An Analysis of the Planning and Implementation of HIV and AIDS Communication Interventions by NGOs in Kenya

By

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DECLARATION

I declare that this thesis is my original work and has not been presented anywhere for a degree.

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DEDICATION

Dedicated to my parents: Assumpta Wakonyo Kiai, and to the late Bethuel Gachanja Kiai

In honour of your great virtues, good deeds and teachings,

And in celebration of the dignity and integrity of your lives.

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Abbreviations

AAWORD	African Association of Women for Research and Development
AMR	Africa Media Review
AIDS	Acquired Immunodeficiency Syndrome
AIDSCAP	The AIDS Control and Prevention Project
FAN	Forest Action Network
FAO	Food and Agricultural Organisation
FHI	Family Health International
FPPS	Family Planning Private Sector
HIV	Human Immunodeficiency Virus
KANCO	Kenya AIDS NGO Consortium
KDHS	Kenya Demographic and Health Survey
MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STD Control Programme
NGO	Non-Governmental Organisation
SAFAIDS	Southern Africa AIDS Information and Dissemination Service
STDS	Sexually Transmitted Diseases
UNAIDS	The Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNGLS	UN Non-Governmental Liaison Services
UNICEF	The United Nations Childrens' Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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Abstract

This study investigated whether organisations involved in HIV and AIDS education have integrated effective communication planning and implementation processes in their interventions. The study's overall objective was to analyse the planning and implementation of the communication interventions within non-governmental organisations dealing with HIV and AIDS.

Specifically, the study set out to: examine the extent to which organisations involved in HIV and AIDS education programmes have integrated an effective communication process at the decision-making level; analyse the planning of the communication process of these organisations with a view to assessing their conformity with acceptable communication principles; and to identify the strengths, gaps and constraints in the existing planning of the communication process of the said organisations.

The study was conducted in Nairobi and Kisumu, where the headquarters of the sampled organisations are. An inventory of six hundred and forty-five organisations registered by the Kenya NGO AIDS Consortium (KANCO) was used for multi-stage sampling. Two hundred and sixty organisations were found to have educational and communication interventions and these were isolated for study. These isolated organisations were divided into three categories of international and regional organisations, national organisations and local organisations. These categories were then used to randomly select sixty organisations which had information, education, and communication (IEC) or communication as a major programme or project.

Both primary and secondary sources of data were used. Primary data were collected using a semi-structured questionnaire, and key informant interviews. Data from the semi-structured interviews were analysed using the Statistical Package for Social Sciences (SPSS), while data from the key informant interviews were analysed along thematic areas and used to support the information derived from the semi-structured interviews. The findings are presented using triangulation, as well as visual graphics, such as bar charts and pie charts.

The first major finding is that there were attempts to integrate an effective communication process in the planning, design and decision-making level. However, complete operationalisation or integration was lacking as only 6% of the organisations had a person with training in communication, in charge of communication interventions. Secondly, there were components of behaviour change communication, combined with awareness-raising for about 50% of the organisations. Finally, in terms of strengths, the findings indicate that participation was well integrated in most of the organisations' interventions.

The study therefore concludes that, first, the majority of organisations have not fully integrated communication in a sustainable manner at the decision-making level, in spite of their recognition that communication should be integral to decision-making and planning. Second, about a half of the organisations had embraced effective communication principles in the implementation of their interventions. Finally, contrary to one of the assumptions made in this study, participation was a key component for about three-quarters of the organisations.

On the basis of these conclusions, the study recommends to the National Aids Control Council (NACC), that there is need for mapping of organisations working on HIV and AIDS interventions, particularly with

regard to their communication efforts. The study also recommends further research into the following areas: analysis of the contribution of communication to lower prevalence rates in Kenya; the focus on HIV and AIDS messaging; in-depth research on culture, sexuality and sexual behaviour as this relates to communication; evaluation of HIV and AIDS communication interventions in Kenya; audience studies on HIV and AIDS communication in Kenya; and the mass media and HIV and AIDS.

CHAPTER ONE

Background to the Study

1.1 Introduction

The impact of AIDS is not less destructive than war itself, and by some measures, far worse.
(UN Secretary-General, Kofi Annan: quoted in UNAIDS, 2000a: 39)

The HIV and AIDS pandemic has had a devastating and incredible impact on humanity since the first reported case in 1983. The global attention and resulting efforts aimed at stemming the swift spread of the pandemic witnessed a remarkable growth from the early 1990s (UNAIDS, 2003; Panos Institute, 2004). Yet the persistent high prevalence, particularly in some countries in sub-Saharan Africa, continues to confound scholars, researchers and practitioners who have devoted their time to studying and developing interventions. This has led some researchers to opine that the pandemic has benefited very little from the lessons of the past (Panos Institute, 2004).

Two decades after the first reported AIDS cases, AIDS and HIV continue to threaten development goals, objectives and efforts in the developing world (Piot, 2005a). The figures have escalated to alarming proportions and the number of people living with HIV and AIDS (PLWHA) has risen sharply particularly in Africa and Asia, most notably in sub-Saharan Africa (UNAIDS, 2004). The HIV and AIDS pandemic has demonstrated human inability to deal with an epidemic like none other in the history

of mankind and it continues to become more complex every year- a staggering challenge (McKee et al., 2004). This is in spite of the global commitments to reducing the prevalence rates of HIV and AIDS, including placing the pandemic as a priority issue in the Millenium Development Goals (Panos Institute, 2004). Millenium Development Goal 6 seeks to halt the spread of HIV and AIDS (as well as malaria and other diseases) and to begin to reverse the spread of the pandemic by the year 2015 (UN, 2008).

The despair expressed in the late 1990s has changed to an emerging picture of hope, as the global and national efforts aimed at combating HIV and AIDS have resulted in reduction of prevalence rates. This reduction in the Bahamas, Barbados, Cambodia, Kenya, and Zimbabwe, has buttressed the concrete progress witnessed in Brazil, Thailand, and Uganda (Piot, 2005a; UNAIDS, 2006). Yet, scholars and practitioners working on HIV and AIDS emphasize the need to intensify and accelerate efforts as the pandemic has 'morphed' to cumulatively affect over 65M people, and it continues to increase (Piot, 2006a, UNAIDS, 2006). In 2005, the total number of people living with HIV and AIDS was placed at 38.6M (33.4-46M), those newly infected with HIV were 4.1M (3.4-6.2M), while AIDS deaths were estimated to be 2.8M (2.4-3.3M). On the other hand, there were over 11,000 new infections a day in the year 2005 (UNAIDS, 2006).

Sub-Saharan Africa continues to bear the brunt of the pandemic- the region is host to an estimated 26.6M people living with HIV and AIDS, with an estimated 3.2M people becoming infected in 2005, while about 2.3M people died of AIDS related complications (UNAIDS, 2006). This

same source states that Kenya had 1.3M (1.1-1.5M) people living with HIV and AIDS in 2005, with a prevalence rate of 6.1% (5.2-7%). The most affected category of Kenyans is that of those aged between 15 and 45years, the most productive cadre of people. This has severe economic implications because the country will be denied professionals and families of providers, which has spiralling effects on education and the socio-economic status of communities. It is predicted that there will be increased burden on the extended family and the surviving relatives, which further impinges on productivity and socio-economic status (Okeyo et al., 1996). A unique characteristic in Kenya, as in the rest of Sub-Saharan Africa, is that women are significantly more susceptible to the HIV virus, with young women aged between 15 and 24 years being particularly vulnerable (UNAIDS, 2003; UNAIDS, 2006; MOH, 2001).

The recent statistics indicating a decline of the HIV and AIDS prevalence rate in Kenya, and the concerted efforts at the national and local levels belie the fact that Kenya was ranked third on the list of countries with the highest numbers of AIDS orphans, behind Nigeria and Ethiopia, respectively. Kenya had 890,000 AIDS orphans, compared to one million in Nigeria and 990,000 in Ethiopia (Kawi News, 2002). This decline also masks the impact of the pandemic on women and girls who have been greatly hard hit (USAID, 2003; UNAIDS, 2006), and on the most productive cadres of society. Similarly, the impact of HIV and AIDS on adolescents is high, and this section of the population, previously viewed as the 'window of hope' is severely threatened (PCI, 2004; WHO, 1998; Mischewski ,1996).

The HIV and AIDS pandemic has been described as the gravest development challenge for Africa and for Kenya (UNAIDS, 2000a). This is reflected in the current paradigmatic shift that seeks to tackle the pandemic from a purely medical perspective to a more holistic developmental one. This is also based on the impact that the pandemic has had on the diverse developmental spheres: economic, social, cultural, political and psychological. Since the early 1980s, HIV and AIDS has gradually taken hold on sub-Saharan Africa, increasing health and welfare expenditure, reducing employment and household security and will potentially slow economic growth (Ministry of Health, 2001; UNAIDS, 2004). Clearly, the loss of young adults in their most productive years, among the best educated and professional category, will affect human resource development and reverse gains made in the quality of life indices (FAO, 2003; UNAIDS, 2004).

A recent study by Deloitte & Touche & NACC (2006) estimated that 'prolonged illness leads to a decline of per capita output from Kshs 1437-1415 (in the agriculture sector) and Kshs 3140-3092' (in the commerce and industry sector). This works out to a decline of per capita output of Kshs 22 and 48, in the two sectors, respectively. The same study has estimates on the possibility of Kenya's GDP declining by 1.5% due to AIDS, and discusses the feminization of poverty due to the high incidences of morbidity in female-headed households. Overall, economic productivity continues to decline due to: reduced savings and diversion of investments; lower productivity due to high mortality rates among the labour force and time spent on sick leave, as well as absenteeism to care for PLWHA; higher medical expenses for organisations and families; and an increase in orphans (Okeyo et al.,

1996; Forsythe et al., 1996; MOH/NASCOP, 1998; UNAIDS, 2004; Deloitte & Touche & NACC ,2006).

The HIV and AIDS pandemic has disrupted the social fabric and given birth to a myriad other issues relating to stigma attached to the pandemic (FPPS, 2001; AAWORD, 2000). The pandemic spreads in a diffusion-like web, affecting not only those infected, but also members of the family, the community and, by implication, the society at large. The social impact of the pandemic is evident in: the increase in violence and discrimination against women who disclose their positive status (Temmerman, 1993; AAWORD, 2000); the overburdening of family structures; concealing of positive status due to stigmatisation; an increase in the number of dependents for the elderly; the stretching of already overburdened women and girls in care-giving (FPPS, 2000; FAN, 2002; UNAIDS, 2003); absenteeism and dropping out of school for girls to devote time to care-giving; and further vulnerability of orphaned children who have to survive (FPPS, 2000; FAN, 2002; UNAIDS, 2003, 2004; Aliber & Walker, 2006).

At the global level, political commitment has greatly increased, yet the statistics on the HIV and AIDS pandemic are rising in some regions (Panos Institute, 2004). A better understanding of the pandemic now exists, with a shift in the framing of approach from being viewed as a sexual pandemic, to the holistic perspective of it as a development challenge. This shift lays emphasis on the need to focus on contextual factors-political, economic, social, and cultural-as well as individual behavioural change (Mischewski, 1996; UNAIDS, 2000b; Rockefeller, 2002; Panos Institute, 2004; Singhal & Rogers, 2003). Indeed, Singhal

and Rogers (2003) have argued that in the absence of a cure for HIV and AIDS, educational and communication efforts represent a key 'social vaccine' (Singhal & Rogers, 2003).

In seeking to control the HIV and AIDS pandemic, UNAIDS (1999a) has actively incorporated the participation of civil society and non-governmental organisations. The participation of civil society has been deemed critical because of the sector's experience and influence in mobilisation, and in working with communities at the grassroots. With respect to HIV and AIDS, this experience has proved crucial, particularly among the most marginalised and disadvantaged communities.

NGOs, in particular, have been instrumental in influencing the incorporation of the human rights approach, and in the inclusion of PLWHA in efforts to control the pandemic (UNAIDS, 1999; International AIDS Alliance, 2005; UNGLS, 2005). The participation of PLWHA has resulted in the addition of value to the HIV and AIDS control efforts and, in particular, in the documenting of best practices regarding the control of the pandemic (UNAIDS, 1999; International AIDS Alliance, 2005).

Kenya was one of the countries that went into deep denial, unlike other countries such as Senegal and Uganda, that faced the challenge of addressing HIV and AIDS squarely (UNAIDS, 2004). Thus, the swift and intense investment in early interventions witnessed in Senegal and Uganda were shunned in Kenya, leading to a steep rise in prevalence that could have been avoided. At this point also, Kenya embraced the

thinking (as in many other countries) that HIV and AIDS was a medical rather than a development crisis (Kawi News, 2002). Early attempts were thus uncertain, and did not incorporate the core dimension of multi-sectoral collaboration. Early interventions would have resulted in the benefit of developing HIV and AIDS competence among many Kenyans. However, any interventions at the time were being implemented in the absence of a national strategic framework in the form of a policy, meaning that strategies were developed and acted upon on in an *ad hoc* manner.

1.2 The Functions of Communication in HIV and AIDS Interventions

The absence of national strategic frameworks extend to the role and functions of communication as realised in the latter years of the pandemic (McKee et al., 2004; Panos Institute, 2004). It has been asserted that "communication continues to hold the key to containing the HIV transmission and coping with the effects of the pandemic" (Panos Institute, 2004). In addition to the misplaced framing of HIV and AIDS as a medical problem and not a development challenge, has been the failure to properly and firmly locate effective communication programmes and strategies in interventions to control the pandemic. Again, those involved in efforts regarding the HIV and AIDS pandemic, should heed the call that it would be folly to reduce by one iota the priority placed on fighting AIDS (Piot, 2006a).

Various development planners and practitioners have come to depend on communication in its various forms (such as mass media, interpersonal and group communication) to support and facilitate the process of development (Obeng-Quaidoo & Gikonyo, 1995). Communication planners and scholars have in recent years been advocating for the effective use of communication in development. They assert that often communication is utilised only as a tool, rather than as integral to the primary process (Agunga, 1992; Parrish-Sprowl, 1998; Pratt, 1987). This attitude often translates into people resorting to the use of communication in a hurried manner, in what is often referred to as 'fire fighting'. This last minute action means that the communication process is not adequately planned.

The relegation of communication to a secondary position has been observed to be the trivialising of communication at the planning levels and in policy-making (Parrish-Sprowl, 1998). The reverse of this attitude, that of proposing that communication can be a solution to all development problems, is not appropriate either because the communication process occurs within a given political, social, economic and cultural context.

There are now numerous examples which demonstrate the benefits of utilising specific communication approaches within varying contexts, some of the most notable being those in the development support communication (DSC) sector which originated from the United Nations group of agencies (Melkote & Steeves, 2001; Obeng-Quaidoo & Gikonyo, 1995). UNICEF and WHO have used DSC and this has contributed to a significant reduction in childhood mortality through immunization

(Obeng-Quaidoo & Gikonyo, 1995). There are also examples from the nutrition communication projects which attest to the effectiveness of carefully designed and planned communication processes (Obeng-Quaidoo & Gikonyo ,1995; Pratt, 1987).

Because communication is a relatively young discipline, specific or standard models which can be easily referred to in development have been elusive as the discipline develops. Much of the effort has involved experimentation but there are clearly principles which cannot be ignored for efficient and effective communication processes.

The basic complexity in communicating on HIV and AIDS lies in the difficulties surrounding discussion of sexuality. Past efforts (and some of the current ones) centred on the informational approach (Bertrand, 2002; Panos Institute, 2004; Singhal & Rogers, 2003; McKee et al., 2004). Part of the challenge of early interventions was that HIV/AIDS was regarded as an emergency, demanding urgent and fervent action immediately. Unfortunately, this 'emergency' nature masked the need for long-term interventions, even as the frantic response went on. In addition, this led most countries to resort to short-term awareness - raising at the national level. This model was based on information dissemination, targeting individuals as opposed to communication models encompassing social change, participation and community mobilisation (Deane, 2002; Panos Institute, 2004; Rockefeller, 2002; UNAIDS, 2000).

The ingredients of effective communication strategies have been identified by various scholars and borne out in the experiences of

communicating on development issues. One of these is good planning which focuses on the need to set out clearly and specifically the communication objectives to be achieved (Agunga, 1992; Fluty & Clay 1992; Hancock, 1992). Secondly, an emphasis on the audience is the paramount element in any communication or media effort (Alkin et al. 1987; Masilela, 1987; Hornik, 1992). Thirdly, effective development of messages that will attract and engage the audience, is necessary (Bagui, 1995; Frey & Pyakuryal, 1997; Opubor, 1996; Panos Institute, 2004; Visser, 1992). Finally, it is important to focus on efficient monitoring and evaluation.

The disparity between the concerted efforts and behaviour and social change in spite of the high awareness levels, as well as the rising statistics in HIV and AIDS in some regions point to the need to scrutinise how organisations involved in HIV and AIDS education are planning and implementing their communication programmes. This study was a response to this challenge and sought to analyse the existing communication projects and strategies in use by non-governmental organisations in the HIV and AIDS sector, with a view to proposing effective approaches for future HIV and AIDS communication in programmes and projects.

1.3 Problem Statement

The HIV and AIDS pandemic has been the greatest development challenge for most countries in sub-Saharan Africa, Kenya included.

This can be attributed to the fact that the pandemic decimates the most productive cadres of society (ages 24-49 years), as well as the 'window of hope', adolescents who are expected to be the future of society (UNAIDS, 2002; UNAIDS, 2006; Nduati & Kiai, 1996). The pandemic also greatly affects the social, cultural, economic, and political spheres of society with devastating consequences (Panos Institute 2004; UNAIDS 2002; Singhal & Rogers, 2003).

Literature and statistics indicate that interventions by Government and civil society have fallen far short of producing the desired behavioural changes, particularly among certain sections of the population in Kenya (Panos Institute, 2004). However, there are high awareness levels among all sectors of the population (GoK, 2003). Thus, a gap exists between the high awareness levels and the desired behavioural changes on HIV and AIDS. One of the possible causes of this gap could be the lack of involvement of effective communication processes, leading to communication interventions that were at times inappropriately planned and implemented (see, for example, McKee et al., 2004; Panos Institute, 2004).

Effective communication interventions at the organisational level require systematic and well planned processes. Indeed, it has been consistently asserted that some of the limitations of development projects have been due to the neglect of incorporating effective communication planning and implementation, in development programming and interventions (Agunga, 1992). This assertion has been confirmed in programming on population communication (Obeng-Quaidoo & Gikonyo, 1995), and in HIV and AIDS educational efforts

(Panos Institute, 2004; Nduati & Kiai, 1996). Strategic communication planning and design facilitate the design of the efficient implementation of programming and interventions, which comprehensively tackle effective communication based on research and audience needs (Santucci, 2005). Such a process also integrates the components of participation and cultural relevance and appropriateness in communication interventions, which are highly relevant in HIV and AIDS programming and projects (Waisbord, 2001).

1.4 Research Questions

This study was therefore designed to answer the following core research questions:

- To what extent have organisations involved in HIV and AIDS education programmes integrated an effective communication process at the decision-making level?
- Has the planning of the communication process been done in accordance with accepted communication concepts and best practices?
- What are the enhancing and constraining factors in the planning of communication as a process in organisations dealing with HIV and AIDS education?

1.5 Objectives of the Study

1.5.1 General Objective

The overall objective of this study was to analyse the planning and implementation of the communication programmes and strategies within non-governmental organisations dealing with HIV and AIDS.

1.5.2 Specific Objectives

(i) To determine the extent to which organisations involved in HIV and AIDS education have integrated effective communication in their interventions.

(ii) To analyse the planning and implementation of the communication process of the said organisations with a view to assessing their conformity with acceptable communication principles.

(iii) To identify the strengths, gaps and constraints in the existing planning of the communication process of the said organisations.

1.6 Justification of the Study

The HIV and AIDS pandemic has had destructive social, economic, political and cultural impacts in sub-Saharan Africa, in general, and Kenya, in particular (Piot, 2005a; UNAIDS, 2006). The projected statistics are still a cause for concern. This continuing lack of behaviour change in the context of valiant efforts by NGOs and government

agencies, demands that research be conducted to identify the causes of this gap. The existing literature indicates that communication has not been effectively planned and implemented, thus leading to mere provision of information, which creates high awareness levels, but which does not lead to behaviour and social change. This study represents an attempt to analyse current communication efforts.

The study can also be justified in two other ways. One is that of a conceptual contribution to the sphere of HIV and AIDS communication. The United Nations Agency on AIDS (UNAIDS), and other international agencies developed a feasible model on communicating on HIV and AIDS in 1999. However, these efforts have been complicated by the fact that different communication approaches work for specific themes or topics. The discourse on relevant HIV and AIDS communication approaches continues, and this thesis contributes to the on-going dialogue and debate. An analytical model, based on several theoretical frameworks and other models has been developed, thereby contributing to the discourse on theories and concepts relevant to HIV and AIDS communication. Beyond the discourse, one model that is relevant to HIV and AIDS communication at the NGO level has been developed. This represents a contribution at the conceptual level.

Two, there is now recognition by agencies, including governments, of the significance of communication, which is represented in the proposal by the government to develop a policy on HIV and AIDS communication under NACC. This study sought to identify the constraints in current communication planning and implementation and would input on the on-going process of policy-making on HIV and AIDS, particularly

regarding communication in the context of health policy. It should, therefore, have a practical contribution for stakeholders working on HIV and AIDS education and communication.

1.7 Scope of the Study

The focus of this study was on HIV and AIDS communication. The study had a central emphasis on the planning and implementation of communication interventions by non-governmental organisations (NGOs) in Kenya, as well as whether communication had been incorporated at the decision-making level of the NGOs. The study was conducted in Nairobi, and in Kisumu. This entailed the following:

- An investigation of the institutional structure of the organisations, especially with regard to communication.
- An examination of the implementation of communication including: whether needs assessment was conducted; selection of audiences; message development; selection of channels; pre-testing and monitoring.
- Analysis of the extent to which participation and cultural relevance were integrated into the communication interventions.
- A study of the constraints and strengths experienced by the organisations regarding communication on HIV and AIDS.

1.8 Limitations of the Study

There were conceptual difficulties during the process of the research. There is still much ongoing discourse with regard to HIV and AIDS communication, and there have been very recent paradigmatic shifts. HIV and AIDS communication work was initially implemented within the framework of health communication approaches and other development communication approaches. However, the distinct and inherent complexity of sexual behaviour change cannot be tackled under these approaches which have had the assumption of rationality. Later paradigmatic shifts have a framework that accommodates both behaviour and social change, with an emphasis on contextual factors. In this study, the eclectic nature of the theoretical framework, borrowing from different concepts and an umbrella field, provided a framework.

This study did not analyse details on message development and packaging or of the design of communication interventions. Although the scope of the study was deliberately on planning and implementation, details on these aspects would have provided deeper insights into the practical challenges during the implementation phase.

1.9 Definition of Terms

AIDS: refers to the acquired immunodeficiency syndrome, which means that the immune system does not function well.

Communication: This is a primary process which is ongoing, dynamic and cyclical. As such, the components of receiver and sender are not permanent. The process is interactive which means that the element of feedback is crucial (Moemeka, 1996:4).

This definition refines the traditional understanding of the components of communication: sender, message, channel, receiver, and the process of in-coding, and en-coding to include the elements of horizontal communication, interaction and feedback.

Communication Process: The communication process guides the implementation of effective communication. It is the exchange of meanings and it enhances the social relationships based on the exchanges.

Communication Intervention: This refers to a communication programme, project, campaign or policy change that seeks to create change. In this study, it refers to behaviour change, and to some extent social change regarding HIV and AIDS. Communication interventions in HIV and AIDS seek to influence changes in individual behaviour and, in some cases, community behaviour, such as the practice of safer sex.

Communication Strategy: This is the manner in which media communication channels are employed to achieve specific objectives (Nyirenda, 1995: 65).

HIV: refers to the human immunodeficiency virus, which can be transmitted through blood, and is commonly transmitted through unprotected sexual intercourse. HIV leads to the fatal disease AIDS.

IEC: An acronym for information, education and communication, popularised in population education and communication. The three components, though integral to one another, are often used interchangeably in programmes and projects (Opubor, 1996: 201).

Strategic Communication: is an approach to the design and implementation of programmes that increases their impact on behaviour and social change. It is multidisciplinary and systematic, combining a series of elements-extensive use of data, careful planning, stakeholder participation, creativity, high-quality programming, and linkages to other programme elements and levels, among others, that stimulate positive and measurable behaviour change among the intended audience (Mckee et al., 2003: 26 & 30).

CHAPTER TWO

Literature Review

2.1 Introduction

In this chapter, issues related to the magnitude of HIV and AIDS in relation to the communication process, as well as emerging discourse on HIV and AIDS communication are examined. The literature is drawn from the fields of anthropology, sociology, development communication, behavioural communication, health communication, and communication for social change fields.

2.2 HIV and AIDS in Africa

The sub-Saharan African region is host to an estimated 22.2 million (20.5-23.6 million) people living with HIV and continues to be ravaged by the pandemic (UNAIDS, 2008a). It is significant that while the prevalence at the global level has stablised in recent years, AIDS was among the major causes of deaths globally, and it remained a main cause of death in Africa. A unique characteristic in this region is that African women are significantly more susceptible to the HIV virus, with young women aged 15-24 years being particularly vulnerable (UNAIDS, 2002, 2003b). The reasons given for this include the earlier onset of sexual activity for women, as well as the tendency of this age group to have sex with older partners. However, the picture is not uniform in Africa, since countries like Mauritania have prevalence rates of less

than 1%, compared to almost 40 % in Botswana and Swaziland (UNAIDS, 2002, 2003a).

In East Africa, HIV prevalence rates fell in Kampala, Uganda, from 30% in the 1990s, to 8% (UNAIDS, 2006). Uganda was then recognised as having accomplished a remarkable feat, as no other country has matched this decrease. However, claims that the pandemic has levelled off in most of Africa are countered by the explanation that this may be due to high mortality rates from AIDS related deaths (UNAIDS, 2003b).

2.2.1 HIV and AIDS in Kenya

Unlike Uganda and Senegal, Kenya missed the early opportunity of facing the seriousness of the HIV and AIDS pandemic, through denial. There was the misguided view that admission would damage one of Kenya's key revenue earners-the tourism industry. Singhal and Rogers (2003) have observed that President Moi was emphatic that there was no AIDS in his country, Kenya, for several years.

This early denial has contributed to the exacerbation of the pandemic. As aptly described by the Panos Institute (2004), early political intervention in the cases of Senegal and Thailand and at a later date, Uganda, made the difference in arresting the spread of the pandemic. In Uganda specifically, there was a powerful political commitment in the instruction of free frequent broadcast spots on AIDS.

Singhal and Rogers (2003:99) describe this as 'an all out communication campaign intended to blunt the force of the epidemic'. Uganda's efforts have been viewed as a battle and a war. The overall intensive interventions contributed to the reduction of new HIV infections in Uganda from 143,000 in 1991 to 29,000 in 2000 (Singhal & Rogers 2003).

A historical review of literature on HIV and AIDS in Kenya, demonstrates that the high prevalence levels reached a peak of 13.1 per cent in the year 2000 (NACC, 2001), and sharply levelled off to 6.1 per cent in the year 2005 (People's Daily Online, November 24th, 2006). This reduction has been attributed to several factors as mentioned in Chapter 1, with the strategic approach taken by the National Aids Control Council (NACC) having a significant input. In 2001, Kenya adopted this strategic approach, and took up the 'reservoir' perspective of analysing the prevalence of the pandemic (MOH, 2001).

The significance of this approach lies in its focus on the pandemic as 'invisible' and on the importance of translating the prevalence rates realistically (MOH, 2001). There is caution on the constraints of the sentinel surveillance, and the fact that most infected people are not represented in this surveillance, as they do not go for voluntary counselling and testing (VCT). The laudable drop in Kenya's prevalence rates also masks high prevalence rates according to regions, age groups and gender (MOH, 2001; UNAIDS, 2004, 2006). In addition, the resurging increase of prevalence rates in Uganda, sounds a warning of the dangers of complacence (*Daily Nation*, November 24th, 2006). The recent upsurge in Kenya has raised some alarm again, and efforts on

prevention have to be strategically sustained (*Daily Nation*, July 29th, 2008).

2.3 Non-Governmental Organisations and HIV and AIDS

Civil society includes, in addition to human rights and civil liberties watchdogs, non-governmental organisations conducting community-level and development work, like the environment. With respect to HIV and AIDS, civil society has been defined by UNAIDS (1999b) as comprising people living with and affected by HIV and AIDS, and non-governmental organisations that handle or have the potential to handle HIV and AIDS. This includes organisations working at the international and national levels, as well as faith-based organisations (FBOs) working in the areas of human rights, education, health, and development.

Civil society has been viewed as being critical in terms of being an intermediary between the family and the state (UNAIDS, 1999b). The character of civil society organisations takes a less formal nature and reaches the grassroots level more easily. This has been one of the rationales underlying the inclusion of civil society by UNAIDS (UNAIDS, 1999b), which is the only UN body that has representatives of NGOs on its Executive Board (UNAIDS, 2006). Indeed, the UN endeavoured to accelerate the participation of civil society by convening the UN 2006 High Level Meeting on AIDS (UNAIDS, 2006), as outlined in one of the major objectives of the General Assembly's Resolutions, that is, A/RES/60/224. In particular, the experience of working with

disadvantaged and marginalised communities has given NGOs a critical role in the efforts to reverse the HIV and AIDS pandemic, by creating more awareness of the importance of community participation.

Another justification for working collaboratively and actively with civil society has been the background of success of NGOs working in the areas of democratisation. NGOs have successfully mobilised 'people power' in the interests of the values of transparency, accountability, participation and good governance (UNAIDS, 1999b). They have been critical because of their history of understanding the various perspectives of grassroots communities, and their experiences in terms of operations (International AIDS Alliance, 2005; Osava, 2000). These experiences, in turn, have been beneficial to the communities through their inclusion in the planning, design and implementation of programmes and projects (International AIDS Alliance, 2005; UNGLS, 2005).

Evidence based on experience in working with NGOs has further justified these grounds. Numerous examples documenting best practices have been generated from NGOs, while PLWHA have added the much required value in the HIV and AIDS efforts, particularly with respect to the inclusion of the human rights based approach, as well as the need to address stigmatisation. Countries that have controlled the spread of the pandemic such as Uganda, Senegal and Thailand, registered substantial participation of NGOs (UNAIDS 1999a; International AIDS Alliance, 2005). In Brazil, NGOs have been described as the secret of success in the National effort on HIV and AIDS, leading

to this effort being an exception to the 'precariousness' of the country's public health system (Osava, 2000).

There have also been challenges with regard to NGOs' work on HIV and AIDS, chief among these being the enormous need for strengthening and capacity building (International AIDS Alliance, 2005). Another constraint has been the need for coordination among NGOs at the regional level (International AIDS Alliance 2005).

2.4 Communication and HIV and AIDS in Kenya

The absence of a cure or vaccine for HIV and AIDS, and the prominence of HIV and AIDS prevention demonstrate the significance of strategic and systemised communication strategies. The Government of Kenya's '*Sessional Paper No. 4 on AIDS*' (Ministry of Health, 1997), aptly states that the focus in communicating on HIV and AIDS should be in the context which makes individuals and communities vulnerable to HIV and, consequently, AIDS. Those who are infected should also be targeted to ensure that the infection of others does not continue occurring.

Experiences in HIV and AIDS education reveal that the target should be preventing and facilitating change in high-risk sexual behaviour. In the behavioural change communication concept, the five major stages of behaviour change have been outlined. The first step involves people becoming aware of the problem, after which they gather knowledge and skills on how to cope with the problem, which is second stage.

Motivation to take action by addressing the problem (in our case changing high risk sexual behaviour), is the third stage: this prepares the ground for the fourth stage, which involves their trial of the new behaviour and, finally, the last stage, which is the sustaining of the new behaviour (AIDSCAP/FHI, 1997). The high levels of awareness on some transmission patterns indicate that in Kenya we are predominantly at the first level, though some sections of the population have gone on to the second and third levels (the focus has been on behaviour change).

The method outlined above has been used to train outreach workers, health providers, peer educators, counsellors and community leaders on the skills needed to influence and support behaviour change. Handbooks on effective communication approaches have been developed and used as teaching tools and reference materials (Hughes, 1997).

In communicating on HIV and AIDS in Kenya, information has been provided to institutions like schools, religious organisations and health care centres. The observation by Parrish-Sprowl (1998) that the severity of the impact of some issues like HIV and AIDS demands action even in the context of communication approaches that are not agreed on is appropriate. His argument holds true when one reviews the literature which shows that communicating on HIV and AIDS has taken many forms and that this has been done in the expectation of discovering the best ways of slowing the spread of HIV. Apart from information and education, other HIV prevention activities include counselling programmes, condom promotion and distribution and STDs control.

Several communication approaches have been used or adopted in communicating on HIV and AIDS. Social marketing is a concept developed in the population education sector and has been used widely to promote condoms, particularly among segments of the population who are prone to high risk sexual behaviour. The concept involves packaging, pricing and presenting a product or behaviour to the target market in an appealing manner and soliciting for the participation of wholesalers and retailers in the distribution and conventional trade promotions. The mass media are utilised to convey the benefits of the desired behaviour for a particular target audience (Okeyo et al., 1998; AIDSCAP/FHI, 1997; Hughes, 1997).

The educational approach towards the support of people living with HIV and AIDS, has been utilised by organisations such as the Know AIDS Society of Kenya (KAS). The method features establishment of an educational group which has the aim of educating others on HIV and AIDS in meetings. KAS employs people living with HIV and AIDS as counsellors in the realisation that they are in the best position to understand individuals and families living with the pandemic. The organisation mobilises people on how to live positively with HIV and AIDS, and to inform other members of the community on HIV and AIDS prevention (International AIDS Society, 1993).

Peer education as a strategy of HIV and AIDS prevention education has gained prominence and been used at workplaces, colleges, universities and social gatherings. The method has been found by some organisations to be practical and cost-effective while reaching a large number of people (Nduati & Kiai, 1996). A modification of peer

education are the anti-aids clubs which can be started as extra-curricular activities in schools and in workplaces. The strength of the peer education approach lies in its ability to reach people through their own peers and this has contributed to its success especially in the workplaces (Nduati & Kiai, 1996). It has been recommended, however, that peer educators should be trained in the different communication methods and strategies and used for greater effectiveness (Nduati & Kiai, 1996).

Another method which has proved effective in the discussion of sexuality is that of group discussion where peers share information based on their experiences. Being with their peers allows them to openly talk about subjects which would otherwise appear to be taboo (Nduati & Kiai, 1996; Ministry of Health/NASCOP, 1998). This method also features interpersonal or face-to-face communication and the opportunity to clarify issues instantly.

The existing literature unveils a variety of channels and media in the communication of HIV and AIDS prevention (UNAIDS 2002, 2003). These range from posters, leaflets, booklets, comic stories, cartoons, drama and poems to use of the mass media. What is important is the participation of the target audience in the whole communication process from the planning to evaluation stage. This includes testing of existing materials to determine whether new material is required or if what exists can be modified. This is important given the observation that many information, education and communication (IEC) images in Kenya have presented conflicting messages in the text and visually (AIDSCAP/FHI, 1997; Ministry of Health/NASCOP, 1998).

The mass media are important agents in communicating HIV and AIDS messages because they have the ability to influence public opinion and to stimulate debate. In addition, the media can be used for advocacy as they can sustain a topic or theme in the public forum for long periods of time. The main recommendation regarding the media has been that they are useful in raising awareness, and reinforcing messages being communicated through other channels, such as those which are interpersonal (AIDSCAP/FHI, 1997; Hughes, 1997)

An important issue for mass media practitioners is the adherence to journalistic ethics, which are vital given the sensitive nature of handling information regarding HIV and AIDS. Journalists should avoid propagating negative stereotypes and coverage, which would hold those infected with HIV and AIDS to ridicule. Effective coverage can only be realised through proper handling of the media by organisations dealing with HIV and AIDS education (AIDSCAP, 1997; Nduati & Kiai, 1996).

Communicating on HIV and AIDS demands a solid understanding of the existing and available channels that can be used, including those which are not in the mainstream mass media. Forsythe et al. (1996), have discussed at length the benefits associated with using religious institutions, noting that they have broad influence on the Kenyan population. The mission of religious institutions and organisations renders them useful in promoting community and home-based care for AIDS patients as well as the strengthening of family and social structures that can contribute to HIV and AIDS prevention.

In seeking innovative ways of addressing HIV and AIDS prevention, some organisations have proposed that parents be encouraged to talk and sensitise their children on the topic of HIV and AIDS (Kiai et al., 2004). The issue of being role models is tied to this form of communication as is the need to discuss sexuality in the cultural context.

Concern about protecting the youth or 'window of hope' has led to the collaborative efforts between UNICEF, the Kenya Institute of Education (KIE) and some NGOs in an initiative called SARA- Communication Initiative (Nduati & Kiai, 1996). This is a major intervention for the youth in and out of school. The focus on the youth has been discussed in Sessional Paper No.4 on AIDS (GOK, 1997), but it is important to note the controversy surrounding education of the youth as this relates to teaching on sexuality.

The urgent need to provide a forum for the youth to discuss issues relating to their sexuality and HIV and AIDS, is demonstrated in the keen response that the 'Straight Talk' insert in the *East African Standard* has got since its inception. The insert is an initiative of the Kenya Association of Professional Counsellors and is based on an example from Uganda. The promotion of participation has facilitated positive and open dialogue between adolescents and between them and their parents on the subject of sexuality (Ministry of Health/NASCOP,1998).

Behaviour change involves the acquisition of skills and knowledge, and a suitable format for this is a training workshop. Analysis of issues can

be done and sexual communication taught in small groups while accommodating the integration of issues raised by participation of group members. This, however, means that single sex sub-groups should gain confidence through acquisition of skills before joint meetings of the whole group.

It has been noted that communicating on HIV and AIDS cannot be effective if the topics of sexuality and sexual relationships are isolated from the facts (Kiai et al., 2004, Parker R., 2007). This is complex if one bears in mind that traditionally there has always been minimal communication about sex either within the family or between men and women. High-risk groups such as commercial sex workers, migrant workers and those living on the streets pose a great challenge to those who are concerned with HIV and AIDS communication.

An additional challenge lies in the fact that effective HIV and AIDS communication essentially calls for changes on community norms and values which have become engrained over a long period. The call for collaboration with communication professionals may contribute to the development of more effective communication models because specialised communication skills are at times called for (AIDSCAP/FHI 1997).

These responses, programmes and projects in HIV and AIDS communication were implemented in the absence of a national communication plan and a national communication strategy in Kenya. Efforts to design and develop a national communication strategy on HIV and AIDS began in 1999, and there is now a national communication

- ***Good message***

The population communication and health communication sectors have identified the need to develop messages that will attract and engage the audience. The sensitivity of communicating on HIV/AIDS which cannot avoid the topic of sexuality necessitates innovation and creativity in message development. Messages which are culturally relevant and are built on ideas, concepts and practices that the communities already have and which the audience can relate to are more effective (Opubor, 1996; Bagui, 1995; Visser, 1992; Ostfied, 1992; Ray, 1987; Frey & Pyakuryal, 1997).

