

# AIDS Support and Technical Assistance Resources





# THE NGO COMMUNICATIONS GUIDE

A Guide to Developing a Communications Plan for NGOs Working on HIV Prevention Projects in the Middle East and North Africa Region

**DATE: May 15, 2013** 

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

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# Acknowledgements

This communications guide has been developed on behalf of the *Responding to MARPs in Middle East/North Africa Region* project, managed by the AIDSTAR-Two Project and supported and funded by the USAID Middle East and North Africa Bureau, and the Office of HIV/AIDS in the Global Health Bureau of USAID.

The Responding to Most-at-Risk Populations in MENA Region project, implemented by the International HIV/AIDS Alliance through AIDSTAR-Two, is supporting partner organizations in the countries of Algeria, Lebanon, Morocco, and Tunisia to strengthen their service delivery and their internal organizational capacity and to enhance their ability to influence their environments for increasing access to population-friendly services in locations that are generally hostile to key populations at higher risk. The project also focuses on strengthening the involvement, care and support of people living with HIV in the response to the epidemic.

The guide was written by Elizabeth Walsh of Management Sciences for Health, with contributions from Manuel Couffignal and Kevin Orr of the International HIV/AIDS Alliance. The content was largely informed by the work of civil society organizations working on the frontlines of the HIV/AIDS response in Algeria, Lebanon, Morocco, and Tunisia. These include: Association de Protection contre le SIDA (APCS) in Algeria; Soins Infirmiers et de Développement Communautaire (SIDC), Helem and Oui pour La Vie in Lebanon; Association Marocaine de Santé et de Développement (AMSED), Organisation Pan Africaine de Lutte Contre le SIDA (OPALS-Rabat and OPALS-Fes) in Morocco; Association Tunisienne de Lutte contre les MST/SIDA – Tunis (ATL-Tunis) in Tunisia; and the Regional Arab Network Against AIDS (RANAA).

Special thanks to the following people, who provided support or contributions in the writing of this guide: communications consultant Amal Elias in Lebanon; Nadia Badran of SIDC in Lebanon; Jayne Obeng, Gemma Taylor, and Wilson Ashimwe of The Alliance; and Barbara Ayotte of Management Sciences for Health. Golda Eid of the Regional Arab Network Against AIDS and Katie Reichert of the USAID Building Local Capacity for Delivery of HIV Services in Southern Africa Project provided ideas and input in the early stages of this document.

Sarah Johnson, Erin Kurtz, and Yadira Almodovar-Diaz of the AIDSTAR-Two project provided critical feedback and support during the writing process. Finally, sincere thanks to Laurie Rushton, Health Development Officer, USAID Office of HIV/AIDS, and Lora Wentzel, Health Advisor for the Middle East North Africa Bureau, for their review of this publication and also to Jennifer Mason, Health Advisor for USAID's Asia and Middle East Bureaus, who has been a strong champion for the importance of organizational communication for all those working in health and development.

# **CHAPTER 1: What Is Organizational Communications?**

# The art of communication is the language of leadership. -- James C. Humes

**Communications.** The word means different things to different people working in health and development. To a community health worker or health volunteer, it might mean reaching people in need with an important message, for example, informing someone who is at risk of HIV/AIDS about how to prevent the illness. To others working in civil society, it may mean advocating to leaders and government authorities to change policy, for example, to enact legislation to prevent discrimination against people living with the illness. And to others, it may mean telling the story of the work that their organization does, so that they can continue to fulfill their mission and vision.

The NGO Communications Guide is specifically focused on organizational communications. It is not focused on behavior change communications or advocacy, two important forms of communications that are a major part of many health and development programs. To understand what organizational communications is, let's first take a look at the definitions of those three types of communications — behavior change communications, advocacy and organizational communications — which are among the most common types of communication found in today's global health community.

# Types of Communications

**Advocacy:** Advocacy is "a process of influencing people in positions of power (be they individuals, groups or institutions – 'targets') to bring about change in policies, laws and practices." Many civil society organizations working in development today do advocacy work; that is they raise awareness of the need for change by reaching out to the people who have the greatest possibility of making that change happen. Oxfam International, for example, is one of the larger international organizations known for its advocacy work in the areas of poverty and injustice. Human Rights Watch advocates for the advancement and protection of human rights. The International Federation of Planned Parenthood influences legislative bodies regarding policies related to reproductive health and family planning.

**Behavior Change Communications:** Behavior change communications is the "strategic use of communications to promote positive health outcomes, based on proven theories and models of

<sup>&</sup>lt;sup>1</sup> International HIV/AIDS Alliance, Network Capacity Analysis, 2007

behavior change."<sup>2</sup> For CSOs or NGOs working in HIV/AIDS, for example, behavior change communications means targeting specific at risk groups – such as sex workers, men who have sex with men, migrant populations – with specific messages intended to influence them to adopt sustained behaviors and attitudes that will result in better health.

Organizational Communications: Organizational communications is defined as an ongoing, dynamic process of "who says what through what channels to whom and with what impact." In the areas of health and development, organizational communications is linked to promoting the work of health institutions, government agencies, nongovernmental organizations, civil society organizations, etc. It involves such activities as messaging, building awareness and raising the visibility of an organization and its work through printed materials, media relations, Internet-based media, scholarly publications, etc.

Advocacy, behavior change communications and organizational communications are not mutually exclusive. Some organizations do all three. This guide focuses exclusively on organizational communications.

### The Process of Organizational Communications

People working in health and development organizations today, especially small ones, face many competing priorities: meeting the needs of the people they serve, motivating and retaining good staff to deliver those services, answering to their boards, fulfilling donor requirements, and, for most of them, seeking financial stability and sustainability in a world were resources seem to be growing increasingly scarce. Communicating strategically about the work they do and how they do it to their many stakeholders – beneficiaries, staff, leaders, funders and potential funders – is often given little thought in the day-to-day activities of doing the work itself. Yet it is critical to any organization's success.

As a dynamic process, organizational communications is cyclical, rather than linear. It is a process of generating knowledge and information, capturing it, synthesizing it, packaging or formatting it, sharing it and applying it, repeatedly, as illustrated in Figure 1, on the following page.<sup>4</sup>

<sup>&</sup>lt;sup>2</sup> Family Health International, Center for Global Health Communication and Marketing. http://www.globalhealthcommunication.org/strategies/behavior\_change\_communication/

<sup>&</sup>lt;sup>3</sup>Downs, Cal W. and Allyson D. Adrian. *Assessing Organizational Communication*. New York: Guildford Press. 2004.

<sup>&</sup>lt;sup>4</sup> Adapted from Management Sciences for Health's Thinking and Talking Impact Model. *Thinking and Talking Impact: A Practical Guide to Seeking and Sharing Knowledge and Information*. Cambridge: Management Sciences for Health. 2010. Internal publication.

Apply Generate

Knowledge and Information Capture

Package Synthesize

Figure 1. Life cycle of communications

Components in this life cycle help identify the key stakeholders and channels of communications within an organizational communications program:

- Generate: What kind of information does your organization want to share? Data?
   Qualitative information? Where does this information come from? In health programs, for example, information may be coming from local health facilities, from community health workers, from national health surveys, etc. It may be hard data, such as the exact number of people your organization has reached following a voluntary counseling and testing campaign. Or it may be more anecdotal, such as the personal testimony of someone your organization has helped.
- Capture: Recording and documenting information is a critical step in the communications cycle. You will want to capture both quantitative data and qualitative information, as described above under "generating."
- **Synthesize**: Once information is recorded and documented, it must be analyzed to respond to the following questions: How is this information linked to your organizational mission? To your project objectives? To your funder's objectives? To national health goals? As yourself: Who synthesizes the information in your organization? The director? Program staff? Monitoring and evaluation staff?
- Package: Packaging refers to how you are going to deliver the information you have now captured and synthesized. These are the communications tools for sharing information – press releases, fact sheets, reports, speeches, presentations – with your NGO or CSO stakeholders.
- Share: Sharing is the process of disseminating your information and messages. How and where will you do this? By giving a speech at a meeting? Distributing fact sheets at a media event? Writing press releases? Attending a local or international conference? How information is shared relates to communications channels the methods of disseminating information to various audiences.

