy efforts are rarely based on sound research and have rarely been rigorously evaluated and the centrality of youth has not been taken to its logical consequences: providing the facts about sexuality and HIV/AIDS openly and without embarrassment, youth-friendly health services and counselling, the life skills to practice safer behaviours, while making clear the importance of a supportive societal environment (policies, laws, social norms, vocational training, job opportunities, etc) to foster prevention efforts.

Advocacy alone cannot lead to empowerment. There is a need for an integrated approach bringing together all strands of communication. The centrality of behaviour should be stressed. Interventions should address the different needs and concerns of organisations as well as individuals.

Diversity of ethical imperatives in terms of human rights and social justice must also be addressed. Advocacy tends to be associated with a notion of democracy where citizens are allowed to question the state – a notion that is not universally agreed.

Should advocacy only be focused at a political level or is it also required at individual level? Does advocacy only address the issue of resource mobilisation? Does it also focus on capacity at community level? People with HIV need to be involved in advocacy efforts. Jargon needs to be reduced and replaced by positive terminology focusing on hope, not despair. Advocacy also needs to be process-driven and not event-oriented.

“Mechanisms need to be established to share knowledge and ensure wide availability of documents and other forms of information.”
Workshop Conclusion

“A major impetus that will make a positive impact on HIV/AIDS prevention is cross-cultural comparison. The more that nations can benchmark and share their success stories and adapt them without reinventing the wheel, the better.” Victoria Obasaju-Ayo, Independent Consultant, Nigeria

SAfAIDS: HIV/AIDS Advocacy in Action

SAfAIDS, the Southern Africa AIDS Information Dissemination Service, is a regional organisation established in 1994 to help strengthen understanding of HIV/AIDS as a development issue. SAfAIDS dialogues with the media at regional level to encourage debate, improve understanding and promote accurate coverage of HIV/AIDS. The organisation’s media programme acts as a catalyst for provision and dissemination of information to journalists, editors, reporters, media managers and information officers, people living with HIV, non-governmental organisations and others.

Advocacy communication on HIV/AIDS largely takes place within the following programmatic areas:

- **Materials Production**
Investigative stories packaged to suit media needs and depicting the human face of AIDS. Stories are placed in localised contexts that communities can relate to and with less emphasis on statistics than real life issues. Feature / columnist service providing coverage of HIV/AIDS with a focus on development and an open dialogue for plurality of voices and real life experiences.
- **Media Practitioner Training**
Such training aims to reduce stigma; address personal attitudes; change stereotypes; focus on evidence-based stories; reduce sensationalist coverage and headlines; address wider issues such as gender imbalances, misconceptions and cultural practices; target stakeholders who have editorial autonomy, can change newsroom policy, promote new concepts and influence training curricula; improve use of information technology, particularly among women and NGOs; and get women journalists to challenge male counterparts and give AIDS prominence.
- **Partnerships**
A multisectoral approach with many voices, including international NGOs, UN agencies, academia, civil society, people living with HIV and community leaders, media fora and monthly discussion fora to share best practices, recent research, publications and activities; promoting sustained commitment with less reliance on donors.

SAfAIDS is a partner in RHAIN (Regional HIV/AIDS Information Network), which mobilises the strengths and expertise of organisations working in HIV/AIDS communication. RHAIN aims to foster greater collaboration and joint advocacy, strengthen the flow of information at national and regional levels and promote media training. RHAIN undertakes needs assessment, maintains a database of information service providers and an e-group forum to promote collaboration and avoid duplication of efforts, and a News Information Service bulletin.

SAfAIDS considers political commitment essential. HIV/AIDS should be a part of government speeches, conference addresses at all meetings at national, regional

and international level. Political commitment is a fundamental ingredient of advocacy communication and stigma must also be addressed. Without the support of our top leaders, those working in HIV/AIDS cannot make great strides. Government accountability is also crucial.

SAfAIDS' media work is constrained by the fact that HIV/AIDS is not viewed as newsworthy, but is sidelined by war, violence, crime and corruption. Journalists should view the epidemic as a development issue with socioeconomic implications that reach far beyond the health sector. There should be proactive lobbying for parliament debates on issues, more government commitment and accountability. Stakeholders and policy-makers should be included in the process to share and develop thinking together. It is important to advocate for open dialogue and use role models to bring out HIV/AIDS in a positive manner. Actions and physical demonstrations can be a powerful means of communication advocacy, such as caring for the sick, acceptance, showing love and care to the infected and affected, including orphans, and breaking the "us and them" barrier.

ANDI: A coalition of media advocates in Brazil

HIV/AIDS in Brazil is a complex issue which presents a number of advantages and disadvantages. Sex can be talked about openly – although less so between adolescents and their parents – and the media are an important source of information. However, sex is separated from affection and there is early eroticisation of children and adolescents. Adolescents receive much information, but face many obstacles in accessing condoms, including high prices and the reluctance of the government to confront the church's opposition to condoms being made available in schools. In such a situation it is often easier for adolescents to access drugs and drink instead of condoms.