At the operational level, these concepts have been developed in various IEC and strategic communication guidelines (Cohen, 1994; Santucci, 2005). These focus heavily on very specific components to be applied at the pragmatic level for effective communication to occur. The components of effective communication are:

2.4.1 Paradigmatic shifts in HIV and AIDS communication

The major contributions on this topic have been fronted by UNAIDS, the Panos Institute and the Rockefeller Foundation. Communication scholars working under various forums have debated on the theoretical framework that best addresses communicating on HIV and AIDS. According to the Panos Institute (2004:1):

> While HIV/AIDS information and key health messages remain crucial, it is important to look beyond these messages-no matter

how empowering and context-sensitive they might be- and help to develop environments where vibrant and internally derived dialogue can flourish.

Following is a summary of the core lessons learnt after twenty years in HIV/AIDS communication:

- The focus in HIV/AIDS communication needs to shift from disseminating messages to giving a voice to those infected and affected. (The message is out there, it has been heard, but with what effect or impact?).
- This shift also demands a change from the paradigm of rationality and passing on knowledge that characterises behaviour change models. In addition, the shift involves a modification from the media-centric to the human-centric approach, hence the phrase 'from message to voice'.
- An urgent move taking HIV and AIDS from the purely health discourse to political, social, economic and cultural contexts is required. (The South African campaign for affordable anti-retroviral drugs and access for all PLWHA to ARVs benefited from the experience and skills of the human rights movement, propelling the cause to national and global agendas). A key component is the extent to which people talk about, debate and discuss HIV and AIDS (as in the case of Uganda, where the President set the agenda for discussion on HIV and AIDS).
- It is important to address social cohesion in a community, which assists in developing competence at this level in designing and implementing community response to HIV and AIDS. At the contextual level, social inequalities have to be tackled, as well as

the need for participation in decision-making, and community mobilisation.

- Global and national strategies in HIV and AIDS should steer towards renewed emphasis on communication: this would also include the need for vibrant, professional, free and independent media (media advocacy).

This discourse has revolved around the fact that most communication models have proved insufficient in addressing HIV and AIDS, and that long-term social change is vital in effectively addressing the epidemic. In addition, HIV and AIDS communication should include advocacy which is a human rights and political issue.

2.5 Challenges of Communicating on HIV and AIDS

More than twenty years have passed since the first reported case of AIDS. Scholars and practitioners working in HIV and AIDS and in communication and education have in recent years been reflecting on the weaknesses and gaps of early interventions, with the benefit of hindsight (Panos Institute, 2004; Waisbord, 2001).

One of the opportunities lost in addressing HIV and AIDS was the early perception of the problem as a health rather than a development one. This resulted in a focus that neglected the other facets of the pandemic, namely, economic, political, social and cultural (Panos Institute, 2003). The life and death tone, underpinning early interventions also led to the

translation of urgency into emergency and, therefore, short-term responses.

The Panos Institute's (2004) assessment of HIV and AIDS appropriately terms HIV and AIDS as a chronic crisis, requiring a long-term commitment (Panos Institute, 2004). In Kenya, this situation was severely aggravated by official denial (KAWI, 2002). The neglect of the multifaceted dimensions in responding to HIV and AIDS, saw the use of conventional health communication strategies. As is evident now, HIV and AIDS is a pandemic that defies the rational and systematic models developed for health issues like malaria, immunisation and nutrition (Ministry of Health, 2003).

The revival of conceptual and theoretical discourse with regard to HIV and AIDS and HIV and AIDS communication, based on the assessment of early responses and case studies that have worked, presents a menu for modification at the country level (Panos Institute, 2004). One key element is the need to embrace HIV and AIDS from a more holistic perspective, away from the sole focus on the pandemic as a health challenge. For instance, the aggressive politicisation of HIV and AIDS in terms of care and availability of anti-retroviral drugs in South Africa, has resulted in intensive, widespread national deliberation on the pandemic and its impact in the region (Panos Institute, 2004).

One of the underlying challenges for scholars and practitioners working on HIV and AIDS communication is that theories, concepts and models have to take account of the varying approaches required at the

individual, community and societal levels. The approaches applied at each level encompass:

- *The Individual*: Behaviour change models are highly relevant. However, this does not discount the environmental factors that influence individuals, including the role of culture and religion, particularly in Africa.
- *The Community*: Participatory models are pertinent when working with communities. However, it is important to include the components of social condition, social justice and structural influences.
- *The Society*: The approaches here are related to those of the community but widened to include the need for social change. Other changes may be required at the national level, concerning the political, economic and cultural environment (Panos Institute, 2004).

Herein lies the dilemma for most agencies. The trend has been to focus at the local level and to target the individual. In the absence of a communication framework, there has been neglect at the community and societal levels. The weaknesses and the lack of behavioural change can be partly attributed to the use of informational models, as well as the lack of attention to the influences of an individual by the community and the society.

2.6 Concerns about HIV and AIDS Communication

It is clear that one of the constraints to effective HIV and AIDS education and communication was in the manner in which the pandemic was framed initially. As observed by Singhal and Rogers (2003), the HIV and AIDS pandemic was originally conceived as a medical and health problem, and not as a development and human challenge: this meant that the early efforts tackled the symptoms of HIV and AIDS, and not its myriad causes.

Furthermore, the urgency required in the early stages of the pandemic, coupled with the sensitivity of the need to have dialogue on sexuality (a taboo subject in African societies), meant that the then existing health communication models were not adequate for HIV and AIDS communication. These models were basically transmission-oriented (informational), resulting in high levels of awareness, but minimal behaviour and social change. Communication was also inhibited by the framing of HIV and AIDS as a 'Gay' disease and the resultant stigmatization. Reconstruction is required with respect to framing of the personal risk, sexuality and HIV and AIDS (McKee *et al.*, 2004).

From the on-going global discourse, and focusing on analysis of the core issues in communicating on HIV and AIDS the following challenges obtain:

- How systematic can one be in communicating on HIV and AIDS when this is intertwined with communicating on sexuality and sex, which are not rational?

- How does one ensure effectiveness when communication is only one of multiple interventions required as in HIV and AIDS?
- How can an environment of openness be cultivated where tradition and custom dictate that open discussions on sex and sexuality are taboo in the open?
- How can communication facilitate a paradigm shift from denial, blame and stigmatisation to a constructive, progressive position that address the pandemic strategically?
- How can communication enable people to wade out of the dissonance caused by the relation of negativity and doom, to a process that has been life-giving and pleasurable?

2.7 Theories of communication

Although there have been valuable conceptual contributions to HIV and AIDS programming, it has been observed by Tufte (2003) that most of the current theories and models of HIV and AIDS communication programming are insufficient in providing a framework for programming and interventions. This conceptual challenge is rooted in the lack of a systematic progression of the development of communication theories (Atkin & Marshall, 1996).

Theories of communication have progressed from the notion of a linear process to more participatory and dynamic paradigms (Parker 1997; Obeng-Quaidoo & Gikonyo, 1995). Communication, with particular reference to the mass media, was viewed as being all-powerful with almost magical effects (Okigbo, 1996; Boafo, 1996). Although there is

lack of consensus on a common theory of development communication, the same scholars agree that communication plays a critical role in development. The precise role of communication in development presents a further dichotomy of opinion with certain scholars claiming a direct role and others an indirect role of communication in development.

The urgency of HIV and AIDS as a challenge, increased efforts at the international level to develop a theoretical framework to guide programming and interventions in communication on the pandemic. There are two tracks of theoretical discourse relevant to HIV and AIDS programming and interventions: health communication theories, based on the focus on behavioural change sought in HIV and AIDS educational efforts and development communication based on the fact that HIV and AIDS is a great development challenge. Health communication theories have evolved mainly within the context of industrial countries, while development communication has built its concepts and frameworks in the context of developing countries (Prof. Getinet Belay: Personal communication, 3rd July, 2008).

However, health communication has been described as being a unique form of communication 'based on the personal sensitivity, the highly technical vocabulary and a strong (powerful) group of gatekeepers in health knowledge, and the pre-dominance of the bio-medial analysis. Common to both health and development communication, is that health is affected by the socio-political, cultural, gender, environmental, educational and spiritual factors' (Chetley, 2005: 13). Two theoretical constructs of health communication are particularly germane for the

present study. The first is the group dynamics theory, and the second, the social cognitive theory.

2.7.1 Theories and concepts of health communication

The field of health communication has led to several theories such as the theory of reasoned action and the social cognitive theory that address behavioural change. The theory of planned behaviour (TBA), as postulated by Ajzen and Fishbein in 1980 states that "a person's behaviour is determined by the intention to perform behaviour: intention is a function of one's attitude and subjective norm" (Rimer & Glanz, 2005). Intention is determined by a person's readiness to perform a given behaviour, which is driven by the person's attitude, subjective norms and their perception of their ability to perform a given behaviour. Subjective norms are influenced by a person's view of what other people will think if they perform certain behaviour/s (Rimer & Glanz, 2005).

The theory of planned behaviour encompasses the concepts of "behavioural intention (perceived likelihood of performing behaviour), attitude (personal evaluation of the behaviour), subjective norm (beliefs about whether key people approve or disapprove of the behaviour; motivation to behave in a way that gains their approval) and perceived behavioural control (belief that one has, and can exercise, control over performing the behaviour)"- (Rimer & Glanz, 2005: 17). Thus, this model explains that attitudes about behaviour are influenced by beliefs

about what is involved in performing the behaviour, and the outcomes of the behaviour.

The central focus of this theory is on people's beliefs regarding whether or not they can control a particular behaviour, with the proposal that people would make greater attempts to perform behaviour based on the degree of control that they feel they have over the behaviour.

One of the first theories of health behaviour, was the health belief model, which was developed in the 1950s by a group of U.S. public health service social scientists (Rimer & Glanz, 2005). These scientists sought to elaborate on why few people were participating in prevention programmes. They postulated that people's beliefs on their susceptibility to disease and their perceptions of the benefits of attempting to avoid a disease, shaped their readiness to act. This model was expanded in later years to include the following six main constructs, as explained by Rimer and Glanz (2005:13):

- Believe they are susceptible to the condition (*perceived susceptibility*).
- Believe the condition has serious consequences (*perceived severity*).
- Believe that taking action would reduce their susceptibility to the condition or its severity (*perceived benefits*).
- Believe costs of taking action (*perceived barriers*) are outweighed by the benefits.

- Are exposed to factors that prompt action (e.g., television ad or a reminder from one's physician to get a mammogram) (*cue to action*).
- Are confident of their ability to successfully perform an action (*self-efficacy*).

The key emphasis of this model is health promotion, making it useful in addressing behaviour that raises health concerns, including the possibility of contracting HIV and AIDS. Its application in the design of programmes is anchored on the understanding of the perceived susceptibility by a population to the health problem (Rimer & Glanz, 2005).

2.7.2 The Group Dynamics Theory

This theory was developed by Kurt Lewin of the University of Michigan, and assumes a field-theory orientation. Further, the main tenet of this theory is that the individual is not a passive processor of information, but is a social being, with an intimate dependence on others for knowledge about the world and even the individual self.

In addition, it was proposed that a major factor contributing to change of attitude, beliefs and perceptions of the world, was the discrepancy that exists between an individual's attitude or behaviour and the group norm. More specifically, Lewin and his associates postulated that, in groups, various pressures exist that cause people to behave, think and feel alike. Hence, the ideas and attitudes that people adopt as their

own, often originate or are refined from the groups that people belong to.

The group dynamics theory is relevant to part of this study, primarily in its emphasis on participation, which was critical to this study. This relevance lies in the essential component of involving a community in an intervention, from conceptualisation to the monitoring and evaluation stages. This focus also addresses the need to include participatory communication at the planning and managerial levels of an organisation, which was important for this study. From the available literature, it is clear that the inclusion of communication at this level in development programmes and projects has influenced the implementation process.

This primary component of participation, which is important in the group dynamics theory, is crucial as it guides one towards paying attention to the local context, including incorporating local knowledge and cultural considerations (Waisbord, 2001). This also presents an orientation beyond being focused on mass media, towards having dialogue and being sensitive to the human element. There is a strong emphasis on people understanding development processes, as opposed to the mere transmission of information (Agunga, 1997). Further, relationships amongst people in the community, as well as with development agents are key to participatory communication.

However, this theory is only partly relevant to the study regarding the element of participation. The planning and implementation process, which was the focus of the study, is not addressed in this theory.

2.7.3 The Social Cognitive Theory (SCT)

This theory is derived from the theory of social learning, which was proposed by Miller and Dollard in 1941. The social learning theory was expanded by Bandura and Walters (1963), who incorporated the principles of observational learning and reinforcement (Rimer & Glanz, 2005). The theory addresses itself to the cognitive and emotional aspects of behaviour, thereby leading to some understanding of behavioural change (Bandura, 1989). Its inherent assumptions are on how people acquire and maintain particular behavioural patterns. This theory also points out that the factors of the environment and society are important when one is evaluating certain behaviour.

The core assumptions and statements of the theory stipulate that the factor of environment, that is, the social and physical environment, can affect a person's behaviour. This includes the people who surround a person, like family members, colleagues and friends. Environment and situation provide a framework for understanding behaviour (Parrega, 1990). With regard to the situation, reference is made to the cognitive or mental representations of the environment that may shape a person's behaviour (Rimer & Glanz, 2005)). This theory "describes a dynamic, ongoing process in which personal factors, environmental factors, and human behaviour exert influence upon each other" (Rimer & Glanz, 2005: 19). The two scientists add that SCT includes the following concepts: reciprocal determinism; behavioural capability; expectations; self-efficacy; observational learning (modelling); and reinforcements (p. 20).

The SCT is relevant to this study in its emphasis on the environmental and situational factors, which was a key factor in this study, as it relates to the needs assessment for HIV and AIDS programming. In addition, this theory is relevant to behaviour change communication, which is critical to HIV and AIDS programming as it deals with the cognitive and emotional aspects of understanding behaviour. The accent on the dynamic interaction of the person, the environment and behaviour is central to HIV and AIDS programming and interventions. However, this theory does not address specific planning and implementation of HIV and AIDS communication interventions, and is thus, insufficient in guiding the study.

One of the challenges of selecting a theoretical framework that can explicitly guide attitude and behaviour change is that developing a theory that accounts for human behaviour is a really complex task. An additional difficulty, was that this investigation was at two levels: the planning level, and the implementation level (which incorporates behaviour change communication components).

2.7.4 Development Communication (DC)

The health communication theories that, as mentioned earlier have evolved in the context of developed societies, would be inadequate without inquiry into the specific challenges of communication and social empowerment in the context of the developing countries, and in particular, Africa.

The point of departure for this study is that communication in developing countries, has been considered as a tool rather than a primary process as elaborated by Parrish-Sprowl (1998). Scholars concerned with the role of communication in development have attempted to define development communication, described by Moemeka (1996:6) as:

> Concisely, development communication is the application of the process of communication to the development process. It is the use of principles and practices of exchange of ideas to development objectives. It is therefore, an element of the management process in the overall planning and implementation of these programmes.

This definition is significant because it buttresses the need to put communication at the core of project or programme planning. Communication is also defined as a process rather than as a tool- the latter definition often results in the relegation of communication to the background where it remains unplanned and unsytematised. Such relegation has perhaps been based on what people construe as the meaning of the process of communication (Parrish-Sprowl, 1998). Such a perspective of communication has focused on the user or the sender in the communication process as the most significant part. One needs to understand the emerging trends in communication theory as they partly explain the tendency to use communication as a tool.

The more contemporary thinking on development communication offers a more substantive notion of communication as a whole. Moemeka's definition of development communication becomes even more

significant when one considers how communication has been interpreted in varying contexts as observed by Parrish-Sprowl (1998:2). Moemeka (1996) states that, historically, communication has been viewed as a secondary process and that usually development communication is interpreted as the use of information agents and the mass media 'persuading or informing people of government initiatives or policies...'.

2.7.5 Development Support Communication (DSC)

The urgent need for feasible and practical responses to development catalysed the growth of the field of development support communication (DSC), which has been defined as a sub-set of development communication that is specifically designed and implemented to support a particular development programme or project ((Ngugi, 1996: 283). Development support communication was 'coined and popularised by Childers in 1976 (Melkote & Steeves, 2001:349).

In discussions of communication support, Masilela (1987) observes that this type of communication support involves the planned use of communication activities to enhance project implementation and the achievement of project objectives. This is done through providing packages that are carefully designed for informational, educational and motivational activities. Thus, those targeted as beneficiaries are encouraged 'to participate in the project, by helping to ensure that the promised project benefits accrue, by preventing negative project

impacts, and by improving the institutional efficiency of the implementing agency' (Masilela, 1987).

Jayaweera and Amunugama (1987), while discussing the differences and the relationship between development communication (DC) and development support communication (DSC), note that DSC is common at local levels, is concerned with effects and has time limits within which certain goals and objectives should be attained. Further, the messages are carefully designed in line with the goal/objectives and DSC is interactive and participatory.

Jayaweera and Amunugama (1987), as well as Ngugi (1996), acknowledge that DSC has gained in credibility and stature over DC, in spite of their interelatedness. This has been attributed to the wide and successful use of DSC principles in development projects at the United Nations; indeed the term was coined by Erskine Childers, then at the UNDP (Jayaweera and Amunugama, 1987). Melkote and Steeves (2001: 349) have quoted Ascroft and Masilela (1987), on the shift that this concept brought:

> With this term, the emphasis changed from viewing communication as an input toward economic growth to visualising communication more holistically and as a support for people's self-determination, especially at the grassroots level.

The core tenets of DSC include: horizontal knowledge sharing between participants; a participatory paradigm of an endogenously directed quest to maintain control over basic needs; efforts focused on the local and grassroots level; the use of small media, including group and

interpersonal media; and the creation of a climate of mutual understanding between participants (Melkote & Steeves, 2005: 350).

The significance of DSC has been well described in the writings of several communication scholars who have illustrated the contribution of communication based on the results of certain communication programmes. Obeng-Quaidoo & Gikonyo (1995) note "the success of UNICEF in the IEC intervention in its growth, monitoring, oral rehydration, breast feeding and immunization programmes (GOBI) as well as that of WHO in its Expanded Programme of Immunization (EPI) 'which have brought about significant reductions in the level of childhood mortality through immunization against six of the major infectious diseases prevalent in developing countries...'. (p.73).

Another example is that of radio farm forums for rural development in Ghana (Ugboajah, 1996) and a similar approach, the radio listening, groups strategy, in Zimbabwe and Kenya (George, 1993). Thus, while the specific effects of communication cannot be articulated precisely, the contribution is based on the crucial function of communication because development is information-dependent or information-related (Boafo, 1996).

It has been observed by Melkote & Steeves (2005), however, that DSC was not wholly embraced among all UN agencies, although there was the encouragement by some of the agencies on the need for interpersonal and participatory communication. In addition, DSC has not been completely consolidated in development agencies in terms of operationalising the participatory approaches. The concept of

participation is anchored on participatory theories which arose from the criticism of the modernisation paradigm as being top-down, ethnocentric and paternalistic.

In terms of communication, and as observed by Waisbord (2001), one of the most powerful inputs into participatory communication came from Paulo Freire who argued that the failure of early development approaches and interventions was linked to their authoritarian conception of communication, which was primarily persuasive. Freire proposed a communication approach that emphasized conscientisation, free dialogue, and cultural identity and trust (Waisbord, 2001).

Participatory communication is crucial because of the centrality of giving the individual the chance to express his/her opinion at all levels of the process, because individuals are considered as being key to the project or programme which is ultimately in their interest. The growth of the use of concepts such as social marketing and social mobilisation have led to the prominence of participation because this accords the programme/project planners and implementers, the opportunity to include and change certain aspects of their programmes based on solid evidence and experience by the end-users or beneficiaries, as discussed in the literature review.

Obeng-Quaidoo & Gikonyo (1995), have emphasized the importance of the participatory element in *decision-making, in implementation, in benefits* and in *evaluation.* Participation, it is argued, gives members of a community a sense of ownership, besides exposing them to different

approaches, thereby *empowering* them and giving semblance to elements of *sustainability.*

2.8 Conceptual Model

As observed above, HIV and AIDS programming and interventions continue to present theoretical and conceptual challenges. The theories and approaches that were found to be partially applicable to this study were the social cognitive theory, the group dynamics approach and the development support communication approach. However, these theories could not sufficiently explain this research study. To operationalise this research, therefore, it was necessary to employ a revised version of the strategic conceptual framework for extension campaigns, which offers an integrated analytical framework, applicable for communication interventions. The strategic conceptual framework for extensions campaigns (SEC) is based on various theories and concepts in the development support communication field. We defined this modified model as **the Wambui Kiai conceptual model (Fig. 2.2).**

The basic premise of the SEC, is that for communication to be effective, planning and strategies should be specific, systematic and well-planned (Adhikarya, 1987). The SEC conceptual framework (see Fig. 2.1) for extension campaigns has the following phases, categorised in two parts: campaign strategy development and campaign management planning.

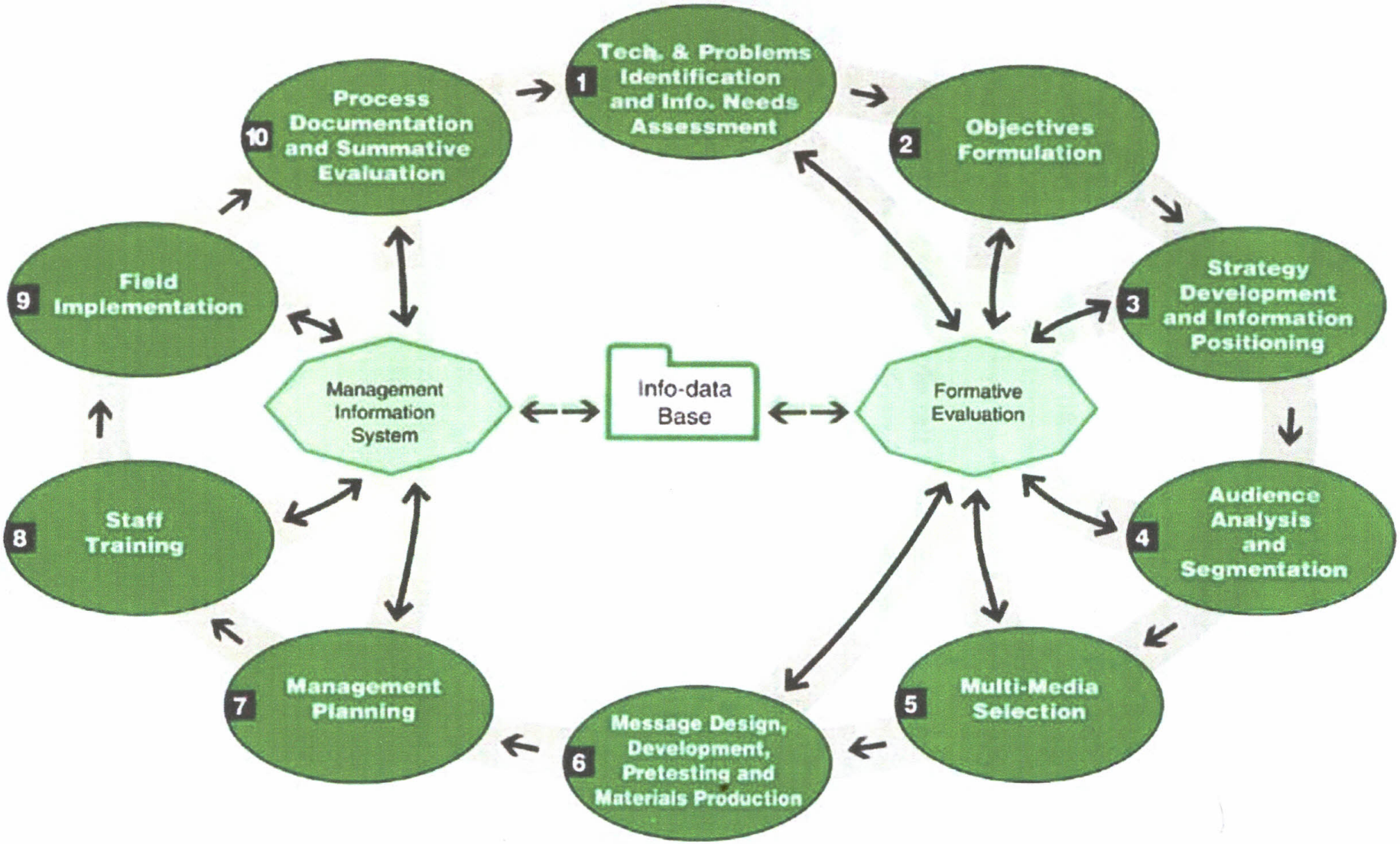

Fig 2.1: Conceptual Framework for Strategic Extension Campaigns.
(Source: Adopted from Adhikarya, 1987).

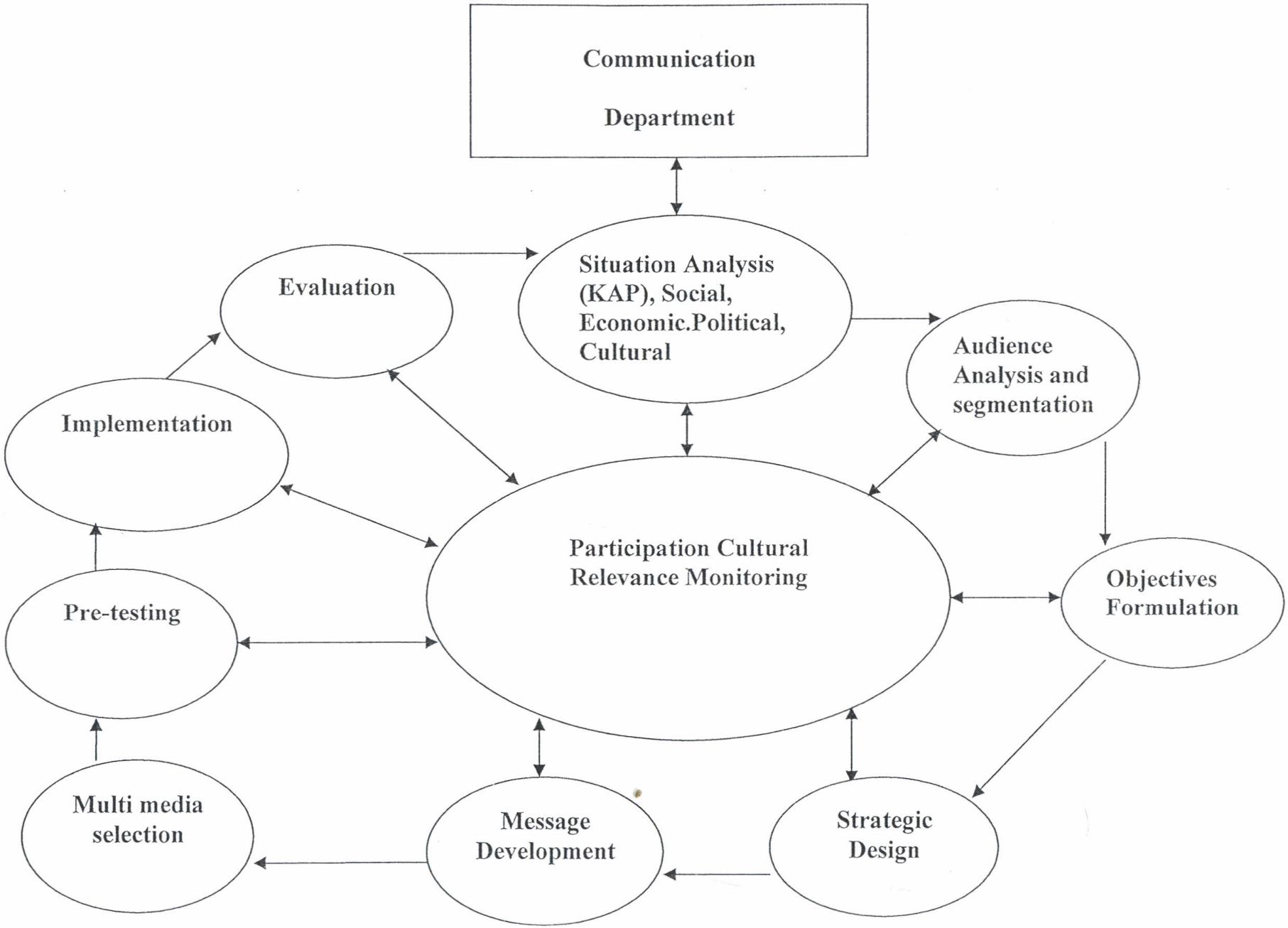

Fig 2.2: The Wambui Kiai Conceptual Model for Strategic Communication Planning for HIV and AIDS.

2.9 Relevance of the Wambui Kiai Conceptual Model to the Study

The Wambui Kiai Conceptual Model was used to guide this study as it lays emphasis on good planning and implementation and the need to integrate the challenges of a target audience or target beneficiary. This model also focuses on the need for a communication department, and for personnel who are trained and experienced in communication to plan and implement communication interventions in organisations. In addition, there is a focus on how information and communication can be utilised effectively in interventions to address various development challenges. The guideline on being specific and systematic in the planning and implementation of interventions was an emphasis in this study.

The model also strongly advocates for the integration of participation in all phases in planning and implementation, hence its centrality in the model. Specifically, participation can be actualised through focus group discussions, and consultations with the target audiences, at various levels, such as: the situational analysis and needs assessment (this also involves a KAP study); the audience analysis and segmentation, in the objectives formulation, strategic design and in message design and development (through pre-testing). In addition, more prominence has been given to situational analysis, since this forms the basis of the conceptualisation, planning, design and implementation of communication interventions. Implementers using this framework, have to remember that it ought to be flexible enough to address local conditions, meaning planning should be adaptable to issues like culture.

2.10 Hypotheses

This study was guided by the following hypotheses:

- Integrating communication into the planning process of HIV and AIDS interventions strengthens their effectiveness.

- Systematically and deliberately planning HIV and AIDS communication interventions, in accordance with accepted communication principles and best practices, increases the likelihood of success.

- Incorporating participation and cultural relevance in HIV and AIDS communication interventions is essential for effectiveness.

2.11 Operational Definitions

- ***Effectiveness in the Communication Process***

Effectiveness of the communication process within organisations was measured using the following criteria:

- The rank of the person handling communication within the organisation.
- Whether a communication department or unit exists.
- Whether the person handling the communication process within the organisation has training and/or experience in communication.

- The setting of communication objectives and whether they seek to achieve behaviour change.
- Whether a needs assessment has been conducted as part of the organisations' interventions.
- The segmentation of an audience is essential.
- The aims in the development of messages.
- Whether multi-media channels have been used in interventions.
- The conduct of pre-testing in interventions.
- The integration of monitoring and evaluation in interventions.
- The integration of participation in interventions.
- The inclusion of cultural relevance and appropriateness.

- ***Participation***

Participation within the interventions was tested at the levels of:

- The inclusion of audiences in the needs assessment in interventions.
- Consultations with audiences at the conceptualisation level of interventions.
- Consultations with audiences at the planning level of interventions.
- Consultations with audiences at the implementation level of interventions.
- Consultations with audiences at the monitoring and evaluation level of interventions.

- ***Cultural Relevance and Appropriateness***

Cultural relevance and appropriateness was tested at the levels of:

- Whether culture had been considered in the needs assessment of the interventions.
- Whether culture was an over-riding consideration in the whole communication intervention.

CHAPTER THREE

Methodology

3.1 Introduction

This chapter details the methodology that was deployed in this study, describing the study design, the research sites, the sampling procedures, and the methods used to collect data. The chapter also has a brief account of the method and model utilised to analyse the data, as well as highlighting some of the problems and constraints and limitations encountered during the process of data collection.

3.2 Research Sites

The sites for this study were selected purposively owing to the fact that the focus on the planning of the communication component in HIV and AIDS programmes and projects targets the headquarters of the organisations in question. This study was, therefore, carried out in Nairobi and Kisumu, with the expectation that this would provide comparative data based on the following criteria: rural/urban dichotomy; cultural diversity; and differential HIV/AIDS prevalence rates. This expectation, however, was not met.

3.2.1 Nairobi

Nairiobi is the capital city of Kenya, and the headquarters of Nairobi Province. It is a leading financial and political centre, with a cosmopolitan character and the highest urban population in East Africa, which is estimated to be between 3 and 4 million people. Nairobi also serves as an international centre, and as a communication focus, as it is host to many international and regional organisations (Nairobi City Council, 2008).

Rapid and high urbanisation (at an estimated annual growth rate of 6.9%), presents some serious challenges including the growth of the city's slum population, and threats to security, with implications for cases of sexual assault (Nairobi City Council, 2008).

3.2.1.1 HIV and AIDS Prevalence in Nairobi

Nairobi province has an HIV prevalence of 9.0% (KAIS, 2008). This is the highest rate followed by Nyanza Province with 7.8% (see Table 3.1 below):

Table 3.1: Estimated adult HIV prevalence in Kenya by province in 2006

Province	Number HIV+	Prevalence			
		Total (%)	Male (%)	Female (%)	Male: Female Ratio
Nairobi	*197,000*	*10.1*	*8.0*	*12.3*	*1.5*
Central	96,000	4.1	1.7	6.5	3.8
Coast	93,000	5.9	5.0	6.9	1.4
Eastern	72,000	2.8	1.1	4.4	4.0
North Eastern	9,000	1.4	0.9	1.8	2.0
Nyanza	*183,000*	*7.8*	*6.1*	*9.6*	*1.6*
Rift Valley	171,000	3.8	2.6	4.9	1.9
Western	112,000	5.3	4.2	6.4	1.5
Total	934,000	5.1	3.5	6.7	1.9

Source: The East African Standard, July 29th, 2008

The following are selected statistics among pregnant women in Nairobi at sentinel surveillance sites from 1990-2004 (NASCOP, 2005):

1990-5% 1995-16% 1999-17% 2003-11%

Antenatal HIV seroprevalence in urban sites for 2003-2004 places Nairobi at 14% in 2003, and 10.9% in 2004. This compares with Kisumu at 26%

in 2003, and 11.2% in 2004, and Mombasa at 16% in 2003, and 10.3% in 2003 (NASCOP, 2005).

More detailed figures (NASCOP, 2005) from the Ante-Natal Clinics (ANC) HIV seroprevalence in Nairobi show the following

Kariobangi:	2003-	17%	2004-	15%
Dandora:	2003-	12%	2004-	5%
Baba Dogo:	2003-	20%	2004-	18%
Riruta:	2003-	8%	2004-	10%
Dagoretti:			2004-	5%
Jericho:			2004-	10%

The third highest number of people living with HIV and AIDS in Kenya (PLWHA) by the year 2004 (NACC, 2005), reside in Nairobi. Nairobi has 159,000 PLWHA, after Nyanza (292,000), and Rift Valley (207,000).

3.2.2 Kisumu

Kisumu town serves as the regional headquarters of Nyanza Province, which is one of Kenya's eight provinces. Nyanza Province lies in the south-western part of the country, along the shores of Lake Victoria, and Kisumu is the third largest town in Kenya with a population of approximately 345,312-500,000. The town's development is rooted in its history as a railway terminus and internal port in 1901, expanding to become the leading commercial/trading, industrial, communication and administrative centre of the Lake Victoria basin, an area that traverses

the two provinces of Nyanza and Western and the western parts of Rift Valley Province.

In addition, Kisumu serves as the communication and trading confluence for the Great Lakes region - Tanzania,Uganda, Rwanda and Burundi. *The Kenya Demographic and Health Survey 2003* cites Kisumu as the poorest of the major towns in the country with a prevalence of absolute poverty at 48% (CBS *et al.*, 2004).

3.2.2.1 HIV and AIDS Prevalence in Kisumu

Nyanza Province has a prevalence rate of 15.3%, as shown in Table 3.1 above. The province and Kisumu District have some of the highest prevalence rates on HIV and AIDS. The KDHS survey of 2003, documents the figures of 18.3% for Nyanza Province, and 25.8% among Luo speaking Kenyan citizens (CBS *et al.*, 2004). Kisumu has had the following prevalence rates among pregnant women in the period 1990-2004 (these are selected points along the progression)- (NASCOP, 2005):

1990-18% 1994-29% 2000-33% 2004-11%

In 2005, statistics placed prevalence in Kisumu district at 18.4%, which was the second highest rate after Suba and Migori Districts which both had a prevalence rate of 24.4% (NACC, 2005). The lowest prevalence rate was found to be 2.3% in Mandera, Garissa and Wajir districts.

One of the greatest concerns with regard to HIV and AIDS in Kisumu has been the high prevalence of the pandemic among adolescents. This was

particularly critical in the late 1990s where teenagers in Kisumu were found to have the following rates, sourced from the National AIDS programme, Kenya and the Population Council-1999 by UNAIDS (2000:50):

Age	HIV Prevalence
15 years	0% (Boys)
	8.3% (Girls)
16 years	0% (Boys)
	17.9% (Girls)
17 years	3.6% (Boys)
	29.4% (Girls)
18 years	2.2% (Boys)
	22% (Girls)
19 years	8.6% (Boys)
	33.3% (Girls)

3.2.3 Non-Governmental Organisations (NGOs)

There has been great growth of non-governmental organisations in Kenya since 1980 (Kameri-Mbote, 2000). According to her, the roots of NGOs lie in the philanthropic orientation. However, this original mandate has expanded to cover a wide range of themes such as the environment, health, shelter, gender and education (Ngumula, 2008).

Work and research on NGOs is hampered by the lack of a comprehensive and clear administrative framework (Kameri-Mbote, 2000). In the mid-

1990s, most NGOs were found to be based in Nairobi. With respect to HIV and AIDS, the Kenya AIDS NGO Consortium, an umbrella body, draws its membership from NGOs, CBOs and faith based organisations (FBOs), who have an interest in HIV and AIDS, and STI activities (KANCO, 2008). These organisations focus on services as varied as clinical care, home-based care, self-help/income generating activities, training, bereavement support, rape counselling, outreach services, human rights, mental health services, psychological therapy and HIV and AIDS education. There were six hundred and forty-five registered members of KANCO by 2001, with eighty three of them registered as operating in Kisumu.

3.3 Study Design

This study utilised a cross-sectional and descriptive research design to investigate the extent to which organisations involved in HIV and AIDS education have integrated effective communication in the planning and implementation processes of their interventions. Both qualitative and quantitative data were collected. Quantitative data were collected using a semi-structured questionnaire, while qualitative data were collected from literature, and documents from organisations. These data were then subjected to both quantitative and qualitative analyses. While qualitative analysis yielded thematic descriptions and generalisations, quantitative processes generated appropriate frequency and percentage distribution tables.

3.4 Study Population

The study focused on NGOs in Nairobi and Kisumu. There are a total of 645 NGOs working in the area of HIV and AIDS, based on the inventory of KANCO (2005). The unit of analysis was the organisation, and the respondents were officials in charge of the communication unit or function in the organisation.

3.5 Sample Size and Sampling Procedure

Sixty organisations were drawn from the six hundred and forty-five organisations registered with the Kenya NGO AIDs Consortium (KANCO-2001). Of these, one hundred organisations had incomplete entries as they did not indicate the services they offered. There were also some organisations who had listed IEC or HIV and AIDS education as one of the activities they were involved in, in addition to their areas of focus like clinical care or home-based care.