• Apply: For many people and groups working in HIV/AIDS, the goal of sharing their information is to see the lessons they have learned, or the best practices they have established, applied on a larger scale to improve the health of people living with or at risk for HIV/AIDS. Organizations who have found a way to substantially increase condom use among at-risk individuals, for example, want to make sure that other organizations can use this knowledge to help protect more people at risk. Many times, sharing new information and knowledge can result in its application to policy, program development and management, and improved service delivery.

### Purpose of this Guide

The NGO Communications Guide is designed to give those working in civil society organizations (CSOs) and other non-governmental organizations (NGOs) practical knowledge and tools to help them do two very specific things: One, learn to better tell the story of the work that they do; and two, develop an organizational communications plan. It was written for those with little training or background in organizational communications, and so was designed to be useful for those who may, in the course of their work, be tasked with building awareness of the work of their organization among many different audiences.

The NGO Communications Guide will enable readers to: set their organization's communications goals and objectives; develop strategies and tactics to meet those objectives; define their target audiences and the communications channels to reach those audiences; draft key messages; and develop a calendar and budget for implementing the plan.

Following the introductory chapter, the book consists of three main sections. Chapter Two, "Telling Your Story" provides readers with an introduction to the idea of 'storytelling' and how it can help you further your communications goals. This chapter looks at how to write stories that will capture the work of an organization through the experiences of its beneficiaries, as well as how to build these stories into oral presentations to better illustrate the impact of the work.

Chapter Three, "Your Roadmap to Communications Success: The Communications Plan," outlines eight essential parts of a simple communications plan and provides the reader with worksheets to draft each part. At the end of this chapter, readers will have developed a draft annual communications plan and acquired the skills needed for drafting plans for subsequent years.

Chapter Four briefly describes how to measure the success of organizational communications. Supporting resources provide more detail about the topics addressed here.

# **CHAPTER 2: Telling Your Story**

In her book, "Whoever Tells the Best Story Wins," author Annette Simmons writes, "Stories are anecdotes – unscientific in statistical terms. In terms of human history, science is a recent adaptation. Stories communicate in the way human used to think and communicate before we discovered science." <sup>5</sup>

Your organization has a story to tell about its work. This chapter will help you to consider how to frame your stories – in both print and in oral communications – to both accurately convey the work you are doing, and to inform, educate and influence your audience to help meet your desired outcomes. It also talks about the communications challenges that are present when you are dealing with sensitive socio-cultural contexts in your storytelling efforts, particularly in the area of HIV/AIDS.

### Written stories

People are at the center of most effective stories. The United States Agency for International Development (USAID) has long recognized the power of sharing the stories of individuals whose lives have improved as a result its work. Many other organizations do this quite effectively as well (see list of resources on page 55).

The USAID storytelling model is one that is widely used by NGOs and CSOs around the world. Known as "success stories," these short stories – averaging less than 375 words – provide an overview of a program and how it has benefitted one specific individual, supported by a good photograph. These stories follow a basic, three-part structure that can be described as follows: Challenge—Activity—Result. Each component can be described as follows:

- **Challenge**: The first two paragraphs identify the challenge the person encountered and the context of the development program.
- **Activity**: From the challenge, the next paragraph or two describes the action the development program took to improve the situation.
- **Result**: The conclusion of the story, in one or two paragraphs, describes the end result or benefit. What changed? What was the impact? This section also puts the individual change within a larger context, noting the greater impact of this activity/intervention.

Within that basic structure, storytellers – or in this case, story writers – follow the basic five "W's" of journalism: who, what, when, where and why. To start the story writing process, speak with your colleagues within your NGO. Ask them to tell you about a recent success, or one of their most memorable recent work activities. Consider whether it is a story worth

<sup>&</sup>lt;sup>5</sup> Simmons, Annette. *Whoever Tells the Best Stories Wins: How to use your own stories to communicate with power and impact.* AMACOM: New York. 2007.

writing down to share with others – donors, health officials, journalists. If yes, begin the writing process first by trying to answer the five questions:

- **1. Who:** Who is the person in the story? And who is leading the change process? Hopefully, this will be your organization.
- **2. What:** What is the challenge? What is the context of the challenge? What are the characteristics of the intervention?
- **3. When:** What is the timing of this story?
- **4. Where:** Where does the story take place?
- **5.** Why: Why is this important? How does this make a difference?

Once you have answered all those questions, it will be easier to see how each of your answers fit into the "Challenge—Activity—Result format." In order to introduce the personal testimony, you may have more interviewing to do – you may need to speak with a beneficiary of your organization's work. You may need to do a more formal interview with one of your staff members as well. Here are several tips to keep in mind when doing your interviews:

- **Do your homework!** Do any specific research you need to do prior to actually interviewing your subjects. For your programmatic details, read up on your latest donor reports or your organization's internal reports to be sure you have a complete grasp of the program. If you are about to meet a program beneficiary, find out a few details about that person so you have a general sense of them before you begin the interview. You should have a written list of questions before you start an interview.
- Try to make your subject comfortable. Often times, people are intimidated if you sit down with a pen and paper or a voice-recorder and ask them to speak. But most people do like talking about themselves, and find it easy if you display respectful, interested curiosity. It may be best to have a few minutes of "small talk" to help make the interviewee and yourself most comfortable.
- Remember that an interview is like a dialogue. It is OK to supplement your written list of questions with new questions as they come to mind. If your interviewee starts talking about something that will help develop your story further, ask more questions! Be sure that your questions are open-ended, because if your interviewee can just answer "yes" or "no," you may miss some interesting details.
- Take notes and/or use a voice recorder. While you may think you have an excellent memory, it is important to document the conversation.

Now that you have completed your interviewing and note taking processes, you are ready to write a first draft. A few key points to remember when drafting your story:

• **Use statistics.** Although you are telling a personal story, it is best supported with evidence. If you are telling the story of an HIV positive person, and are providing context by saying that the HIV prevalence rate is concentrated in your country – use the

- exact statistic and perhaps contrast that with a lower prevalence rate in a neighboring country.
- Frame your story around the larger goals of your program. Even if you are focused on the tale of one individual, your organization is serving hundreds or thousands of others. Convey that message within your story.
- **Use direct testimony.** The best stories will let the reader understand the subject "in his own words" by using a quote or two to reinforce the main ideas of the story.

### A few things to avoid:

- Data without context. Using statistics that present percentages or number with no sense of context or scale is ineffective and can even minimize the importance of your organization's efforts. For example, telling your readers that voluntary counseling and testing rates have risen by 20% does not give any sense of the size of the program, when you may be servicing thousands of people.
- Avoid jargon. Stories must be understandable to the average reader, not to health or development specialists. Acronyms and use of technical language are to be avoided.
   For example, stay away from acronym/jargon such as MARPs and identify the person as "at higher risk for contracting HIV" instead.
- Avoid using money spent as an indicator of effective programming. Effective
  programming is indicated by programmatic outputs and outcomes: the number of
  people who are receiving counseling and testing, the number of people who are
  receiving health services, or the legislation of a new policy are all stronger examples of
  effective programming than how many dollars were spent.

All of the tips above will help you write your story. But you may be thinking, at this point, that writing about your organization is not an option, because your work revolves around sensitive subjects. The following section addresses this issue.

### Storytelling challenges: How to tell stories that deal with sensitive topics

In many societies today, there are still topics related to health that are "taboo" (forbidden) or highly sensitive. Social norms in many cultures still erect barriers to women's right to family planning; many cultures also erect barriers to those at risk for HIV/AIDS for seeking counseling, testing or treatment. In the Middle East and North Africa (MENA) region, as in most of sub-Saharan Africa, the behaviors facilitating HIV epidemics are mainly sexual, and addressing these behaviors is a sensitive topic. In the MENA region, in particular, talking openly about the HIV epidemic involves acknowledging behaviors that are viewed as shameful or in some countries, illegal, such as sex between men.

Given this context, it is crucial to ensure the safety of the persons whose stories are depicted or used for communication purposes. It is possible to reveal people's identities even in difficult contexts if they agree (with *informed* consent). These are usually either people who have

already revealed their sexual identity publicly or those who are peer leaders/advocates who know the risks and want to communicate their personal story as way of raising awareness. However the communications person obtaining written consent (this might be you!) must be satisfied this is the case, and only adults can give consent.