ANDI (Agência de Notícias dos Direitos da Infância: Child Rights News Agency) was set up by Brazilian journalists in 1992 to help the media cover children and adolescents. ANDI monitors and analyses coverage of 15 issues in 50 daily and eight weekly, fortnightly or monthly magazines. This ongoing survey reveals not only the journalists' sources of information but also how often adolescents and children are listened to in the stories, whether solutions are covered, whether stories make the front-page news, whether stories on HIV/AIDS cover adolescents and children and whether stories on children's rights support or criticise Brazilian legislation. Healthy competition is promoted by ranking publications in terms of which newspapers give most coverage to the issue.

Between 1996 and 2000, the number of relevant stories monitored by ANDI rose from 10,700 to 64,396. In 2000, 31 per cent of articles in the daily papers covered

solutions, compared with 41 per cent of articles in the magazines. Education, violence and health were the most covered topics.

ANDI's output includes daily and weekly bulletins, a journalists' network, the Ayrton Senna Prize for articles on children and adolescents, guides of sources of information, and networks in six cities. The organisation also runs communication projects on children and adolescents, a trainee programme for college students and a social projects bank, and gives daily support to journalists covering children and adolescents.

The Youth Media Project supports journalists working on newspaper supplements, magazines and television programmes for adolescents. These both target adolescents and give them a voice. The project promotes educommunication – journalists as educators as well as communicators – and aims to increase and improve the coverage of issues that contribute to life skills.

The HIV/AIDS Youth Media Project, started in 1999 with the support of the Ministry of Health, aims to improve the quality of coverage in the youth media of the disease and issues related to teenage pregnancy. Articles are analysed by topic, primary source of information (in order of frequency: adolescents, the government and experts) and whether prevention notions are included. In 2000, ANDI and the Ministry of Health held a national seminar on the issue and jointly published a handbook, *Youth Media: the Challenge of AIDS*, which was widely distributed.

Because universities do not usually teach trainees about adolescence or HIV/AIDS, journalists reporting on the epidemic frequently produce articles full of statistics and frightening messages which alienate adolescents. Furthermore, because there are few new facts on HIV/AIDS, it is difficult for journalists to keep the issue in the media. One strategy to overcome this is to invite journalists to discuss prevention and life skills while covering other topics such as socioeconomics, gender, sexuality, school, family, drugs, pregnancy and youth participation.

5 Issues and Lessons

The consensus of the Managua Roundtable was that the different strands of HIV/AIDS communication overlap considerably and there is little rationale in maintaining strict divisions between them. A synthesis of different approaches would help communicators move forward, as would an integrated programmatic approach for intervention components to simultaneously target several domains of social change. From early in the meeting, therefore, most questions, observations and recommendations were made regarding communication in general rather than specific theories.

The primary themes of discussion were community ownership, evaluation clarifying and extending competencies, sharing of knowledge and accessing resources. The points made are summarised below. Other issues that came up included the difficulties of translating many of the concepts into languages other than English, and clarifying definitions of information and knowledge.

While much remains to be resolved and HIV/AIDS communication should recognise its limitations, it is important to recognise that it has not failed. Public health and reproductive health achieved much in the last century, including the eradication of smallpox and near eradication of polio, but it took decades to do so. The silence surrounding HIV/AIDS has been broken and there is near universal awareness of the disease and successful social marketing of condoms. The goal of HIV prevention – achieving near universal behaviour change among its target audience – is far more ambitious than any goal of even the most successful commercial enterprise, which has far greater sums to spend on advertising and marketing. Failure to reach that goal is not dishonourable, but merely a challenge to greater efforts.

Community Ownership

A recurring theme of the Roundtable was the need for the response to the epidemic to come from the community. At the heart of communication strategies should be permanent and consistent dialogue with those people most affected by the disease. In the words of David Lush of the Open Society Initiative for Southern Africa: “The power of the media is less in the message it conveys than the process that it triggers, the process should be the focus of communicators’ work.”

Once the principle of community ownership is accepted, other issues emerge. One is the definition of the community itself. Communities are diverse and multifaceted. Power is not shared equally and there may be power struggles. People who benefit from the status quo or who are opposed to HIV and/or sexual health education cannot be expected to support community-based initiatives for HIV prevention. Communicators have to take sides, usually with the most marginalised.

Another issue is coalitions and partnerships within the community, nationwide, or with international donors. While networking is critical to the success of

interventions, different timeframes, priorities and demands between or within organisations can create misunderstandings, rivalries and other obstacles.

A third issue is the extent to which HIV/AIDS should be a priority. The epidemic is only one issue which communities have to face and there is sometimes an argument for the disease not to be the focus of interventions; in low prevalence areas, for example, the primary community concern may be the protection of girls from sexual abuse.

Fourthly, where HIV is the central issue, communicators need to remember that they are not the only experts, and to facilitate solutions promoted by the community. An example frequently raised at the Roundtable was willingness to promote a wide range of behaviours, including condom use.

Community-focused challenges to HIV/AIDS communicators therefore include:

- Greater political will, achieved through advocacy at every level of society, including religious institutions.
- Creation of an enabling environment at policy level with local, national and international policy-makers.
- Understanding the implications of open communication and dialogue. Although the latter is an old technique, recent data from Uganda shows that it has a significant impact.
- Coordinating and determining priorities, given that communities are faced with a multitude of issues and proposed methodologies.
- Use of local dialogue and partnerships to focus and prioritise issues and messages.
- Understanding of sociocultural context and meaning of behaviour in the community and at individual level through research carried out by the local community, with such skills then becoming useful tools.
- Building capacity where long-term sustainable capacity is not achievable when outside financing comes to an end.