The total number of organisations involved in IEC, using the KANCO inventory, was two hundred and sixty-six country-wide. In the KANCO inventory, one hundred and ninety one of these organisations were based in Nairobi, and thirty four were based in Kisumu.

The first step in sampling was to isolate those organisations which have IEC or communication as a major programme/project. Purposive sampling was then used to sample organisations with the following characteristics:

- Organisations that were well- established, which are large, and which were international or regional in stature. It was anticipated that these organisations would have global links, and it would be interesting to examine whether higher budgets and international scope influence the planning of communication. Another issue was that of broad geographic scope, and how this impacted on audience segmentation.

- Organisations that were medium sized, which were national or provincial in geographic coverage. These formed a good basis of comparison with the first category, as did the question of national policy and the localisation of international policy.

- Organisations which were said to be emerging, newly established (6 months-2 years), which were limited to geographic coverage of 2 areas or 1 province. It is usually assumed that newer organisations are more flexible and open to suggestions and the impact on this on the main objectives of the study were examined.

3.6 Data Collection Methods

Data were elicited from both primary and secondary sources. The primary sources were mainly interviews with respondents who are in-charge of communication in NGOs, as well as key informants. Forty nine respondents (49) and eleven (11) key informants were interviewed.

3.6.1 Semi-Structured Interviews

Primary data were mainly gathered using a semi-structured questionnaire (see Appendix I). A total of 49 interviews were conducted (42 in Nairobi, 7 in Kisumu). The questionnaire was used to generate data pertaining to the institutional structure with an emphasis on whether a communication/information unit exists; the rank, qualifications, and experiences of the people working in the unit; the annual budget for communication and how this budget compares to other departments in the organisation. This was intended to assess how communication is handled at the planning level. Additional information was elicited with regard to the planning of the communication process, including: whether communication objectives were set; whether a needs assessment was done and the basis on the assessment; whether results of the needs assessment were utilised and how.

Respondents were also interviewed on strategising the communication process, that is: the selected audience and rationale for this; awareness of other messages on HIV and AIDS; the aims and process of message development; the consideration of culture; the communication channels utilised; whether messages were pre-tested and the use of the findings; the monitoring mechanism for the communication process; the levels of participation of the audience; and the costing of the communication programme or project. Finally, information on the constraints experienced in the planning and implementation of the communication process was elicited.

3.6.2 Key Informant Interviews

A brief interview guide (Appendix II) was utilised to conduct interviews with key informants; including specialists in communication such as communication scholars and some practitioners in the IEC sector. These interviews provided deep insights into issues related to communicating on HIV and AIDS and in the context of effective communication. The aim was to obtain information based on specialised analysis of the role of communication in HIV and AIDS education and the gaps and constraints therein. Information on experiences with other models of communication in development and their impact was also gathered.

The information derived from these interviews related to: the status of communication, HIV and AIDS in Kenya; the existing constraints on communication, HIV and AIDS in Kenya; views on the current models in use in communication, HIV and AIDS; essential elements for an effective communication process on HIV and AIDS; and how the communication process on HIV and AIDS can be strengthened.

3.6.3 Secondary sources

Secondary data were derived from literature in published and unpublished documents in the medical/health and communication areas from various academic institutions and scholars as well as international and national organisations dealing with HIV and AIDS. Material was also accessed through various websites. This provided a solid framework on the prevalence of the pandemic, the socio-economic impact and lessons

from on-going programmes and projects, with some cases from other countries, and emerging discourse on HIV and AIDS communication.

Additional secondary data were collected from organisational records such as plans, annual reports, proposals, evaluation reports, project appraisal and monitoring documents to reveal the allocation of resources and details of the planning process. This was designed to derive information on general patterns on planning as related to communication as well as the issue of whether communication is viewed as a primary or secondary process.

3.7 Data Analysis, Interpretation and Presentation

Data obtained from the questionnnaires were analysed to allow for inferences and interpretations using the Statistical Package for Social Sciences (SPSS). Descriptive and inferential statistics were used to interpret data obtained on variables relevant to the study objectives and hypotheses.

Data from the key informant interviews were analysed along broad themes and used to support the information derived from the main instrument, the semi-structured interview schedule. Thus, triangulation was done from the information derived from the key informant interviews, within the framework of the questionnaire. Secondary data were also used in this triangulation.

Visual graphics, such as bar charts and pie charts were used to present findings. The findings from the key informant interviews were presented as narratives.

3.8 Problems and Constraints of the Study

There were several problems and constraints experienced in the course of this study, as with any other research. Firstly, in as much as the Kenya NGO AIDS Consortium began developing an inventory based on the registration of NGOs in 1999, this inventory presented some constraints. In the first place, the inventory contained highly generalised information, making it difficult to distinguish the organisations engaged in serious HIV and AIDS education and communication programmes or projects. Organisations involved in the distribution of pamphlets, posters and other materials on HIV and AIDS, listed themselves as working on AIDS information, education and communication (IEC).

This resulted in constraints during the sampling in the first instance, when this list was utilised. The list had to be further edited, which meant calling and ensuring that genuine IEC work was being undertaken, before the sampling was conducted. Another complication arose from the fact that there was no clear distinction between NGOs and CBOs, necessitating visits to KANCO and telephone calls to make this distinction. Fortunately, the officers at KANCO were very helpful and this eventually eased the process and the sampling was successfully completed.

The term evaluation, which this study addressed, evoked feelings of great mistrust and suspicion, particularly among the informal and sometimes competitive environment of non-governmental organisations (NGOs). The researcher approached the major coordinating bodies on HIV and AIDS: the National AIDS and STDs Control Programme (NASCOP), and the Kenya Aids NGO Consortium (KANCO) for personal contacts to gain entry into the said organisations and build their confidence. Yet in spite of these contacts, there was open hostility from some officers in the sampled organisations, who refused outright to be interviewed. There was also delay and dodging from other officers, who kept the researcher going several times in vain, then refusing to take calls to facilitate appointments. The data collection turned out to be greatly onerous because of this open hostility and non cooperation.

Finally, funding for the proposed research study was not forthcoming and so the researcher had to rely on personal resources. This delayed the research process and constrained the researcher in terms of transport, stationery, use of computer and data analysis.

3.9 Ethical Issues

The researcher maintained the confidentiality of the data and used it for academic purposes only. The research assistants, who helped in the focus group discussions, were thoroughly trained to ensure that deceptions were not made and that no promises which could not be kept were made. Since the study was essentially evaluative, trust was cultivated through demonstrations that no ill-will was intended and that the researcher

anticipated that ultimately, the study would strengthen the communication process on HIV and AIDS.

Consent was solicited from the relevant heads of organisations when necessary and the respondents were informed of the purpose and objectives of the study and the critical role that they would play towards ensuring the success of the study. HIV and AIDS in general is a very sensitive topic, and this was reflected in the manner in which the study was conducted by the researcher and the research assistants.

CHAPTER FOUR

Background of Respondents and Organisations, and Planning of the Communication Process

4.1 Introduction

This Chapter presents findings on the educational background of the respondents, including their experience, and the institutional structure of the organisations. The institutional information profiles the background of the organisations including the rank of the personnel who handle communication matters, the training and expertise of the personnel charged with managing the implementation of the communication process as well budgetary allocations and issues.

4.2 Profiles of the Organisations

As shown in Figure 4.1 below, the respondents were drawn from diverse categories of organisations including local (14%), national (32%), regional (14%) and international (8%). This diversity was included to assess whether organisations with international links and those with larger budgets have different approaches to communication planning and implementation, with regard to HIV and AIDS. However, there were more national organisations represented based on the sampling frame, and the need to focus on the headquarters of NGOs because of the emphasis on planning.

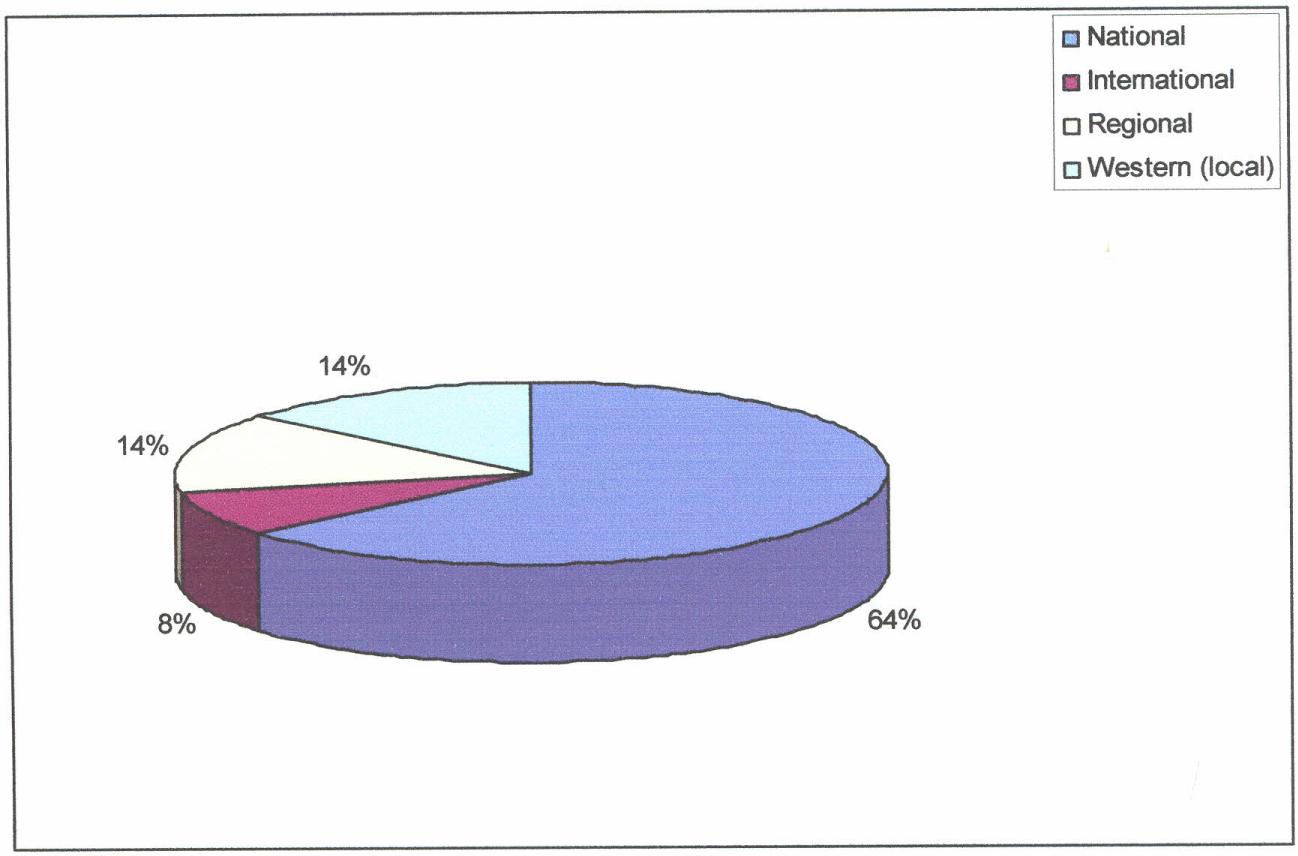

Figure 4.1: Categories of respondents by organization

4.3 Gender of Respondents

There was almost an even distribution of respondents, but slightly more male respondents at 54%, than female respondents-46%, (Table 4.1).

Table 4.1: Gender of Respondents

Gender	Frequency	Percentage (%)
Male	27	54
Female	23	46
Total	50	100

4.4 Title and Training of Respondents

Figure 4.2 below demonstrates the title of the person in charge of communication in the organisations studied. Although the important issue is the training of the person, which shows whether the required knowledge and skills have been learnt, the figure indicates that communication on HIV and AIDS was being handled by a variety of personnel. Only 8% of the respondents were communication or information officers. Scholars have for long pointed out that one of the challenges of most development programmes and projects has been the neglect of the requisite training and qualifications of the personnel who plan, implement and evaluate programmes/projects (see, for example, Agunga 1991; Obeng-Quaidoo & Gikonyo, 1995).

Literature from the field of population communication has identified as a constraint the fact that few national managers in charge of information, education and communication (IEC) efforts had backgrounds and training in communication (see, for example, Cohen, 1994). Cohen goes on to state that although there was in-service training of such personnel, it was often intermittent, and limited to technical issues related to population like demographics.

One of the key informants agreed with this opinion. This finding suggests that most organisations are yet to respond to the challenge of having personnel who handle their communication planning and processes, well grounded in communication. While organisations can contract consultants and specialists to develop their strategies and programmes/projects, the importance of having trained personnel in charge of communication is the value that this adds to sustainability in

the long-term planning and strategy as well as the implementation of communication programmes and projects.

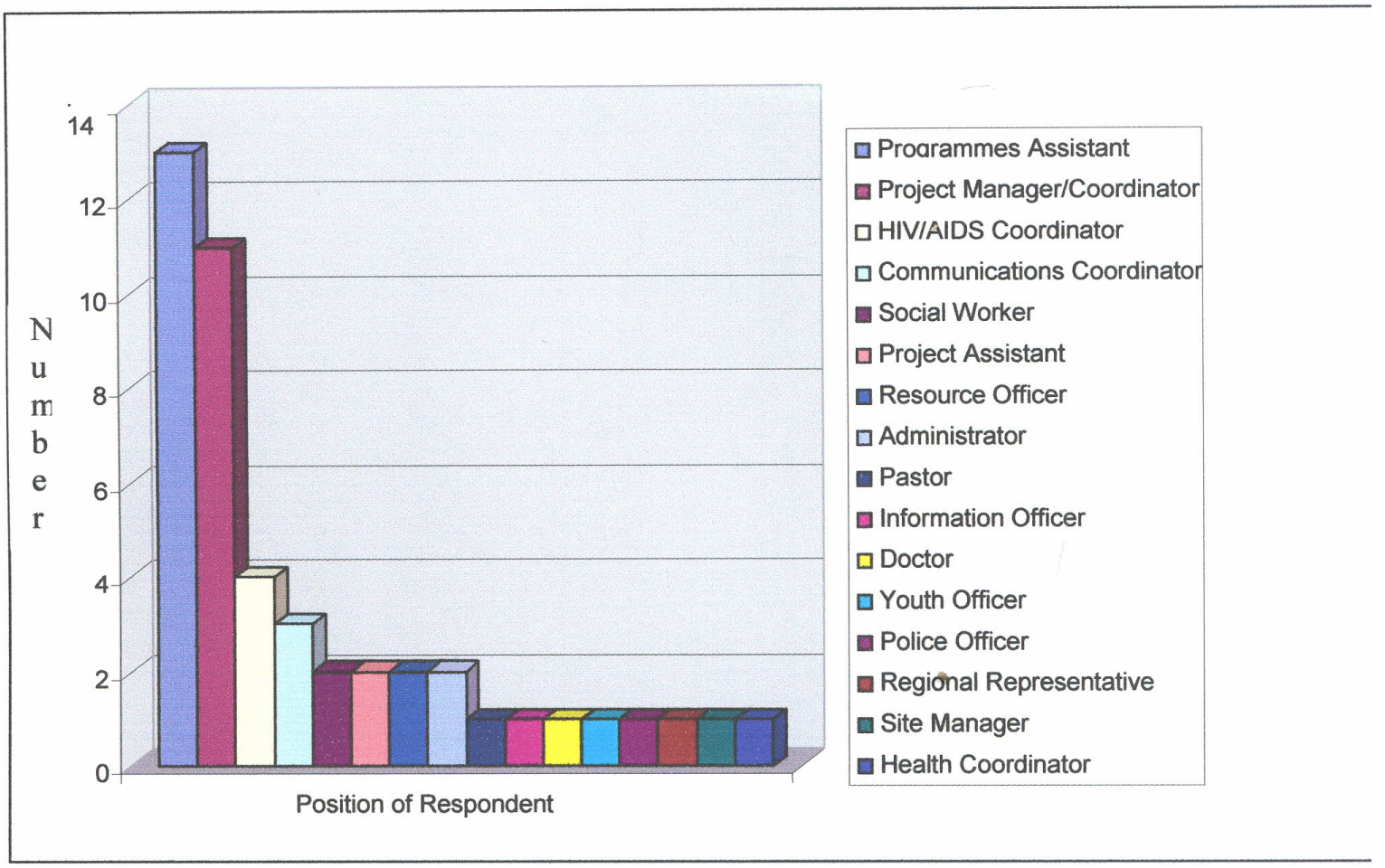

Figure 4.2: Title of the Respondents

As shown in Table 4.2 below, those with University or College education constituted the highest proportion of respondents (76%). The rest (24%), had secondary or high school level education. This, however, needs to be compared with their training and experience.

Table 4.2: Respondents' Level of Education

Level	Frequency	Percentage (%)
University/College	38	76
High School	12	24
Total	50	100

Table 4.3 below profiles the training and experience of the person in charge of communication in the organisations studied. Twenty per cent of the personnel in charge, had training in project management, 18% were in health/community development, 8% had a background in programme management, while only 6% had training or experience in journalism or communication.

One of the concerns raised with respect to HIV and AIDS, as well as other development areas, has been the lack of inclusion of communication expertise in the management of most organisations. This in turn contributes to the inadequacy of planning and implementation of communication programmes, projects and strategies.

One of the key informants noted that some NGOs have been conducting good programmes, but they lack competence, including communication competence. Another key informant observed that this lack of communication expertise raises the question of the extent to which organisations can implement the programmes that they design, as they rely on consultants and external expertise.

Although it can be said that 28% of the personnel involved in communication had sound management expertise based on their background in programme and project management, there is an essential missing component because of the low level of those trained and/or with experience in communication.

Table 4.3: Respondents' Training and Experience

Training/Experience	Frequency	Percentage (%)
Project Management	10	20
Health/Community Development	9	18
Programme Management	4	8
Journalism/Communication	3	6
Social Sciences	3	6
Secretary	3	6
Medicine	2	4
Theology/Pastor	2	4
Conflict Management	1	2
Non-response	12	24
Total	50	100

4.5 Institutional Structure

From Figure 4.3, it can be seen that HIV and AIDS is being addressed by organisations concerned with health care (26%) and those specifically aiming at HIV and AIDS awareness (26%). Some of the other organisations are dealing with the pandemic in the context of family life education (16%) and from the general development and human rights perspective (16%). There is a sense in which it is interesting that HIV and AIDS have become additional programmes within the wider development agenda, indicating

the need to respond to the impact of the pandemic within communities where these organisations have been focused.

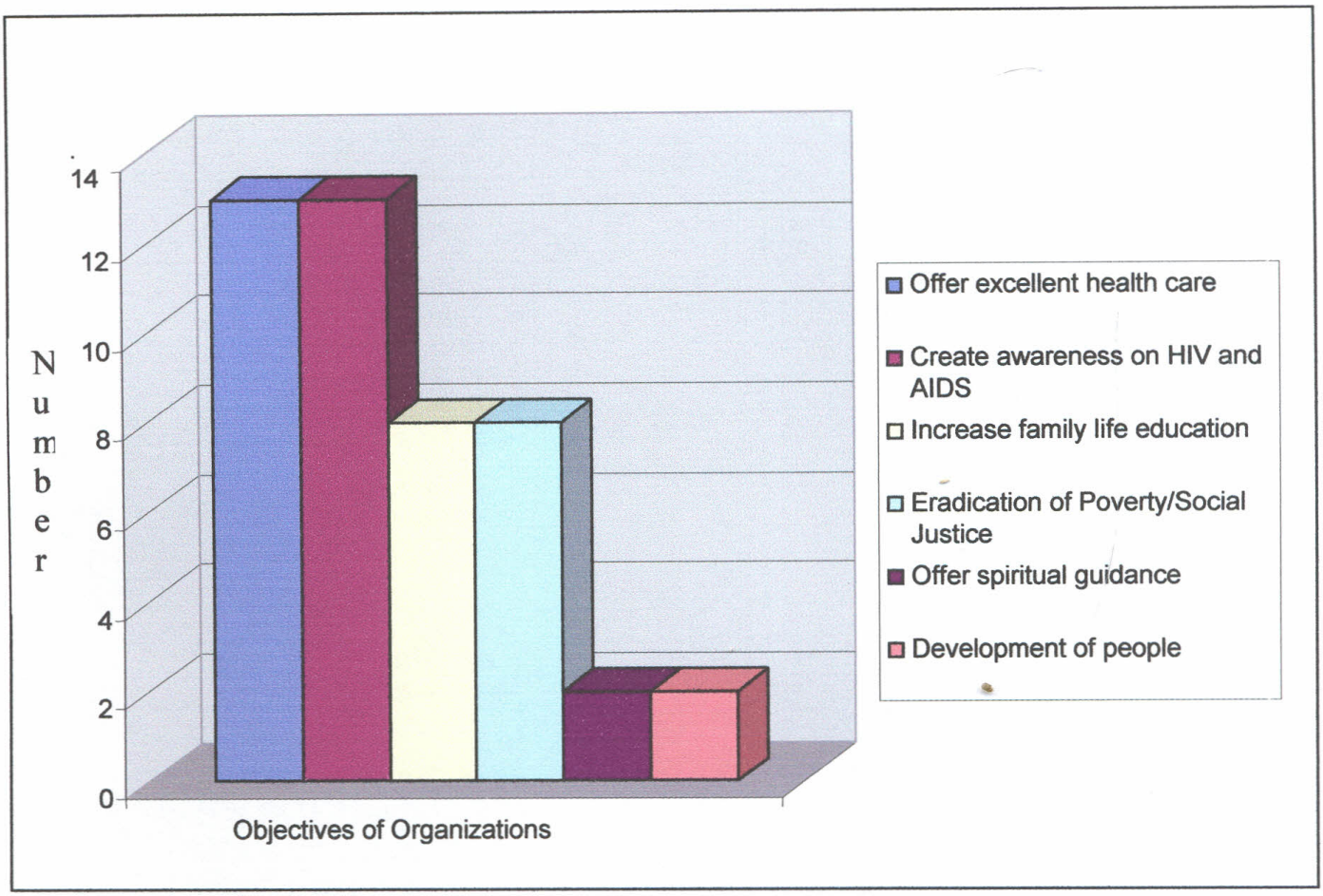

Figure 4.3: Objectives of Organisations

The structure of most NGOs dealing with HIV and AIDS communication, and their objectives were identified as one of the constraints in HIV and AIDS communication by some of the key informants. Behaviour change in particular, was not identified in the early days as a key concern. One reason suggested for this was that there was wide information dissemination by NGOs, in addition to their core concerns like health and other development issues. One key informant attributed this to the fact that most organisations were involved in IEC work in the development

and population field, thus they factored in behaviour change communication later.

One advantage of integrating HIV and AIDS into development concerns and the other stated core functions of an organisation is the benefit of reduced costs, and the strength of using an already existing network. Such organisations already have a presence at the community level, and knowledge of other challenges facing a community, which could be relevant to HIV and AIDS education. However, the critical element lies in the communication objectives of organisations (Figure 4.3).

The clarification of overall and communication objectives provides the opportunity to identify the most important challenges and to decide which of the challenges can be tackled by utilising communication and education interventions (Cohen, 1994). The issue of feasibility can also be addressed at this point.

Almost a half (46%) of the organisations sampled, have an existing Communication or Information unit (Figure 4.4). Another 44% did not have such a unit, while 10% of the respondents did not answer this question. The existence of such a unit is deemed important as this would specifically chart out the direction of communication programmes, projects and strategies. This would, ideally, result in the development of communication programmes, projects and strategies, which is being proactive, according to one key informant. The skills that were in demand, in the words of another key informant, included behaviour change communication, the production of IEC strategies and materials, and home-based care.

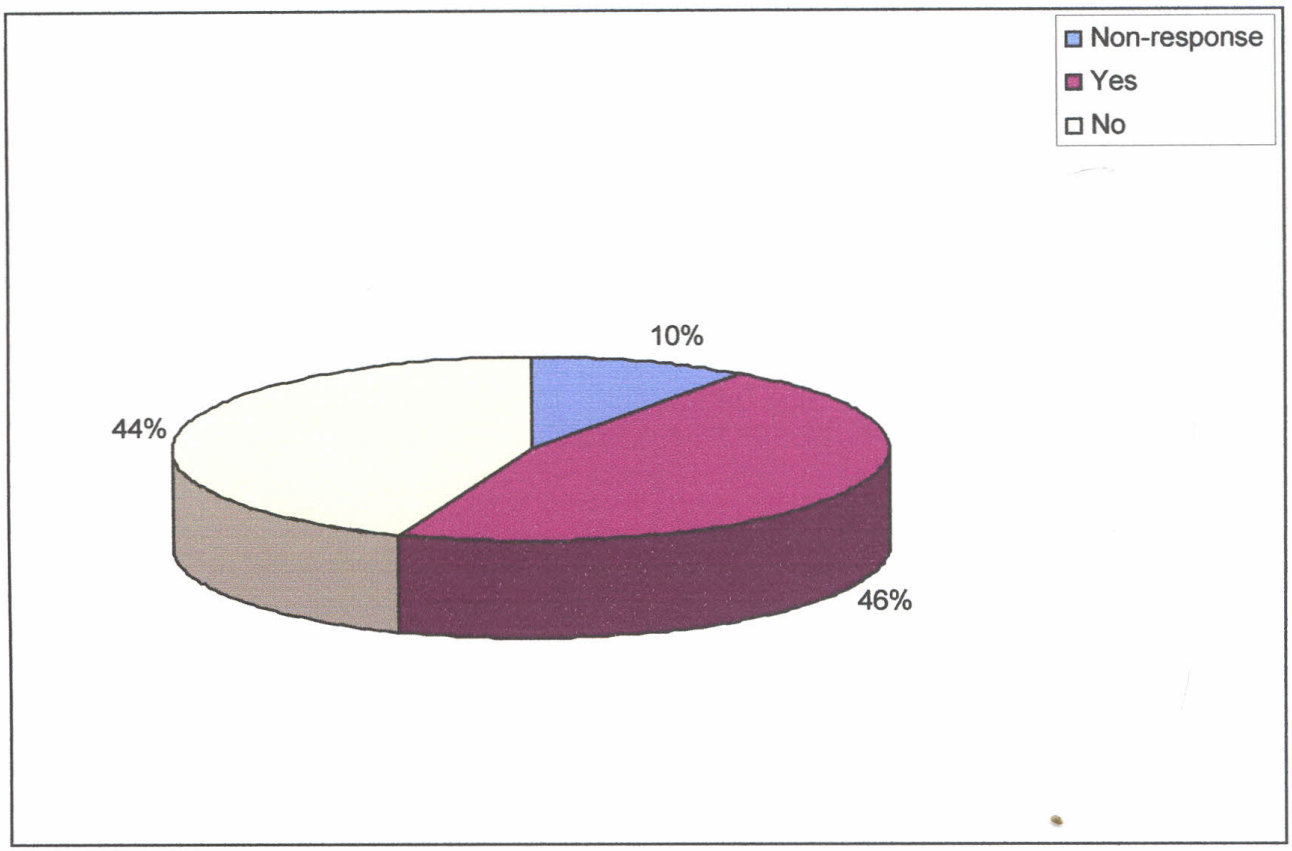

Figure 4.4: Existence of a Communication/ Information Unit

This, however, is predicated on the training and expertise of the personnel working there, as well as management's acknowledgement of the role of communication in an organisation's planning and implementation of programmes/projects. One of the constraints identified by two of the key informants was that most NGOs dealing with HIV and AIDS communication were built around the need for funding. Thus, the entire process, including planning of communication programmes and projects were not well conceptualised or considered.

Efforts of various organisations, as indicated by another key informant, led to a greater interest being generated in HIV and AIDS education,

resulting in the incorporation of HIV and AIDS into their programmes and projects.

Having a communication unit in organisations is crucial in providing a comprehensive, holistic plan to communication activities in the entire organisation (Santucci, 2005). This systematic planning enables the organisation to implement its programmes and projects along its overall objectives and policies ensuring that communication is not relegated to a secondary role. Thus, the design and implementation cease to be *ad hoc*, and clear benchmarks are set, as well as having a sychronisation of the communication process in the efforts and interventions of an organisation.

From Figure 4.5 below, slightly less than a third (30%) of those heading the Communication/Information departments are at the level of Senior Management. When considered along the next highest number, Middle Management (24%), this is an indication of recognition by many organisations that integrating communication into the management is critical to the strategic implementation of interventions. This means that the communication process can be considered to be at the top most or senior level, in most organisations. It is also indicative of the seriousness that communication has for many organisations, in terms of policy pronouncements.

It was noted by one of the key informants that in the early 1990s, there were few people who desired to be involved in HIV and AIDS work: this changed around 1992 and 1993, with the rising prevalence rates and the donor interest resulting from this increase in prevalence rates.

This finding indicates that communication has been given prominence by most organisations, in the placing of the person in charge at the senior or middle management level. This provides a forum for the advocacy of communication at the decision-making level.

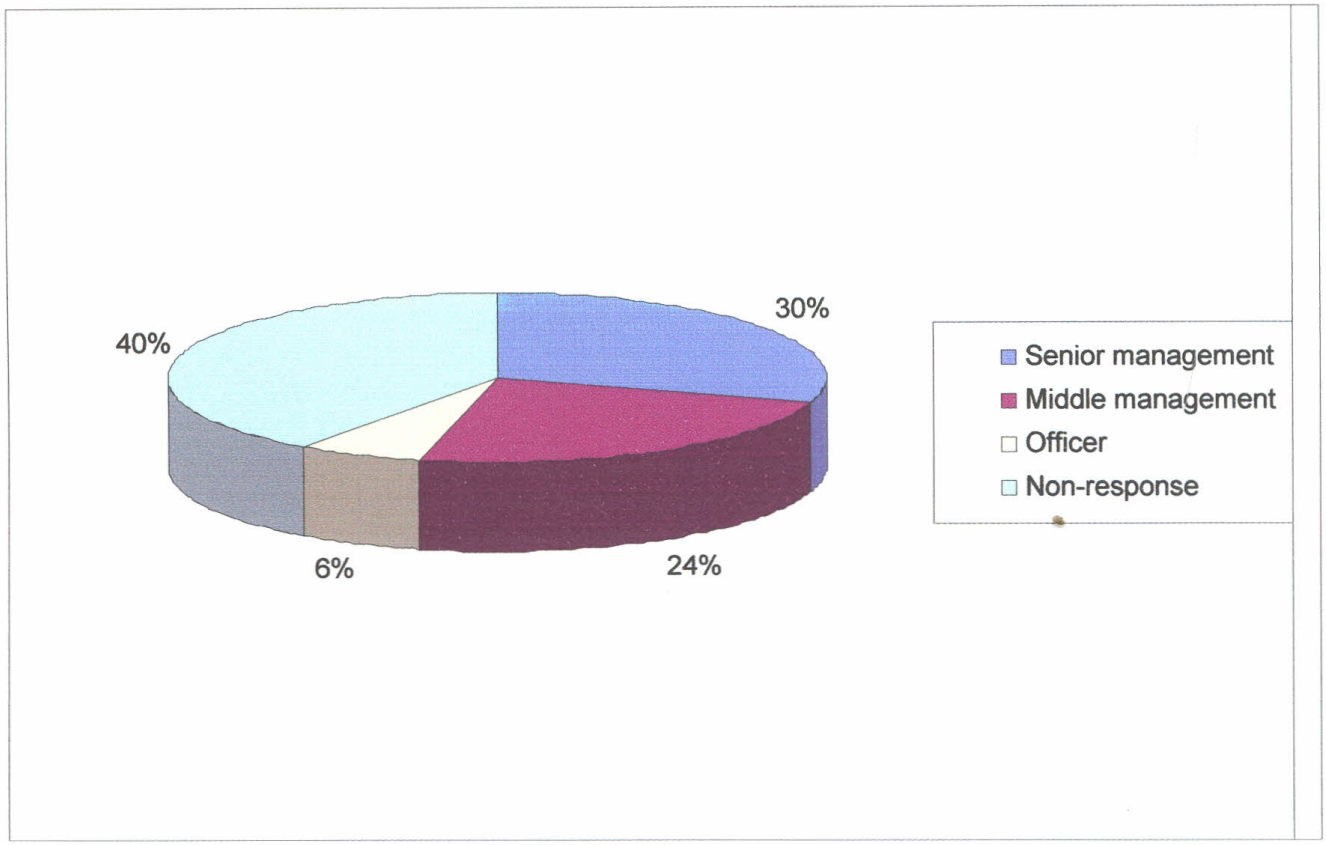

Figure 4.5: Rank of the Person in Charge of Communication/ Information Dept.

The question of who handles communication was included to provide greater detail, particularly where a communication/information unit did not exist. Table 4.4 demonstrates that communication is handled by various personnel, further buttressing the findings presented in Table 4.3. While some NGOs have rightfully identified communication as being integral to their organisations, and they have placed communication at

the managerial level, they lack the communication competence, as noted by one of the key informants.

Table 4.4: People who handle communication/information

Person	Frequency	Percentage (%)
Project Manager/Director	9	18
Communications Coordinator	9	18
Programmes Officer	6	12
Counsellor	4	8
Communications Officer	2	4
Project Staff	2	4
Site Manager	2	4
Administrator	2	4
Public Relations Manager	1	2
General Secretary	1	2
Project Assistant	1	2
Resource Centre	1	2
AIDS Department	1	2
Implementing Partners	1	2
Regional Representative	1	2
Non-response	*7*	*14*
Total	50	100

The findings presented in Table 4.5 indicate that most organisations (78%) had 1-10 people working in their communication units. Another 2% of the organisations had 11-20 people working in these units while 2% had over 50 people working in their communication units. There was a non-response return of 18%. This indicates the scope and the volume of work handled in a communication department, as well as the different specialisations in terms of communication work handled. Communication work includes design, media production, and interpersonal communication and this demands a variety of skills. However, some of this work can be outsourced.

Table 4.5: Number of People Working in Communication Dept

No. of Workers	Frequency	Percentage (%)
1-10	39	78
11-20	1	2
Over 50 people	1	2
Non-response	*9*	*18*
Total	50	100

Figure 4.6 below presents the qualifications of the people heading the communication department or unit. Slightly more than a third (36%), of the respondents have attained a basic degree of education with some having a Masters (18%), and post graduate diploma (10%). This gives a combined percentage of 64% who had a degree and above, showing that NGOs were employing personnel with a solid educational background.

However, these findings have to be considered along with those presented in Figure 4.7, which indicate whether the respondents were trained in communication or information. This raises the question of competence with regard to HIV and AIDS communication.

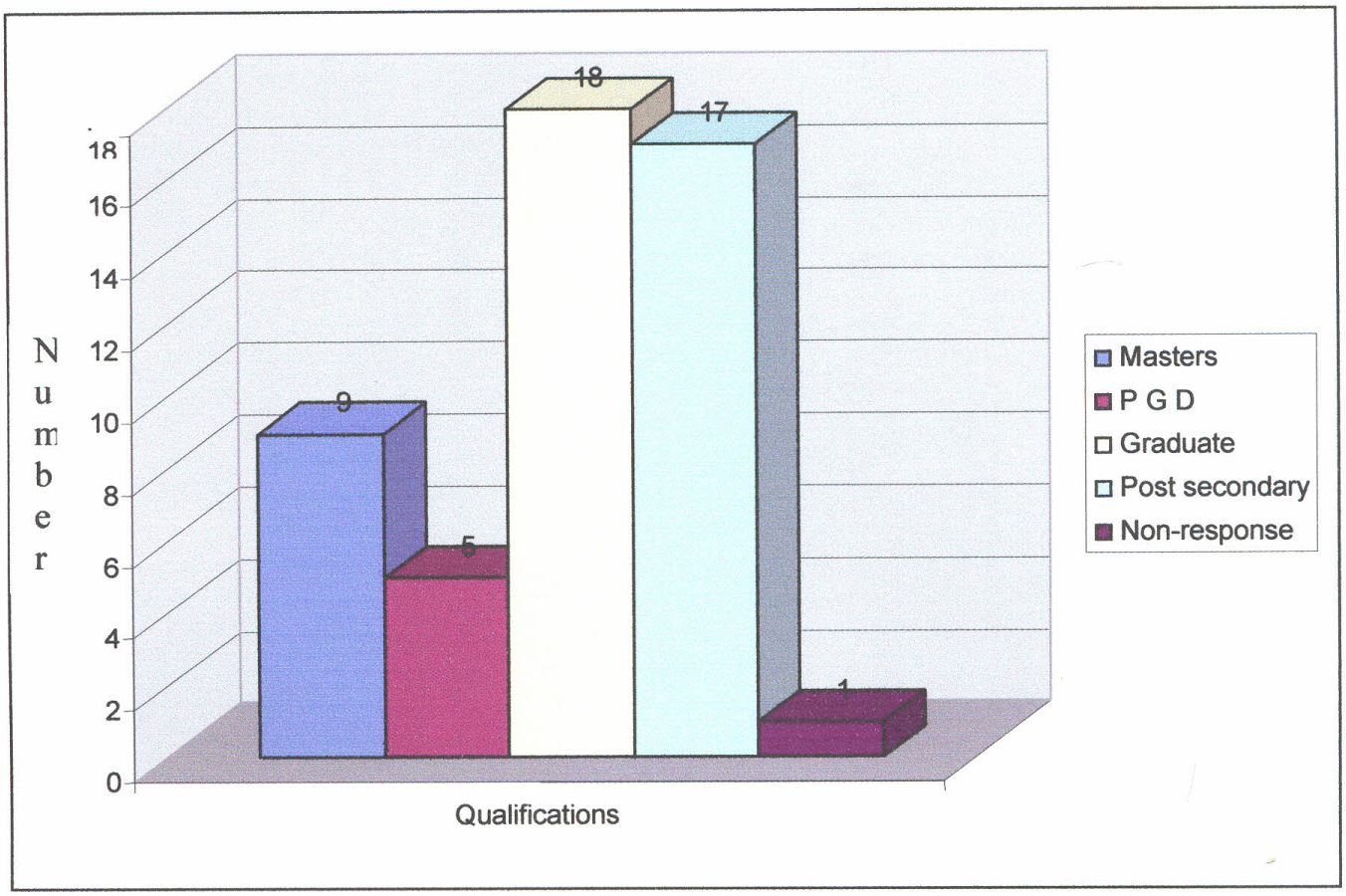

Figure 4.6: Qualifications of Heads of Communication Units

As shown in Figure 4.7, the majority of the people (88%) working in communication/information units, lack training in communication. Although most organisations have employed well-educated personnel in their communication departments, the level of training in communication is important: only 10% of the respondents working in communication departments have training in communication. This raises the issue of constraints as identified by some key informants who opined that this had resulted in poor conceptualisation, poor design and execution of HIV and AIDS communication programmes/projects.

Personnel who have training and experience in communication, have the expertise to ascertain that the challenges relating to communication are

addressed at the conceptualisation level of an intervention. In addition, such a person would ensure the proper planning and execution of the intervention in tandem with effective principles of communication (Santucci, 2005).