In a program that integrates storytelling into the overall communications plan, it is important to understand your need to tell a story vs. your beneficiaries' needs for privacy and confidentiality. There are several ways to do this:

- 1. Keep your stories general. While it is true that the best stories are rich in detail and specificity, there may be times when you may present your story in very general terms. In thinking about the work of an organization that is supporting HIV services for men who have sex with men or people who inject drugs, for example, the stories' content may be developed around general trends in HIV service delivery, or changes that the storyteller has seen since he or she began doing HIV/AIDS work, or the challenges that must be overcome.
- 2. Make your stories specific, but protect the identity of your subject. Changing the name of your subject to protect his or her identity, along with a few key identifying details, is a common tactic used by journalists and communication professionals. The best way to do this is to pick a name that is very common in your particular culture (be sure that it is not the name of your subject) and eliminate specific details that may identify your subject. If, for example, your subject in the story is a man named Ahmed who is an engineer with five children, you may choose to identify him as Mohammed, who works in the sciences and is married with children. Stories that use this tactic must however, note early on that names have been changed to protect the identity of the person or people within the story.
- 3. **Respect the right to say no.** If you would like to share the story of a particular beneficiary but that person is adamantly opposed to sharing his or her story, you simply must move on from your idea and find another subject. There is no benefit in forcing someone to tell their story, and by doing so you may jeopardize that person's health they may choose to cease contact with you and your organization or the reputation of your organization.
- 4. **Obtain written consent.** When a person has agreed to share his or her story, it is important to get formal permission this includes being clear about how their story will be used. An example of a written consent form is provided in Box 1 on the following page.

More guidelines for dealing with sensitive communications in an overall communications program can be found in Chapter 3 on page 38.

Box 1: Sample consent form
I consent for the ( <i>Name of Organization here</i> ) to use case studies/ photos/ film/audio of me taken on:
(date) at (place)
for educational, informational and promotional* purposes, through all media including printed documents and <i>Name of Organisation</i> websites. (This consent will apply throughout the world.)
The Name of Organization agrees to only use the images in a sensitive way in accordance with mission and not for commercial purposes.
Name
Signature Date
Address
Taken by (name) (Position)
on behalf of the Name of Organization
*(Name of Organization) is a non-profit organization. We promote the awareness of (fill in organizational information here). We use stories, photos and quotations to promote work in (this area). We do not sell our photographs.

The following pages present four different stories. The first two were developed for USAID from the Responding to Most-at-Risk Populations in MENA Region project; both highlight the work of an NGO through the lens of one individual's personal story. The third is a story from Malaysia, a country in another region of the world that greatly stigmatizes most-at-risk populations. Finally, recognizing that the "personal" element is not always possible, the final story shared here features the work of an NGO in Djibouti that provides services to commercial sex workers. This story does not focus on one individual, but simply tells the story of the organization's work.

### Story 1:

### Reaching Men Who Have Sex with Men in Tunisia

The Middle East/North Africa region (MENA) is one of the two regions in the world with the fastest growing AIDS epidemic, and sex between men reportedly accounts for nearly one quarter of all new HIV infections in the region. Access to health services can be difficult for individuals in this group, as they often face severe stigma and discrimination.

Chaker, 31, lives in Tunisia where, as a self-identified gay man, he says he was forced to live in hiding and felt socially isolated. For years, he did not have anyone to talk to about his sexual orientation, behaviors, or risks, and he was not screened for illnesses or tested for HIV. Two years ago, a friend introduced him to the *Association Tunisienne de Lutte contre les MST/SIDA* (Tunisian Association for the Fight Against Sexually Transmitted Diseases and AIDS, or ATL-Tunis for short) where he has since found emotional support and access to health services. He has taken part in HIV prevention sessions and has been tested for HIV.

ATL-Tunis is supported through the global, USAID-funded AIDSTAR-Two project, which has been providing organizational capacity building support to HIV/AIDS implementing organizations since 2008, with an emphasis on management, leadership, governance, and HIV/AIDS technical strengthening.

"In regards to HIV/AIDS prevention, I can easily get the information through various media sources such as the internet," says Chaker. "But what attracted me the most to ATL-Tunis was their MSM program and the services it provides. ATL-Tunis represents a space of freedom and tolerance, where I could express myself freely. I speak freely and with ease about my sexual practices and can share my worries with other members of the community."

Working through the Responding to Most-at-Risk Populations in the Middle East/North Africa Region project, AIDSTAR-Two is supporting ATL-Tunis and seven other organizations in four countries – Tunisia, Algeria, Lebanon and Morocco – to strengthen health service delivery, build organizational capacity, and improve advocacy for reducing stigma and discrimination, increasing access to health services for most-at-risk populations, and influencing national responses to be more inclusive. The project has established outreach programs in 10 sites in these countries, where partner civil society organizations are implementing a package of HIV prevention services aimed at MSM, in accordance with international standards.

### Story 2: Encouraging Voluntary HIV Counseling & Testing in Algeria

Knowing one's HIV status is important for everyone, but it is critically important for men who have sex with men, in order to reduce the risk of HIV transmission. But in the Middle East and North Africa region, where this population is highly stigmatized and often "underground," access to testing and a willingness to be tested is often in short supply. In Algeria, the organization Association de protection Contre le SIDA (APCS), is working to change that.

Rachid, 30, identifies himself as "gay" and has been involved with APCS for six years. His personal journey during this time, first as a client and now as a trained peer educator, illustrates the strides that APCS has been able to make in providing strong support services for men who have sex with men.

Six years ago, Rachid was living with his parents, who recognized his homosexuality but forbade his interaction with other gay men. At that time, he only had one female friend in which he could confide his troubles. He learned of APCS through the Internet, and benefitted from services including education sessions on sexually transmitted infections, HIV and AIDS, and psychosocial support including workshops on self-esteem and discrimination. As his confidence grew, he was trained as a peer educator and began to focus on prevention, going out into the community to talk to other gay men.

"Since I started working with APCS, I have witnessed several changes that occurred within the homosexual community that I would summarize as a spectacular," Rachid says. "Now, beneficiaries rush to get condoms, whereas in the past you would almost have to beg them to use condoms. However, for me, the most significant change is actually easy access to voluntary testing, which is provided by APCS. The beneficiaries now accept testing better whereas in the past, they would do anything to avoid it. This change is the result of a long term work on the ground and of high quality service provision free from discrimination or judgment."

APCS has been providing high quality voluntary counseling and testing services for HIV and AIDS since 1998. Each year they train approximately 20 peer educators; through the work of courageous individuals like Rachid as well as APCS staff, more than 1,500 men having sex with men have been reached through interpersonal communication activities on HIV prevention and approximately 500 men received voluntary counseling and testing services in 2012 in Oran and the West of Algeria.

### Story 3. Empowering sex workers in Malaysia

Middle income countries like Malaysia are seeing international funding for HIV start to dry up, yet the epidemic is increasing among most-at-risk groups such as men who have sex with men, people who inject drugs, the transgender community and sex workers. At the start of the 1990's, the number of females infected in Malaysia was one for every 99 men, now it is one in four.

Rose, 46, has been a sex worker for 15 years. She is also an outreach worker at the PT Foundation in Kuala Lumpur, which is supported by the International HIV/AIDS Alliance's Linking Organisation the Malaysian AIDS Council (MAC), and helps sex workers to stay healthy by providing a range of services from free condoms to legal advice.

"When I was young I had big dreams but my biggest mistake in life was falling too hard in love with an irresponsible man. The worst point in the relationship was when he forced me to have sex with his friends. Soon, if I didn't sleep with the men, if I didn't earn money, I would get hurt. I didn't know my rights as a human being. If I was ever hit by him or any of the other men I would just keep quiet," says Rose.

"Being part of the PT Foundation means I am an empowered woman. I was self-conscious before. I would hate it when people looked at me; I thought they were judging me. I was very sad and lonely. Now I feel empowered and that I can reconnect with society at large. It's also enabled my friends, other sex workers, to open their minds and to receive proper education about what their rights are," she adds.

Today, Rose continues to advocate on behalf of her fellow sex workers. "We get a lot of stick from the police, they'll say that we are encouraging people to sell sex by distributing condoms but that's not true. I am proud that I am part of the foundation's mission to help reduce HIV in vulnerable communities."