Sustainable Community Radio Stations in Mozambique – a Major Challenge

Mozambique presents many challenges to development and communication. Thirty years of civil war destroyed the social fabric in many areas. Infrastructure is weak; there are few roads, transportation is expensive, there is no functioning national postal service and only limited access to telephones in rural areas. Illiteracy is widespread and education levels are poor. Very few people have access to a doctor or drinking water. National print and radio does not reach many parts of the country; even where they are accessible, local issues are seldom, if ever, covered.

“Strengthening Democracy and Governance through Development of the Media”, UNESCO’s largest communication project to date, focuses on decentralisation, pluralism, diversity and media independence. The project began in 1998 with a study of the media landscape, which helped to develop several effective ways of supporting the media, including a journalist training programme, support for the emerging independent press and community radio, assistance to Radio Mozambique in its transition to public service broadcasting, and encouraging the participation of more women in the media. Recently, an HIV component has been added.

Whereas in many parts of the world community radio has grown out of grassroots movements unable to find a voice in existing media structures, development in Mozambique has been top-down. UNESCO has worked to minimise the negative aspects of this through a social mobilisation process which aims to create community ownership and anchor the project locally. This involves establishing effective mechanisms based as much as possible on local capacity and local organising experience. Intervention builds on strong community ownership, with a five-tier training and capacitation strategy, a carefully designed technical sustainability structure and design systems for financial sustainability. This methodology is being used both with UNESCO’s eight immediate partner communities creating radios from scratch and with a UNESCO-facilitated national network of all 30 community broadcasters presently on air.

To create community ownership, the radio stations are based either in a community association or community committee that trains 30 to 90 community members in editorial production groups. The radio stations are placed in easily accessible sites, with a welcoming environment, community spaces in front, and large windows, where possible, so that people can see what is happening inside.

After a two-year mobilisation and capacitation phase, two of the eight partner stations went on air in December 2001 and a third in March 2002. The last five

will go live by the middle of 2002. UNESCO will then monitor developments and assist flexibly and creatively when and where difficulties appear: as new problems arise, new appropriate methodologies and intervention forms will be developed.

The overall objective of giving the powerful tool of radio to disempowered communities is to spur development action. Helping people to see themselves as actors in development, making informed decisions about their own lives and creating positive change, should “strengthen democracy and governance in Mozambique”. In order to measure the impact of the stations on knowledge, attitudes and practice in the communities, qualitative indicators are being developed. Attitudes towards the community, its strengths and weaknesses, will be measured as well as attitudes and practices in areas such as HIV/AIDS.

The Tambuli Project

Radio is the most powerful medium in the Philippines and the only one which reaches almost all the country’s 7,100 islands. But while radio stations are set up to serve the cause of public information, education and development, the medium usually caters to interests such as politics, business and propaganda; ordinary Filipinos often do not have access to the airwaves.

Tambuli sets up community radio stations in remote areas of the Philippines according to seven criteria: (1) in an economically depressed or socially disadvantaged community, (2) no effective communication systems, (3) worthy co-operating institutions, (4) community leaders understanding the dynamics of participatory development, (5) willingness by the community to donate materials and human resources, (6) likelihood of making a positive impact, (7) terrain and geographical situation favours a low-power transmitter.

Tambuli stations differ from regular radio stations in several ways. They are located in depressed, isolated communities, operated collectively by members of the community, dedicated to development, education and people empowerment, low-powered, and adhere to the principles of democracy and participation. Tambuli trains and encourages people to conduct neighbourhood radio programmes in their villages by using their own karaoke recording machine.

All Tambuli stations receive top ratings in their respective areas of coverage. People gain higher awareness of events in their community and become more inclined to participate in discussions of issues directly affecting the community. A new sense of community grows and the exchange of information among local people stimulates social and economic activities.

The Tambuli Project emphasises the empowerment and participation of communities, offering “ordinary” people a channel of communication. Access and participation are primary principles. The project also faces some of the threats common to community media, including a high level of fall-out among volunteers, and the danger of politicians and vested interests trying to use the media to further their interests.

Evaluation

The importance of community ownership in evaluation and in devising indicators for a wide range of concepts (such as process, participation and capacity building, quality, commitment, conducive environment, building coalitions, partnership, dialogue and debate) was repeatedly emphasised. Who should design evaluation, the purpose of and primary audience for evaluation, what can and should be measured and how the impact of HIV/AIDS interventions can be distinguished from other societal influences, were all questioned. A participant commented on a recent evaluation, “there was a lot of confusion in the field as to which checklists are most useful. We need to provide precise guidelines for implementation, rather than definitions of things that should be simple.”

Evaluation and project design go hand in hand, with evaluation serving the needs of the project rather than vice versa and the community actively involved in design of both project and evaluation. However, the indicators required by donors may demand a level of research and analysis and resource allocation beyond the community’s capacity, while the indicators required by the community may not meet the standards set by donors.

While evaluation is often seen as a means of ensuring continuing donor interest, Soul City argues that its in-depth evaluation was not to satisfy donors, but to help the organisation itself. A similar point could be made about Juntos Decidimos Cuando, where campaigns respond to the issues raised by evaluation of previous campaigns.