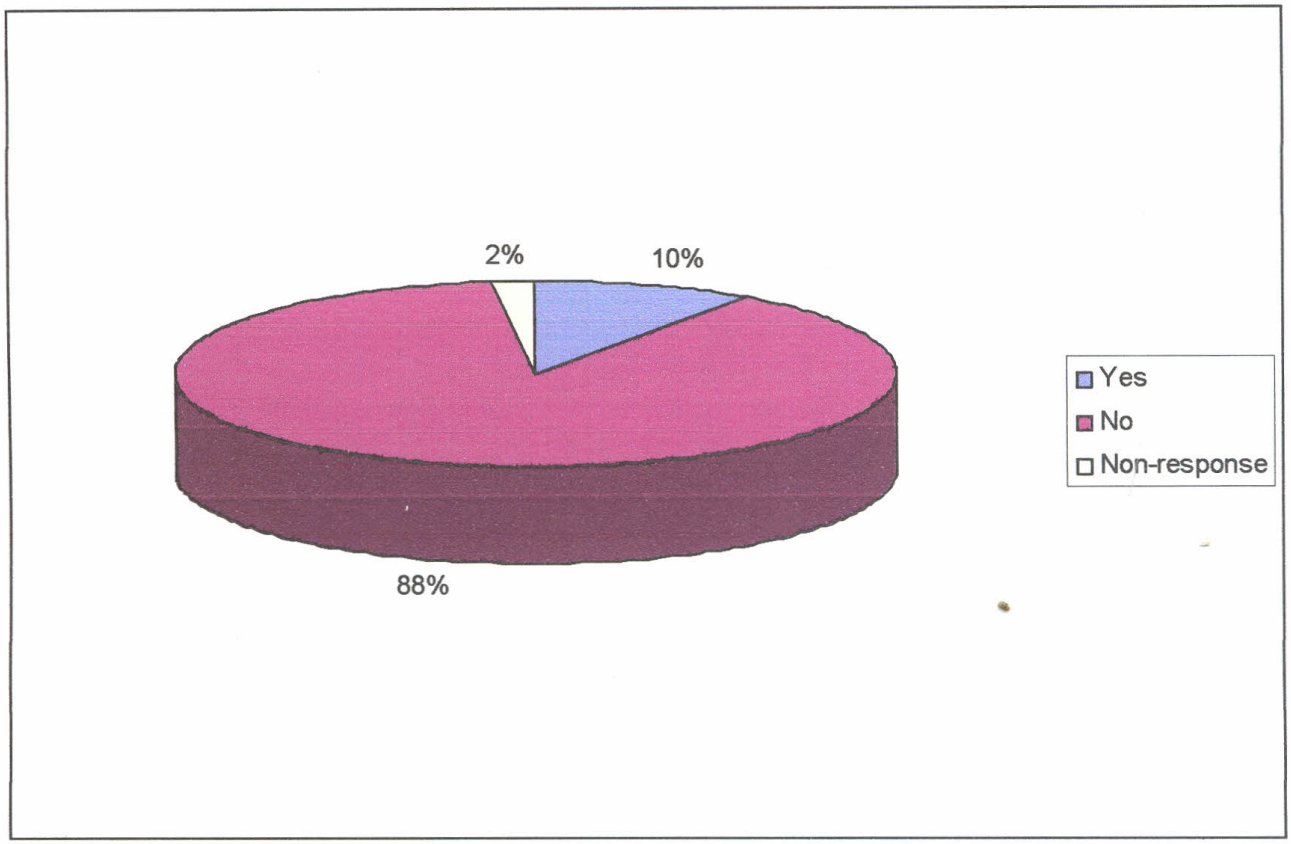

Figure 4.7: Whether Personnel in Communication Unit, have Training in Communication or not

The question of annual operational budgets was aimed at assessing the scale of programmes/projects which, in turn, shows the kind of communication programmes/projects in place, and which is presented in Table 4.6 below. However, over a third of the organisations (38%) did not respond to this question. This figure, when combined with the fact that 22% of other organisations did not place an exact figure, gives a sub-total of 60%, which is a substantial proportion of the organisations studied. Of

those who responded, 22% had programmes/projects of a figure above 1 million Kenya Shillings, while 18% were operating programmes/projects below one million Kenya Shillings.

Many organisations (a combined sub-total of 40%: 22% who did not give an exact figure, and 18% who had a budget below Kshs 1million) therefore, have projects that are modest in nature and, by implication from the scale of funding, short-term. One can infer that the projects are not part of a long-term programme, which is necessary for behaviour change in HIV and AIDS. In addition, small-scale funding usually provides for 'one-off' projects, with no pledge of continuation for the community.

Table 4.6: Annual Operational Budget of Communication Dept

Amount	Frequency	Rercentage (%)
No Exact Figure	11	22
Below Kshs 1,000,000	9	18
Above Kshs 1,000,000	11	22
Non-response	*19*	*38*
Total	50	100

The responses by a half of the organisations (Figure 4.8) suggest that the availability of funds is the main factor that affects budget allocation for half of the organisations. The other factor stated was the target audience (8%), with a non-response rate of 42%.

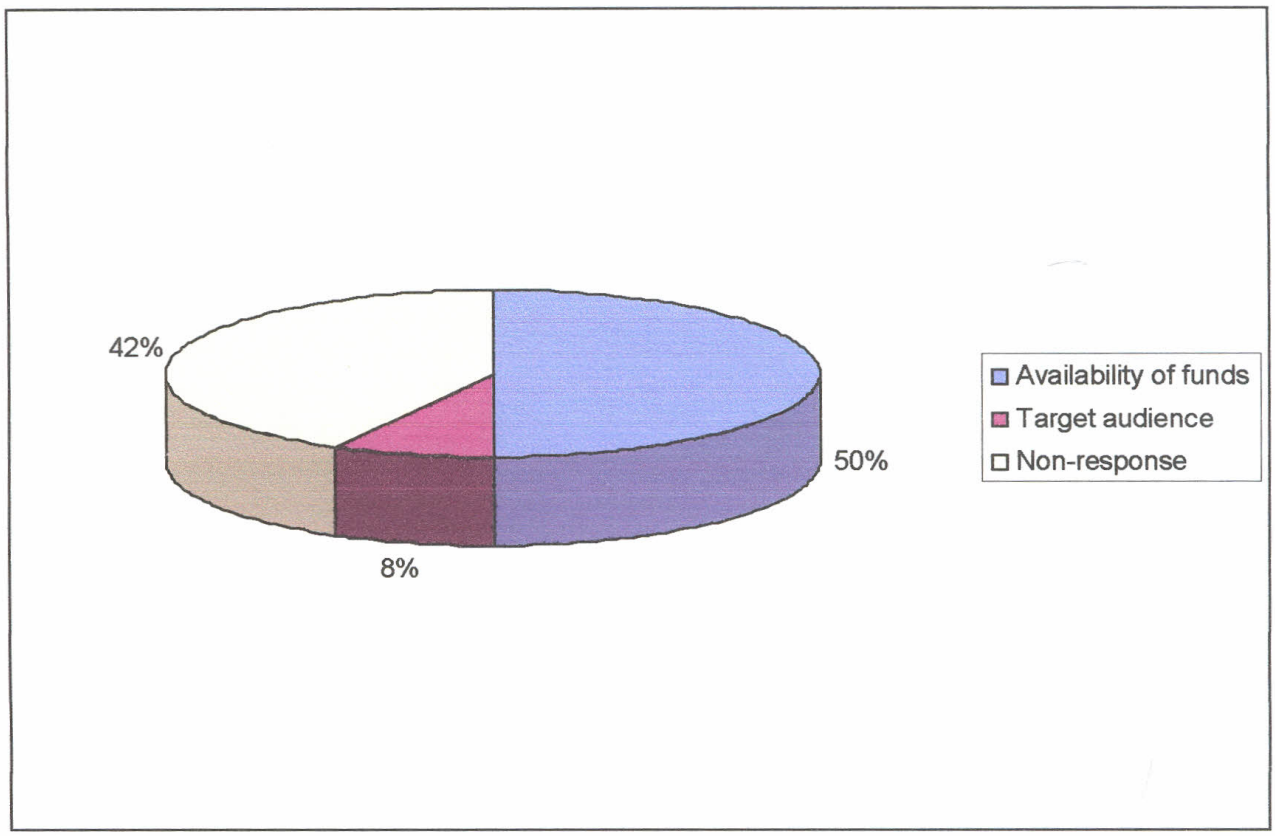

Figure 4.8: External Factors Influencing Budget Allocation

Most NGOs depend on funding from development partners for their programmes and projects. However, there is opportunity for sustainability within communities, emphasized by one of the key informants. In Kilifi, an example was given of a community harnessing resources internally through various contributions like plots, building materials, and labour, for programmes and projects on HIV and AIDS. This was based on a collective identification of the challenge of the pandemic, and the possible ways of dealing with the challenge. This follows the social mobilisation process where a community identifies a challenge as a high priority and decides the course of action to take (Waisbord, 2001). While external inputs are important for most development efforts, it has been observed that in countries like Uganda, funding was not the most critical element

in the success of the reduction of prevalence rates (Panos Institute, 2006). The factors that were vital in Uganda were political commitment, as well as open dialogue and discussion regarding HIV and AIDS.

4.6 Communication at the Planning Level

In Table 4.7 below, the internal factors that influence budget allocation are given. Over one-third of the respondents (38%), cited the organisation's strategic plan as a factor that influences the budget allocation. Other factors given were the area of focus (8%), having a slim workforce (6%), and the number of activities. This response further confirms that the project approach, as opposed to the programmatic approach, is what prevails in HIV and AIDS communication efforts. Almost two-thirds (62%) of the organisations in the study did not make reference to the strategic plan in the allocation of budgets, implying *ad hoc* and sporadic activities.

Table 4.7: Internal Factors Influencing Budget Allocation

Factor	Frequency	Percentage (%)
Strategic Planning	19	38
Area of Focus	4	8
Slim Workforce	3	6
Number of Activities	1	2
Non-response	*23*	*46*
Total	50	100

Table 4.8 below has details of the number of employees that respondents thought would be ideal, as personnel working in a communication department. Just more than a half (58%) of the respondents stated that 1

to 10 employees would be the ideal number, 4% said that 11-20 employees would be ideal, while 10% were of the view that over 20 people would be an ideal number of employees for a communication department.

Table 4.8: Ideal Number of Employees for Communication Dept.

Number	Frequency	Percentage (%)
1-10	29	58
11-20	2	4
Over 20	5	10
Non-response	*14*	*28*
Total	50	100

Asked the reason for stating the number they gave, the respondents gave the explanations summarised in Table 4.9. On his part, Santucci (2005) states that the number of personnel in a communication department depends on the magnitude of the programme or project, including the scope and variety of communication activities required, the available funding and an organisation's approach to internal implementation of an intervention, or whether to outsource some of the activities.

Table 4.9: Explanation on No. of Employees

Reason	Frequency	Percentage (%)
Ideal number to work with	22	44
Too much work	11	22
Need for a Comm. Dept	4	8
Non-response	*13*	*26*
Total	50	100

One half of the respondents (50%), as shown in Figure 4.9, said that their organisations contract communication work out, while 42% do not. This could indicate acknowledgement of the various skills and specialisations required, depending on the communication strategy and plan selected. Conversely, however, as observed by one key informant, it brings to bear the issue of the communication competence of organisations dealing with HIV and AIDS education, and the need to build capacity within an organisation, rather than relying on external consultants.

It is also possible, as noted by another key informant, that consultants may conceive and plan the work, but organisations may take up the project or programme once the proposal or idea has been funded. The implementation of a programme/project conceptualised and designed by consultants, can prove to be a challenge for these organisations at a later stage. In addition, sustainability can become a concern, as an organisation needs to develop skills, knowledge and overall competence to conceptualise, design and implement communication efforts. Dependence on consultants could hamper institutional memory and lead to disjointed, *ad hoc* projects, based on the priorities of development partners.

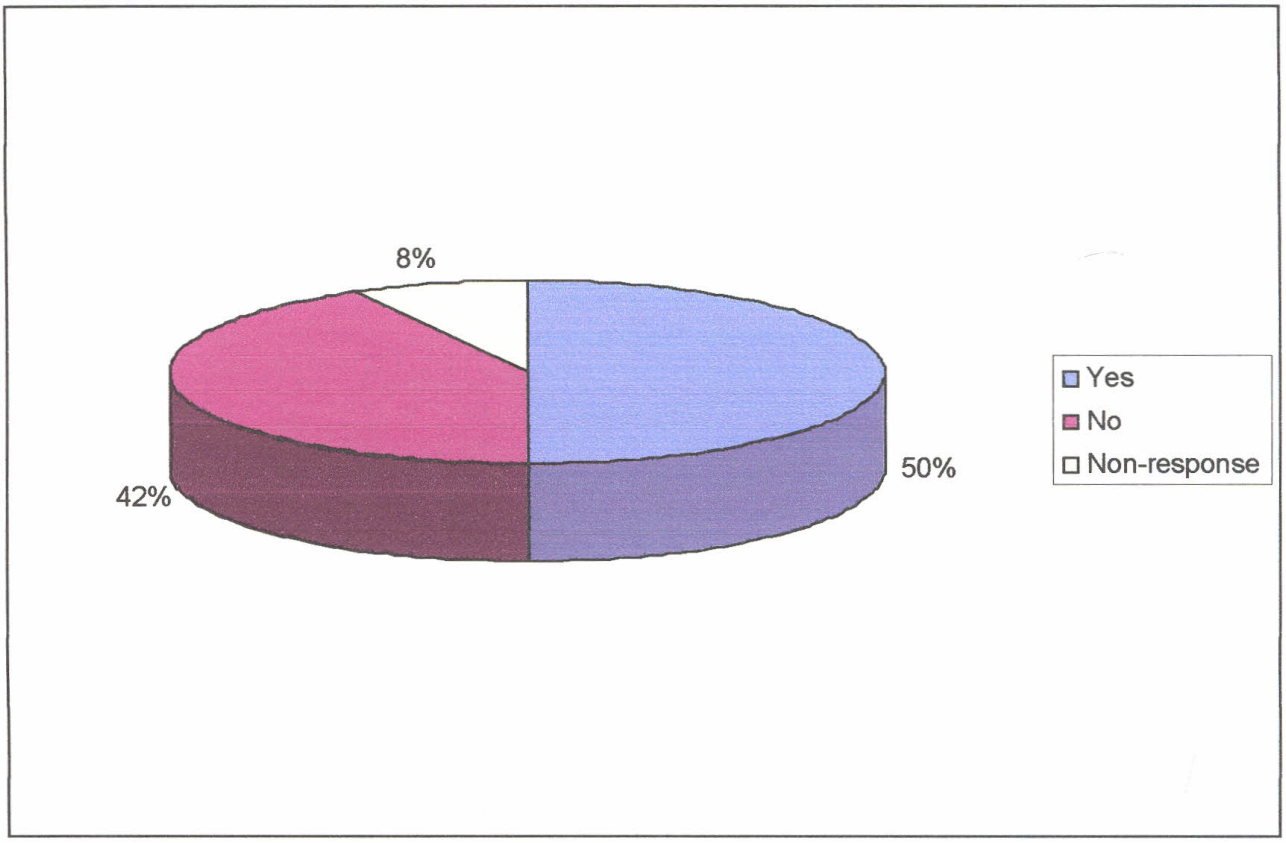

Fig 4.9: Contracting Communication Work outside the Organisation

Twenty-two per cent of the organisations studied contract 1-50% of their communication work externally. However, most respondents (66%) did not answer this question. A minimal 4% of the organisations contract more than a half of their communication work (50-100%), while 8% of the organisations stated that they had not computed the communication work that they contract out (Table 4.10). The issue of contracting of communication work is considered vital: given the diversity of audiences to be reached and the need for a multi-media approach, it is often very difficult to handle all communication work within one organisation.

Table 4.10: Proportion of Contracted Work

Proportion	Frequency	Percentage (%)
Not computed	4	8
1-50%	11	22
51-100%	2	4
Non-response	*33*	*66*
Total	50	100

Most of the respondents (82%), as depicted in Figure 4.10, said that communication is viewed as being integral to the planning process in their organisation. Only 12% said that it was not integral to the planning process in their organisation. One of the major criticisms levelled against the early efforts on HIV and AIDS intervention work was that the communication interventions were not planned, and were primarily *ad hoc*. In particular, one of the key informants pointed out that the underlying causes of the poor status of HIV and AIDS communication lay in poor conceptualisation, poor execution and the lack of tracking of indicators.

Studies (see, for example, Agunga, 1992; Fluty & Clay, 1992; Hancock, 1992; Meyer, 1987) have shown that planning is essential for effective communication processes and strategies. Thus, recognition of the essential role of communication is a vital step in the planning process. However, it is in the actualisation of the planning that this stated recognition can be assessed.

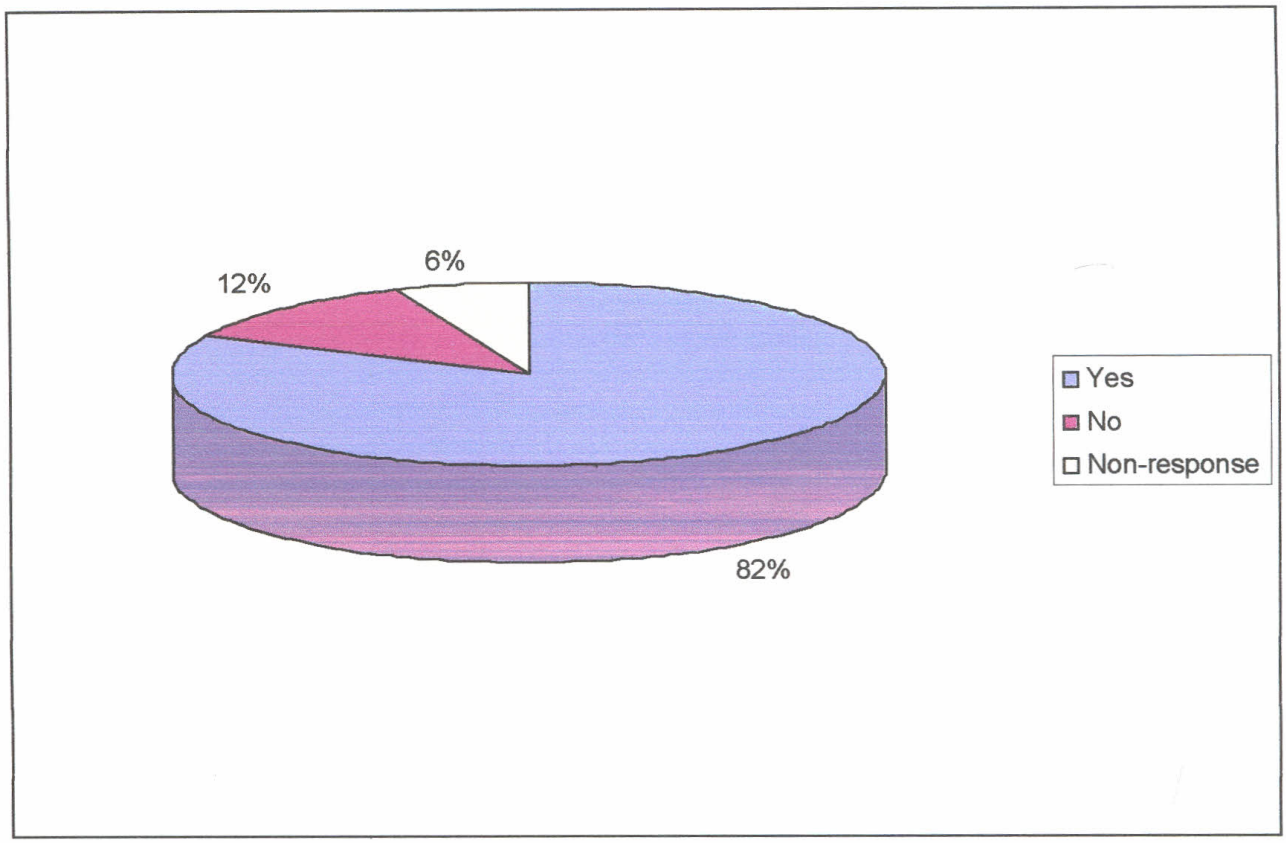

Figure 4.10: Communication is Integral to the Planning Process in an Organisation

Figure 4.11 demonstrates that a considerable number of respondents (44%) indicated that communication is seen as being important to decision-making in the HIV and AIDS education programmes and projects. This finding demonstrates an understanding on the part of organisations that communication is critical to development, hence the linkages to decision-making.

The early focus on HIV and AIDS awareness continues to prevail in the sector to some extent, with 28% of the respondents saying this is the reason why communication is integral to the planning process. This was one of the challenges of the early educational efforts on HIV and AIDS, as the provision of knowledge alone does not automatically translate into

behaviour change, the ultimate desired goal. Twelve per cent of the respondents indicated that communication is important internally, which is an organisational issue, while 16% of respondents did not respond to this issue.

As observed by a key informant, the early messages focused on warning people, and they were fear messages. The high levels of awareness proved to be superficial as there was little communication on decision-making with regard to behaviour change.

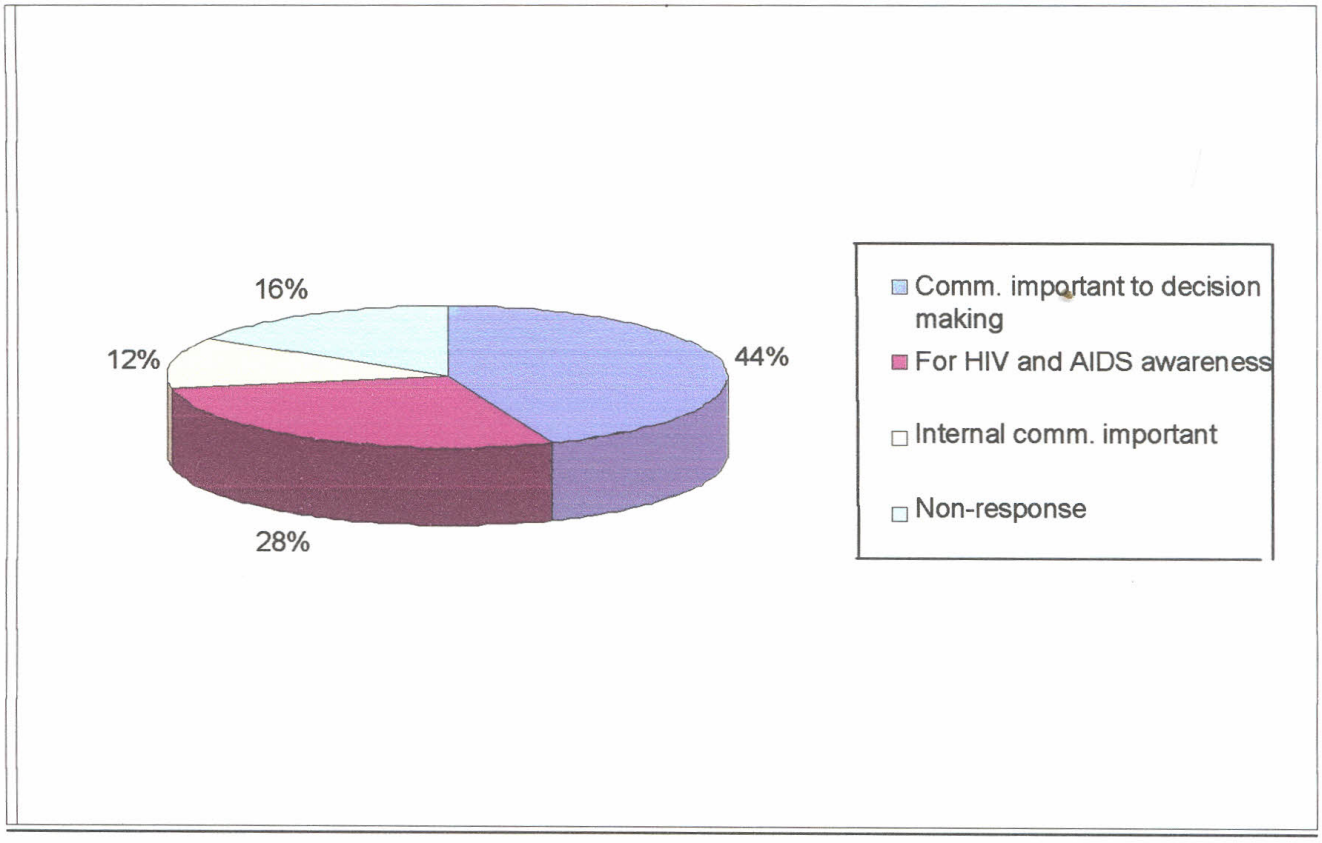

Figure 4.11: Explanation of why Communication is Integral to the Planning Process

4.7 Setting Communication Objectives

Fifty per cent of the organisations still seek to increase HIV and AIDS awareness (Figure 4.12). The others focus on promoting development agenda (32%), with HIV and AIDS, as a supplementary component. Only 2% of respondents' organisations have behavioural change as their main communication objective, while 12% did not indicate what their communication objectives are. Setting communication objectives is critical, as one needs to set a target for one's communication strategy, and activities. Literature (AIDSCAP/FHI, 1997) and key informant interviews highlighted the lack of setting of communication objectives as one of the constraints in HIV and AIDS communication interventions. The target should be to prevent and to change high-risk sexual behaviour.

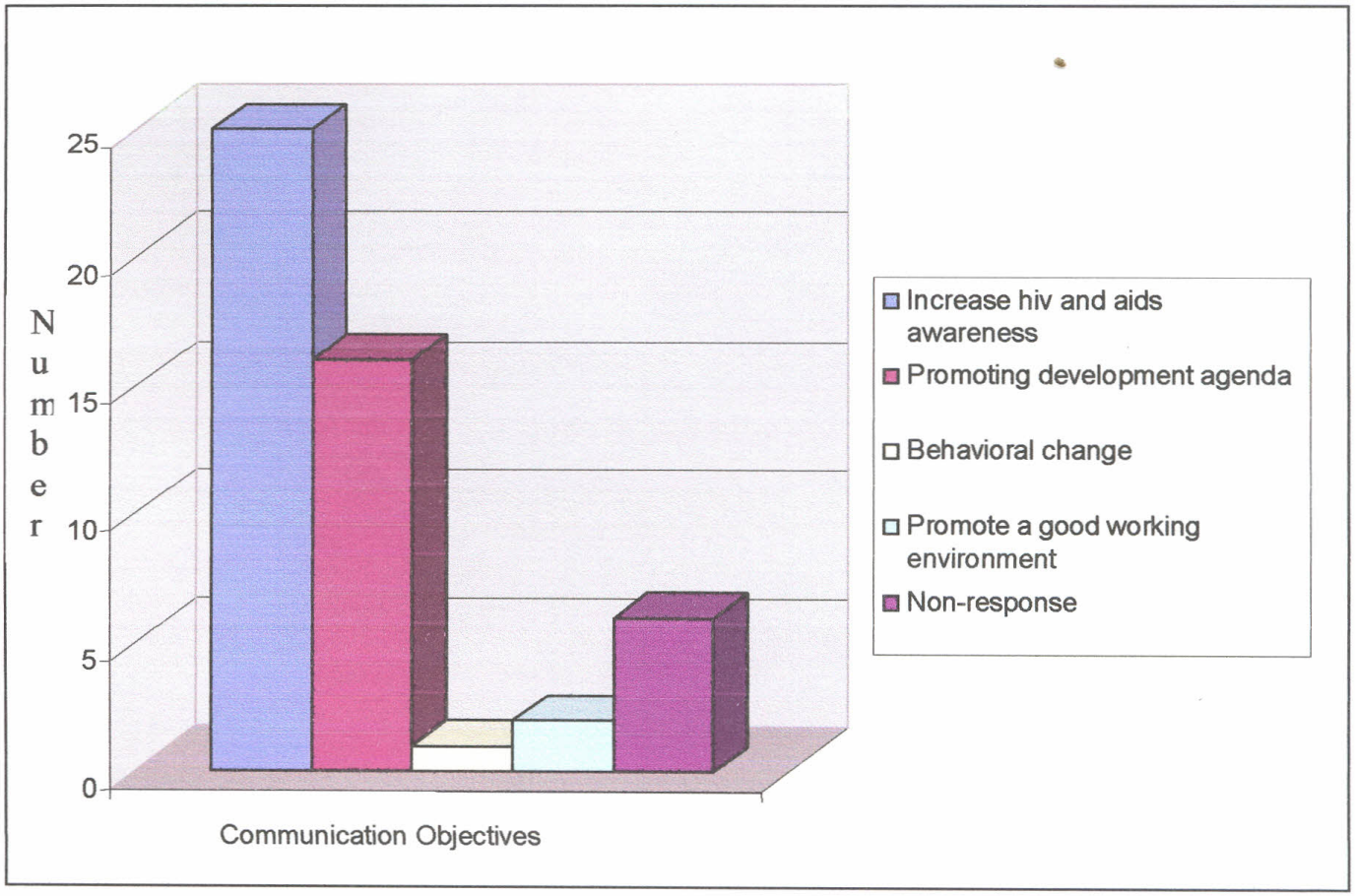

Figure 4.12: Specification of Communication Objectives

Again, the criticism that there has been too much focus on awareness creation and paltry efforts aimed at behavioural change, which is what is ultimately needed in HIV and AIDS interventions, stands. Some of the key informants in particular, said that there is little distinction made between information and communication, and so the result has been the emphasis on information and awareness raising and little on communication.

Beyond the awareness stage, and reactive strategies which are often *ad hoc*, is the need to have a road map for behaviour change. Another of the key informants from a network body indicated they have been building capacity in their member organisations on issues like audience-segmentation, and other elements of behaviour change communication. Communication processes and strategies, according to another key informant, have been haphazard, meaning they are not comprehensively thought out, or implemented.

One of the main arguments from recent experiences is that the message has been out there, but that the effect and impact of past HIV and AIDS communication efforts was unclear. One of the challenges identified was the need to shift from disseminating messages (Panos Institute, 2003; UNAIDS, 2003). An emphasis on awareness follows the linear model of communication, as opposed to the recommended model where communication is horizontal (Waisbord, 2001). There is an implication that an audience is treated as homogenous and 'unknown', with an emphasis on numbers (Moemeka, 2000).

A clear statement of communication objectives is essential: how does one expect to facilitate behaviour change amongst a community when the stated objective is to raise awareness? Significant also, is that the national

desire expressed has been one of behaviour change or modification, but the efforts being conducted are planned along the focus on the raising of awareness.

Communication objectives in an organisation represent an approach of what the expected outcomes of an intervention are, and they support the translation of the overall objectives of an organisation, into communication interventions. As noted by Hubley (1993), such objectives state the intention of a strategy or campaign, and help in designing the implementation and in the evaluation.

Slightly over a half of the respondents (54%) indicated that their communication objectives are based on their overall organisational objectives. This tallys well with the organisational objectives of offering excellent health care (27%), and creating awareness on HIV and AIDS (27%). The other organisations based their communication objectives on community participation (14%), previous experience on HIV and AIDS (4%), enhancing the organisation's image (2%), and the need for human rights awareness (2%). These findings are presented in Table 4.11.

This shows the dominance of the bio-medical approach in the organisations focusing on health care. There was no mention of the need to facilitate behaviour change and, by extension, social change as a basis for setting communication objectives.

Following from Figure 4.12, is the need identified by key informants of HIV and AIDS communication being goal-oriented. This is because the pandemic, being a life and death issue, requires a systematic, specific and

deliberate approach to make its potential consequences and impact visible.

Table 4.11: Basis of Communication Objectives

Basis	No. of Respondents	Percentage (%)
Based on Org's objectives	27	54
Comm's critical role in HIV and AIDS education	6	12
Community participation	7	14
Enhancing organisation's image	1	2
Previous experience in HIV and AIDS	2	4
Need for Human rights awareness	1	2
Non-response	*5*	*10*
Total	50	100

In this chapter, the findings relating to the socio-economic information of the respondents and the institutional structure of the organisations have been presented. These findings depict the background of the organisations, including the rank of the personnel who handle communication matters, the training and expertise of the personnel charged with managing the implementation of the communication process, and budgetary allocations and issues.

CHAPTER FIVE

Strategising and Implementing the Communication Process

5.1 Introduction

This Chapter presents the findings on strategising and implementing the communication process. This is done on the basis of the following sub-themes: needs assessment; selection of audiences; the process of message development; and the channels utilised in communication effort by organisations.

5.2 Strategising the Communication Process

Figure 5.1 below depicts the findings on whether the organisations in the study had conducted a needs assessment. Fifty-eight per cent of the respondents said that a needs assessment had been done, while 26% indicated that a needs assessment was not conducted in their communication programmes regarding HIV and AIDS. Of concern was the non-response, comprising 16% of the organisations which, when combined with those who had not conducted a needs assessment, makes 42%, a substantial proportion.

A needs assessment is considered an absolute necessity for effective communication programmes and projects, as it gives details on one's audience, enabling one to plan and design communication activities that respond to the audience's needs and profiles. As observed by some of the key informants, there has been poor conceptualisation of communication programmes/projects/strategies, in terms of making use of

communication situation surveys and audience analyses. Another assertion by a key informant was that NGOs have not been responding to the needs of their audiences, as they are driven by donor priorities.

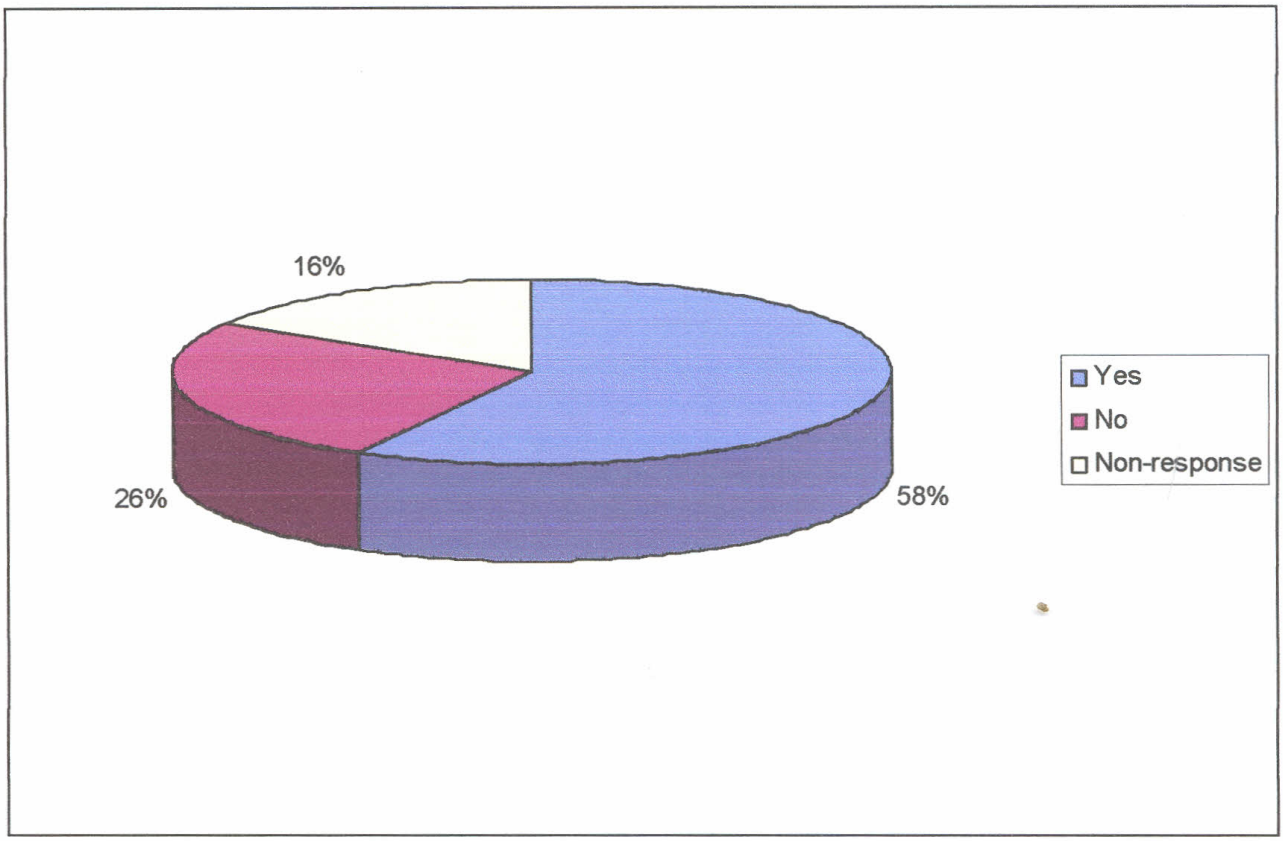

Figure 5.1: Whether conducted a Needs Assessment or not

When analysed with the findings in Figure 4.12, Chapter 4, this further indicates the pervasiveness of awareness-raising in a number of organisations. When the concentration is on awareness creation as an objective, the necessity of conducting a needs assessment is not vital, as the assumption is that the provision of knowledge leads to behaviour change. As observed by some scholars, providing accurate knowledge has worked for concerns like immunization, nutrition and anti-smoking, but

HIV and AIDS requires more to result in behaviour change ((Piotrow et al., 1997; King, 1999; Panos Institute, 2004; Waisbord, 2001). A needs assessment supports the perspective and emphasis on the audience, which is considered to be more effective in the behaviour change and social change approach.

Over one half (58%) of the organisations, consider the existing communication systems in the communities they work among. This means that all of the organisations that responded in the positive indicating that they had conducted a needs assessment took into consideration existing communication systems. Those who did not consider the existing communication systems were 4%, while there was a non-response of thirty-eight per cent.

Existing communication systems are important as the communication programme and project should utilise the pre-dominant communication channels that are already in place. This assists in the design of the programme/project, as strategies and channels that are not prevalent among or popular to a community are not used.