The International HIV/AIDS Alliance has a long history of working with communities and marginalised and vulnerable groups who are at most risk of the HIV epidemic.

### Story 4: Sisters, doing it for Themselves\*

There are more than 1,300 female commercial sex workers and makalifs—single women engaging in transactional sex—in Djibouti. Their services cover a wide range of tastes and tariffs: from high-end escorts in hotels and bars catering to Western and Arab men for upwards of 5,000 Djibouti Francs (around USD 30) a "pass"; to Djiboutian, Somali and Ethiopian women having sex in tiny rooms with passing truck drivers for as little as 1,000 Djibouti Francs; to desperately poor women selling themselves on the street for less than a quarter of that amount.

Djibouti's female sex workers occupy top spot in the country's HIV infection charts, with a prevalence of more than 15%, 10 times higher than that of the general population. Small-scale studies suggest high levels of condom use among female commercial sex workers, more than 70% saying they used them with their last client. But among the makalifs, condom use is irregular, at best, in part because women find them hard to obtain; in part because they can attract more clients, and more money per transaction, without them; and in part because it is difficult to negotiate with clients, who hold the power. All classes of Djiboutian sex workers are vulnerable to HIV, with risky sexual practices including unprotected anal relations and dry sex. Moreover, these women are in demand, with up to 60 partners per sex worker per week according to some estimates.

Their lives are tough, alcohol and khat helping them to get through the day—none of which is conducive to safe sex.

One project trying to change all that is Soeur-à-Soeur. Under the auspices of Djibouti's Ministry of Health, this peer-to-peer NGO involves older sex workers taking the lead in helping to inform and protect their counterparts from HIV and other occupational hazards. The peer educators of Soeur-à-Soeur seek help from other groups working on health, education, nutrition, thereby catalyzing a nexus of four NGOS and several public sector organizations assisting sex workers. The 50 peer-educators of Soeur-à-Soeur are reaching out to both commercial sex workers and, critically, the harder to reach makalifs, promoting and distributing condoms, and referring women for medical attention and HIV testing. On any given day, up to 100 female sex workers are benefiting from Soeur-à-Soeur's outreach, including self-help groups to share their problems and coping strategies.

The Soeur-à-Soeur project has proved so effective that it is even reaching beyond its core constituency to other key populations, such as men-who-have-sex-with-men. The Djibouti government has made a legal commitment to address the challenges of not just those living with HIV, but those at greatest risk, including sex workers explicitly. Initiatives like Soeur-à-Soeur point the way to scaling up such efforts, not just in Djibouti but across MENA, in which female sex workers can truly help themselves.

<sup>\*</sup>reprinted with permission from UNAIDS

### Use of photography

A good photograph is an essential element in most success stories. Include a dynamic photo focusing on one or two people. If the person/people in the photo are *doing* something, the photo is more likely to catch the reader's eye. Group shots of more than two people are not ideal. When the photographer is taking people's photographs, he or she should ask their permission before beginning. Use discretion. Typically, one shouldn't show the face of a patient receiving health care. (Consider that people might not want to be photographed getting an HIV test, for example.) If you can't use a photograph of a person, when you have finished writing your story, consider what might be an effective substitute.

### **Example of photograph with caption:**



A peer educator hands free condoms to a sex worker in Morocco, where store-bought condoms cost about 5 dirhams. Some sex workers may only receive 10 dirhams from a client, making condoms unaffordable.

© Nell Freeman for the International HIV/AIDS Alliance

One option when considering photos is to use a photo that may help convey your message but still protect the identities of the persons featured in the story. The example on the following page comes from a Moroccan organization dedicated to helping women and children.



Example of photograph that protects a subject's privacy:

Women participate in a focus group for sex workers and survivors of gender-based violence.

At this point in reading through this guide, you should now be aware of the key elements behind writing a good story. Written stories and photos are very effective in promoting the work of an organization. Good written stories can often be shared in other ways – such as being adapted into oral stories when staff or the volunteers of the organization are invited to make presentations about their work.

# Oral stories: Telling your story in presentations

The term 'presentation' has become almost synonymous with the word 'PowerPoint' these days. Yet not all presentations are made using PowerPoint, and in fact, many of the more memorable presentations may have been made without this tool at all!

When offered the opportunity to make a presentation about your organization, don't just think of it as an opportunity to convey information. Think of it as an opportunity to tell a story. Storytelling can help you inform your audience about what your organization does in a way that is more memorable than a conventional presentation. You've been invited to make a presentation because you are considered an expert or authority or innovator on a particular topic. The goal of your presentation should be to move your audience from "point A" to "point B" on a particular topic. So for example, at point A, the audience may be completely uninformed about the issue of men who have sex with men in your country. Your goal – point B – is to leave them more informed and perhaps to take action of some kind – to be a collaborator in your activities or to support your CSO or NGO with funding, for example.

You can't move from point A to point B without knowing your audience. In his book, "Presenting to Win: The Art of Telling Your Story," corporate presentation coach Jerry Weissman calls this "audience advocacy," and he defines it as "learning to view yourself, your company, your story, and your presentation through the eyes of your audience."

Telling your story to a room full of people is a creative process. You have the opportunity to speak to a particular audience. Start by brainstorming about your audience: What do they want to learn from you? What do they already know? What don't they know that you think is critical? Answer these questions first, before you start thinking about your own key messages. Inexperienced presenters think only of the messages that they want to convey. Experienced presenters understand that the listeners are just as important as the key messages you may want to deliver.

With audience advocacy as a guiding principle, you should think about your presentation in terms of a story – not as a PowerPoint, not as a speech. Here is a visual illustration of all the components of a basic presentation, when viewed through the storytelling lens:



Figure 2. Presentation Pyramid

When you were a child, you probably listened to many stories that began, "Once upon a time." For grown-ups, however, presentations need an opening that will engage them from the beginning. You only have one chance to make this first impression with your audience. There are many ways to begin a presentation. Here are just three examples:

• **Ask a question:** By throwing out a question to your audience, you instantly engage them in thought. It doesn't have to be a question to which you need a verbal response – you can ask them to think about something or ask them to raise their hands or nod their heads. If you were giving a speech about attaining a Millennium Development Goal, for

<sup>&</sup>lt;sup>6</sup> Weissman, Jerry. Presenting to Win: The Art of Telling Your Story. New Jersey: Pearson Education, Inc. 2009.

example, you might ask, "How many of you know where our country is in terms of attaining MDG number 6: Combat HIV/AIDS, malaria and other diseases?" Or, you might ask a more general question, or even make a request, such as, "Think back to where you were when you first heard of the HIV epidemic. When was it? What were you doing – did you already know that you had a role to play in fighting this disease?" Then give your audience a few seconds to think about that, before transitioning to the reason why you are asking this question.

- Quote a statistic: If your audience is genuinely unaware of the number of people living with HIV/AIDS within their community, tell them. That is bound to get their attention. You might then work in another statistic about your own work, such as, "Our organization is serving 20 percent of this population." Ask your colleagues which particular statistics they often use in their own work, and see if any of them are applicable to your audience. You don't want to put too many statistics at the very beginning, but judiciously choose which ones might grab your audience's interest.
- **Quote a person**: Generally the person quoted should be known to your audience. However, you may have an emotionally appealing or provocative quote from someone within your work community. This may also be appropriate as long as you provide an explanation of who that person is.

Where do you go from your opening? Your story should have logic and flow. You've already brainstormed what your audience wants to hear, and you know the information you want to convey. How can you weave that into a strong story? Make a basic outline and share it with some of your colleagues, explaining who your audience is and what your topic is. Ask them for feedback, particularly in terms of content and structure. You may have to revise your outline several times before you feel like you have a story worth telling. Once you have that story, the basic foundation of your presentation has been established and you can move on to thinking about the supporting elements, which are graphics, delivery, tools and the question-and-answer period.

**Graphics:** Graphics support the presentation, they don't lead it. The PowerPoint is not the presentation, you are. If you are using a PowerPoint, ensure that the content within has graphic elements for people to look at – not just a synopsis of your words. This might include pictures, tables, organizational charts, or numeric representations of data (bar charts, pie charts, etc.). Tables and graphs should be clearly labeled, and all visual elements should be explained within your verbal presentation (use phrases, such as "As you see here..." or "This table shows us..." when you are referring to these slides). When you use data, explain and give context.