Established indicators from such bodies as the Johns Hopkins University Center for Communication Programs, USAID, UNAIDS, UNICEF, UNESCO, UNFPA, ANDI and others were recognised, but without consensus as to whether they are universally valid, given that the primary audience for evaluation is still to be resolved.

Unconditional Love

Amy Bank of Puntos de Encuentro asked what kinds of changes communicators seek. “Is our goal to change people’s behaviour, or is it to help people – including ourselves, which we often forget – to take control of their lives in ways that are meaningful to each person?” People living with HIV/AIDS ask similar questions, pointing out that the strategies that communicators promote to prevent transmission of the virus are not always the strategies that people at risk are able or willing to take.

Taking control of one’s life is a difficult challenge. It is not a linear process, nor is it a goal which, once achieved, is always maintained. Teenage pregnancy is not reduced by knowledge of contraceptive methods alone, or even by being able to negotiate their use. An unhappy young woman may see pregnancy as the solution to her problems: she may not keep the man, but she will at least get unconditional love from the baby – and who does not need unconditional love in this world?

Clarifying and Extending Competencies

There was some disagreement in Managua as to the extent of availability of competency in Communication for Development. Thousands of people working in the field, who trained in journalism or a related discipline or who have little formal training, consider themselves communicators. One way of resolving the contradiction, which may be apparent or real, is to recognise that communicators have different expertises. To ensure quality in communication, minimal training standards, and how they can be achieved, need to be agreed.

One perspective sees participants in the Managua Roundtable as “communicologists” rather than communicators. Communicologists are based in bureaucracies while most communication is undertaken by people in the community. Communicologists are university-trained, while many peer educators have no more than a few days’ training in practical skills. The perspectives and needs of the latter are very different from those of the former, but both are needed in HIV/AIDS communication and both need to draw from the ranks of people living with HIV.

In-depth training and centres of knowledge are mostly confined to the North, while elsewhere it seldom extends beyond journalism. The pattern persists of Northern-trained experts working in the South, and there is a need for centres of knowledge to be established in the developing world, following examples from Colombia, Thailand and the Philippines. Communicators should direct advocacy at university administrators to make sure that Communication for Development is included in Southern curricula. The chain of communication between communicators and other levels of decision-makers is weak and key individuals are not identified.

The Communication Initiative

The Communication Initiative (CI) was established in 1998 to advocate the importance of communication for effective development and to advance the extent and quality of communication for change information. It also aims to expand dialogue, debate and review of key communication issues and programmes and improve strategic thinking on development issues. Developed in partnership with a range of Northern institutions, including the Rockefeller Foundation, Panos, USAID, the BBC and others, it is increasingly developing working relationships with Southern-based web networks, such as SANGONet, ANDI, InfoDev and others.

The initiative focuses on people and organisations using communication strategies to achieve progress on priority development issues or providing technical and financial support to such strategies, and on developing country journalists, news and entertainment media organisations.

CI primarily operates through a website (www.comminit.com) that offers a wide range of information, tools and contacts intended to help communicators with their work. By the end of 2001, 18,000 people across the world had subscribed to *The Drum Beat*, the initiative's on-line twice-weekly newsletter, including 6,000 subscribers to the Spanish-language Latin American service that was set up in 2001. Two-thirds of all subscribers are based in the South.

Steadily rising indicators of demand, use and feedback demonstrate the site's value to its subscribers. Users spend an average of 18 minutes per visit, particularly on the days after *Drum Beat* arrives. The newsletter receives more good quality information than it can use. Requests for help continue to rise. By November 2001, the site was receiving over 12,000 page views a day and over 26,000 unique visitors from over 140 countries a month were expected.

The site is structured around different "Tables", including summaries, with easily digested information linking to details, news, dialogue enabling discussion on major issues, research, search facility, networking, personalisation allowing visitors to configure the site for their interests, and "windows" focusing on specific aspects of development and commentary.

Sharing Knowledge

HIV/AIDS communication is stronger in theory and research than in practice and implementation. Communicators do not always share knowledge, inventories, resources and toolkits with each other or with those in the field. Knowledge flows less from the field to agencies and between agencies than it does from agencies to the field.

Participants in the Roundtable agreed on the importance of communicators sharing knowledge and experiences, and that mechanisms need to be established to

ensure wide availability of documents and other forms of information. However, concern was expressed about information overload and there were fears that proposed new web portals giving comprehensive access to information would devalue those that already perform the same function.

The principles that should underlie knowledge-sharing were summarised as a participatory approach, different languages and styles of language, horizontal exchanges between different communities and greater support for practitioners in the field.

These principles lead to the following challenges:

- how to support practitioners to communicate horizontally;
- how to exchange information across cultures and languages, and avoid western anglophone bias;
- how to be more analytical and self-critical rather than descriptive;
- how to share failures effectively;
- achieving greater use of information technology to find out what is and is not working in terms of social change;
- developing local and traditional community-based information systems and knowledge to ensure effectiveness of interventions, including;
- examination of factors such as who runs the system, whose knowledge feeds into it, how the supply of knowledge can meet the demand, how to empower local practitioners (and avoid empowering some people at the expense of others), and the perspectives of fields, programmers, academics, and stakeholders outside communication.

The Roundtable therefore recommends that agencies:

- take account of language in meetings and community activities;
- facilitate horizontal exchanges;
- tap into existing training institutions to strengthen the capacity of practitioners where needed;
- develop common terms of reference for HIV/AIDS communication;
- develop toolkits that address the needs of different audiences (although the word “toolkit” may need to be amended, since it implies no more than a mechanical approach);
- improve access to existing toolkits (including translation of best practices into tools).