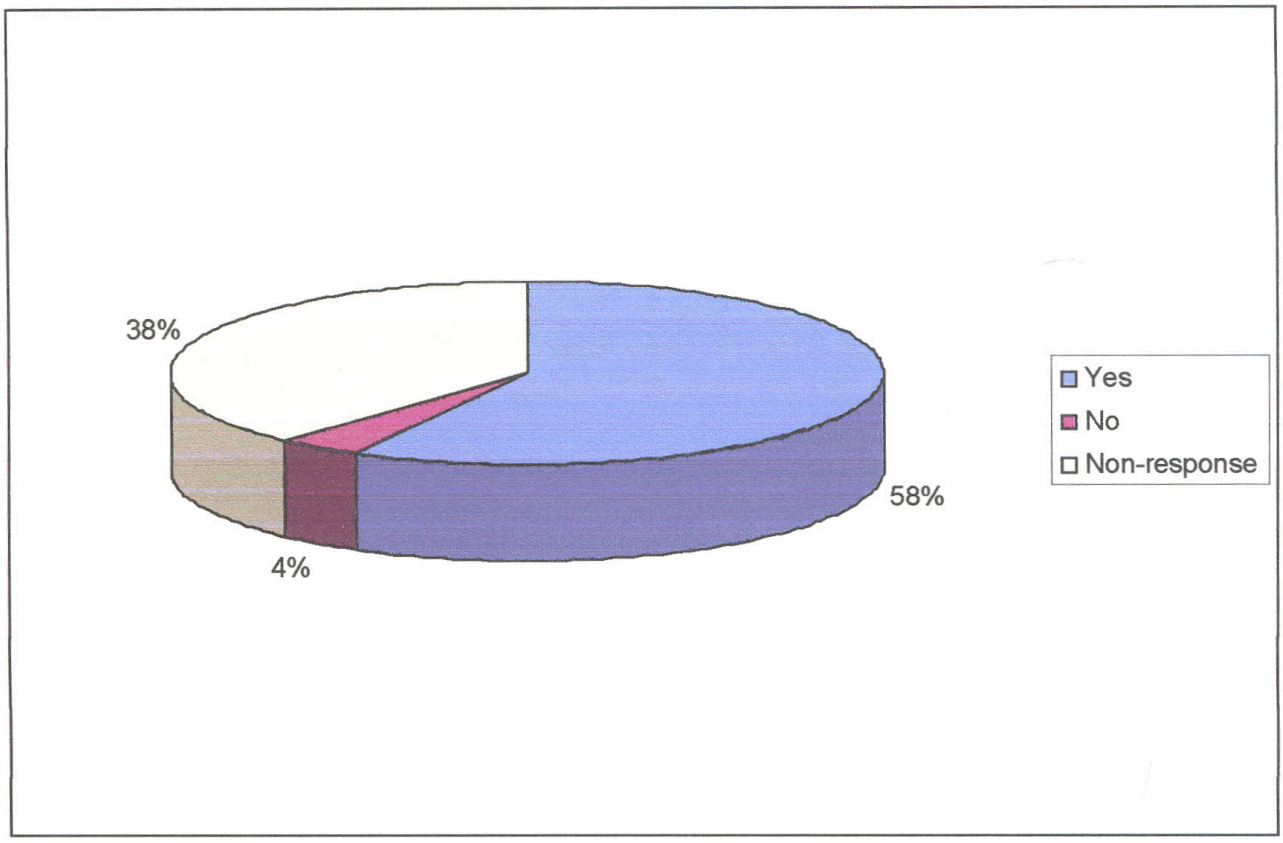

Figure 5.2: Consideration of Existing Communication Systems

One half (50%) of the respondents, as illustrated in Table 5.1, and Figure 5.3 below, said that the knowledge, attitude and practice (KAP) levels of the audience were considered. Only 4% said no consideration was given to audience KAP levels, while 44% did not respond to this question. KAP levels are crucial in communication, to clarify the knowledge that an audience has, as well as its prevailing attitudes and practices.

In the words of one of the key informants: "Kenya is a complex heterogeneity of communities, anthropologically and culturally which is critical". This has posed a great challenge to the efforts of those in HIV and AIDS education as far as communication is concerned. Communication scholars have for long observed that audiences are the

most essential element in any communication or media effort (Alkin et al., 1987; Masilela, 1987; Panos Institute, 2003).

Consideration of the KAP levels by 50% of the organisations suggests an effort to respond to recommended principles of effective communication, and good practices. KAP surveys were popularised in the field of population communication, and in particular in the family planning sector, when it was realised that more than the dissemination of information and knowledge was required. Studying the attitudes and beliefs of an audience are vital as this indicates potential hampering factors and possibilities of resistance, as well as supporting beliefs and attitudes (Salmon & Hutley, 2003).

Table 5.1: Consideration of Audience KAP levels

Whether Considered	Frequency	Percentage (%)
Yes	26	52
No	2	4
Non-response	*22*	*44*
Total	50	100

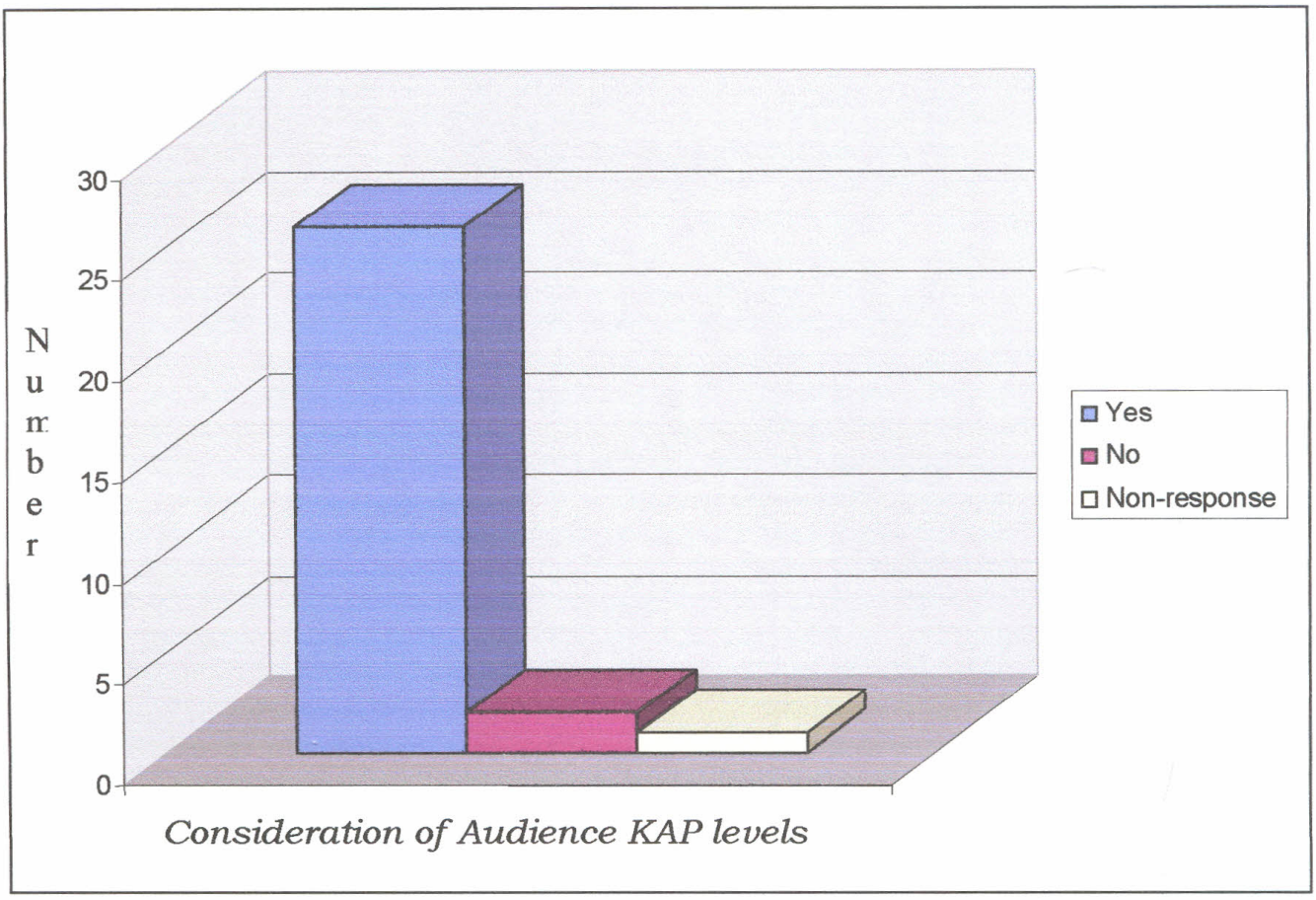

Figure 5.3: Consideration of Audience KAP levels (for those who responded Yes to conducting a Needs Assessment)

Fifty per cent of the respondents, as shown in Figure 5.4 and Table 5.2, said that they consider the socio-economic background of their audience, while only 2% do not. However, almost a half (48%) of the respondents did not answer this question. Knowing this background is important since the HIV and AIDS pandemic has been linked to poverty, for instance, which would have an implication on the communication interventions being implemented. Interventions aimed at promoting the use of condoms, for instance, would be inappropriate where an audience lacks the economic power to purchase them. Interventions popularising visits to the voluntary counselling and therapy (VCT) centre have to contend with issues of

distance, as well as time for some particular audiences. One has to also contend with the audience's prevailing political, social, cultural, and economic context, as noted by a key informant, and in some previous studies (see, for example, Panos Institute, 2003: Singal & Rogers, 2002).

Research into the social aspects of an audience is important in identifying social networks for utilisation in communication interventions, the power structure and relations (in the case of inter-personal communication), and the different relationships within a given community (Salmon & Hutley, 2003).

Table 5.2: Consideration of the Socio-Economic Nature of Audience for those who conducted a Needs Assessment

Whether Considered	Frequency	Percentage (%)
Yes	25	86.2
No	1	3.5
Non-response	*3*	*10.3*
Total	50	100

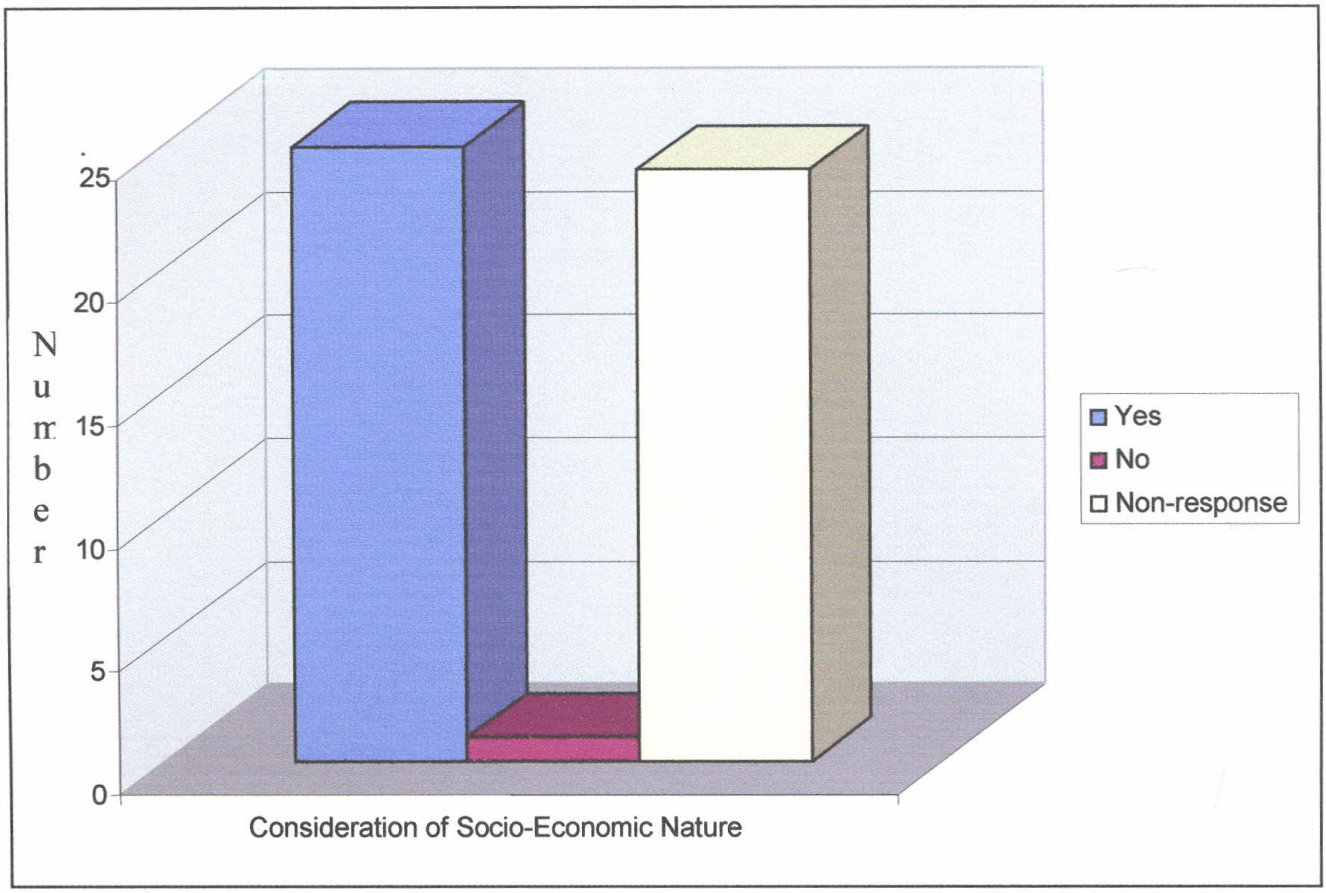

Figure 5.4: Consideration of Socio-Economic Nature of Audience

Figure 5.5 and Table 5.3 below contain details regarding the consideration of culture in needs assessment by organisations. More than a half (56%) of the respondents have considered culture in their programmes and projects, with only 2% saying that they did not consider culture. However, a sizeable 42% of the respondents showed a non-response to this question. Most scholars have attributed some of the failures of past HIV and AIDS interventions to the lack of incorporating culture in them. Some of the key informants focused on the concern of culture, first, as being critical to understanding an audience and, second, as an essential guide in the planning and implementation, as well as monitoring and evaluation of a communication programme/project/strategy.

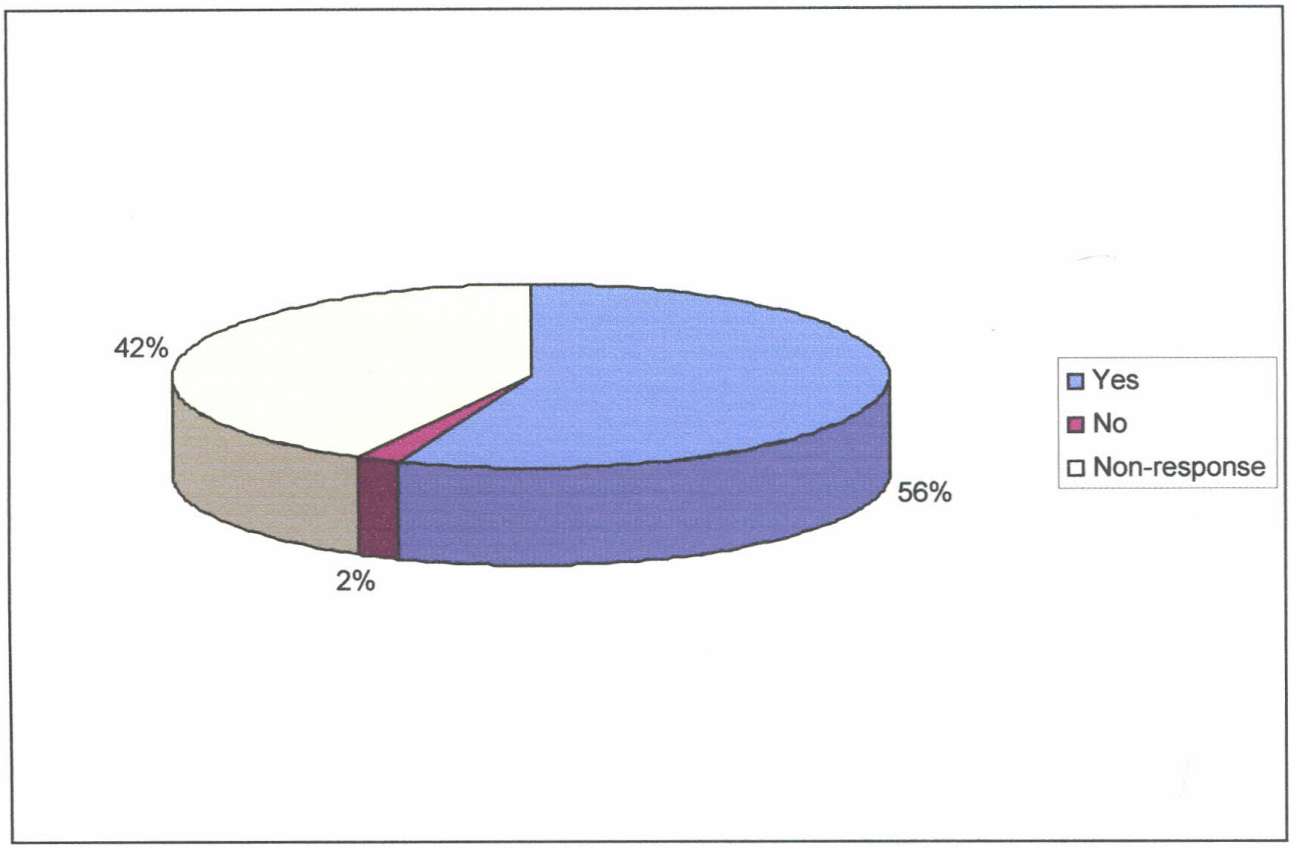

Figure 5.5: Consideration of Culture

Table 5.3: Consideration of Culture (for those who conducted a Needs Assessment)

Whether Considered	Frequency	Percentage (%)
Yes	28	96.5
No	1	3.5
Total	29	100

In addition, and as observed by the key informants, the meaning of a message has to be clear to an audience. This necessitates a clear understanding of an audience's coding system, which can be understood following a needs assessment. Cultural mechanisms which facilitate

discussions on sexuality are particularly important. Also, the circumstances leading to attitude and behaviour change of different audiences and in different cultural contexts need to be studied and understood.

Culture is also key to understanding the value systems that guide a community in particular, and how this shapes or relates to attitudes and beliefs. For those involved in HIV and AIDS interventions, this is critical in the areas of sexuality, perceptions of risk and in assisting to incorporate cultural diversity and creativity in the implementation of activities. Communities have diverse socio-cultural factors in relation to sexual practices. Thus, it is essential for those involved in communication interventions, to design their messages to suit these socio-cultural factors, and to re-examine some of these factors which may promote the risk and susceptibility of individuals to contracting HIV, as well as those that may enhance protection against HIV (UNESCO, 2001).

Just over a half (56%) of the respondents, as indicated in Figure 5.6 and Table 5.4 which follow, said that they consider the media patterns, habits and preferences of their audiences. Two per cent did not take these issues into consideration in their communication programmes, projects or activities. Many other respondents (42%) did not answer this question. This consideration is vital as communicators need to work along the existing media patterns, habits and preferences of their audiences. This means that it facilitates the selection of appropriate channels for utilisation in communication programmes, projects and activities.

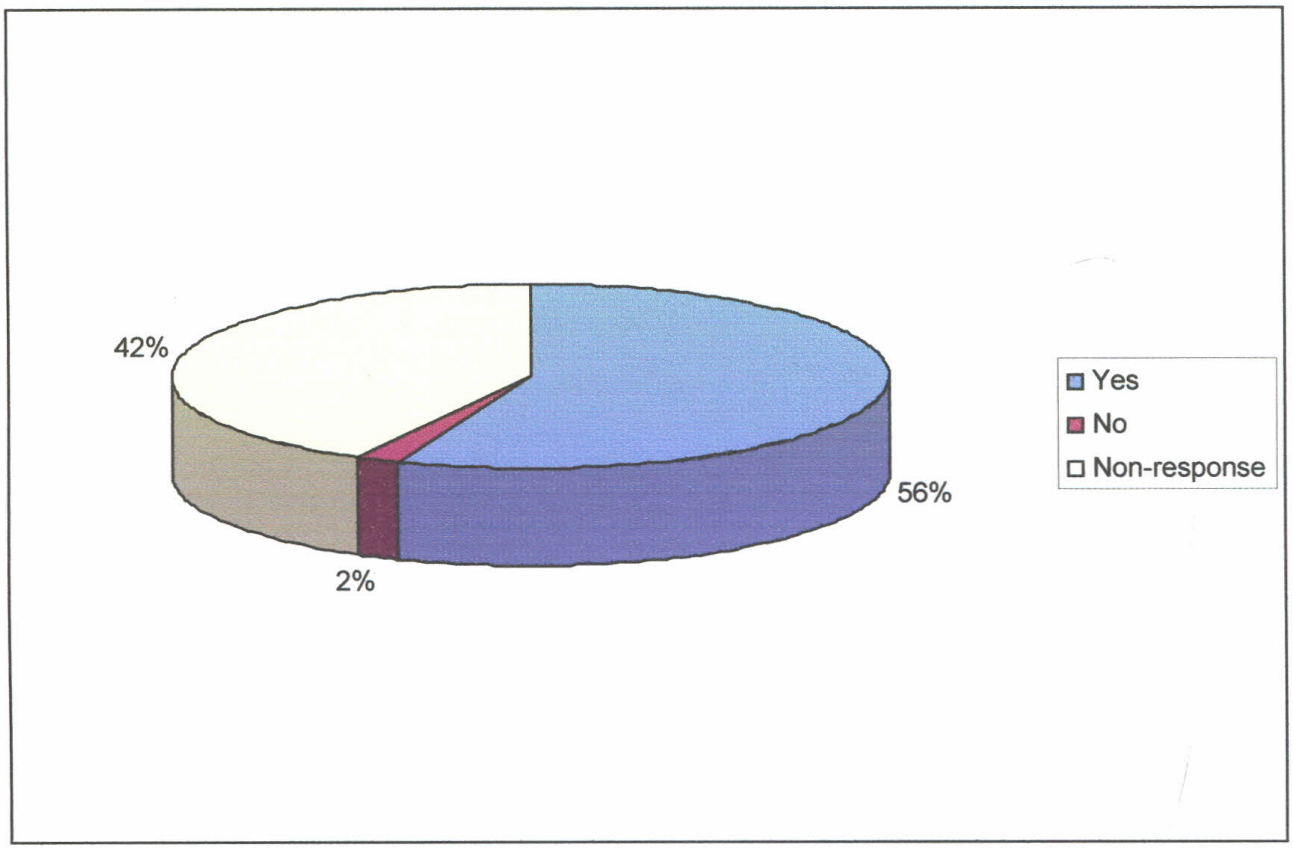

Figure 5.6: Consideration of Audience Media Patterns, Habits and Preferences

Table 5.4: Consideration of Audience Media Patterns, Habits and Preferences (for those who conducted a needs assessment)

Whether Considered	Frequency	Percentage (%)
Yes	28	96.5
No	1	3.5
Total	29	100

An example given by one of the key informants is that one of the major problems in most HIV and AIDS communication

programmes/projects/strategies has been the approach used, where "one-model- fits all". This fails to account for the differing needs of the various reproductive ages of audiences. In addition, the contextual domains surrounding HIV and AIDS have often been neglected: these include socio-economic status like poverty, issues related to infrastructure, climatic and geographic conditions, spiritual issues and gender concerns. Needs assessments would give an indication of the need to consider these issues.

As discussed in Chapter Two, effective communication on HIV and AIDS requires a comprehensive understanding of the existing and available channels being used by one's target audience. Forsythe et al. (1996), for instance, state that religious organisations may prove to be more effective in some instances, given their influence on the Kenyan population.

The findings on whether organisations consider existing messages on HIV and AIDS are displayed in Figure 5.7 and Table 5.5. More than one-half (56%) of the organisations took into consideration the existing messages on HIV and AIDS, while 4% did not consider these existing messages. However, 40% of the organisations did not respond to this issue, which is of great import given the early conflicting messages sent out by different sectors. Knowing what one's audience has already consumed is critical as one develops messages, as it assists in identifying gaps, and in strengthening already existing messages.

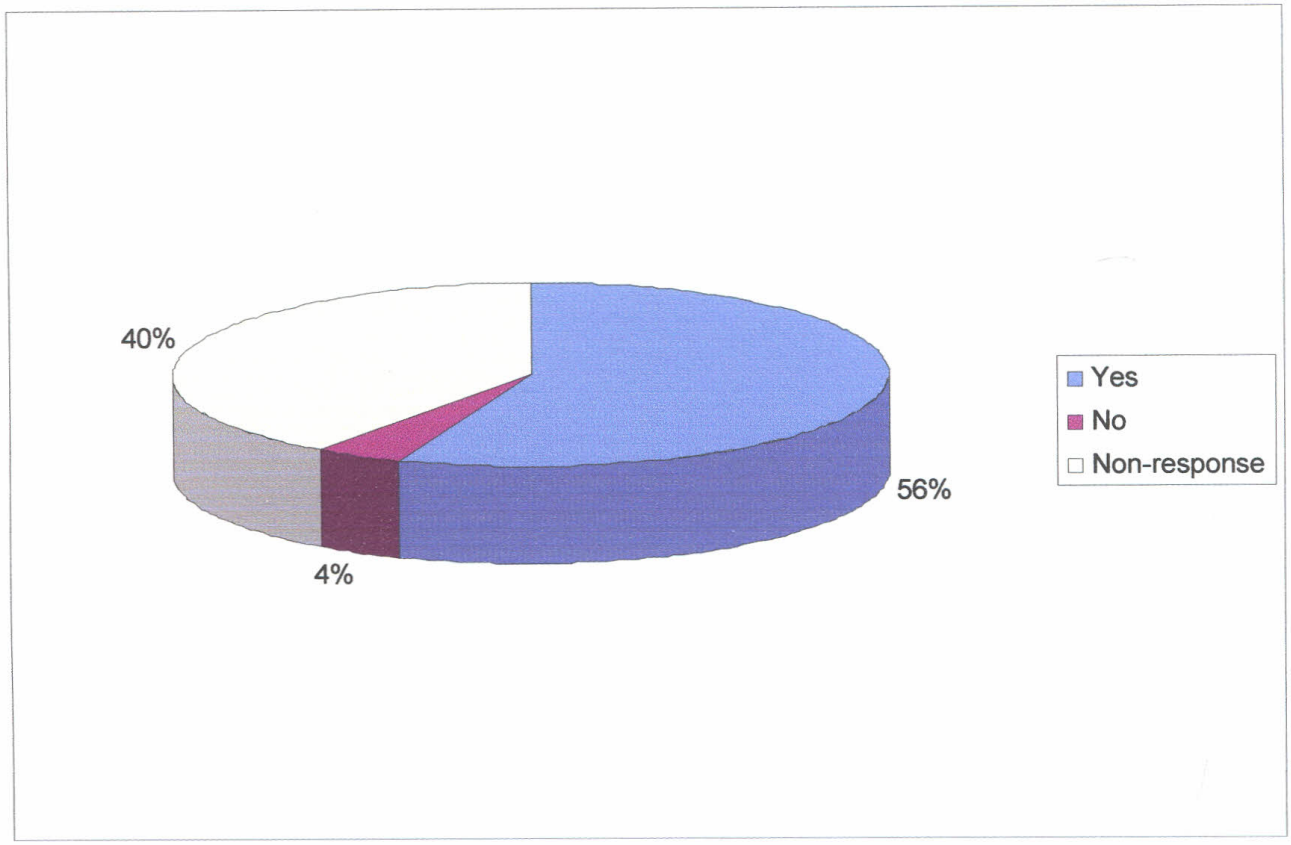

Figure 5.7: Consideration of Existing Messages on HIV and AIDS

Table 5.5: Consideration of Existing Messages on HIV and AIDS (for those who conducted a needs assessment)

Whether Considered	Frequency	Percentage (%)
Yes	28	96.5
No	1	3.5
Total	29	100

Several of the key informants in particular, highlighted the opposition to condom use from some in the religious sector who, however, have been

actively involved in HIV and AIDS education work in recent years. Developing messages to encourage condom use in an area where there is strong opposition to this use can be counter-productive.

Another example given by two key informants was that early messages featured fear, a factor that needed to be considered when the focus of messaging shifted from this fear basis. Paying attention to existing messages ensures that contradictory messages are not conveyed to one's audience/s.

Yet another example was presented where stigmatisation has been an obstacle as far as messages on voluntary counselling are concerned. It was noted that in the past, the failure to distinguish between HIV and AIDS had contributed greatly to the tendency to view being HIV positive as a death sentence.

As shown in Figure 5.8 and Table 5.6, 54% of the respondents indicated that in their communication programmes, structural obstacles such as access to health were considered. Very few respondents (4%) attested to not considering this issue. However, there was a considerable proportion (42%) of organisations that did not indicate whether or not they consider structural obstacles. Organisations need to factor in the structural obstacles that exist, as their programmes and projects may convince the audience, but the audience finds itself unable to take the necessary action, though willing to do so.

Some organisations have taken this factor very seriously, insisting on the existence of clinical facilities, home-based care, and VCT centres, including the training of people in the provision of care in addition to

having communication as an intervention. This was the observation of one of the key informants.

Table 5.6: Consideration of Structural Obstacles to Accessing Health facilities

Whether Considered	Frequency	Percentage (%)
Yes	27	93.1
No	2	6.9
Total	29	100

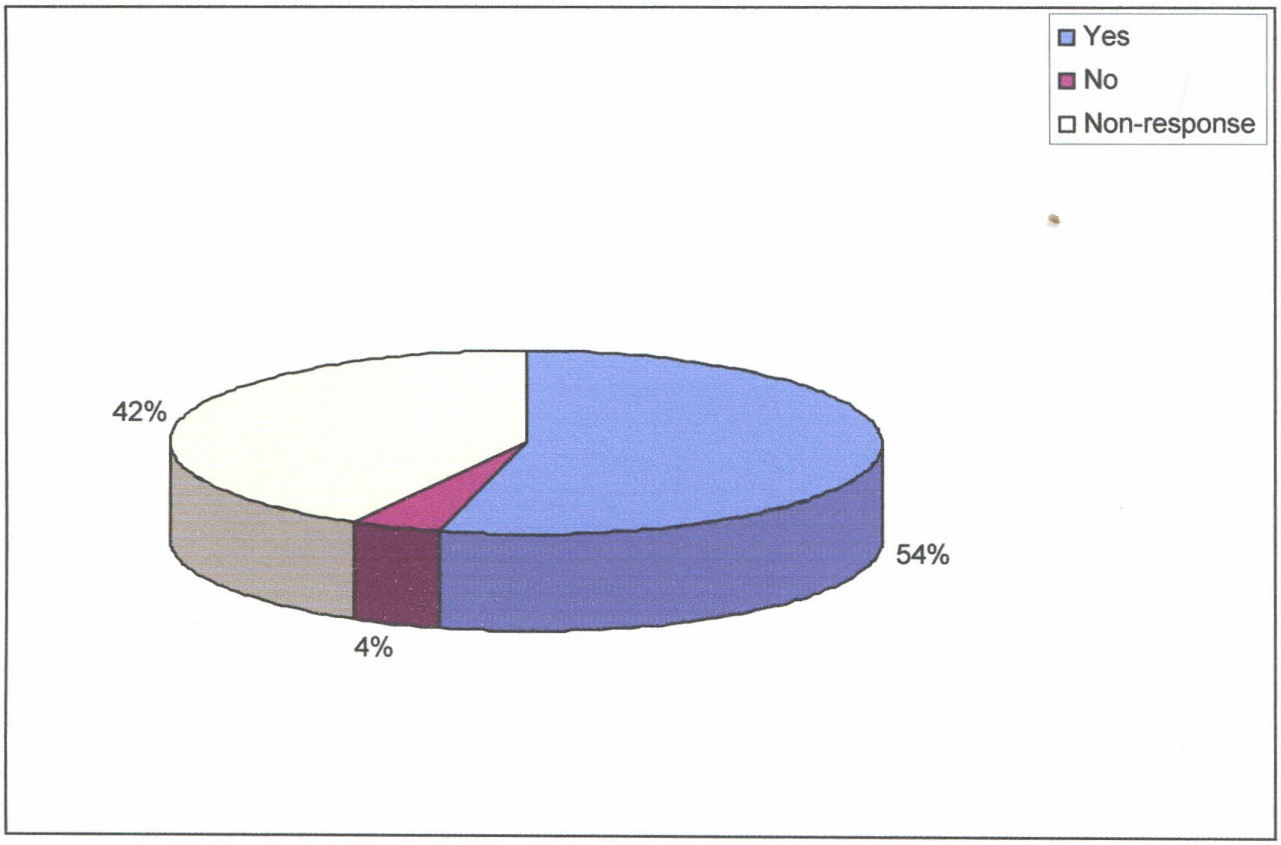

Figure 5.8: Consideration of Structural Obstacles to Accessing Health Facilities

The key issues emerging for those who conducted needs assessments as presented in Figure 5.9 were: lack of counselling skills (12%); the need to review key messages (12%); and the existence of misinformation (12%). Other key issues were: that there has been a rise in HIV and AIDS infection (8%); that there is a need to increase access to information (6%); that there are economic constraints to HIV and AIDS work (4%); and that infrastructural obstacles exist (4%). There was a non-response return of 42%.

Needs assessments usually give an indication of the status of HIV and AIDS communication by highlighting the gaps or areas that need to be addressed. The key issues that emerged from the organisations' assessments cumulatively make 58%. These issues demonstrate the importance of conducting needs assessments, as organisations would run the risk of developing messages that are ineffective, not addressing the issue of misinformation, or ignoring the need for counselling within the communities they seek to work in.

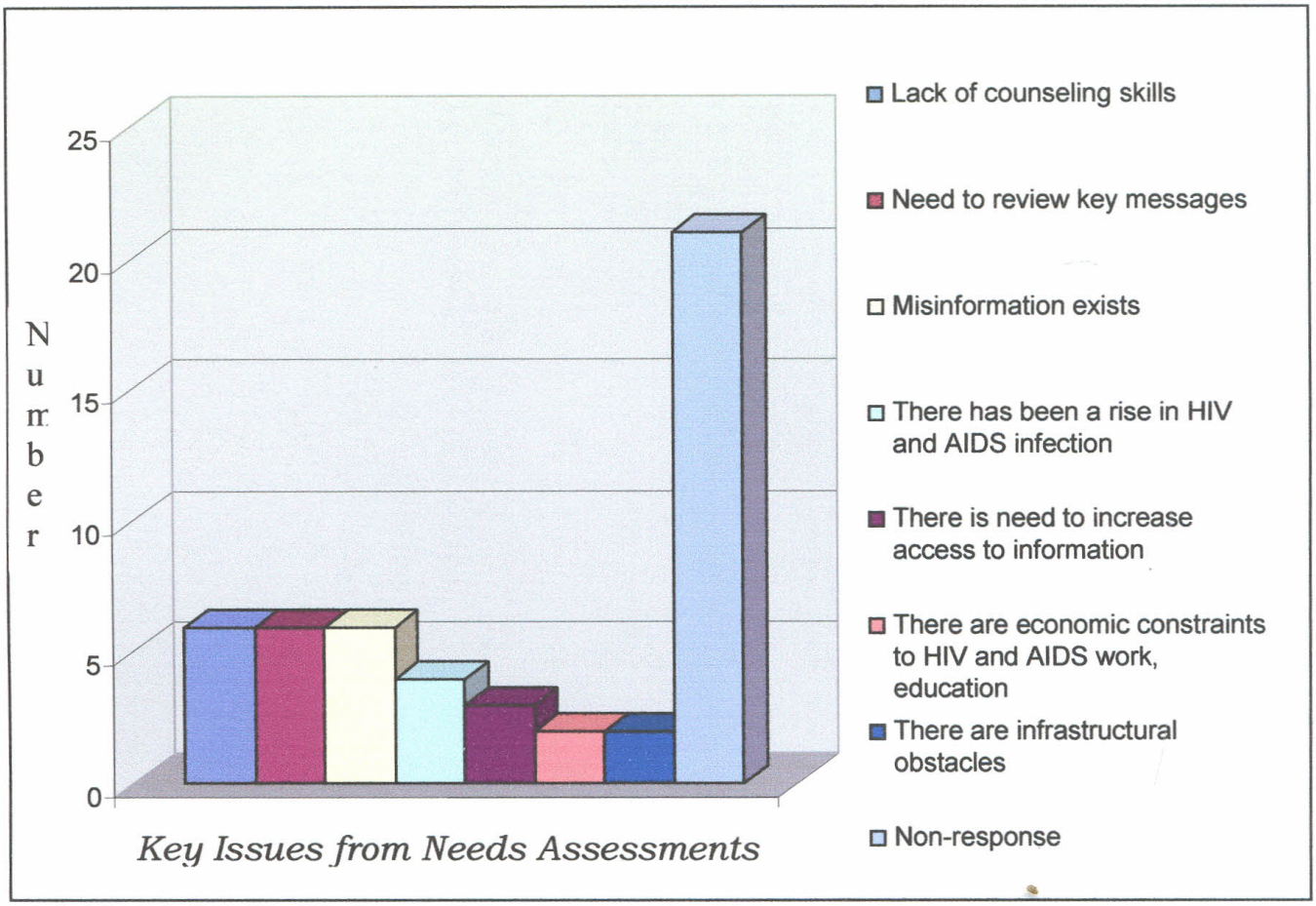

Figure 5.9: Key Issues Emerging from Needs Assessments

One half (50%) of the organisations in this study, as shown in Figure 5.10, target a general audience in their communication programmes, projects and activities. The youth were a target audience for 26% of the organisations, which is quite significant. Those who are middle-aged comprise 14% of the target for organisations, while only 2% of organisations target the elderly. Eight per cent of the organisations did not indicate their target audience. In the literature review, the youth, described as the 'window of hope', have been identified as an audience in great need of protection against HIV and AIDS (GoK, 1997; Ministry of Health/NASCOP, 1998).

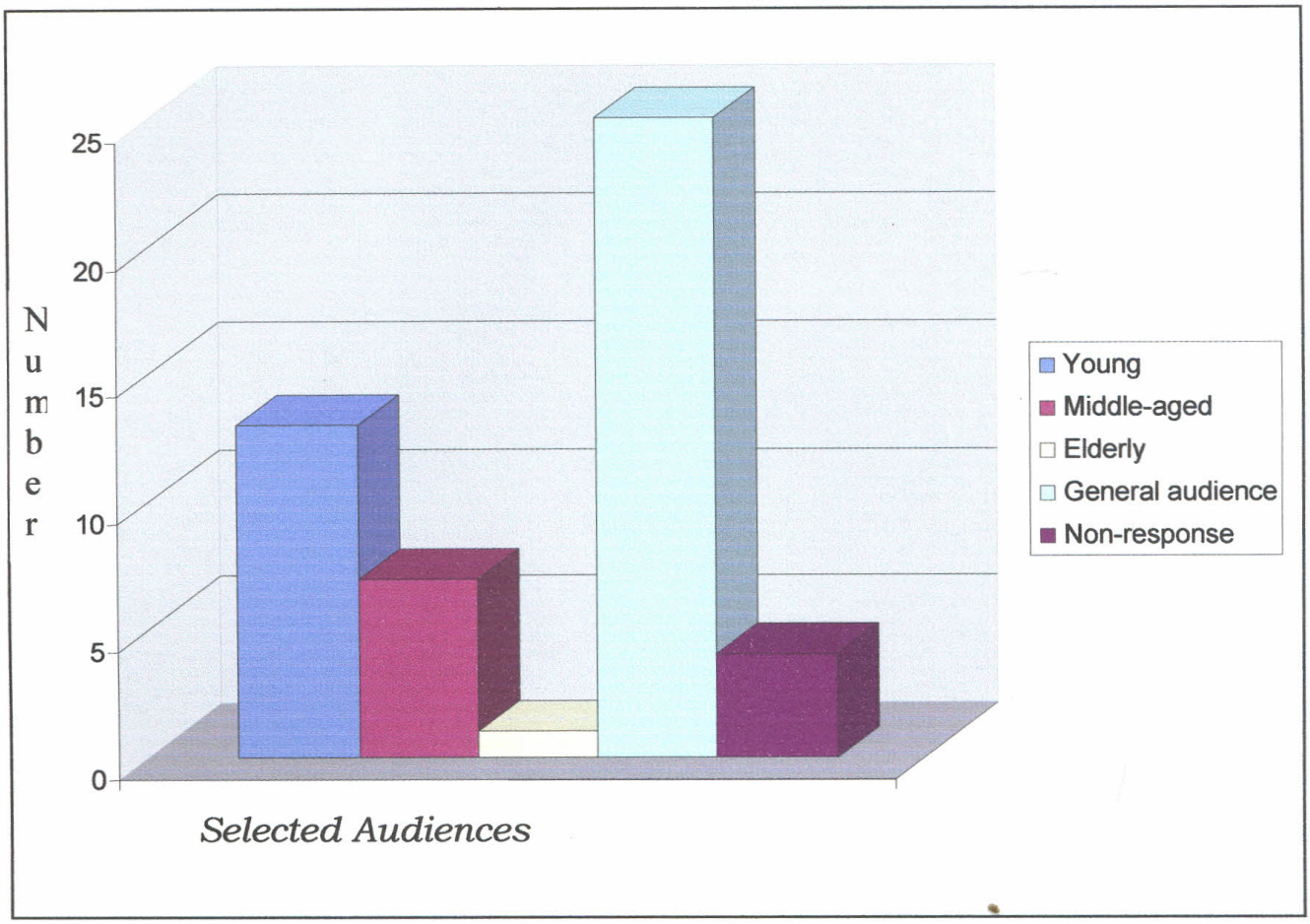

Figure 5.10: Selected Audiences

5.3 Selection of Audiences

The selection of audiences is critical: one of the greatest gaps identified in early HIV and AIDS intervention work, was the lack of audience segmentation, also raised by some of the key informants. Targeting a general audience is suitable for awareness creation, which is considered the first step in the behaviour change model. This is reflected in the objective of some of the organisations that formed the study.