**Delivery:** You're in front of your audience now and actually delivering your speech. Speak slowly and clearly and loudly enough to be heard even by people in the back of the room. Remember to pause for emphasis when necessary. Make eye contact – don't keep your eyes glued to your notes or to your PowerPoint. Restate the name of your organization within your presentation – instead of saying, "We believe that we are at a crucial turning point," say, "We at NGO Helping People with HIV believe that we are at a crucial turning point." This helps reinforce your

organizational identity. In addition, if a journalist is looking to quote your or get a "sound bite" for a TV or radio story, you have an increased opportunity to get the name of your organization within that media placement.

**Graphics:** Graphics support the presentation, they don't lead it. The PowerPoint is not the presentation, you are. If you are using a PowerPoint, ensure that the content within has graphic elements for people to look at – not just a synopsis of your words. This might include pictures, tables, organizational charts, or numeric representations of data (bar charts, pie charts, etc.). Tables and graphs should be clearly labeled, and all visual elements should be explained within your verbal presentation (use phrases, such as "As you see here..." or "This table shows us..." when you are referring to these slides). When you use data, explain and give context.

**Tools:** PowerPoint is one tool for presentations, but there are others. Consider using a video, photographs, handouts, models, maps, board with mounted graphics, etc., when appropriate. A video is definitely suitable for a room of 500 people, as long as they can all see and hear it. A physical model of something you are trying to show people, however, might not be easily viewed in a room full of 500 people.

The Question & Answer: The opportunity to have a question-and-answer session is invaluable. Inexperienced presenters are often more afraid of this part of the presentation by any other. They worry, "What if I get asked a question and I don't know the answer?" In that case, you have several options. Honesty is the best policy, and you should admit that you don't have the answer or that particular information available. If the question is one that you think many in your audience have experience with, you could say, "What a great question. I'd like to know how others in our audience would answer that question. Does anyone here have experience with that?" This tactic might not work in a room full of hundreds of people, but if you are on a panel with other speakers, one of them may be able to respond to this question. Plan for some difficult questions – do some role-playing with your colleagues and ask them to listen to your presentation and then pretend to be a difficult person within the audience. Develop some responses. Some other ways to ensure a smooth Q&A session:

- Rephrase the question immediately after it is asked. This is both for your own benefit (it will help you formulate a response) and for the audience's (some people in the audience may not have heard or understood the question by rephrasing it, you help minimize these problems).
- **Practice some audience advocacy.** Respond to questions with phrases like "That's a good question," or "That's an interesting question," which helps emphasize your solidarity with your listeners. Finally, when you wrap up, thank the audience for coming and participating.

One final word on presentations: The key to success is planning and practice. Presenters who are 100% comfortable with the content of their topic and their own delivery style make the most compelling presentations.

# CHAPTER 3: Your Roadmap to Communications Success: The Communications Plan

The main goal of having a communications plan is that it provides a strategic roadmap for sharing the results, knowledge and best practices of your organization with your stakeholders in a systematic, targeted way. This chapter provides you with step-by-step guidance to draft a simple communication plan that will include:

- An introduction
- Objectives
- A list of your target audiences and how to reach them
- Key messages
- Communication tools and channels
- Strategies and tactics for reaching your goals and objectives
- Roles and responsibilities
- Guidelines for dealing with crisis communications
- An annual calendar
- Budgeting

### The introduction to your plan

Many CSOs and NGOs working in health and development in developing countries are 'young' organizations that have grown organizatly rather than systematically, and having a communications plan or doing organizational communications has not been a priority. The idea of a communications plan, then, will be new to many in the organization. The introduction of the plan will highlight the purpose of the document as well as your organization's background and context. You may also wish to provide a situation analysis of the communications context of your work either by organization or country.

A sample introduction to a communications plan for the Lebanon-based organization *Soins Infirmiers et Développement Communautaire* (SIDC) can be found in Box 2 on the following page.

### Box 2: Sample Introduction to a communications plan

The mission of Soins Infirmiers Et Développement Communautaire (SIDC) is to meet the health needs of youth, the elderly and the most vulnerable individuals and groups in Lebanon through community empowerment. This mission stems from the belief that all individuals are equal and that every individual has the right to health and a healthy life, as well as the belief in the capabilities of communities to collectively and actively manage their problems. SIDC believes that community empowerment can only be relevant if a sense of belonging to the community is emphasized among its members. Therefore, a human rights-based approach is applied to all programs.

Communication activities undertaken by SIDC are important and crucial for several reasons:

- They contribute to a greater visibility for the association
- · They facilitate the dissemination of key messages of prevention and support
- They guide the association in its work strategy

Through the program "Meeting the HIV needs of populations most at risk in the MENA region," which began in 2005 in Lebanon to reach out to the key population of men who have sex with men, and with the support of the International HIV/AIDS Alliance and USAID, SIDC was able to develop this communication plan.

This document is a reference guide for the communication strategy that is being implemented by SIDC Liban and will help support the dissemination of project results.

### **Objectives**

The objectives of your communications plan should support the objectives of your organization's annual strategic plan. If your organization does not have a strategic plan in place, then the communications plan should support your annual work plan. In organizational communications, objectives are most often linked to: positioning the organization; building awareness and knowledge among key audiences; changing the attitudes, behaviors and practices of those key audiences; and fostering participation.

Questions to ask yourself when thinking about your communication objectives: What are your organizational goals? Are you trying to build awareness or educate the public about a key issue? Increase your NGO's visibility? Increase the number of people you serve?

Here are some sample goals for a communications program promoting the work of a United Nations agency within a specific country:

- 1. Inform and educate the public about the actions of the United Nations System
- 2. Promote, through advocacy efforts, how the work of the United Nations has a direct impact on the welfare of the population and is contributing to the development of the country
- 3. Promote, through advocacy efforts, peace, human rights and good governance
- 4. Interest development partners in the priorities of the United Nations System

These sample goals are very <u>broadly</u> worded. Strong communications plans are comprised of objectives that are more <u>specifically</u> worded, which can then be used as benchmarks to help measure the organization's progress or success. Effectively worded communications objectives will reflect the business principles of making "SMART" objectives, objectives that are:

- **Specific**: Clearly stated to avoid different interpretations.
- Measurable: Stating a target helps you to monitor and evaluate progress toward achieving the objectives.
- **Appropriate**: Suitable within the context or specific work.
- Realistic: Achievable within the time allowed.
- **Time bound**: Has a specific timeline for completion.

Here are how those goals might be reworded to be stronger SMART objectives:

- Inform and educate employees in six key government ministries about the priority actions of the United Nations System
- 2. Develop an advocacy campaign that promotes how the work of the United Nations is improving human rights for this country's citizens
- 3. Develop an education campaign for workers in the public sector that builds awareness of how the United Nations is fostering good governance within this country
- 4. Build awareness among three country-based development partners of new opportunities to collaborate with the United Nations

# Worksheet 1: Writing your introduction, goals and objectives

**Step 1**. Write your introduction. In about 500 words, answer the following questions on a separate sheet of paper:

- Why was my organization created? What is its mission? Who do we serve?
- What are the objectives of the organization?
- What is the purpose of this communications plan?

Hold onto this piece of paper, as you will transfer its contents into your communications plan template at the end of this chapter.

communications plan template at the end of this chapter.
Step 2. Review your organizational goals or your annual work plan. Answer the
following questions:
<ul> <li>What are the objectives and activities outlined there? How do you think a</li> </ul>
communications plan can support your strategic objectives?
Step 3. Identify your communications objectives. Answer the following questions:
What is the purpose of this communications plan?
<ul> <li>Are you trying to build awareness or educate the public about a key issue? Increase your NGO or CSO's visibility? Increase the number of people you serve?</li> </ul>
<ul> <li>Write your communications objectives below.</li> </ul>

### Target audiences and key messages

In the programmatic world of development, we use the term "stakeholders" to refer to the many different types of people working within a development initiative. Stakeholders can be many: beneficiaries, partners, donors, and policymakers are just a few examples. In the world of public health, often our beneficiaries are patients or clients.