Participants also agreed to continue the discussion initiated in Managua, through the Roundtable website (www.comminit.com/roundtable2/index.html) and email debate on specific themes.

Access to Decision-making and Resources

Participants at the Roundtable argued for a greater profile for HIV/AIDS communication and its successes. As one participant pointed out, “since communication is embedded in almost every HIV prevention programme, how can it be argued that everything else but communication is working? Perhaps communicators are not advocating strongly enough for communication?”

It was suggested that one problem is lack of a constituency in UN agencies for a strategic communication approach; even where the importance of communication was recognised, the infrastructure was weak. Communicators need to advocate for investment in training, research and professionalisation of existing teams. If money is unavailable, the private sector should be approached: “we should not be shy about using these skills to get more money for our cause.”

Differences between media relations and communication should be made clearer, but at the same time it should be recognised that they complement each other; the media can be used for both publicity and behaviour change. The challenge is to focus the media’s attention on the disease as it slips away from the front pages.

Global Crisis – Global Action

The goals in the United Nations Declaration of Commitment on HIV/AIDS: “Global Crisis – Global Action” (www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html) can be achieved by developing and implementing relevant strategies through leadership, a focus on prevention, care and support, elimination of discrimination, reduction of vulnerability, creation of a supportive environment, addressing the social and economic impact on families and communities, accelerating research and increasing resources. The Declaration is an advocacy instrument with concrete objectives and indicators, but to make it work requires facilitating ownership and action by Southern governments and civil society, de facto coordination of all partners at global, regional and country levels, proactive and sustained advocacy from the international community to identify funds, sustain local and regional initiatives, stimulate reluctant governments and keep up momentum, together with rigorous follow-up on the goals established and use of the indicators given.

Using the Declaration as a strategic framework, the Roundtable identified the following practical issues and challenges needed to improve advocacy communication:

- Make the Declaration accessible to all involved in fulfilling its aims;
- Rapid research to segment the audiences that need to understand the Declaration; determine who knows what, who needs to know what and what motivates decision-makers at all levels;
- Break out of the mould of having a limited number of people in organisations credible in conducting advocacy; identify organisations that can and should be credible advocates and their comparative advantages in advocating for different Declaration goals;
- (Because in many organisations specific people are designated advocates, while those working in HIV may not consider advocacy their role) create an advocacy culture within organisations and structures to create a social movement where advocacy is considered part of everyone’s work and risk-taking, such as when government is challenged, and is rewarded;
- (Because some goals will not be reached, such as reduction in transmission to young people by 2005) redefine success, demystify the Declaration and help the public to understand what the goals are (for example rates of HIV incidence may be reduced while prevalence rates increase);
- (Because mainstreaming has divided organisations into those that work on HIV and those that work on other issues) aim for fulfilment of the Declaration to be part of every organisation’s mandate;

- Use the Declaration as a moral imperative to remind governments and other stakeholders that it is a real commitment with accountability and expectations attached;
- Define accountability mechanisms and ensure national advocacy strategies in line with the targets in the Declaration;
- Link all programme activity with the advocacy goals of Declaration, to ensure goals are funded;
- Expand the donor base by developing advocacy strategies that reach non-traditional donors;
- Expand advocacy messages from the international media to local media channels;
- Use epidemiological projections to formulate strong advocacy messages that will appeal to decision-makers, such as use of projections to demonstrate likely social and economic risks and bonuses of following a particular course of action;
- Undertake analysis as to whether donors, non-governmental organisations etc practise what they advocate. (Men predominate in many agencies; despite talking about positive role models, staff are often reluctant to say they live with HIV.)

HIV/AIDS communicators should develop multidisciplinary operational strategies for each region based on the Declaration, with appropriate outputs and activities.

Other Concerns

Other recommendations from the Roundtable included:

- creation of a “brains trust” at international level on HIV/AIDS communication strategies and tools whose work should feed into Global Health Fund planning;
- creation of stakeholder coordination groups or another mechanism at national and subnational level to develop and implement joint strategies and action plans, thereby decreasing waste, disputes over territoriality and fragmentation;
- agreement on thematic priorities, bearing in mind that different countries are at different stages of the epidemic and have different windows of opportunity, in particular: stigma, antiretroviral drugs, care and treatment and safer sex (through understanding the meaning of sexuality and making safer sex more appealing);
- approaching the HIV/AIDS issue positively (rather than take the line “if you don’t use a condom you will die”);
- greater effort to reach hard to reach groups in rural areas;
- greater sensitivity to the use of languages and style of language;

- acceptance and promotion of community role models;
- interpreting scientific aspects for lay audiences;
- developing information strategies that include men;
- holistic communication approaches covering all members of the community and including more aspects than communication;
- advocacy on debt relief on poor countries because that will impact on the epidemic;
- facilitation of equity within communities and North-South;
- clarification of accountability: who holds the purse strings, who decides the issues, what the ethics are;
- clarification of priorities (such as “Should we be giving money to the media or buying drugs or spending money on health services?”);
- development of long-term projects, funding and evaluation;
- recognition that communication is value-laden, no matter how independent or non-political communicators think they are.