Segmenting audiences in communication is essential to making an impact since audiences differ in language, style, media preferences and patterns.

There were indications of audience segmentation in 42% of the organisations (see Table 7.1, Chapter 7). Segmentation was popularised in population and family planning communication, and in the field of health communication. It was found that this improved effectiveness and efficiency of a message, as this was targeted along the predispositions of a sub-group with similar characteristics-either age, sex, or susceptibility, among others (Salmon & Hutley, 2003).

Significantly, the emphasis in the youth has been justified also by descriptions of this age group as 'the AIDS generation', and the need to ensure that they do not get infected with HIV (AAWORD, 2001; Kiai et al., 2004). This is a period of experimentation for adolescents, particularly regarding sexuality, while they remain dependent on adults and not fully cognisant of their susceptibility to risk (Nduati & Kiai, 1996). Furthermore, this is a period of development for adolescents in terms of their emotional, social and psychological status. The traditional mechanisms that facilitated education about sexuality and maturation have diminished, further increasing the vulnerability of adolescents to risk. The concepts of sexual culture and sexual identity in the context of culture make this group critical particularly in terms of understanding the motivations of the sexual behaviour of the youth.

An important consideration is whether most audiences are included in HIV and AIDS interventions. This is because an emphasis on one particular audience, can lead to neglect or inadequate attention to other audiences. This may explain why organisations seek to have broad awareness interventions, in their desire to accommodate a variety of audiences, particularly in the context of crises and emergencies like the HIV and AIDS pandemic.

5.4 The Process of Message Development

In Figure 5.11 below, the process followed by organisations in developing their messages is presented. It is noteworthy that 28% of the respondents attested to the participation of their target audiences in the process of message development. Another 20% of the organisations used creation of awareness in the process of developing messages, while 18% integrated research in developing their messages. Fourteen per cent of the respondents said that they followed the behaviour change process, while 2% said that they did not follow any specific process. There were, however, 18% of the respondents who did not indicate the process followed in developing messages.

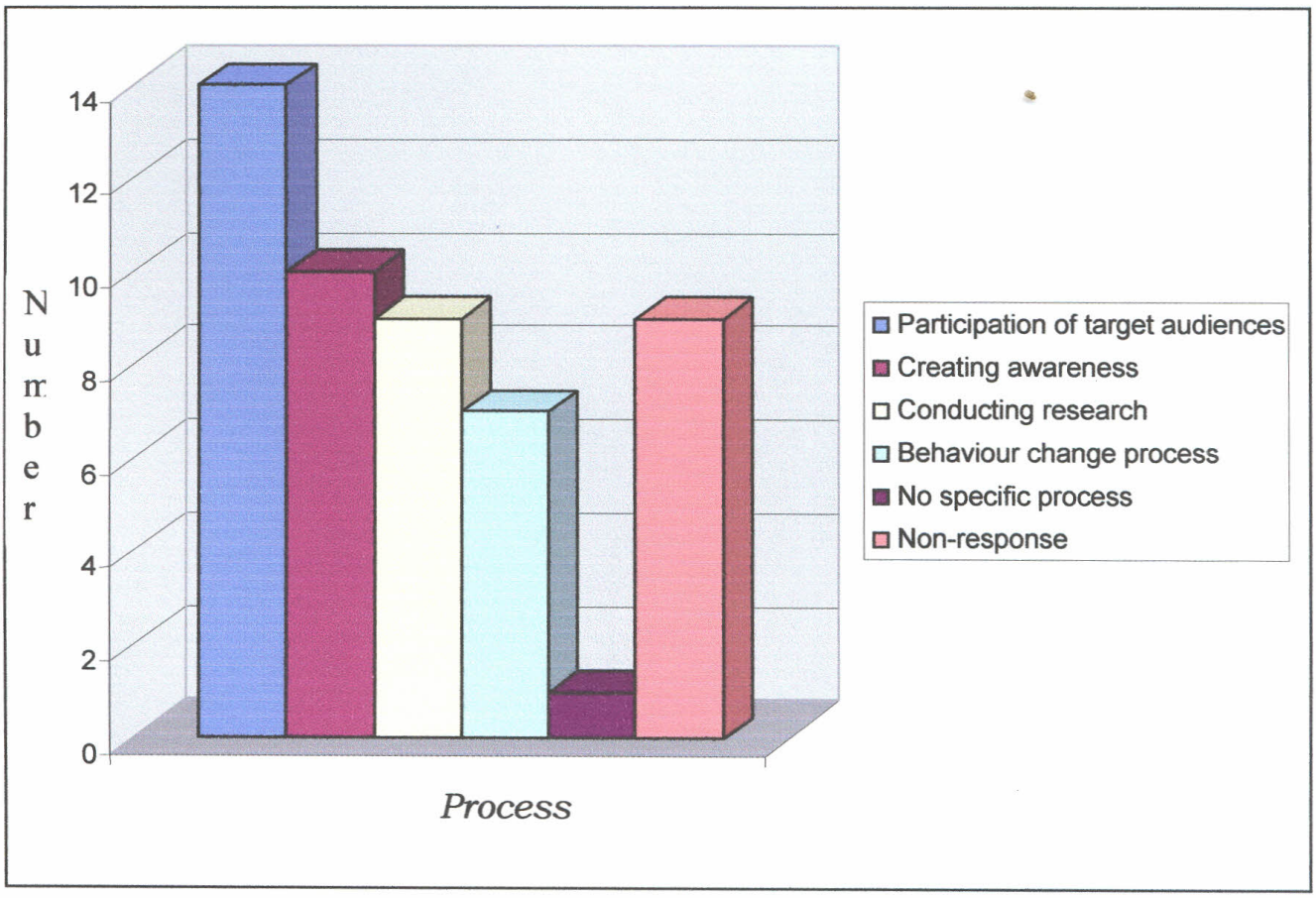

Figure 5.11: Process of Message Development

Participation of one's audience is necessary as this allows an organisation to respond to the issues that the audience identifies as a priority as indicated by one key informant. This is a shift from the use of generic messages used early in the educational efforts such as 'AIDS kills'. In addition, scholars have emphasized the need for practitioners to develop attractive messages that will engage an audience (Opubor, 1996; Bagui, 1995; Panos Institute, 2003). This demands a solid understanding of an audience and its participation.

For those who considered the existing messages on HIV and AIDS (Figure 5.12), 14% found that there were messages on the awareness of STDs; 14% said that there were messages on abstinence from sex; 12% said that the message they found was "Help Crash AIDS"; while 4% of the respondents found messages on the "Need to adhere to ART". However, slightly over a half (54%) of the respondents did not indicate what messages they found. As already shown in Figure 5.7 and Table 5.5, it is important to study the existing messages on HIV and AIDS in order to address any contradictions and to avoid duplication.

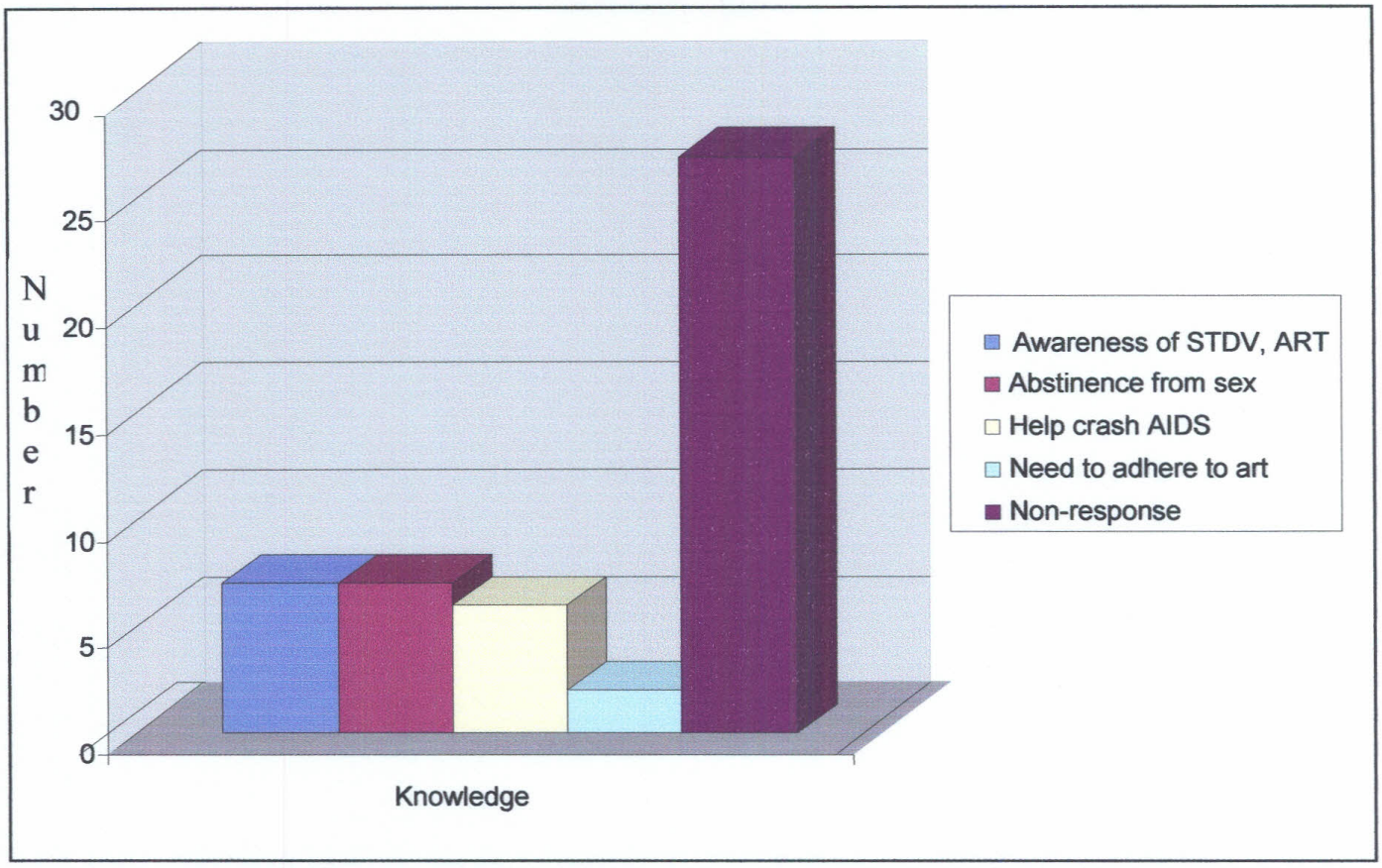

Figure 5.12: Knowledge of other Messages on HIV and AIDS

The existing messages had an influence on some of the organisations' message development process, as shown in Figure 5.13 below. This influence was in the form of enhancing the process for 30% of the organisations. Six per cent of the organisations were able to avoid duplication based on their consideration of the existing messages. On the other hand, for 4% of the organisations, this process assisted them by having messages that avoided creating fear in audiences.

Another 4% of the organisations created effective messages, arising from their consideration of existing messages on HIV and AIDS. However, over a half (56%) of the respondents did not respond to this question. The importance of considering messages is confirmed in this response, as one needs to either build on effective messages that exist, clarify conflicting

messages or avoid messages that may create discomfort (such as the fear messages), and basically learn from what others have developed.

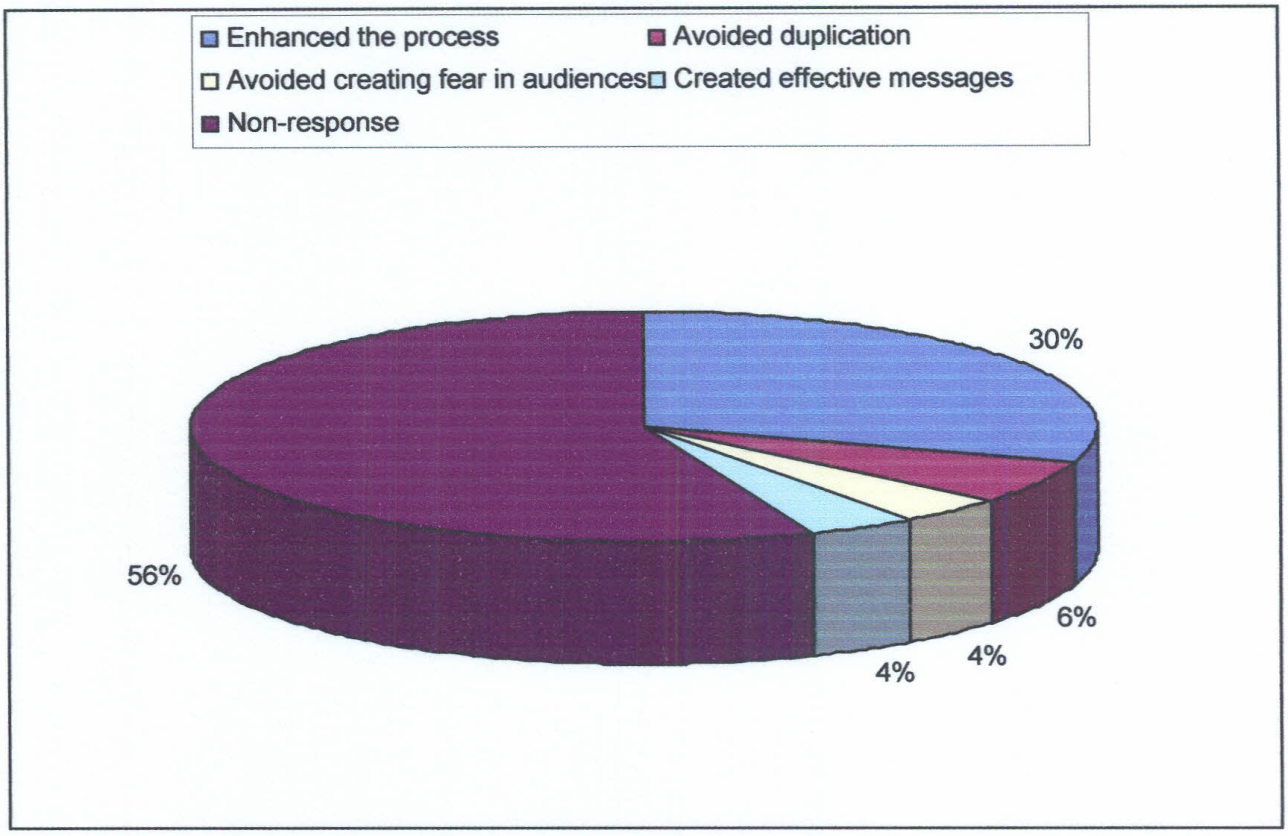

Figure 5.13: Influence on Organisations' Message Development Process

In the words of one of the key informants, "What does a message mean to most people and how does this contribute to their desire to change their attitude and behaviour?" For another key informant, one of the challenges in HIV and AIDS communication has been that messages have emphasized being rational, while sexuality is not rational. The point is that, messages must use the positive side of the human person to communicate the impact of the pandemic, and not fear.

Table 5.7 has a description of the aim of messages. Most of the organisations (68%) have developed messages with the aim of providing information, while 32% did not indicate the aim of their messages. This

corresponds well with the findings on the major communication objectives indicated -of providing information, and the tendency to focus on creating awareness. This, however, has to be viewed in tandem with the other aims of the messages developed as stated by the organisations.

Table 5.7: Aim of the Message 1

Aim	Frequency	Percentage (%)
To provide information	34	68
Non-response	16	32
Total	50	100

As shown in Table 5.8, the majority of organisations (76%) indicated that they seek to raise awareness on HIV and AIDS in their messages. On the other hand, twenty-four per cent of the organisations did not respond to this question. This relates very closely to Table 5.7. These two aims are considered the first step of an effective communication process.

Table 5.8: Aim of the Message 2

Aim	Frequency	Percentage (%)
To raise awareness	38	76
Non-response	12	24
Total	50	100

A half (50%) of the respondents stated that in their messages, they have the aim of building knowledge and skills. The other half did not respond to this question (Table 5.9). Building knowledge and skills is vital, as this

enables one's audience to pragmatically apply the information given to real life situations. This is particularly important for adolescents in terms of character building and negotiating skills.

Table 5.9: Aim of the Message 3

Aim	Frequency	Percentage (%)
To build knowledge and skills	25	50
Non-response	25	50
Total	50	100

A majority of the organisations (82%) indicated that most of their messages address the need to achieve behaviour change. Only 18% did not respond to this question (Table 5.10). This is an interesting response because it does not correspond completely to the communication objectives of most organisations (see Figure 4.12).

As observed by a key informant, a major challenge in HIV and AIDS communication is that messages have been targeted at the rational human being. This is confirmed by the fact that most organisations have focused on providing information and raising awareness (Tables 5.7and 5.8). It was proposed by a key informant that attitudinal and behavioural changes require recognition of the fact that people enjoy sex and therefore messages targeting the positive side of the human person are essential.

Table 5.10: Aim of the Message 4

Aim	Frequency	Percentage (%)
To achieve behaviour change	41	82
Non-response	9	18
Total	50	100

Cultural relevance and appropriateness were taken into consideration by the majority of respondents (72%). However, 16% of the organisations indicated that they did not consider cultural relevance and appropriateness, while 12% of the respondents did not return a response to this question. Culture is of utmost importance in the development of messages, as one's audience has to relate to the content of the messages. Further, some past messages on development have not been effective, because of the contradictions with some cultures. In HIV and AIDS, the sensitive and intricate nature of the content demands a thorough adherence to culture.

In particular, as noted in some literature on HIV and AIDS (see, for example, UNESCO, 2001), the domain of sexuality was considered to be sacred, presenting resistance by some communities to discussions, for instance, on condoms. Continuing to communicate messages that are not acceptable within a community, without attempting to have a dialogue, is tantamount to wishing away taboos.

The finding that the majority of organisations in the study considered cultural relevance and appropriateness indicates a great strength in this sector. This is because it is important to ground interventions into a community's traditions, beliefs and values, for sustainability and meaningful behavioural and social change. In addition, there is an opportunity to view cultural components that can enhance interventions. The tendency has been to focus on those components or attributes that hinder one's intervention. In addition, a critical issue relating to culture is that most cultural norms in Africa do not recommend the open discussion of sexuality, preventing especially parents from discussing sexuality

openly with their children. African societies had a place for the education of sexuality and sex: in the rites of passage.

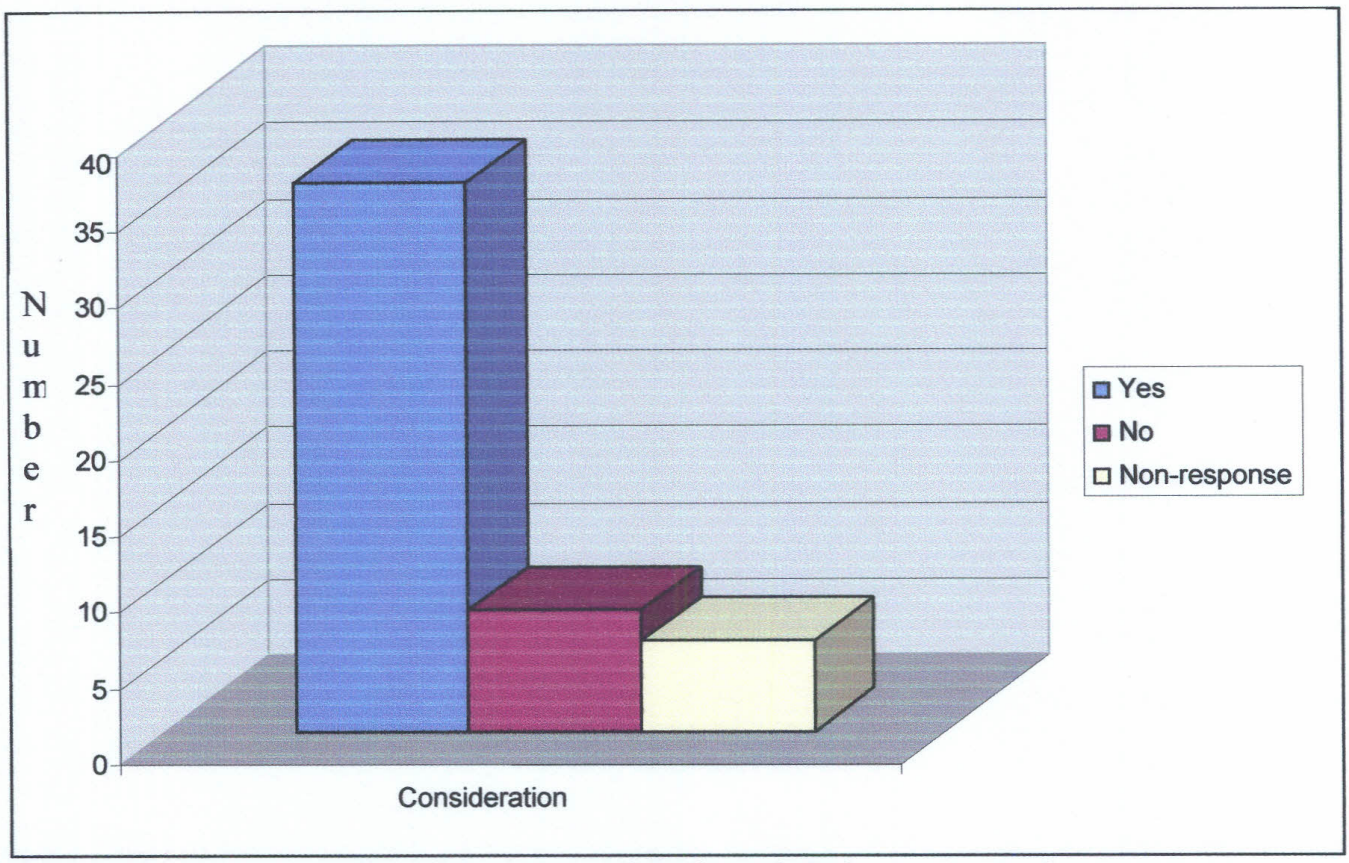

Figure 5.14: Consideration of Cultural Relevance and Appropriateness

Figure 5.15 below contains the findings on the reasons given by organisations for considering culture, or for not considering culture. For 50% of the organisations, cultural influence and difference were considered to be important, hence the reason for the consideration of culture. The findings from the needs assessment conducted demonstrated the importance of culture to 14% of the organisations. Ten per cent of the organisations did not find reference to culture necessary, while 4% of the respondents said their audience was general. There was no choice over IEC materials, according to 4% of the respondents, while 24% of the

respondents returned a non-response. It is significant that the key role played by culture was recognised by the majority of respondents. The importance of conducting needs assessment can be seen as it demonstrated the need to consider culture in the case of 14% of the organisations. The spill-over of the early focus on awareness creation is clear in the case of 22% of the organisations (audience is general-10%, culture not relevant-10% and no control over IEC materials- 4%).

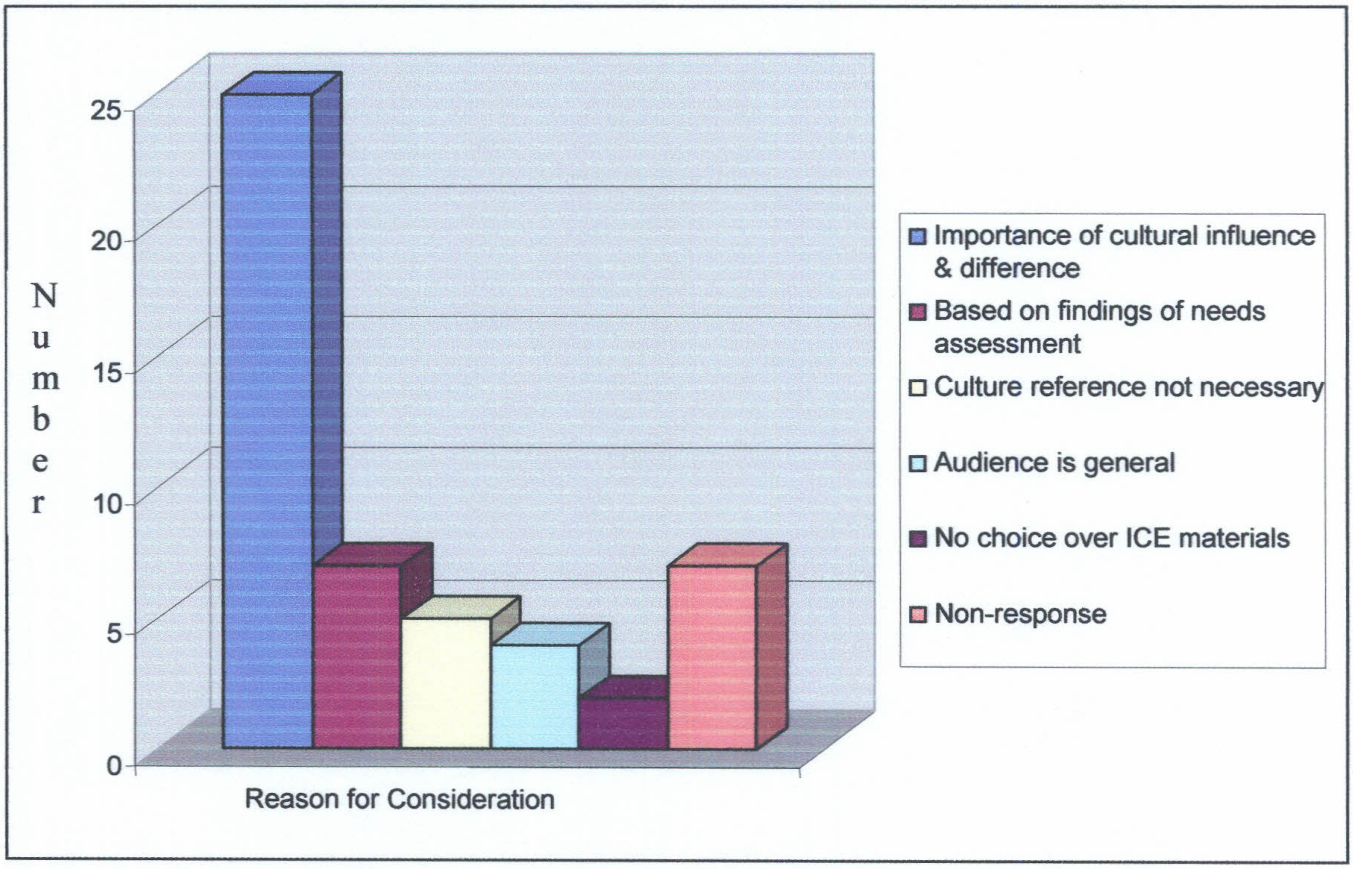

Figure 5.15: Reason for Consideration or Non-Consideration of Culture

5.5 Channels Used

In Table 5.11, face-to-face communication is given as a channel or method used by 54% of the organisations. However, 46% of the organisations did not indicate whether or not they use face-to -face communication. While the use of mass media has been popular for widespread reach, face-to-face communication is critical when one is focusing on building skills and on behaviour change.

Table 5.11: Channels Used: Face to Face Communication

	Frequency	Percentage (%)
Stated	27	54
Non-response	23	46
Total	50	100

As explained by one of the key informants and in the literature (Ministry of Health/NASCOP, 1998), interpersonal communication has been found to provide a forum for clarification and for interaction. This has worked particularly well, when peer counselling has been the approach used. Some of the key informants were of the opinion that the focus on producing materials such as pamphlets and posters has prevented effective communication which calls for interaction, and resulted in there being more information than communication.

Again, in the experience of another key informant, interpersonal communication facilitates a response to real life challenges of an audience, and to the reality of their lives. This channel promotes a human-centred approach, away from the transmission model which

encourages communities to participate in decisions affecting their lives. There is a high sense of involvement, in addition to the exchanging of views and the joint reflection of issues facing the community (Waisbord, 2001).

Recent studies indicate that there is a need to give prominence to the human perspective, as opposed to focusing on the media-centric approach (Panos Institute, 2003; Waisbord, 2001).

Slightly over a half of the organisations (Figure 5.16), utilise Overhead Projectors in their work, implying that there is a lot of face- to-face communication through workshops, seminars, and meetings. The rest of the organisations did not register a response to this question. As stated above, face-to-face communication, including interpersonal communication is highly preferred when addressing behaviour change in Africa.

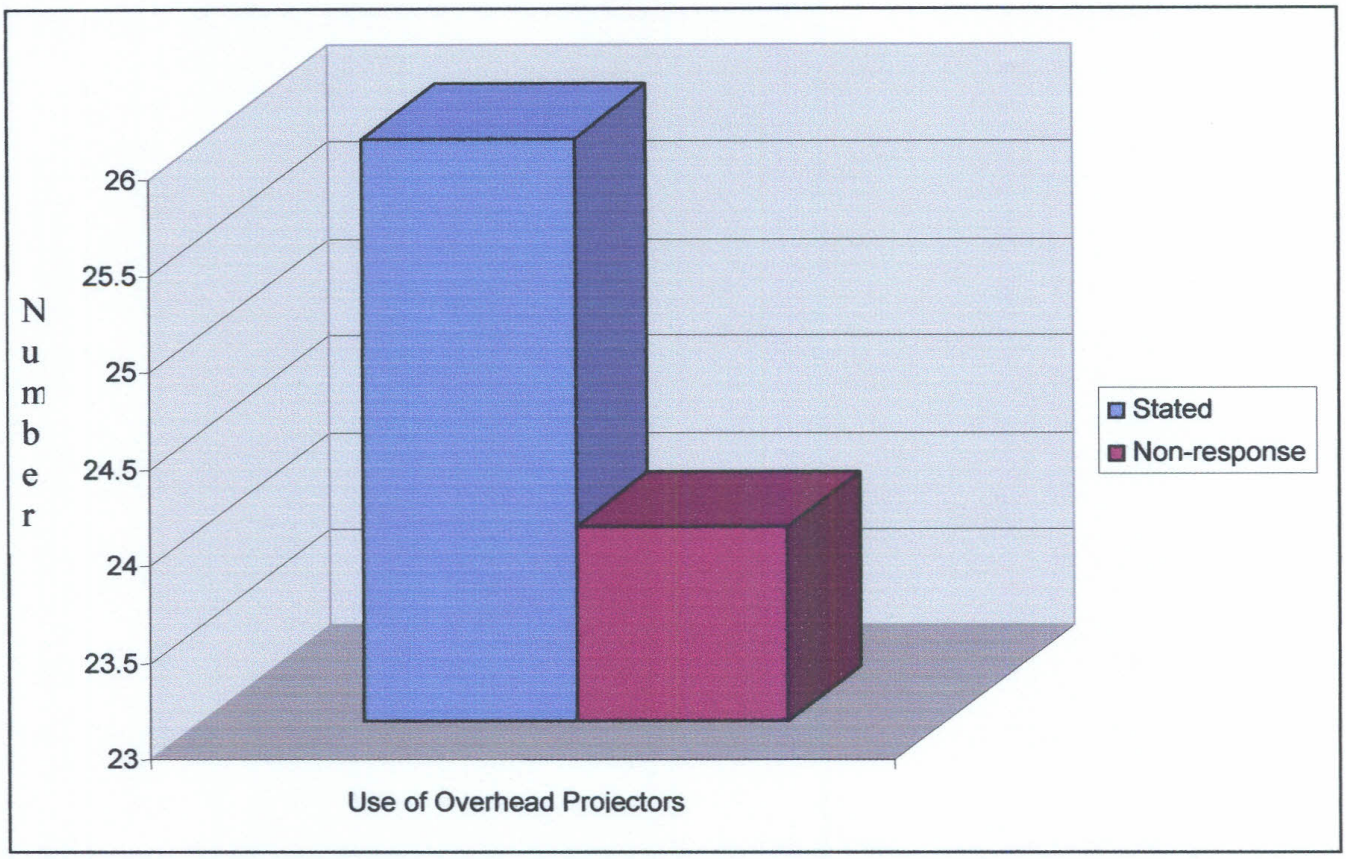

Figure 5.16: Channels Used: Overhead Projectors

In Table 5.12, which follows, the majority (74%) of organisations do not utilise workshops and seminars as a channel. Only 26% of the organisations in the study use this channel or method of communication. A constraint highlighted by a key informant, which is relevant here, is that some of the levels of illiteracy in some communities, make seminars and workshops ideal for these communities.

The findings contained in Table 5.11, showing that face-to-face communication is used by 54% of the organisations, implies that 26% of these organisation may be using methods like visits and small group meetings, or focus group discussions.

Table 5.12: Channels Used: Seminars/ Workshops

	Frequency	Percentage (%)
Stated	13	26
Non-response	37	74
Total	50	100

About one half (52%) of the respondents indicated that they use billboards, posters and brochures in their programmes, projects and campaigns. However, the remaining respondents (48%) did not respond to this question (Table 5.13). These methods were predominantly used in the early days of HIV and AIDS education in an effort to reach as many people as possible in the shortest time, given the urgent nature of the pandemic. The implication is that the aim is to create awareness and to reach a large, general audience.

Of concern also is that some types of posters have a short lifespan and some communities have high levels of illiteracy, as observed by a key informant. However, posters, billboards and brochures may be effectively used within the context of meetings and workshops to provide further information, or for illustrations.

Table 5.13: Channels Used: Billboards/ Posters/ Brochures

	Frequency	Percentage (%)
Stated	26	52
Non-response	24	48
Total	50	100

According to the majority (90%) of the respondents, written communication was not a preferred channel. Only 10% said that they used this method (Figure 5.17).

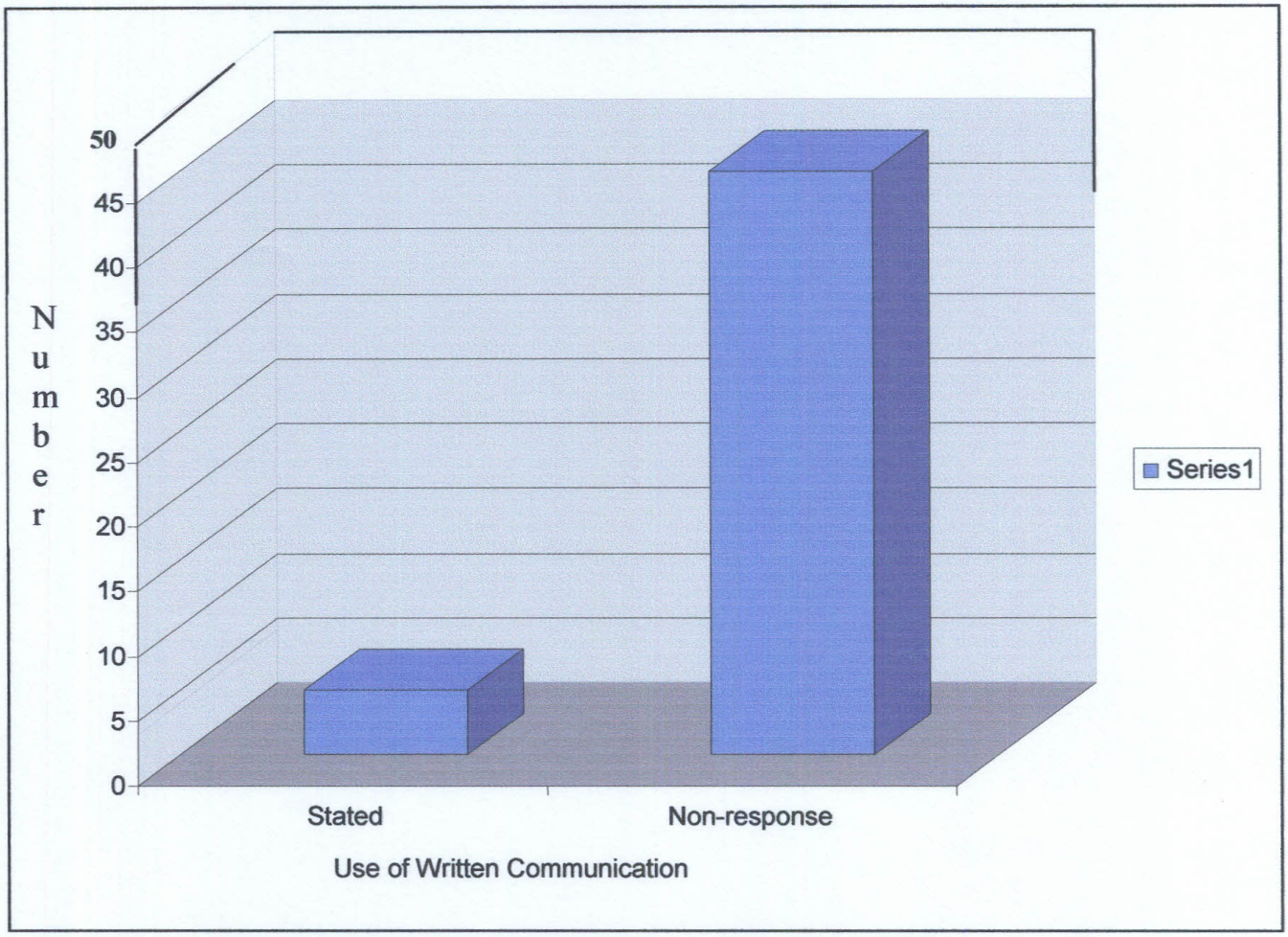

Figure 5.17: Channel Used: Written Communication

Providing a deeper understanding of issues was the reason given for the selection of channels for many (46%) organisations. The other reason cited was that workshops and media are cost effective as methods (30%). Other organisations stated that this was what the budget allowed (4%), that it was the suggestion of donors (2%), or that it was the idea of project implementers (2%). Twelve per cent of the organisations did not register any response to this question (Fig. 5.18). Funding and the objectives of

organisations usually influence the channels that are selected. However, the primary consideration must be the effectiveness of a channel among the targeted audience.