In communications, we don't speak of stakeholders or beneficiaries. We speak of target audiences. Target audiences are the particular groups of people identified as the intended recipients of a specific message. Not all audiences receive the same messages. For example, if you are trying to raise awareness of the need for more healthcare services for most-at-risk populations for HIV within your community, your message to local health authorities and the media might focus on the number of people not receiving services, and how this neglected population increases others' risk. Your message to a potential donor, however, might be how effectively you can provide services to this population by expanding your current services. Many communications plans identify primary target audiences and secondary target audiences.

Here, for example, are some target audiences identified by the Lebanon-based organization *Soins Infirmiers et Développement Communautaire* (SIDC).

### Box 3: Sample Target Audiences from by SIDC

Primary Audience #1 - Donor: USAID

This group needs regular, frequent updates on project goals, challenges, and impact.

Primary Audience #2 - Media

This group needs planned, targeted outreach on the organization's achievements and impact.

Primary Audience #3 - Religious Community

This group needs regular updates on project achievements and impact.

**Primary Audience #4** - **Stakeholders**: Ministry of Health, National AIDS Programs, UN Agencies

This group needs highly targeted, relevant communications.

Secondary Audience #1 - Civil Society Organizations/NGOs

The worksheet on page 30 will help you identify target audiences. But before you move on to the worksheet, let's first look at how to prepare key messages for a target audience, as target audiences and key messages are linked together.

**Key messages** are high-level strategic communications points that are meant for your target audiences. What are the important things that you want a particular audience to know? Key messages are repeated often and transmitted through many channels of communications (printed materials, web sites, media outlets, speeches, via social media, etc.)

Well-developed key messages help you communicate effectively with your target audiences. Key messages are most often built around several components:<sup>7</sup>

- The key issue or fact (what do you want your message to address)
- The "promise" (the benefit that your organization or work delivers)
- The "support" (the reasons to believe the promise)
- Key message points that will always be integrated into communications efforts

So, for an organization working to provide HIV/AIDS services to people living with HIV/AIDS in the Middle East/North Africa (MENA) region, they key messages might look something like this:

Box 4: Sample key	messages for an organization providing HIV/AIDS
services in the ME	NA Region
The key issue	UNAIDS estimates the number of people living with HIV in the
	MENA region at 460,000 in 2009 (vs. 180,000 in 2001). The
	number of new infections has more than doubled in the past
	decade: 75,000 as of 2009; and AIDS-related deaths have
	tripled, from 8,300 in 2001 to 23,000 by the end of 2009.8
The promise	The NGO "Working with PLHIV in MENA" is providing PLWHIV
	with access to confidential, reliable health services to support
	them in attaining a better quality of life.
The support	"Working with PLHIV in MENA" has reached more than 1,500
	people since 2010 with counseling, testing and referral services.
Key message	(1) We offer confidential, reliable health services; (2) We are a
points	network of experienced service providers; (3) We are working
	toward an improved quality of life for all PLHIV.

Key messages for any organization should be:

- **1. Concise**: A strong key message uses language effectively, conveying its meaning in as few words as possible. Use active language, not passive voice. Don't use four sentences where you can use two!
- **2. Focused**: A good key message conveys one idea. If you have more than one idea, it should become its own, separate key message.

<sup>&</sup>lt;sup>7</sup> Adapted from O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. *A Field Guide to Designing a Health Communication Strategy*, Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003.

<sup>&</sup>lt;sup>8</sup> World Bank Data and UNAIDs Global Report, 2010.

**3. Consistent**: While your different key messages may be tailored for different audiences, each key message should be delivered consistently, every time.

Box 5 below lists three key messages from the Lebanon-based organization *Soins Infirmiers et Développement Communautaire* (SIDC).

# Box 5: Key messages from *Soins Infirmiers et Développement Communautaire*

**Key message for audience #1 - Donor:** Sustaining programs that respond to the needs of most-at-risk populations is essential.

Key message for audience #2 - The media: Fighting against stigma and discrimination is a key action toward reaching zero new HIV infections and zero AIDS deaths.

Key message for audience #3 - The religious community: Gaining the support of religious leaders is essential to spread messages of tolerance when talking about HIV/AIDS and people living with HIV.

Use the worksheet on the following page to help you identify both your target audiences and your key messages. After you have finished the worksheet, share it with several colleagues within your organization to see if you have forgotten to identify any target audiences. Ask your colleagues if the key messages you have selected resonate with them.

Worksheet 2: Your Target Audiences & Key Message	Worksheet	2:	Your	Target	Audiences	&	Key	/ Message
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Step 1. Target audiences are particular groups of people identified as the intended recipients of a specific message. To identify your target audiences, answer the following questions:

- Who needs to be informed about your work? Donors? Ministries of Health? National AIDS Committees? Other NGOs working with HIV/AIDS? Health practitioners? Journalists? The general public?
- Note your findings in Column 1.
- Step 2. Key messages are the high-level strategic communications points that are meant for your target audiences. To begin drafting your key messages.
  - Think about the key points of your work that you want to <u>communicate</u> with your target audiences.
  - Note your key points in Column 2.

Column 1: Your Target Audiences	Column 2: What do you want them to know about your work?

Step 3. It is important to limit the number of key messages! If a project or organization has too many key messages, the audiences cannot remember them, and it dilutes the identity of the organization.

- Review column 2 and ask yourself, "Do these key points differ by target audience?"
   Use the content in that column to clearly develop one to three key messages. Refer back to the concepts on page 17 as necessary.
- List your key messages below

### Communications Tools and Channels

Communications tools and channels are how you get the word out about your organization. Listed below is a brief overview of communications tools and channels for you to consider. Which ones you choose depend upon many factors including their receptivity to your messages, resources available to you (time and money), appropriateness for the target audience you are trying to reach.

### **Printed tools:**

Common written communications tools include press releases, media alerts, fact sheets, technical briefs, and brochures. They also include things like signs, banners, t-shirts and caps that are imprinted with your organization's logo. While the written communications tools help reinforce specific messages, the banners, t-shirts and caps along with other "giveaway" items such as pens, pencils, flash drives, etc., are useful for building awareness of your organization's name and perhaps your web site. The best-designed event signage or giveaway items give people a way to learn more about your organization by providing, for example, your web site's address.

### **Face-to-face channels of communications:**

- Meetings: Whether you are meeting with long-time partners and associates, or new stakeholders, meetings are often an important place to communicate your key messages about your organization. Don't assume that everyone knows what your priorities are! For some meetings, you may target specific messages around the specific audience attending. So, for example, even if cost efficiency of the services you deliver isn't one of your three key messages, in a meeting about national HIV budgets, your primary message may be related to financial information.
- Events: Public events such as community events, health fairs, special commemorative health days (World AIDS Day on December 1), present wonderful opportunities to make connections face-to-face and to build awareness of the work of your organization. How can you share key messages with your attendees? With a fact sheet? Brochure? Banner? Or have you been invited to give a speech?
- Conferences: Local, national, regional and international conferences are usually attended by like-minded counterparts working in health or development. Many of these offer the opportunity to raise your organization's visibility, often times through the submission of abstracts. Those who have their abstracts accepted are offered a more formal role in the conference, either as an oral presenter or a poster presenter. Consider researching national and international conference opportunities, where professionals in health or development meet to share ideas. Do you have research or results that you can share? Or might you attend simply for networking opportunities?

#### **Traditional Media:**

- Print media: Traditional print media includes newspapers, magazines and special interest publications (such as academic and peer reviewed journals). Journalists who work at a national newspaper or magazine may not be experts on your particular area of expertise (HIV/AIDS, health, development), so you may need to educate them. Be ready with facts, and be prepared to provide sources for those facts. Writers and editors at more specialized journals usually have a greater knowledge of the subject you may be introducing. Writing opinion pieces ("Op Ed" pieces) is another way to promote your work in the print media.
- Broadcast media: Radio and television media generally reach more people within
  developing countries than the daily newspaper. Broadcast journalists, however, usually
  have a fixed amount of time in which to tell a story, so you need to be able to convey
  concisely and precisely the key elements of a story.