Footnotes

¹ Canadian Meeting on Development Communication, Montreal, 21–22 November 1994.

² Servaes Jan and Patchanee Malikhao, “Concepts: The Theoretical Underpinnings of the approaches to development communication”, *UNFPA/UNESCO project on Integrated Approaches to Development Communication: A Study and Training Package*, May 1991.

³ This section draws heavily on Waisbord Silvio Ph.D., “Family Tree of Theories, Methodologies & Strategies in Development Communication: Convergences & Differences”, Rutgers University, Prepared for The Rockefeller Foundation, May 2001, available on www.comminit.com/stsilviocomm/sld-2881.html, and Servaes Jan and Patchanee Malikhao, “Concepts: The Theoretical Underpinnings of the approaches to development communication”, *UNFPA/UNESCO project on Integrated Approaches to Development Communication: A study and Training Package*, May 1991.

⁴ Underwood Carol and others, “Impact of the Heart Campaign: Findings from the Youth Surveys in Zambia, 1999 & 2000”, presented at USAID conference, 16 October 2001.

Annexes

Proceedings

Monday 26 November

Welcome and Introductory Remarks

Chairperson: Rifai Ziad, UNFPA Country Support Team, Amman

9.00 Keynote addresses

Maurizio Gómez Lacayo
Secretary, Department of Economic and Cooperative Relations,
Ministry of Exterior Relations, Nicaragua

Jairo Palacio
Deputy Director, Latin America and Caribbean Division
UNFPA

Lluis de Artigas
Senior Adviser, Communication Division
UNESCO

Denise Gray-Felder
Vice-President, Communication for Social Change
Rockefeller Foundation

9.45 The Context of Development Communications in 2001

James Deane
Executive Director
Panos Institute

Questions

10.30 HIV/AIDS and Communication Issues and Solutions: Grounding the Debate

Bunmi Makinwa
UNAIDS InterCountry Team, Southern Africa

Dorothy Onyango
National Association of People Living with HIV/AIDS, Kenya

Amy Bank
Puntos de Encuentro, Nicaragua

Jennifer Sibanda
Federation of African Media Women of Zimbabwe

Winnie Ssanyu-Sseruma
African HIV/AIDS Policy Network, UK

Discussion

The Challenges of HIV/AIDS Communication, particularly evaluation, along the three main communication for development approaches

- What have we learned, what works, what does not work in our field?
- What, if any, are the fundamental challenges and questions that we are facing in developing more effective strategies?
- Are the evaluation methodologies we use sufficient and appropriate to measuring lasting sustainable impact?

2.00 Behaviour Change Communication

Chairperson: Delia Barcelona, UNFPA New York

Key Issues Raised in On-line Debates
(James Deane, Panos Institute)

Conceptual Framework / Planning Models
Jose Rimon, Johns Hopkins University Center for Communication Programs

Corresponding Evaluation Approaches, Challenges and Lessons Learned
Jane Bertrand, Johns Hopkins University Center for Communication Programs

International Community Perspective / Challenges
Elizabeth Fox, USAID; Barbara de Zalduondo, Synergy

Grassroots Perspectives / Challenges
Sue Goldstein, Soul City

Specific Implications for HIV/AIDS
Rafael Obregon, Universidad del Norte, Colombia (Discussant)

Discussion

4.15 Social Change Communication

Chairperson: Warren Feek, Communication Initiative

Key Issues Raised in On-line Debates
(James Deane, Panos Institute)

Conceptual Framework / Planning Models
Denise Gray-Felder, on behalf of Brian Bird, Rockefeller Foundation

Corresponding Evaluation Approaches, Challenges and Lessons Learned
Esca Scheepers, Soul City

International Community Perspective / Challenges
Thomas Tufte, University of Copenhagen

Grassroots Perspectives / Challenges
Humberto Abaunza, Puntos de Encuentro

Specific Implications for HIV/AIDS
Louie Tabing, Tambuli Community Radio (Discussant)

Discussion

Tuesday 27 November

9.00 *Advocacy Communication*

Chairperson: Paulo Lyra, PAHO

Key Issues Raised in On-line Debates
(James Deane, Panos Institute)

Paradigm / Planning Models
Mario Acha, UNFPA Country Support Team, Mexico

Corresponding Evaluation Approaches
Sylvie Cohen, UNFPA New York

International Community Perspective / Challenges
Silvia Luciani, UNICEF New York

Grassroots Perspectives / Challenges
Aulora Stally, SAfAIDS

Specific Implications for HIV/AIDS
Mahesh Mahalingam, UNAIDS (Discussant)

Discussion

11.00 *Evaluation of Development Communication: Existing Indicators and Measuring Tools / Fresh Approaches*

Four workshops / working groups, according to the different communication approaches discussed before (mixed groups)

Workshop 1: Behaviour Change
Facilitators: Susan Zimicki, CHANGE / AED, and Annick Wouters, UNFPA CST, Harare

Workshop 2: Social Change
Facilitators: Alfonso Gumucio and Veet Vivarta, ANDI

Workshop 3: Advocacy
Facilitators: Paula Donovan, UNIFEM, and Tuba Dundar, KIDOG

Workshop 4: Community-Based Approaches to Mitigate Impact of HIV/AIDS
Facilitators: Loy van Crowder, FAO and Jennifer Sibanda, FAMW