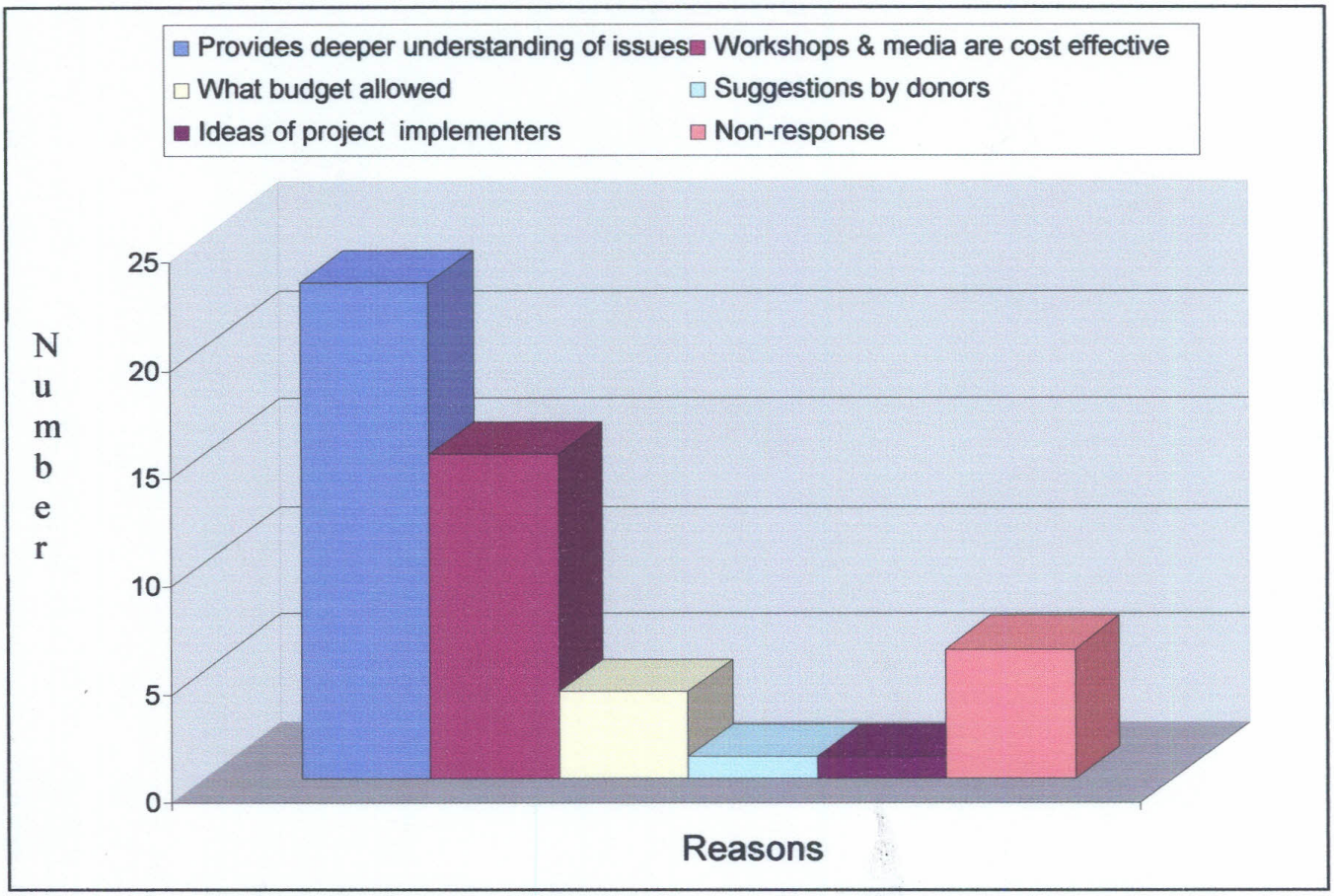

Figure 5.18: Reasons for Using Specific Channels

This chapter has emphasized the findings along the themes of strategising and implementing the communication process in organisations involved in HIV and AIDS interventions. In particular, the focus was on: needs assessment; selection of audiences; the process of message development; and the channels utilised in communication effort by organisations.

CHAPTER SIX

Assessment Mechanisms and the Strengths and Constraints of the Communication Process

6.1 Introduction

In this Chapter, findings on the assessment mechanisms, as well as the strengths and constraints of the communication process, are discussed. The thematic areas covered include the pre-testing of messages, the participatory process in the communication process, and the monitoring of the communication process.

6.2 Pre-testing and Monitoring of the Communication Process

A considerable number of organisations (46%) had pre-tested their messages, as shown in Figure 6.1. However, another 38% of the organisations had not pre-tested their messages, while 16% did not respond to this question. As already alluded to in the literature review, pre-testing is necessary as this ensures that any contradictions, confusions and complexities are clarified and revised before the messages are channelled out, *en masse*. At this juncture, an assessment of whether the audience finds the information believable, motivating, convincing and useful, can be done. In addition, the style and tone in communicating the message and whether this is attractive to the audience can be assessed (Salmon & Hutley, 2003).

Thus, although almost a half of the organisations conducted a pre-test, there is concern about the other half and the impact of their not pre-

testing. Pre-testing also indicates an attempt to involve the audience, before the implementation of a programme/project (AIDSCAP/FHI, 1997; Ministry of Health/NASCOP, 1998). This reflects the approach of creating awareness, as stated and captured in Chapter 4, Figure 4.15, where the goal is to transmit information or knowledge without the active participation of the audience. This also implies an *ad hoc* method of communicating on HIV and AIDS, for 54% of the organisations in the study.

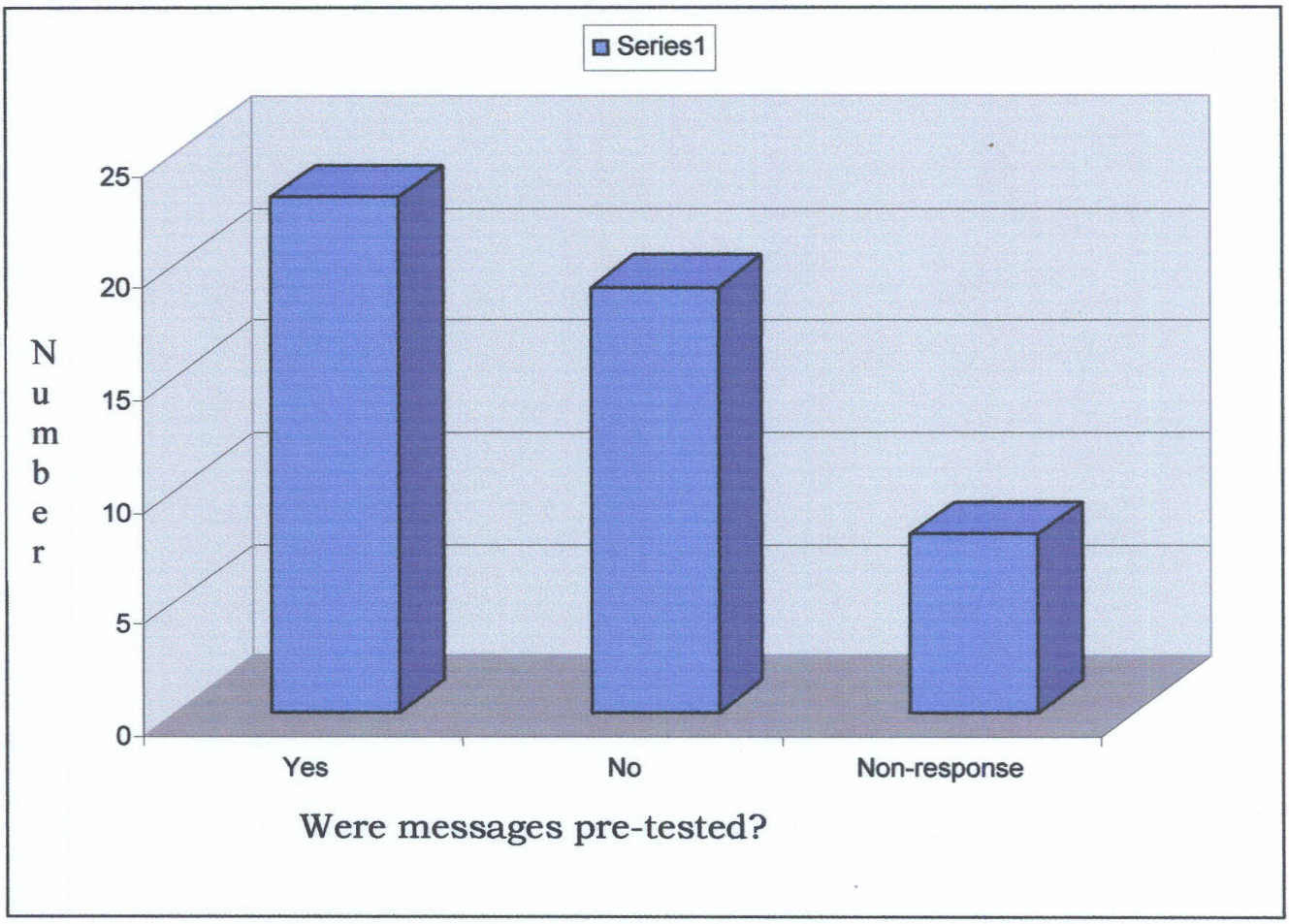

Fig. 6.1: Whether messages were pre-tested

Pre-testing is essential when one considers the gap that normally exists between technical experts and a community. In addition, the desire to

facilitate behaviour change demands the involvement of an audience, given the complexities surrounding issues of sexuality and the determinants of sexual behaviour.

For those who pre-tested their messages (Table 6.1), about one-quarter (26%) conducted this in selected groups. Others used community meetings (10%), and focus group discussions (6%). However, 58% did not indicate their method of pre-testing, through a non-response. The method of pre-testing is important, as it is vital to have different views, and people represented to cater for different perspectives.

The pre-dominant use of face-to-face methods of communication illustrated above is a good indication for the sector in general. This is a method favoured in behaviour and social change communication as it proffers an opportunity for communities and audiences to provide a feedback on the believability and impact of messages and communication.

Table 6.1: Method of Pre-testing

Method	Frequency	Percentage (%)
In selected groups	13	26
Community meetings	5	10
Focus group discussions	3	6
Non-response	*29*	*58*
Total	50	100

There was need to correct/clarify messages for 24% of the organisations, as the findings in Table 6.2 show. In addition, 12% of the organisations found that their messages were not suitable for every part of the country, while only 4% found that their messages were appropriate. However, 60%

of the respondents registered a non-response to this question. The links with Table 6.2 and Figure 6.2 are evident: the pre-testing demonstrated that audiences had issues with the messages of most of the organisations that did the pre-test (40% of 46%). This re-affirms the necessity of pre-testing in any communication intervention. At this stage, organisations have a forum to assess the impact of their messages and communication strategies, against the stated aims of their messages (see Chapter 5, Tables 5.7-5.10).

Table 6.2: Findings from the Pre-testing (if yes)

Finding	Frequency	Percentage (%)
Need to correct/modify messages	12	24
Messages not suitable for every part of the country	6	12
Messages were appropriate	2	4
Non-response	*30*	*60*
Total	50	100

Among those who pre-tested their messages (Figure 6.2), and based on the findings of the pre-test, about one-quarter (26%) revised their messages. There was deletion of irrelevant material for 12% of the organisations, and for 6% of the organisations, additional knowledge and skills were included. Fifty-six per cent of the organisations made no changes to their original messages. Yet again, the importance of the pre-test is underlined here, as it resulted in changes for 44% of the organisations, ensuring maximum effectiveness.

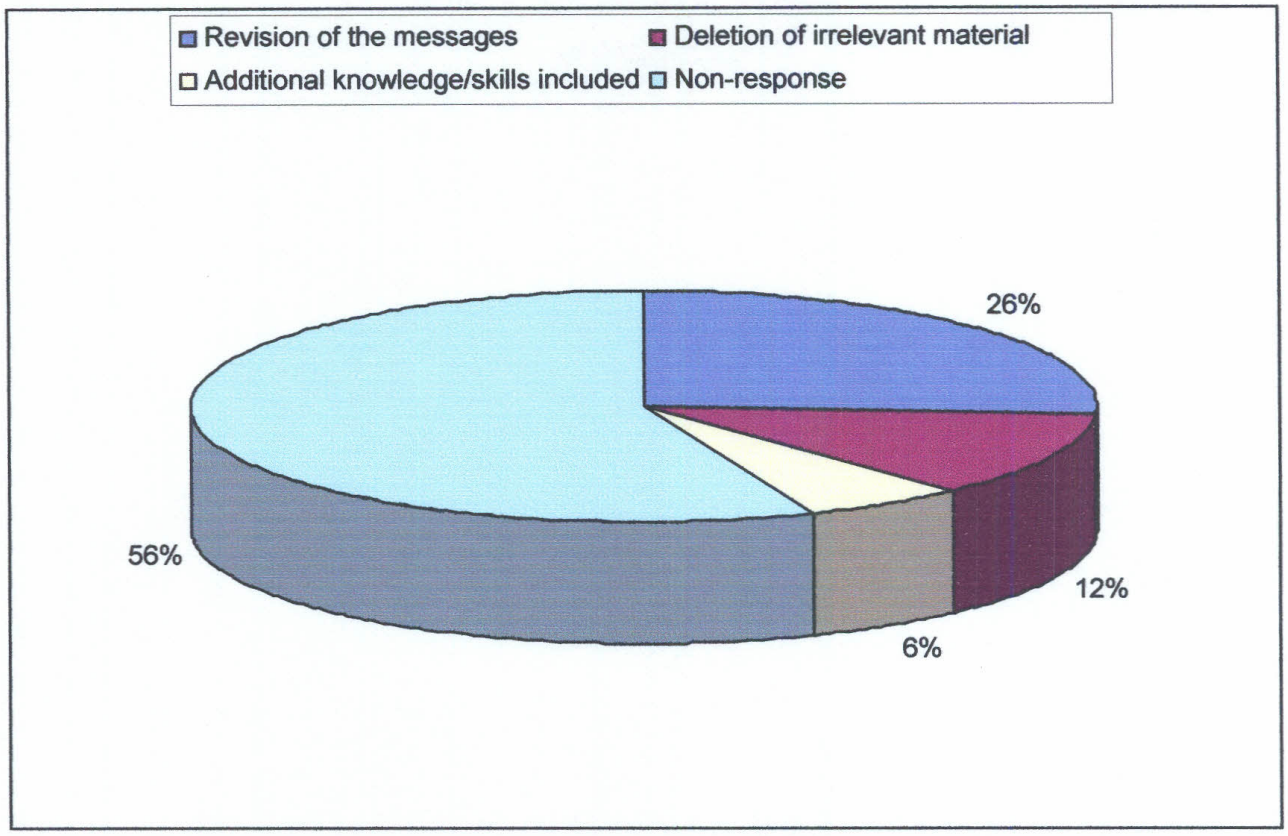

Figure 6.2: Changes made on the basis of pre-testing

6.3 Monitoring and Evaluation

As shown in Figure 6.3 below, 66% of the organisations interviewed attested to having a monitoring mechanism for their communication process. There were 20% of the organisations that did not have any monitoring mechanism and 14% who did not respond to this question. The rationale for having an on-going monitoring mechanism is that audiences are dynamic and prone to influence from socio-economic, political and cultural processes and changes. Such changes can be captured by an effective monitoring system and the relevant adjustments

can continue to be made to communication processes. The progress of the communication process must also be monitored.

According to one key informant, monitoring and evaluation should be undertaken periodically and not just as an end-term process. One of the monitoring mechanisms employed has been in the community discussions during peer counselling, which may sometimes be an indication of attitude and behaviour change. Another key informant was of the view that monitoring and evaluation should be integral to HIV and AIDS communication programmes/projects, including the conduct of impact assessments, and the element of sustainability.

A monitoring mechanism also assists in the assessment of quality in the materials produced and strategies utilised. In addition, the dynamic changes occurring through the influences of external factors (political, economic, cultural and social), can be continuously studied and used to review communication interventions.

It is important to observe that the complexity of monitoring behaviour change and, by implication, social change, can be discouraging. This has been one of the major challenges in communication for development programmes and projects, as it is difficult to isolate and measure the exact impact of an intervention, since behaviour can occur from a combination of factors, including external and environmental influences.

Yet, the diversities between countries, and even within countries in the scope and intensity of the pandemic demand that monitoring and evaluation should be integral to an intervention. In particular, the lessons learnt and the effective strategies must be focused on to facilitate future

communication interventions. As noted by UNAIDS (2006), research on behavioural measures to reduce sexual transmission has been paltry.

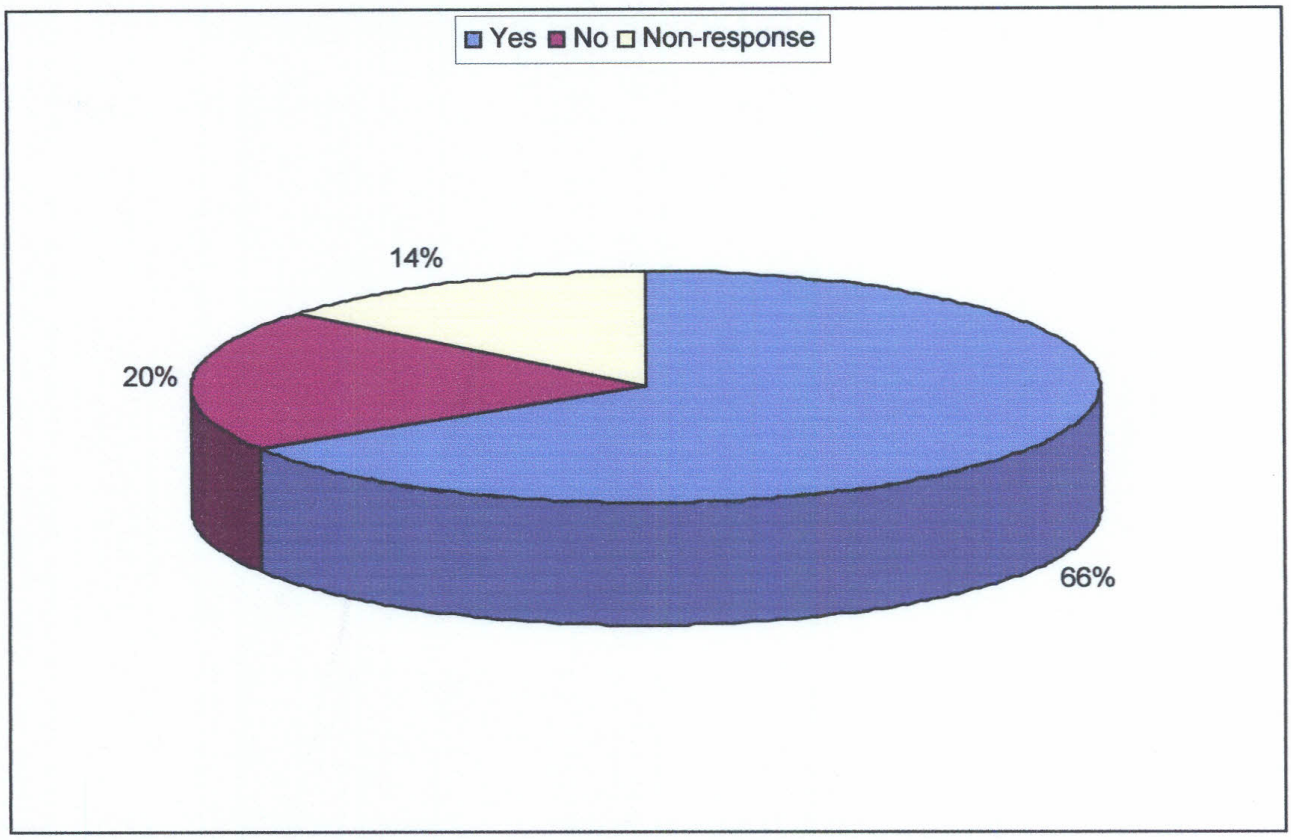

Figure 6.3: Existence of a Monitoring Mechanism for the Comm. Process

The rationale for having a monitoring mechanism for many (42%) of the organisations was that it was important to evaluate the progress of a project or programme. This is information contained in Figure 6.4, which follows. The other responses related to not having a monitoring mechanism were lack of adequate resources or funds (26%), and the lack of mechanisms to evaluate the effect of the messages (6%). There was a non-response return from 26% of the organisations. A substantial number of organisations (42%) recognise the need to constantly check

how their communication processes are working. This also demonstrates a recognition and commitment to a systematic process.

The reason given by 26% of the organisations for the lack of a monitoring mechanism is not consistent with the requirement by most funding agencies (Panos Institute, 2004) that measurement of impact or change is done. Indeed, this is one of the challenges for interventions that are long-term, as often required to facilitate behaviour change, since funding agencies require evidence of change, effect or impact through measurement that is on-going.

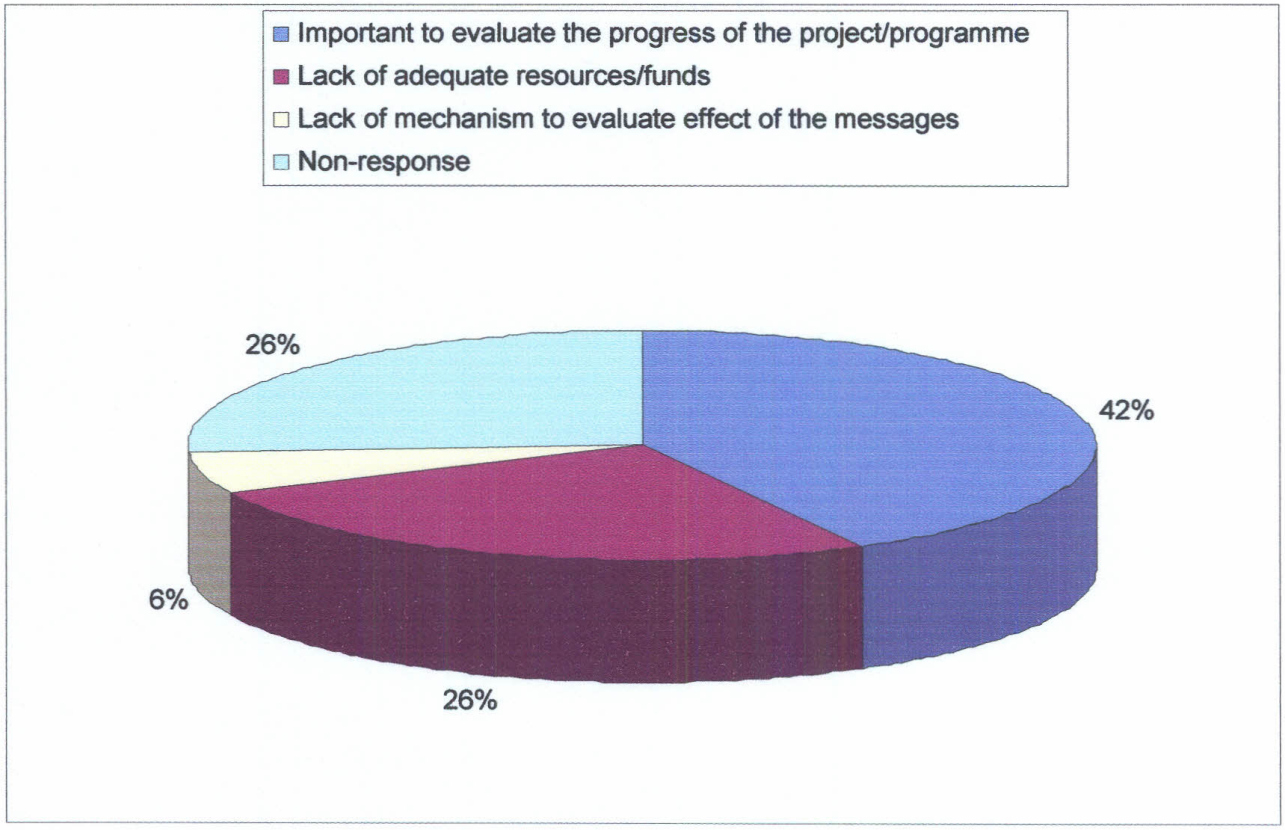

Figure 6.4: Rationale behind Having/ Not Having Monitoring Mechanism

6.4 Participation of the Audience

Most of the organisations (76%), as clearly demonstrated in Table 6.3 which follows, confirmed that they included audience participation in their projects/programmes. Only 6% of the respondents said that they had not integrated audience participation in their communication projects and programmes. Twenty per cent of the organisations returned a non-response.

Table 6.3: Audience Participation in Project/Programme

Whether audience participated	Frequency	Percentage (%)
Yes	37	74
No	3	6
Non-response	*10*	*20*
Total	50	100

The participation of audiences in development projects and programmes is considered essential to the success of a project or programme. Participation by an audience allows them to get a sense of ownership of the programme and to better understand the aims of these efforts. In communication, this is even more critical, as messages can be unclear or contradictory, channels may prove to be unsuitable and audiences may change as the project or programme progresses.

There were examples given of initiatives that have resulted in the development of creative and effective messages, and of innovation at the community level in Kiambu and Kilifi. Mobilisation of the community in

Kilifi led to the joint planning of HIV and AIDS education, as well as home-based care, utilising the resources within one particular community.

In particular also, the inclusion of NGOs at the Executive Board level, introduced the element of working with grassroots communities, thereby incorporating their participation in the planning, design and implementation of HIV and AIDS programmes and projects (UNAIDS, 1999; International Aids Alliance, 2005; UNGLS, 2005). A critical component for UNAIDS and other agencies working in the HIV and AIDS sector has been the generation of the best practice series, based on the experiences and participation of various audiences (UNAIDS, 1999; International Aids Alliance 2005).

Participation is a critical component of behaviour change communication, and also of communication for social change (CFSC). The CFSC in particular, has the additional focus of viewing people as agents of change within their own contexts (Waisbord, 2001).

For those who did not have their audiences participating in their projects or programmes, the reasons given (Table 6.4) were that AIDS affects anybody (2%)- implying that general messages were appropriate for everyone-and lack of time (2%).

Table 6.4: Reasons for Non-Participation of Audience

Reason	Frequency	Percentage (%)
AIDS affects anybody	1	2
Lack of time	1	2
Non-response	*48*	*96*
Total	50	100

As shown in Table 6.5 below, almost a half (46%) of the respondents stated that they had audience participation at the conceptualisation level. The rest of the respondents (54%) did not answer this question. Participation at this level is deemed to be a key element, as the audience develops a full sense of ownership of a project or programme. Such participation allows those intending to have projects or programmes to take into account issues and needs raised by their audiences, as they conceive their efforts. Consultation at this stage also enables one to have a comprehensive understanding of potential audiences (Agunga, 1991).

The integration of participation at this level is considered to be ideal as it accords communities a chance to collaborate on decisions regarding an intervention, including the priorities. This has been described as participation as an end (Melkote & Steeves, 2001), rather than participation as a means to an end (the external agents agenda). However, this is a time-consuming process and difficult to operationalise for most organisations (Waisbord, 2001).

Table 6.5: Audience Participation at Conceptualisation level

Audience Participated	Frequency	Percentage (%)
Stated	23	46
Non-response	27	54
Total	50	100

A good number of organisations (44%) stated (See Table 6.6) that they have their audiences participating at the planning level. However, over a half (56%) of the organisations (56%) registered a non-response to this question. Consultation with the audience at this level allows for the effective designing of a programme or project that takes into account the concerns of the community. Though it is short of the ideal where a community or audience participates in the conceptualisation of the intervention, there is still scope for the community to interject as far as the design, implementation and monitoring is concerned.

Table 6.6: Audience Participation at Planning Level

Audience Participated	Frequency	Percentage (%)
Stated	22	44
Non-response	28	56
Total	50	100

The majority of organisations (76%), have audience participation at the implementation level, while 32% of the organisations did not respond to this question (Figure 6.5). Participation is necessary here, to strengthen

the sense of ownership and to utilise community networks as well as cater for preferences.

Although commendable, this has been considered as having participation as a means, where the audience is incorporated mid-way through the programme or project. Thus, the priorities have been determined at the conceptualisation and planning level, while the audience is involved at the technical or methodology level.

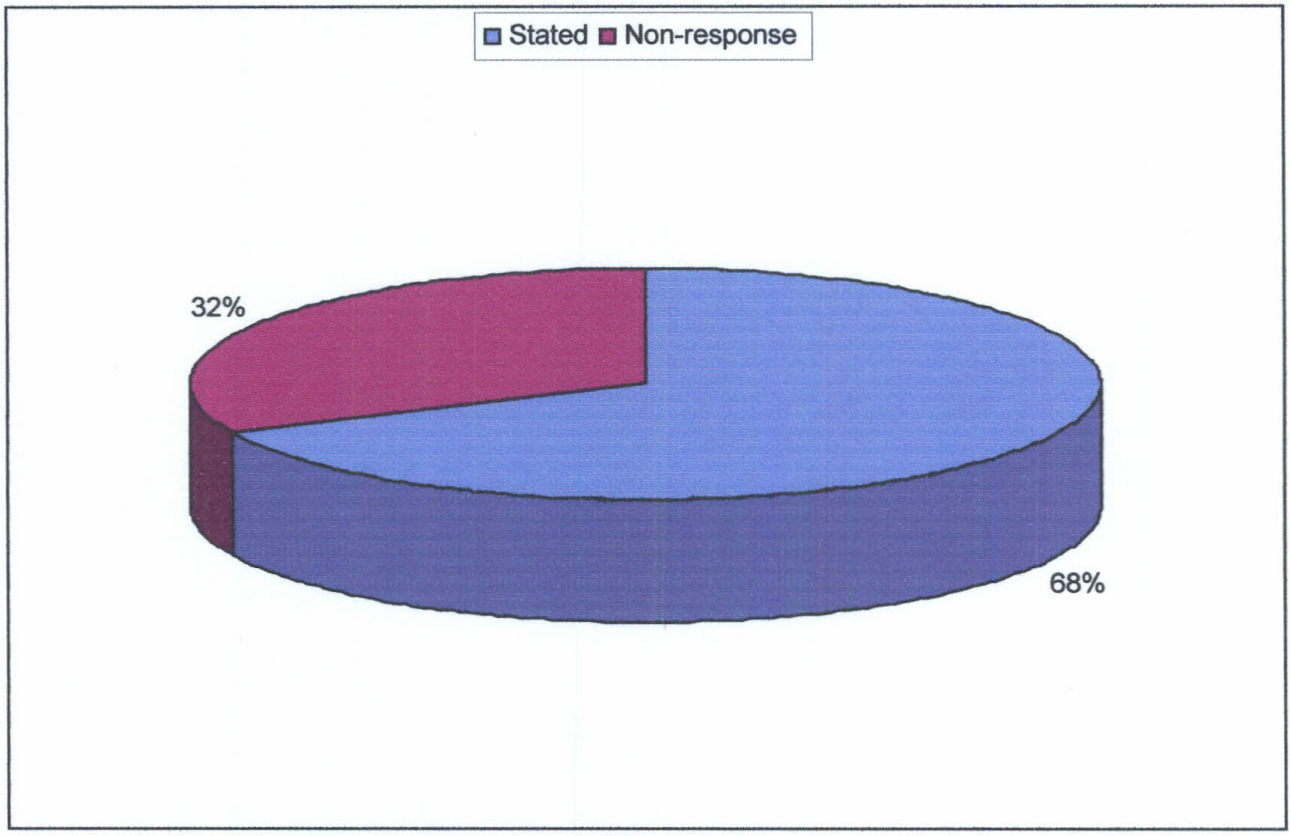

Figure 6.5: Audience Participation at Implementation Level

Almost a half (46%) of all the organisations in the survey as indicated in Figure 6.6, stated that they involved their audiences in monitoring and

evaluation. However, slightly over a half (52%) of the organisations registered a non-response to this question. This highlights an important issue because communication programmes and projects in their very essence demand that impact and influence be monitored. Thus, audience participation is necessary for communication to be effective, because there is desired change of attitude and/or behaviour required in communication programmes, particularly on HIV and AIDS.

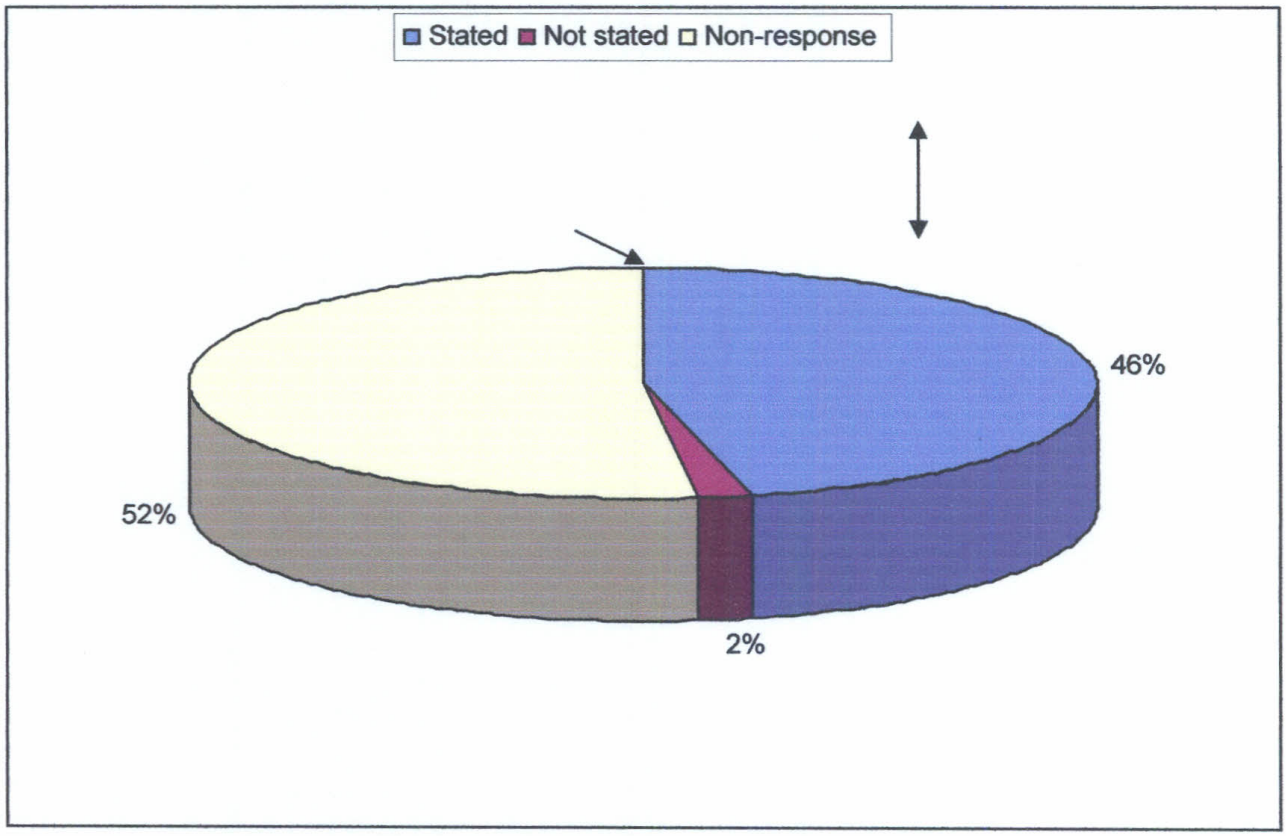

Figure 6.6: Audience Participation in Monitoring & Evaluation

Participation at this level, though not the ideal, facilitates a comprehensive assessment of the intervention. The success of the intervention is determined by those it has targeted as beneficiaries, and

their participation gives them an opportunity to state whether it has benefited them, how and improvements for the future (CFSC, 2005).

6.5 Costing of Communication Interventions

In Figure 6.7 below, the findings regarding how organisations cost their communication interventions are presented. About one-third (30%), of the organisations cost their communication programmes/projects based on the guidelines set by their organisations on project proposals. Another 24% indicated that their programmes/projects are not costed, while 6% said that they base the cost of their programmes/projects on publicity activities, or on the number of participants (4%). There was a non-response rate of 32%.

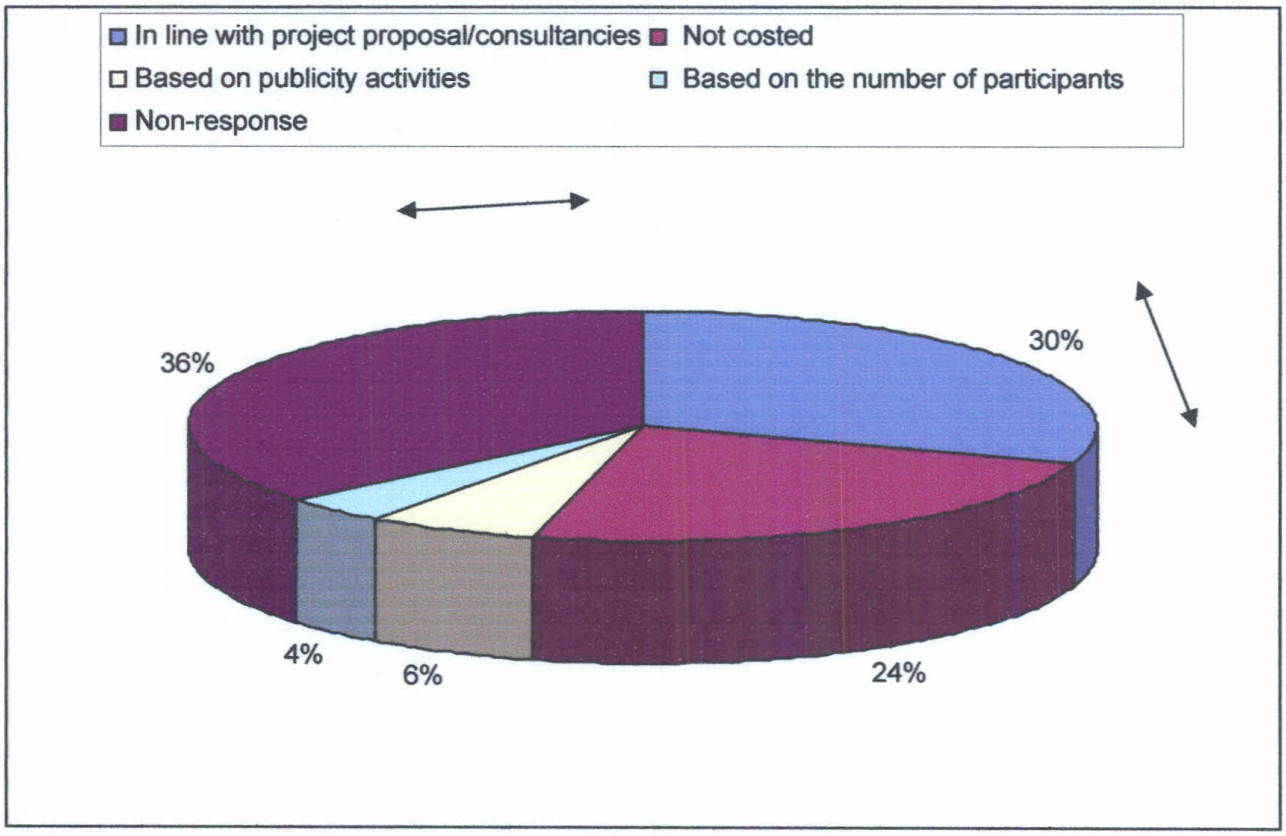

Figure 6.7: How Communication Programmes/Projects are Costed

This question is important, as it demonstrates the level of planning an organisation devotes to communication activities. When an organisation has established an effective communication process, this guides the costing of the programmes/projects, as a target has been set, and a systematic process well thought out, and designed. Hence, the combined proportion of organisations who do not cost their programmes and those who did not respond to this question (56%), demonstrates that communication interventions are still being considered as *ad hoc*. Having a system and planning an intervention is especially critical in behaviour change, and particularly regarding the complexities associated with HIV and AIDS.