To have success with placing stories in print and broadcast media you will need to develop relationships with the journalists who cover the kinds of work that your organization is doing. One way to determine this is for you yourself to become more familiar with your local media by reading the newspaper, watching and listening to the news, and paying attention to who the reporters are who are covering your kinds of stories. The media can be an important partner to the NGO community, but like most partnerships, the relationship between individuals is at the core of the collaboration. Effective use of media can help your organization bring attention to an issue (such as HIV/AIDS, human rights, stigma and discrimination against key populations), can help counter popular misconceptions by telling the "other side" of a story, and can serve as a general education tool.

If your organization is doing an event for which you would like media coverage, you might prepare a press release to attract their attention. A press release is a one- or two-page document that contains the key information: who (the name of your organization and what you do); what (details about your specific event's purpose); when (the date and time your event is taking place); where (the location of the event); and why (usually one sentence that captures the importance of this event). A sample press release can be found in the resources section of this guide.

### New media:

- Web sites: Most organizations today have their own web site, designed to share information via the Internet about who they are, what they do, and how others might become involved in their work. If your organization does not yet have a web site, it does not mean you can't have a presence on the Internet. First, there may be opportunities for your partners, funders or others to highlight your work. Second, there are other forms of new media available to you, such as blogs and the social media described below.
- **Blogs:** Blogs are found on the Internet and can best be described as an "on-line" discussion or information site. Many organizations with web sites now include blogs as a

- part of their web content it is a way for an organization to share their ideas in short, informal written stories that often reflect opinions or are based around current events. Some organizations with limited resources may choose to develop a simple blog rather than a full-fledged web site.
- Social media: Social media differs from traditional media in that it is much more a "two-way street" that is, it is a platform for exchange between many individuals. It is more about developing community and goes beyond delivering messages to actually having a conversation, sharing and exchange. While in traditional media the contributors of stories are usually trained journalists or broadcasters, everyone can use social media. In recent years, social media has gained momentum as a true vehicle for influencing change witness the use of Facebook, Twitter and You Tube in the Middle East during what is now known as the "Arab Spring." Social media also differs from traditional media in that it can be used at any time of the day or night. While newspapers and magazines have print schedules, and most broadcast media have set times for specific programming, Facebook, You Tube and Twitter are available 24 hours a day, seven days a week, year-round.
  - Facebook: Facebook is a free social web site founded in 2004, open to individuals and organizations. By creating a "page," users have an open forum in which to write messages, post photos and share videos. Learn more at <a href="https://www.facebook.com">www.facebook.com</a>
  - You Tube: You Tube, launched in 2005, is a web-based platform for posting, sharing and viewing videos.
  - Twitter: Twitter was launched in 2006 as a "real-time information network that connects you to the latest stories, ideas, opinions and news about what you find interesting." Learn more at <a href="https://www.twitter.com">www.twitter.com</a>

#### Videos:

In the past, organizational videos were often an expensive proposition that would involve hiring a professional video crew, filming hours and hours' worth of footage, editing the footage down into a more concise video, and then making multiple copies on cassettes or DVDs for distribution. The advent of new technology combined with the birth of social media has greatly changed the way organizations are making videos these days. Most digital cameras now offer video photography, and web sites like Facebook and You Tube make video dissemination quite easy – without making hundreds of copies.

It is important, however, to understand that just because everyone can shoot a video, doesn't mean that every organization should do that. The creation of organizational videos should be considered as a strategic tactic only if it helps meet your communications goals and if you can ensure a quality product. They should also maintain the quality standards that you would expect from any other aspect of your programming.

### Scholarly articles:

Research articles in specialized journals are one way to share programmatic results with a specific, wider audience. The decision to use scholarly articles as a communications tool usually

impacts more than one year of a communications plan, because the process of research, writing and editing an article can take months. In addition, once an article has been submitted to a publication it can take months to find out if it has been accepted. If it hasn't been accepted, most writers will opt to edit it again for resubmission, if the journal editor advises this, or seek alternative journals for publication.

### Strategies and tactics

Strategies and tactics are <u>how</u> you actually implement your communications plan. They are directly linked to communications tools and channels. An effective communications program will have a mix of strategies and tactics using a variety of communications channels. In general, most CSOs and NGOs that are doing organizational communication work today rely on a strategic mix of face-to-face engagement including community events, press and traditional media relations, advocacy work, and some use of social media – often with the support of their donor.

When drafting this part of your communications plan you must be realistic – while there are many strategies and tactics you might use, your CSO or NGO will have a definite budget and your staff may not have experienced communications professionals to do the actual implementation. Consider what can be realistically done within one year. If this is the first year that you will have a communications plan, it is best to focus your energy on strategies and tactics that you know you can achieve, and realize that you may be better positioned in a few years to take on additional tactics once you have raised your organization's visibility.

Your strategies align with your overall goals, and these must be broken down into specific tactics to achieve these objectives. Think of tactics as tasks or activities. The NGO "Working with PLHIV in MENA" might use the following four strategies and tactics, for example.

A. Strategy #1 – Active Engagement with the Health and Development Sectors: Key NGO staff will maintain regular, ongoing face-to-face and virtual contact with colleagues in the health sector as well as donors regarding project activities and results.

**Tactics:** The NGO will have regular meetings with the donor, with partners, and with other target audiences including Ministry of Health staff; and debriefs as needed regarding programmatic outreach, testing & counseling campaigns. While these may be looked at as programmatic activities, those who think strategically about their communications will realize that each and every meeting is an opportunity to share key messages about your organization, and reinforce your organizational identity. Other tactics might include writing and submitting "success stories" to the donor's publications and web site.

**B.** Strategy #2 – Targeted Community Engagement around a Specific Event: While the subject of people living with HIV/AIDS is still not widely discussed in the MENA region,

the NGO feels that it is important to build awareness about the reality the AIDS epidemic has had on their country's population.

**Tactics:** Once a year, in conjunction with World AIDS Day on December 1, the NGO will organize a community event, perhaps a candlelight vigil to commemorate AIDS deaths. This event will be an opportunity for sensitization and education.

C. Strategy #3 – Limited Media Relations with Traditional Media: Again, while the subject of people living with HIV/AIDS is still not widely discussed in the MENA region, the NGO may opt for select media activities.

**Tactics:** The NGO will schedule a press interview for its spokesperson in conjunction with World AIDS Day, or in conjunction with some other suitable occasion, with a broadcast media outlet that is liberal in its viewpoint, or open to discussing health and sexuality issues in particular. Alternatively, the NGO may arrange for the spokesperson to contribute an "Op Ed" piece to the local newspaper.

**D. Strategy #4 – Use of Social Media:** Social media has the capacity to carry messages beyond borders. Although traditional media might not acknowledge the situation of people living with HIV in the MENA region, the NGO might deliver key messages via social media that will be read both locally and by a wider, international audience.

**Tactics:** The NGO will post one story every other month of an individual who has been helped through the NGO's services (with their identity protected). On alternate months, the NGO will post one story of a peer educator who is helping to make a difference in people's lives. The peer educator will be available to respond to comments online that may be generated by his or her story.

The worksheet on the following page will help you begin to define your strategies and tactics.

### Worksheet 3: Your Strategies & Tactics

## Step 1. Review your strategies within your organization's strategic plan and work plan.

- Which of these lend themselves to support through communications efforts?
- Note your findings in Column 1.

### Step 2. Before you begin, do an "audit" of your existing communications tools and channels.

- What print materials do you already have? A brochure? Fact Sheet? Standard Project PowerPoint? Do you have a web site? Do you use social media? Do you have media contacts?

List your existing communications r	
Column 1: Your Strategies	Column 2: Existing Communications
	Resources
•	
<ul> <li>The state of the state</li></ul>	e my priorities? Do I already have the resource rategy below.

# Roles and responsibilities

If your CSO or NGO has a communications officer or manager, that person will both lead and implement communications efforts. But the majority of smaller NGOs and CSOs either do not have a communications officer, or have a program officer or staff member who supports communications as part of their overall role, but also does other work. In all of these cases, however, successful organizational communications involves the contributions of everyone working in the organization, from the director to the program associates and support staff.

Assigning roles and responsibilities is necessary in order to keep the communication process running smoothly, and to ensure accountability when implementing your plan.

Worksheet 4 provides a simple tool for dividing up roles and responsibilities.