2.00 *Report Back from Evaluation of Development Communication Working Groups*

Chairperson: Amy Bank, Puntos de Encuentro

4.00 *Nicaraguan Experiences with Sexual and Reproductive Health Issues*

Julio Calero
Promotor de la Red de Comunicadores Adolescentes

Pascual Ortell
Fundación Nimehuatzin

Oswaldo Montoya
Asociación de Hombres Contra la Violencia

Leonel Arguello
Centro de Estudio y Promoción Social

Wednesday 28 November

9.00 *Taking the Debate Forward (Who needs to be persuaded of what in development communications?)*

Four workshops

Workshop 1: Arguments, Challenges and Recommendations of the Communication Community to Donors: a Declaration from the Meeting
Facilitators: Gloria Coe, PAHO, and Adelaida Trujillo, Communication Initiative Latin America

Workshop 2: From Theory to Models to Practice and Implementation: Developing Inter-Agency Terms of References for New Toolkits for Local Communication Practitioners
Facilitators: Birgitte Jallof, UNESCO, and Guy Bessette, IDRC

Workshop 3: Creating More Conducive Communication Environments at National Level: Governments, Media, Religious Organisations, Bureaucracies
Facilitators: Narcisse de Medeiros, UNICEF, and Susan Aradeon, UNFPA

Workshop 4: Building of Communities of Interest and Practice in the Communication Community
Facilitators: Mallica Ratne, UNFPA Country Support Team, Nepal, and Moncef Bouhafa, Centre for Development Communications

11.30 *Further Experience Sharing*

Presentations from participants

Declaration of the Meeting and Planning the next Roundtable

Chairperson: Sylvie Cohen, UNFPA New York

2.00 *Report Back from Taking the Debate Forward Working Groups*

Chairperson: Patricio Rojas, PAHO / WHO Representative

3.45 *Planning the next Roundtable*

4.30 *Declaration from the Meeting*

5.00 *Closing Remarks*

María de los Angeles Arguello
Minister of Health, Nicaragua

Opening Statement

Dr Mauricio Gómez Lacayo

Secretary, Department of Economic and Cooperative Relations,
Ministry of Exterior Relations, Nicaragua

It is an honour for me to warmly welcome you to our country and to be able to share with you this important event, the objective of which is to evaluate challenges for Communication for Development in the context of HIV/AIDS.

Despite the social and scientific advances that have been made at global level, HIV/AIDS has become the most stigmatising and least understood disease of all time. The rejection with which we commonly react to AIDS is due in great part to the lack of knowledge and fear which the disease provokes.

In this respect, we know that in recent years there has been much debate on what should be the most effective communication strategy that will help to prevent this fatal disease.

In Nicaragua, even though the data indicate that the epidemic is at an early stage of development, if we take into account the experience of other countries, we must recognise that any prevalence level represents a clear and present danger and that the time to act and halt the advance of this disease with all means at our disposal is NOW.

Aware of this urgent need, we must take full advantage of one of the most effective means at our disposal: INFORMATION AND COMMUNICATION. If these tools are used efficiently, they can definitely contribute to encouraging changes in behaviour at every level and reduce the risk of HIV/AIDS transmission. So too can the promotion of public policies consistent with prevention and treatment for people affected by this disease.

That is why we have met in this country to share and learn from different experiences and approaches in the field of Communication for Development. We hope that the valuable contributions and conclusions which each one of you bring will help develop better communication strategies to mitigate the socioeconomic consequences of this scourge of humanity, which may become in the near future the most serious and complex problem limiting social and economic development in our countries.

I would like to offer my thanks to all of you for being here today and particularly my acknowledgement for the work and effort of UNFPA staff, who have made it possible to hold this transcendental international meeting, as is clearly reflected by the presence of each one of you.

Thank you very much.

Opening Statement

Jairo Palacio

Deputy Director, Latin America and Caribbean Division, UNFPA

Since they started 13 years ago, Communication for Development Roundtables have been informal international meetings where donors and communication practitioners can agree on approaches, inform each other of progress and share good practice.

At the same time, Roundtables provide a unique opportunity for close observation of good practices in the host country. As co-hosts, we are honoured by the generosity of the Nicaraguan institutions and national authorities who enthusiastically agreed to organise this meeting and share with us their successes, constraints and aspirations for a better future for all; in particular, free of HIV/AIDS as a threat to the health and life of so many people who have the right to a long, healthy and fulfilling life.

Roundtables meet every two years under the leadership of a United Nations agency selected by rotation. The aim is to achieve a better understanding of each agency's specialist work for social and cultural change, in the field of Communication for Development.

Participants at the last Roundtable, coordinated by UNICEF and held in Brazil, included UNESCO, WHO and UNAIDS as well as bilateral agencies such as USAID, universities and non-governmental organisations. The conclusion that was most emphasised was the need to improve communication programmes and dedicate more resources to developing capacities that encourage both behaviour change and communication for social change.

The United Nations Population Fund (UNFPA) is particularly honoured by the responsibility for organising this Eighth Roundtable. We are sure it will enable participants to:

- 1) improve inter-agency collaboration in such particularly sensitive areas as education and communication for adolescent reproductive health;
- 2) keep HIV/AIDS prevention, care and impact mitigation high on our agendas;
- 3) continue strengthening alliances between governments and civil society to strengthen progress in such areas as rights, gender equity, social equity and sexual and reproductive health.