Fifty per cent of the organisations (Figure 6.8 below), highlighted the lack of funding as their major constraint in the planning and implementation of the communication process. Inadequate expertise was highlighted by sixteen per cent of the organisations, while 4% said that time constraints were an obstacle to their planning and implementation of the communication process. Lack of experience, vandalism of billboards and posters, and lack of political goodwill, were mentioned by 2% of the respondents. There was a non-response answer from 24% of the respondents.

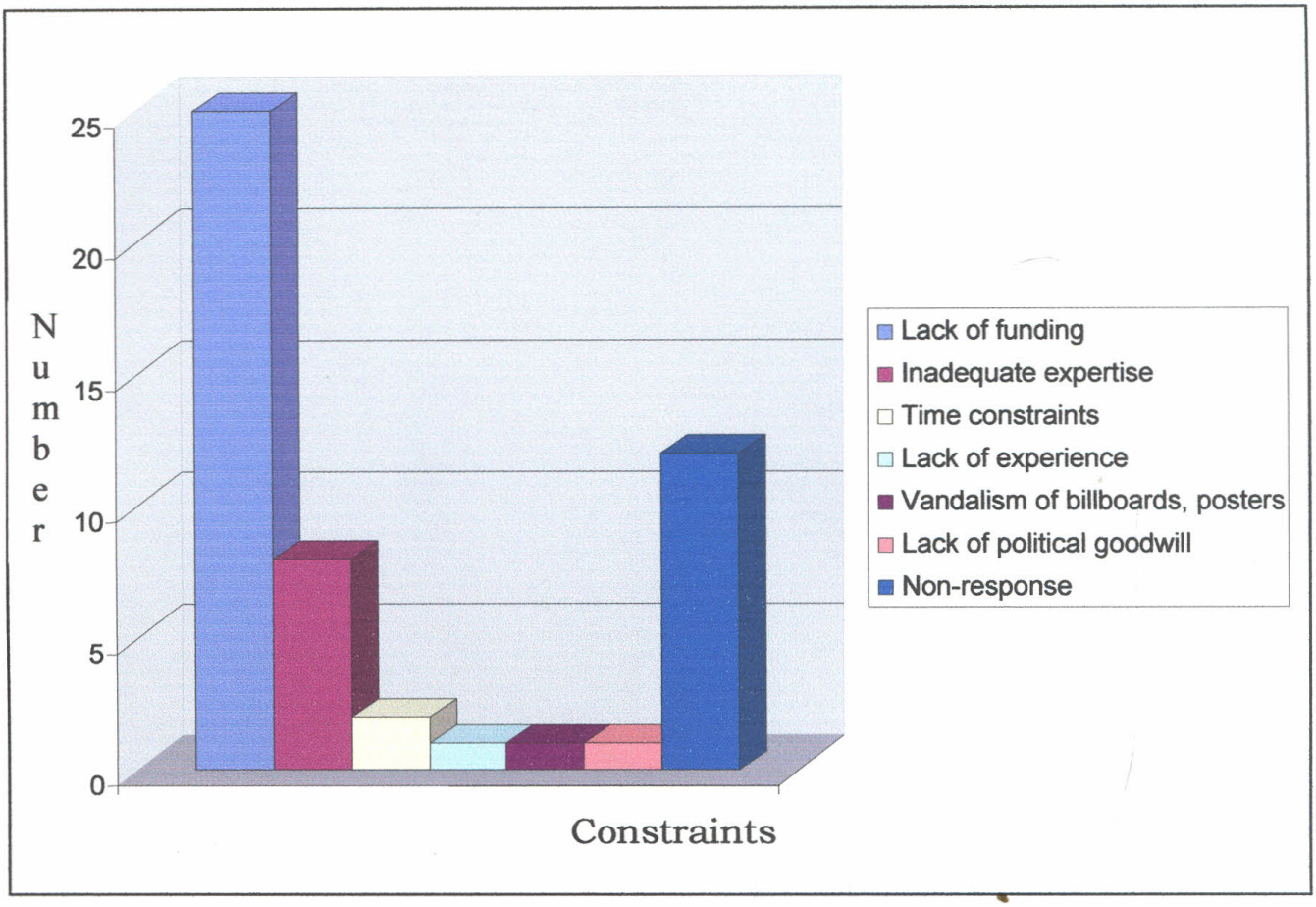

Figure 6.8: Constraints experienced in the Planning and Implementation of the Communication Process

The lack of funding as a constraint was confirmed by several key informants, one of whom said that this is the key reason why there is so much focus on awareness raising as opposed to behavioural change. Inadequate expertise in communication and technical areas was another constraint raised by another key informant.

As shown in Figure 6.9, a half of the respondents were of the view that more funding should be provided for communication programmes/projects. The other ways cited were: having a more positive attitude (18%); writing effective proposals (8%); conducting media sensitisation on HIV and AIDS (8%); hiring additional personnel (4%); and

the development of communication infrastructure (2%). There was a non-response rate of 22%.

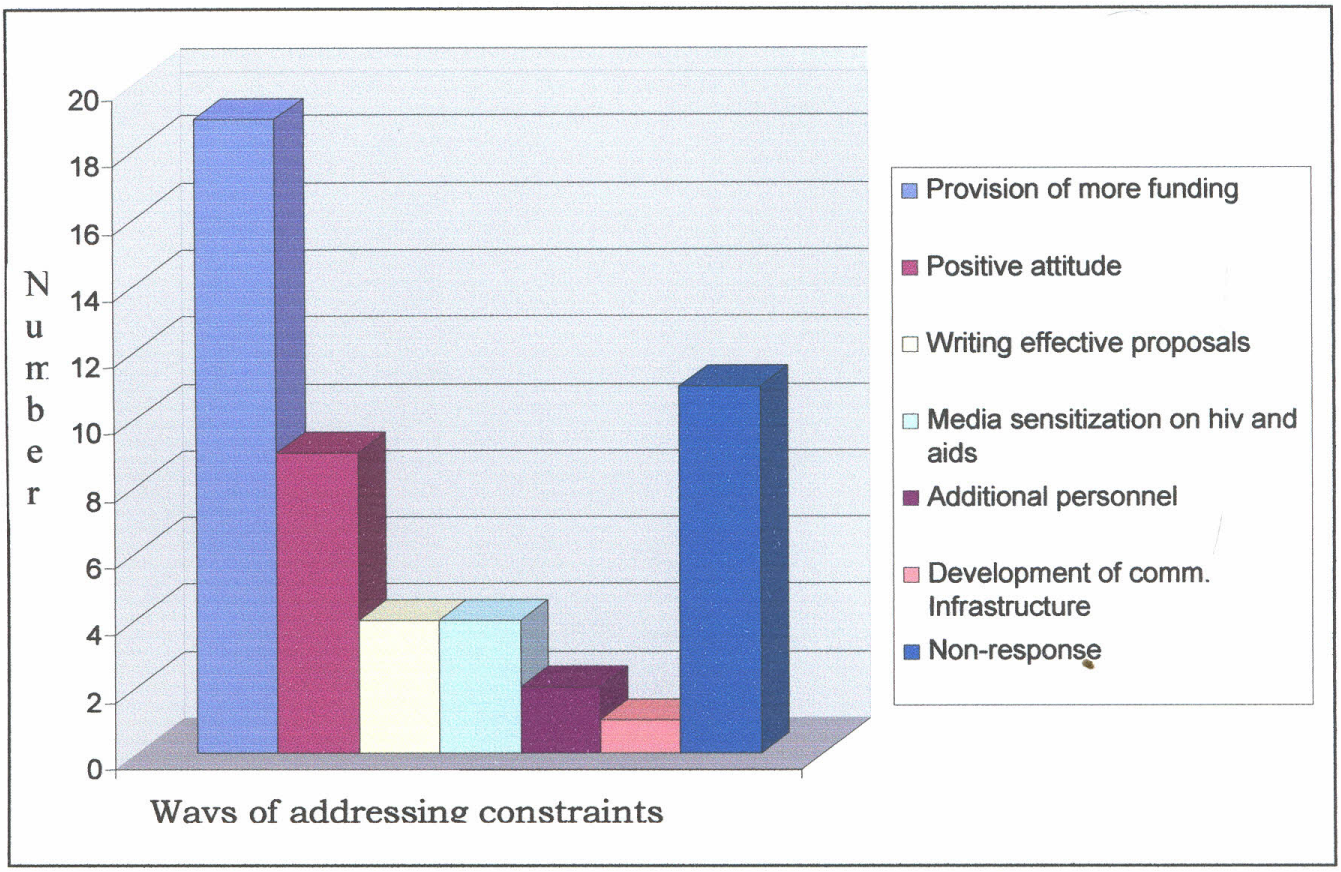

Figure 6.9: Ways in which Constraints can be Addressed

However, none of the respondents referred to the need for political will and commitment, factors that were found to be more critical in the case of Uganda than funding (Panos Institute, 2001). While funding is a vital component of communication interventions, the issue of sustainability requires that analysis and problem-solving is facilitated at the local level. This has the added advantage of building communication competence within local communities, thereby incorporating diverse perspectives, and

the voices of sections of the population that have not been adequately represented.

6.6 Other Important Issues

Figure 6.10 depicts the findings with respect to other important issues that the respondents thought should be highlighted. However, the majority of respondents (72%), did not respond to this question. The need to sustain the communication process was mentioned by 12% of the respondents, while 8% thought that caring for people living with HIV and AIDS (PLWHA) is an issue that needs attention. Involving PLWHA in programmes and projects was a response given by 4% of the respondents, while the need for behaviour change initiatives was an issue which elicited a response of 2%.

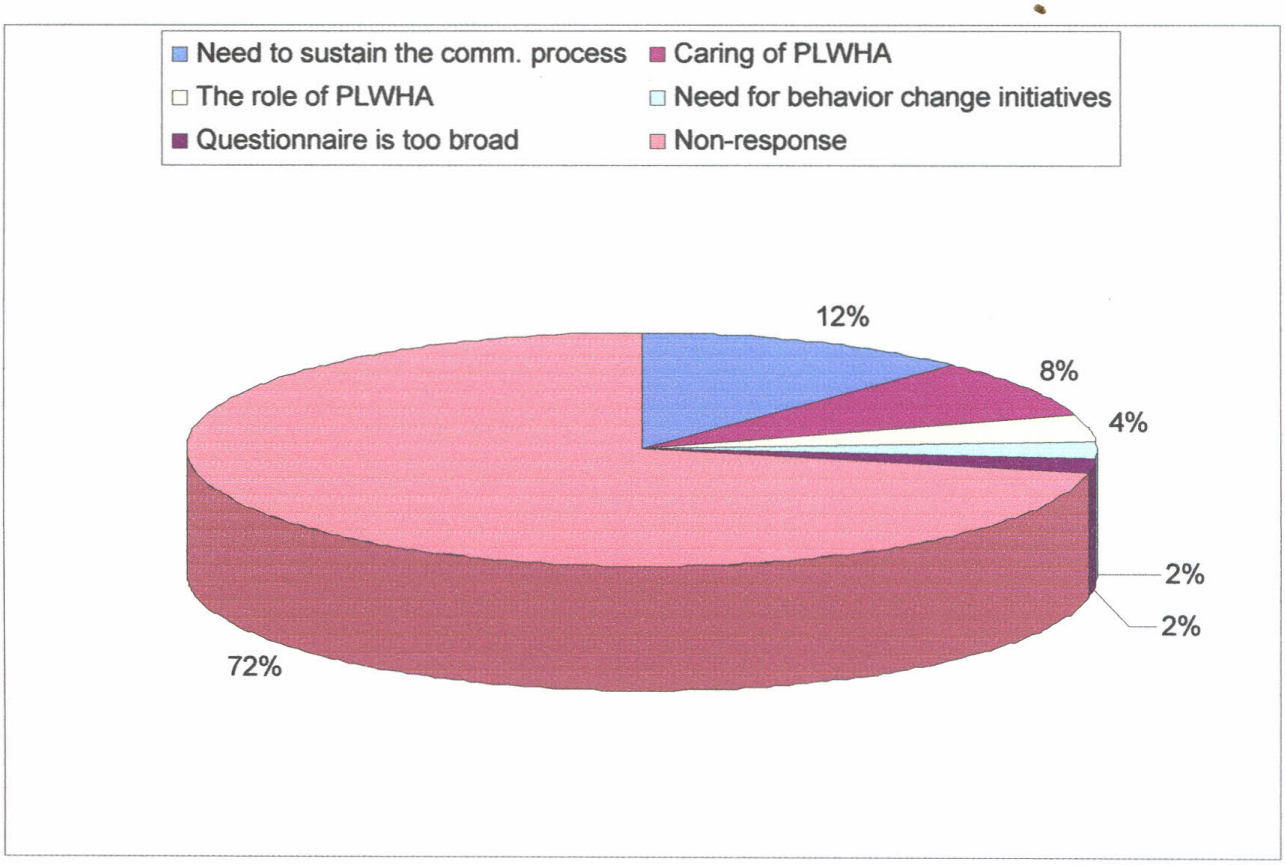

Figure 6.10: Other Important Issues

This Chapter has focused on the presentation and discussion of findings relating to the thematic areas of the assessment mechanisms, as well as the strengths and constraints of the communication process in the organizations of the study.

CHAPTER SEVEN

Conclusions and Recommendations

7.1 Introduction

In this Chapter, a discussion and analysis of the findings as presented in Chapters Four, Five and Six are offered. In addition, the Chapter contains conclusions, discussed along the three research questions, as well as recommendations for further research. It will be recalled that this study set out to analyse whether organizations involved in HIV and AIDS education have integrated communication at the planning and implementation levels of their organizations or not.

7.2 Discussion

This discussion is presented along the thematic lines and categories identified in the research questions and the specific objectives. Conclusions based on this discussion are later arrived at.

7.2.1 Integration of an Effective Communication Process at the Planning, Design and Decision-Making Level

The findings of this research show that there were attempts to integrate an effective communication process at the project planning, design and decision-making level for about 50% of the organisations studied. These attempts are evident in the acknowledgement by almost a half of the

organisations, that communication was integral to the planning process in an organisation ((Figure 4.10, p. 104). This recognition has been further partly operationalised by almost a half (46%) of the organisations who have a communication or information department, and by the fact that communication was being handled at the senior management level by 30% of the organisations, while others have it being implemented at the middle management level (24%) as shown in Figure 4.5 (p. 92). This places the communication process at an optimal level- the managerial level for a combined total of 54% of the organisations, where decisions are made, or where decisions can be influenced (for middle management).

However, it is the actualisation and implementation of the communication process, which gives a true picture of the role and functions given to communication. For a start, only 6% of those in charge of the communication process, including the implementation of communication plans, strategies and campaigns had training and experience in communication studies. The issue of the competence of those driving the planning and implementation of the communication process in these organisations is pertinent here.

Competence in the planning, design and implementation of communication enables an organisation to adopt a programmatic approach as opposed to the project approach. Hence, the project approach was predominant. This is further confirmed in the finding that only 22% of the organisations in the study had a budget of one million Kenya shillings and above.

7.2.2 Level of Accordance with accepted Communication Concepts, and Best Practices in Planning and Implementation

Another important finding of the study is that there were components of the behaviour change communication process, combined with awareness raising or creation for about 50% of the organisations. This is best exemplified in the analysis and conclusions regarding the level of accordance (Table 7.1) that indicates the score of organisations against those components that are the most basic for effective communication interventions. These components are: the rank of the person handling communication; whether a communication/information department existed; whether the person handling communication had training in communication; the communication objectives of an organisation; whether a needs assessment was conducted; segmentation of the audience; the aim of the message/s; the channels used; whether pre-testing has been done; levels of participation; and whether culture was considered.

Table 7.1: Organisations' Adherence to Key Components of An Effective Communication Process-International and Regional

Type of Org.	Rank	Comm. Dept. ?	Tr./ Comm.?	Comm Objs.	Needs Asmen	Audience	Msg	Channels	Pretest & Mntrg	Participa-tion	Cul
1. Int.	Snr.	Yes	Yes	BCC	No	Segmentd	N/Resp.	Media	No	Yes	Yes
2. Int.	Snr.	Yes	No	BCC	Yes	Segmentd	BCC	M/Media	Yes	Yes	Yes
3. Int.	Snr.	Yes	No	Aware/BCC	Yes	Segmentd	BCC	M/Media	Yes	Yes	Yes
4. Int.	Mid.Mngt.	Yes	No	BCC	Yes	Youth	BCC	IPC	Yes	Yes	Yes
5. Reg.	Snr.	Yes	No	Aware/BCC	Yes	General	BCC	M/Media	Yes	Yes	Yes
6. Reg.	N/response	No	No	Awareness	Yes	General	BCC	IPC	Yes	Yes	Yes
7. Reg.	Snr.	Yes	No	BCC	Yes	Segmntd	BCC	M/Media	Yes	Yes	Yes
8. Reg.	Snr.	Yes	No	Awareness	Yes	General	BCC	M/Media	Yes	Yes	Yes
9 .Reg.	N/R	No	N/R	Awareness	N/R	Mid aged	Awarnes	Sml Media	No	Yes	N/R
10. Reg.	Snr.	No	No	Dev.	Yes	Segmntd	NSP	IPC	No & Yes	Yes	Yes
11. Reg.	Mid Mngt	Yes	Yes	Dev	Yes	General	BCC	Printd work	Yes	Yes	Yes

Table 7.2: Organisations' Adherence to Key Components of An Effective Communication Process-National

Type of Org.	Rank	Comm. Dept. ?	Tr./ Comm.?	Comm Objs.	Needs Asment	Audience	Msg	Channels	Pretest & Mntrg	Participa -tion	Cul
12. Nat	N/R	No	No	Awareness	No	General	Awrnes	IPC	No	No	No
13. Nat	N/R	No	No	Awareness	No	General	Awrnes	Media	Yes	No	N/R
14. Nat	N/R	No	No	Awareness	No	Youth	Awrnes	IPC	No	Yes	No
15. Nat	N/R	No	No	N/R	No	General	Awrnes	IPC	No	Yes	No
16. Nat	Officer	Yes	N/R	N/R	Yes	General	BCC	IPC	Yes & No	Yes	N/R
17. Nat	Mid Mngt	Yes	Yes	Dev.	No	General	Awrnes	M/Media	No	No	No
18. Nat	Mid Mngt	No	No	Dev.	Yes	General	Awrnes	M/Media	Yes	Yes	Yes
19. Nat	N/R	No	No	Awareness	No	General	Awrnes	IPC	No & Yes	Yes	Yes
20. Nat	N/R	No	No	Awareness	No	General	Awrnes	IPC	No	No	No
21. Nat	Snr.	No	No	Dev	No	General	Awrnes	M/Media	Yes	Yes	Yes
22. Nat	Mid Mngt	No	No	Awareness	Yes	General	BCC	M/Media	Yes	Yes	Yes
23. Nat.	N/R	No	No	Awareness	No	General	Awrness	M/Media	No	No	No
24. Nat	Snr.	Yes	No	Dev	Yes	General	BCC	M/Media	Yes	Yes	Yes
25. Nat	Snr	No	No	BCC	N/R	General	BCC	M/Media	Yes	Yes	Yes
26. Nat	Mid Mngt	Yes	Yes	Awareness	Yes	General	N/R	M/Media	No	N/R	Yes
27. Nat	N/R	N/R	No	Awnes/BCC	Yes	Segmntd	BCC	IPC	No & Yes	Yes	Yes
28. Nat	Mid Mngt	Yes	Yes	BCC	Yes	Segmntd	BCC	M/Media	Yes	Yes	Yes
29. Nat	N/R	No	No	Dev	No	Youth	BCC	IPC	No	Yes	No
30. Nat	Mid Mngt	Yes	Yes	Dev	Yes	Youth	Awrnes	IPC	No & Yes	Yes	Yes

Table 7.2 (contd): Organisations' Adherence to Key Components of An Effective Communication Process-National

Type of Org	Rank	Comm Dept.	Tr in Comm	Comm Objs.	Needs Asment	Audience	Msg	Channels	Pretest & Mntrng	Participa-Tion	Cu
31.Nat.	N/R	No	No	Awareness	No	General	Awrnes	IPC	Yes	Yes	Ye
32. Nat	Mid Mngt	Yes	No	Dev	No	Youth	BCC	IPC	No & Yes	Yes	Ye
33. Nat	N/R	No	No	Dev	Yes	General	BCC	IPC	No & Yes	Yes	Ye
34. Nat	Snr. Mngt	Yes	No	BCC	Yes	General	BCC	M/Media	Yes	Yes	Ye
35. Nat	N/R	No	No	Awareness	Yes	General	BCC	IPC	No	Yes	Ye
36. Nat	Snr Mngt	Yes	Yes	Awareness	N/R	General	Awrnes	M/Media	No & Yes	Yes	Ye
37. Nat	N/R	Yes	Yes	Awareness	Yes	General	BCC	IPC	Yes	Yes	Ye
38. Nat	Snr Mngt	Yes	No	Dev	Yes	Youth	BCC	M/Media	Yes	Yes	Ye
39. Nat	Mid Mngt	No	No	Awareness	Yes	Youth	BCC	IPC	No & Yes	Yes	Ye
40. Nat	N/R	No	No	Dev	Yes	General	Awrnes	M/Media	No & Yes	Yes	Ye
41. Nat	Officer	No	No	Dev	No	General	N/R	IPC	No	No	N
42. Nat	N/R	No	No	Awareness	No	Youth	Awrnes	IPC	No	Yes	Ye
43.Nat	Mid Mngt	Yes	Yes	Dev	Yes	General	N/R	M/Media	Yes & No	Yes	Y

Table 7.3 : Organisations' Adherence to Key Components of An Effective Communication Process-Local

Type of Org.	Rank	Comm Dept	Trng in Comm	Comm Objs.	Needs Asment	Audience	Msg	Channels	Pretest & Mntrng	Participa-tion	Cu
44. Local	Snr Mngt	Yes	No	BCC	Yes	Youth	BCC	IPC	N/R, Yes	Yes	Y
45.Local	Mid Mngt	Yes	No	Awareness	Yes	General	N/R	IPC	No	Yes	Y
46. Local	Snr Mngt	Yes	No	Awareness	Yes	Youth	BCC	M/Media	Yes	Yes	Y
47. Local	Mid Mngt	No	No	N/R	N/R	Youth	BCC	IPC	No	No	Y
48. Local	Snr Mngt	No	No	Dev	Yes	General	BCC	M/Media	Yes	Yes	Y
49. Local	N/R	N/R	No	Dev	Yes	General	N/R	IPC	N/R, Yes	Yes	Y
50. Local	N/R	Yes	No	N/R	No	General	N/R	IPC	N/R, Yes	Yes	Y

Only one organisation, representing 2% of the organisations studied, had incorporated all the basic elements of an effective communication process, as shown in Table 7.4 below. Another 12% of the organisations studied had complied with 75% of the critical components required for an effective communication process to occur. The Table indicates that 66% of the organisations studied had incorporated 50% and above of the essential components of an effective communication process. This also means that 34% of the organisations were following less than 50% of the critical steps required for effective communication interventions.

What is significant, however, is that most of the organisations that had 75% compliance, are international organisations. This possibly reflects their adoption of the international emphasis, which began in the mid 1990s, of behaviour change communication in HIV and AIDS interventions.

Table 7.4: Analysis of Organisations Adherence to Accepted Communication Principles

No of Orgs	No of Steps Adhered to	Level of Compliance-%	% of Total No of Organisations
1) 1	12/12	100%	2%
2) 4	11/12	92%	8%
3) 1	10/12	75%	2%
4) 10	9/12	67%	20%
5) 7	8/12	58%	14%
6) 7	8/12	58%	14%
7) 3	6/12	6%	6%
8) 5	5/12	42%	10%
9) 4	4/12	33%	8%
10) 1	3/12	25%	2%
11) 3	2/12	17%	6%
12) 4	1/12	8%	8%

An important finding in this regard is that behaviour change communication components were clearly included in the communication process of some of the organisations (Figure 5.1, p. 100), who had incorporated the practice of conducting needs assessment in their communication efforts. Again, at least a half (see

pp. 105-116) of the organisations in the study sought to understand in their needs assessment: the existing communication systems; the KAP levels of their audiences; the culture of their audiences; the media patterns, habits and preferences of their audiences; the existing messages on HIV and AIDS; and the existence of structural obstacles (such as access to health facilities).

However, this component is a departure from the stated objectives of providing health care; creating awareness; general development and human rights work which was the response of most of the organisations (shown as a combined total of 84% in Fig. 4.3, Chapter 4). The process followed based on the objective of creating awareness, is dissemination, which treats the audience as amorphous, homogeneous and passive, meaning it is largely informational.

This approach extended to the targeting of audiences where 50% of the organisations in the study (Figure 5.10, p. 117), had a general audience as their focus. This corresponds well with the fact that several of the organisations had identified the creation of awareness and providing health care as their communication objectives. However, there were elements of audience segmentation for 26% of the organisations who target the youth, 14% of those who target the middle-aged and 2% of those who target the elderly population (see Figure 5.10, p.117).

Therefore, there were attempts at audience segmentation for 42% of the organisations, when one combines those who selected the youth, the middle-aged and the elderly as their audiences. These organisations

mostly focused on the first level of segmentation: this selection is age-group based. Audience segmentation, which was borrowed from marketing and social marketing, allows for specificity in communication programmes and projects.

A closer analysis (see Table 7.4 above), indicates that 14% of the organisations followed a strict process in the segmentation of the audiences. For example, one organisation identified literate youth in the urban areas as their target audience. Most of these organisations were mainly international or national, demonstrating the influence from the global sector that had begun to take root in the country, following the adoption of the behaviour change communication approach. Indeed, most of these organisations had behaviour change as a stated objective, or as one of the stated communication objectives.

Regarding message development, there was a mix of elements indicating the creation of awareness, as well as of behaviour change. Of the organisations in the study (see Figure 5.13, p. 122), 60% had a process in their message development that went beyond creating awareness. These were the participation of their audiences in their communication process, the conduct of needs assessment through research, and consideration of culture in their message development process. Further, 44% of the organisations paid attention to the existing messages on HIV and AIDS and there were considerations made in their message development process that took account of these existing messages (see Figure 5.7, p. 112).

Most organisations (68%) had as one of their aims in their messages providing information, and another aim of raising awareness in their message (74%). However, there were reflections of behaviour change communication components in the aims of the other organisations' messages. These were: to build knowledge and skills (50%); to achieve behaviour change (82%); and to consider cultural relevance and appropriateness. This has been captured in Chapter 5 (see Tables 5.7, 5.8, 5.9, and 5.10, and Figure 5.14).

In terms of selection of channels, there was a pre-dominance of a kind of multi-media mix. Thus, it was found that more than a half of the organisations (54%) utilised face-to-face communication. Another 52% of the organisations used overhead projectors, meaning that they were in meetings or demonstrations with their audiences (see Fig. 5.16, p.131). However, workshops and seminars were only stated as one of the channels used by 26% of the organisations. This, when taken with the above findings, demonstrates that the organisations went beyond mere dissemination in the methods that they utilised in their educational efforts. This is one of the approaches recommended for behaviour and social change, as it fosters dialogue and discussion, while providing a forum for clarification of issues, in a face-to-face encounter.

Interestingly, the mass media were not the preferred channel for these organisations, but small media (brochures, posters) were mentioned by 52% of the organisations as a channel. While a full multi-media approach would have involved the mass media, it can be postulated that these organisations reaped the benefits of the high awareness

created in the beginning at the national level. Some organisations mentioned the issue of cost as being one of the reasons behind the basis of their message development; this could explain the limited use of the mass media. Behaviour change communication elements can also be seen in the 46% of organisations who stated that they had pre-tested their messages.

A critical finding was on the participation of the audience, with a good majority (74%), (see Table 6.3, p. 144), stating that their audiences participated in their programmes or projects. This is one of the strengths emerging from the study of the communication processes being implemented by some organisations. Although the levels at which the audiences participate reveals variances, almost a half (46%) of the organisations studied reported that they participate at the conceptualisation level, while 44% said that their audiences participated at the planning level. Participation at these levels is crucial as one incorporates the views of the audiences on the proposed programme or project, while creating a sense of ownership before the programme or project begins. At this stage, vital changes on the perspective and approach can be made, guided by the priorities identified by audiences themselves. (This information is presented in Tables 6.5 & 6.6, and Figures 6.5 & 6.6, pp. 147-149).

Another key finding was that in 76% of the organisations, the audience participated at the implementation level (see Table 6.6 p. 147). Of the organisations studied, 46% involved their audience in the process at the monitoring and evaluation level (see Figure 6.6, p. 149). This is

demonstrates a good effort aimed at integrating dialogue and discussion in the execution and monitoring of the programmes and projects.

Another strength of the organisations' communication interventions was the recognition and implementation of monitoring and evaluation. Most of the organisations (66%), as presented in Figure 6.3 (p. 142), reported having a monitoring mechanism for their communication processes. This is an excellent trend as a monitoring mechanism allows for changes to be made along emerging issues and with any changes that may occur within one's audience, and/or the changes in their circumstances and situations. Commendably, a considerable number of organisations (46%), involved their audiences in their monitoring and evaluation efforts.

The greatest challenge clearly identified was that funding continued to be a constraint for a half of the organisations. Another significant constraint was the lack of expertise, which was cited by 16% of the organisations (see Figure 6.8, p. 152).

While almost one-third (30%) of the organisations (see Figure 6.7, p. 151) studied cost their communication programmes according to the guidelines set in their project proposals, the rest were not clear on how their communication programmes or projects were costed. This demonstrates a lack of adequate attention to communication programmes and projects at the planning level, and suggests an *ad hoc* approach.

One constraint emerging from the findings of the study, is the inadequacy of planning and implementing a systematic communication intervention. While components of the behaviour change communication approach appear to have been partly integrated in some of the organisations' efforts, the lack of a systematic approach can be assumed to have constrained most organisations' communication interventions. In particular, a programmatic approach is more appropriate for behaviour and social change (Panos Institute, 2004)), although the same sources notes that the difficulty of measuring long-term programmes does not endear this approach to development partners.

The lack of documentation at the national level of the various efforts of organisations in HIV and AIDS communication can be said to be a constraint. This is more significant for organisations involved in nationwide interventions: however, such documentation would be beneficial to all organisations as it would provide indicators for future interventions. In addition, organisations can collaborate and cooperate more strategically when such documentation exists.

7.3 Conclusions

On the basis of the above discussions, the following conclusions can be drawn. First, the majority of organisations have not fully integrated communication in a sustainable manner at the decision-making level, in spite of their recognition that communication should be integral to decision-making and planning. This recognition was partially

implemented in the existence of communication departments and personnel at the senior and middle management levels. The requisite communication expertise in terms of training and experience was, however, lacking.

Second, most organisations have not fully embraced the systematic and efficient communication process. This is confirmed by the fact that about two-thirds of the organisations in the study had an adherence level of 50% of accepted effective communication principles and 'best practices'. This un-coordinated manner of planning and implementing communication interventions can be linked to the first conclusion, meaning that communication in its entirety has not been integrated into organisations working in HIV and AIDS education.

A third conclusion is that about a half of the organisations had embraced effective communication principles in the implementation of their interventions. In particular, the findings show that behaviour change components relating to needs assessment, elements of audience segmentation, behaviour change processes in message development, the use of multi-media and participation, were being utilised by the organisations. This inclusion of behaviour change communication elements was surprising, especially because most of the organisations' objectives centred on awareness creation.

Contrary to one of the assumptions made in this study, participation was a key component for about three-quarters of the organisations.

Although participation was not fully incorporated at the conceptualisation and design level, it was well integrated at the implementation, monitoring and evaluation levels. Another critical strength of these organisations is the recognition and integration of culture in the implementation of the interventions.

7.4 Recommendations

7.4.1 Recommendations with Policy Implications

- A comprehensive communication strategy must be developed and effectively implemented at the national level through the National Aids Control Council (NACC). In particular, a systematic communication process for all interventions whether national or local is desirable. A strategy would also provide a framework for networking and sharing of lessons learnt, and best practices, while the mapping would indicate key gaps in the country's overall efforts.

- It is important for organisations to realise that having communication expertise for their communication interventions, will ultimately lead to more strategic and effective communication processes. Personnel who are trained, competent and experienced in the planning and implementation of communication interventions are critical to the success of the HIV and AIDS education efforts in the country.

7.4.2 Recommendations for Further Research

Arising from the study and the discussion above, the following research areas are recommended for future research:

- Studies that comprehensively examine the contribution of communication are critical. This is especially urgent, given the lack of frameworks that could guide communication interventions at the onset of the pandemic. Documentation of HIV and AIDS communication, besides the commendable best practice method, would also encompass discourse on the conceptual complexities as informed by the practice of HIV and AIDS interventions.

- The various messages with respect to HIV and AIDS have not been studied, in particular, the meanings derived by the diverse audiences of past and current messages.

- In-depth research on culture, sexuality, sexual behaviour and communication: the HIV and AIDS pandemic has exposed the inadequacy of social systems in handling and passing on of knowledge and information, with regard to sexuality and sexual behaviour. The interplay between modernisation and culture as this has impacted on sexuality and sexual behaviour has not been well researched, especially in the context of the pandemic.

- Comprehensive evaluation of HIV and AIDS communication in Kenya: a detailed assessment of the communication interventions of organisations, including the efforts by the Government is necessary. This would also include a mapping of organisations involved in HIV and AIDS communication efforts, capturing their geographical coverage and the types of communication interventions they are involved in.

- Mass Media and HIV and AIDS: The precise effects, if any, of the mass media and HIV and AIDS deserve investigation.

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APPENDICES

APPENDIX 1

Questionnaire

Dear Respondent,

My name is Wambui Kiai and I am pursuing my doctoral studies at the Institute of African Studies, University of Nairobi. My topic of study is " An Analysis of the Planning and Implementation of HIV and AIDS Communication Interventions by NGOs in Kenya". Your participation in this study will be highly appreciated and the information given will be treated as being highly confidential. Thank You.

A: Bio-Data of Organisation

1. Name of organisation.

_____

1. Location of headquarters

_____

3. Geographical coverage_____

_____

4. Number of employees _____

   (b)No. of male employees _____ Female _____

5. Average annual budget _____

6. Mission of the organisation

_____

_____

_____

_____

7. Objectives of the organisation

_____

_____

_____

_____

_____

_____

8. Position of respondent _____

9. Training & Experience

_____

_____

_____

_____

_____

_____

B. **Institutional Structure**

10. How is this organisation structured?

11. Do you have a communication/information department?

Yes_____ No_____

12. If yes, what is the rank of the person in charge in the context of the structure?

_____

_____

_____

_____

13. What are the qualifications and experience of this person?

_____

_____

_____

_____

_____

14. .How many people work in this communication department?

_____

15. What are their qualifications and experience? (Table)

_____

16. .If no (10), who handles communication/information in your organisation?

17. What is the training/experience of this person (in 16)?

18. What budget do you operate on annually on average for communication?

19. What factors influence the budget allocated for communication ?

External

Internal

20. .How is communication handled at the planning level?

C: Planning of the Communication Process

21. Have you set communication objectives?

Yes _____ No _____

22. If yes, please specify.

_____

_____

_____

_____

_____

_____

23. What are the communication objectives based on?

_____

_____

_____

_____

24. Was a needs assessment done?

Yes _____ No _____

25. If yes, did it address....

- The existing communication sytems: Yes_____ No _____
- Audience KAP levels: Yes _____ No _____
- Nature of the audience (socio-economic background) Yes/No
- Audience media patterns, habits and preferences? Yes/No

26. What key issues emerged from the findings?

_____

_____

_____

_____

_____

_____

D: Strategising the Communication Process

27. What audience do you seek to address?

_____

_____

_____

28. Please explain your answer (27).

_____

_____

_____

_____

29. Do you know of other related existing messages on HIV/AIDS for your targeted audience?

Yes_____ No _____

30.Please specify your answer.

_____

_____

_____

31.If yes, did this affect your message development process?

Yes _____ No _____

32. What process do you follow in developing messages?

_____

_____

_____

33.What is the aim of these messages?

1. To provide information _____
2. To build knowledge and skills _____
3. To achieve behaviour change _____
4. A combination of the above (specify)_____

34. Has cultural relevance and appropriateness been considered ? Yes.....No----------

35. Please explain your answer.

_____

_____

_____

_____

_____

36. What communication channels were used?

_____

_____

_____

_____

_____

37 .Please explain the rationale for this selection.

_____

_____

_____

_____

38. Were the messages pre-tested?

Yes _____ No _____

39. If yes, how was the pre-testing done?

_____

_____

_____

40. If yes, what were the findings?

_____

_____

_____

_____

_____

41. What changes(if any) did you make based on your findings?

_____

_____

_____

_____

42..Do you have a monitoring mechanism for the communication process?

Yes _____ No _____

43.Please explain your answer.

_____

_____

_____

_____

44.Did your audience participate in your project?

Yes _____ No _____

45.If no, why not?

_____

_____

46. If yes, at what level?

1. Project conceptualisation _____
2. Project planning _____
3. Project implementation _____
4. Project monitoring/evaluation _____

47. Did you integrate elements of culture in your programme?

Yes _____ No _____

48..If yes, how?

_____

_____

_____

_____

49.If no, why not?

_____

_____

_____

50.How has the programme been costed?

_____

_____

_____

E General

51.What constraints have you experienced in the planning of the communication process?

_____

_____

_____

_____

52. In your view, how can these constraints be addressed?

53.Is there any issue that has not been addressed in this questionnaire on the topic of communication and HIV/AIDS that your would like to comment on?

APPENDIX II

Key Informant Interview Guide

Dear Respondent,

My name is Wambui Kiai and I am pursuing my doctoral studies at the Institute of African Studies, University of Nairobi. My topic of study is "An Analysis of the Planning and Implementation of HIV and AIDS Communication Interventions by NGOs in Kenya". Your participation in this study will be highly appreciated and the information given will be treated as being highly confidential. Thank You.

A Background Information

1. Name of respondent _____

2. Organisation _____

3. Specialisation/Training _____

4. Number of years in Communication_____

B. Communication and HIV/AIDS

5. In your view, what is the status of communication as it relates to HIV/AIDS in Kenya?

6. What constraints exist in this area?

6 What has led to these constraints?

8. What is your view on current models on communication and HIV/AIDS?

9. What elements do you consider to be essential for an effective communication process in HIV/AIDS?

10. How can the communication process as it relates to HIV/AIDS be strengthened?

11. Do you have any comment on this topic which has not been addressed in this interview guide?