More specifically, we hope that this Roundtable will help UNFPA to improve its own strategies in its communication programmes.

As development agencies, we basically work with the same partners and face the same challenges when attempting to influence the political context, sociocultural norms or individual behaviours. Whether agencies, universities, NGOs or

governments, we all have valuable experiences and similar expectations. It is therefore essential to harmonise our approaches and work cooperatively, as a natural interaction, at international, national and local levels.

In essence, this event is a unique initiative for knowledge-sharing by a community of experts in communication, who work with the same partners in the same countries and share values and objectives.

Now, allow me to say a few words on our expectations in the field of HIV/AIDS communication.

As eloquently described by Panos in the background document, this pandemic represents the worst and most complex challenge for communicators in development. The scale of HIV/AIDS, especially in developing countries, presents this Roundtable with a level of urgency that must be maintained as a priority, in the equally essential search for effectiveness and quality.

During the year 2000, an average of 15,000 people worldwide contracted HIV, equivalent to almost 11 people every minute. In that year alone, 5.3 million people became infected, raising the number of people who live with the virus to 36.1 million.

A more detailed glance at the previous year yields data of particular interest to the international community and the national leaders:

Ninety-five per cent of those who acquired the virus in 2000 live in developing countries. Forty-seven per cent of that total are women, and experience from Africa indicates that between 60 and 80 per cent of the infected women only had sexual relations with their spouses.

Fifty per cent of the people who became infected in the year 2000 were between 15 and 24 years old.

These statistics alert us to the importance of incorporating an effective gender perspective in prevention strategies. The statistics also question the idea that marriage is a safe institution that protects against infection, or that fidelity is a realistic option for women unable to negotiate with their partners.

The numbers I have just given indicate that offering adolescents silence is an act of unforgivable shortsightedness, and that it is essential to reconcile prevention approaches from a social perspective with those of focusing on individuals.

UNFPA's HIV/AIDS work is based on prevention, supporting the integration of strategies to promote sexual behaviour with very little or no risk into reproductive health programmes.

Adolescents and young people are a focus in programmes supported by UNFPA. Strategies are designed to strengthen women's self-esteem as much as men's, to improve women's capacity for negotiation and self-determination in sexual matters,

to promote condom use, to postpone sexual initiation and to include sexual abstinence as an option in sexual self-determination, as mentioned earlier.

In addition, UNFPA particularly emphasises support for the provision of female condoms as well as male condoms, and improving logistics to ensure adequate access, while taking into account users' needs and perspectives.

Thirdly, UNFPA promotes and supports programmes preventing the transmission of HIV from pregnant women to their children and partners.

A key aspect of UNFPA strategy is mobilising support for the formulation and application of laws, policies and programmes. One of UNFPA's mandates is undertaking advocacy for socioeconomic development, supporting programmes that reduce poverty, which is, as we know, a key factor underlying the epidemic.

Each of the priorities that I have mentioned implies enormous challenges. First, in spite of recent positive initiatives we are still far from achieving the financial resources needed. Second, the field we work in has particularly complex sociocultural dimensions. And third, there is still insufficient political will to place prevention, treatment and modification of underlying factors at the highest level of national priorities.

These reasons confirm that the impact of development agencies working alone will not be enough to make a difference. We must continue striving towards a standard of collaboration and cooperation that strengthens synergies, shares lessons learned, distributes work appropriately and articulates mandates better.

In common with other developing regions and countries, Latin America faces challenges related to poverty, women's reduced negotiating power and institutional irregularities, to mention but a few. But in addition, in Latin America the presence of very active institutions and groups adept at political lobbying constitutes a very powerful factor that often weakens and sometimes paralyzes national action.

That is why UNFPA's new strategy in the Latin American region includes an advocacy component supporting governments and civil society negotiating to overcome barriers based on prejudice and ideology.

I believe that several positive signs suggest that we are at the start of a new period. In UNFPA, we agree with Panos that there is a climate of greater optimism and greater commitment in the international community, as can be seen from the outcome of the United Nations General Assembly Special Session on AIDS which took place last June in New York, and from the launch of the Global AIDS Fund.

Inspired by such optimism in the air, this Roundtable will, I am sure, be very productive in moving forward the different themes included in its objectives and suggested by the quality and quantity of participants.

I do not want to conclude without emphasising that we are here thanks to commitment and hard work from many people and institutions. I would like to draw

attention to the Rockefeller Foundation, whose contribution allowed several Southern NGOs to participate. I would also include UNESCO, which, with the Rockefeller Foundation, is supporting production of the report. Also the Panos Institute as facilitator, and the Communication Initiative, which hosted the website and on-line debates. I must also acknowledge the work of all the agencies that participated in the initial consultations through the Advisory Technical Team. Finally, but no less importantly, I am very pleased to stress the work of my UNFPA colleagues in New York and national organisers, including the local office of the Population Fund, Puntos de Encuentro and different sectors of the government of Nicaragua, whose goodwill and hard work created the conditions necessary for the Roundtable to take place in the best atmosphere.

To all of you, our gratitude.

To all friends gathered here. I wish you great success in your discussions. Your presence is a strong voice telling the entire world that when the health and lives of so many people are at risk, there is room for indifference. There is no excuse for lack of interest. There is no justification for intolerance.

Thank you very much.

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