# Worksheet 4: Assigning Roles and Responsibilities

- Step 1. Review your communications tactics and fill them in in the first column, below.
- Step 2. As necessary, break down your communications tactics into the various sub-activities within each tactic. For example, writing a press release might be broken into three steps writing, review and approval. Note these activities in the second column below.
- Step 3. Assign responsibilities to the appropriate people within the organization. Taking the example of a press release, you yourself may be tasked with writing the release, a program officer with reviewing the draft, and the executive director of your organization with approving it. Assign the activities in the third column.

Communications Tactic	Activity/role	Person Responsible				
Example:	Write and edit release	Communications associate				
Engage media via	Review and comment	Program officer				
press releases	Approve release	Executive director				

# Guidelines for dealing with sensitive communications

In many societies today, there are still topics related to health that are "taboo" (forbidden) or highly sensitive. Social norms in many cultures still erect barriers to women's right to family planning; they also erect barriers to those at risk for HIV/AIDS for seeking counseling, testing or treatment because they fear stigma, discrimination, rejection or even physical harm.

In many parts of the world, the behaviors facilitating HIV epidemics are mainly sexual, and addressing these behaviors is a sensitive topic in the Middle East and North Africa (MENA) region as well as in some sub-Saharan Africa countries, because it involves acknowledging behaviors that are viewed as shameful or in some countries, illegal, such as sex between men. Building organizational communications around this work is challenging. A few examples from the Middle East/North Africa region:

- MSM cannot be open about who they are in public. When they are discovered they can face violence or blackmail.
- Employers do fire you if they know your status. HIV is misunderstood by the majority of people (especially by employers). Many prejudices exist around the productivity of an HIV-positive person. Many employers and Arab companies require an HIV test as part of the recruitment process, as well as the work permit application process for nonnationals in many countries in the region.

Cultural, religious and/or traditional beliefs, judgments, fear, lack of understanding, and laws that punish same-sex acts or commercial sex result in high and various levels of stigma against key populations. MSM are stigmatized for not getting married, being effeminate or simply being different, sex workers are stigmatized for living a 'reckless life' or because prostitution is illegal, drug users are stigmatized for being irresponsible, people living with HIV are stigmatized for being 'promiscuous' etc.

In this context, confidentiality is essential for many people, who will only share their stories under specific circumstances (confidentiality in stories has been discussed on pages 11-12). It can also limit the opportunity for photographs, which has been discussed on page 18-19.

How can your organization build awareness of its work when the majority of society refuses to acknowledge the taboo behavior? How do you determine which target audiences are sensitive to your messages? Which communications channels offer the greatest advantages or incur the greatest risks? Which strategies and tactics will be effective?

While every organization must determine the risks associated with communicating about sensitive topics within their own context, there are a few key steps that all organizations can take to identify and minimize their risks, as follows:

Choose a spokesperson. The role of a spokesperson is to be the "voice" of the organization. While you may have many articulate staff within your CSO or NGO, it is best to limit the interaction with the media to one (or two) key spokesperson(s). There should be a formal policy in place that staff are to refer all requests for media interviews or comments to the spokesperson. The spokesperson should be able to answer questions while reinforcing the key messages of the organization; he or she should also be someone who is not easily flustered when dealing with the media.

**Do an audience analysis.** Doing a traditional stakeholder analysis, adapted for your target audiences, may be useful in helping you plan in advance for what may be termed "crisis communications" – that is, having to respond publicly when your organization has been thrown into turmoil because of something you have done or not done.

The worksheet on the following page presents an adapted stakeholder analysis that looks at your target audience of people who are not receptive to your messages, what they are most interested in, what their biggest concern is, and how you might gain their support. While the idea of gaining their support may be impossible in some situations, understanding their interests and concerns may help you address their concerns in a manner that might ease the crisis.

# Worksheet 5. Audience Analysis9

Step 1. Fill out the first column, breaking down your specific target audiences who will be concerned in case of an emergency. A sample has been given for you.

Step 2. Fill out the second column, asking yourself what each audience segment is most interested in. Again, a sample has been given for you.

Step 3. Fill out the third column, by asking yourself what is this audience segment's biggest concern during this particular crisis situation. A sample has been given for you. Step 4. Fill out the final column, asking yourself what you need to do to maintain strong communications and an ongoing relationship with this audience. Again, a sample has been given for you.

Audience	What are they most interested in?	What is their biggest concern?	How can your organization reassure them?		
Our donor	Our funder wants to know that we spend their money wisely on effective programming.	This crisis may cause a rupture in our programming.	Call/meet with them to discuss our strategy. Provide ongoing updates via e-mail on a mutually agreed upon schedule.		

**Finally, plan ahead.** If your NGO or CSO is doing work that may open you up to harassment or worse, you should not wait for the worst to happen before you decide upon a course of action. Spend a day with your key staff and trusted advisors doing some scenario planning. Imagine what would come to pass, for example, if one of your staff was arrested for perceived criminal activity. How would the organization respond, from the moment you learned of the news through the final outcome? Or what if angry protesters shut down a clinic where your beneficiaries receive services? How would you respond? Can you use communications tactics to your advantage? If so, how? Develop a brief outline of this scenario and make sure everyone understands the role that they have to play. Review this plan on an annual basis, so that it may be updated as necessary.

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<sup>&</sup>lt;sup>9</sup> Adapted from *Managers Who Lead*. Cambridge, MA: Management Sciences for Health. 2005

# Make an annual calendar for your communications plan

For small NGOs and CSOs without a dedicated communications staff member, communications activities can often fall by the wayside. Just as your organization's annual work plan has a calendar of activities, the communications plan should also have events scheduled around a 12-month period. For larger organizations with a dedicated communications professional, having a communications plan with a calendar ensures that activities are prioritized and scheduled, so that they are not driven off-track by other requests that could deplete your limited resources.

Ensure that the calendar enables you to take into consideration your "end date" for an activity. If, for example, you would like to have two media placements by the end of your fiscal year, media relations should begin at the beginning of your fiscal year, because it will likely take a while to establish a relationship with a journalist and interest that person in telling your story.

Worksheet 6 on the following page presents a simple matrix for an annual calendar for your plan. If your organization already has a calendar format, adapt that to make your own 12-month activity schedule.

# Worksheet 6: Calendar of Communication Activities

**Step 1**. In the column labeled "activity," at far left, list the activities you have identified that relate to your organization's strategies and tactics.

Step 2. Indicate with an "x" in which month(s) those specific activities will take place.

## Communications Calendar

Activity						Month	Month	Month		Month		
	1	1	1	1	1	1	1	1	1	1	1	1

# **Budgeting**

Budgeting for your communications activities should follow the same budgeting process your organization uses for its other activities, whether programmatic or administrative.

Worksheet 7 below lists some basic costs associated with communications activities for your consideration. It does not account for staff costs or for training.

Worksheet 7: Budgeting Basic Communication Costs					
Item	Estimated Cost				
BASIC PRESS MATERIALS					
Design of fact sheets or other print materials					
(brochures, success stories, folders, etc.)					
Printing of materials					
WEB SITE					
Web site development (if applicable)					
Web site hosting charges					
EQUIPMENT					
Digital camera					
Video camera					
Voice Recorder					
VIDEOS					
Video Production (developing messaging, hiring a crew, shooting)					
Post Production (editing and mass production)					
Photographs Production					
CONFERENCES					
Conference Registration Costs					
Travel					
Per Diem					
PRESS EVENTS or COMMUNITY-BASED ACTIVITIES					
Space rental charge/fee					
Audio/visual equipment					
Event photographer					
Photocopying of event materials					
Banner or other signage					
Refreshments					
Travel/Transportation					

# **CHAPTER 4: Measuring Success**

Measuring effective organizational communication within the health and development sectors is often not a common practice. Nonetheless, if your organization is like most CSOs or NGOs, every resource is valuable – including your time and donor funding, so it is important to think about how YOU will measure the success of your efforts. One way to do it might be to define how you will measure your success. For example, you might quantify your efforts by drafting a document that looks something like this:

This communications plan is designed to achieve the following results:

 Our donors, partners and beneficiaries are knowledgeable about the organization's results and our contributions to the health sector.

## Indicators:

- # of partner meetings we attend each year, in which we present our results
- 4 quarterly reports submitted to donors each year
- 1 semi-annual report submitted to donor each year
- 1 annual report submitted to donor each year
- Colleagues in the global health and development community have received information on lessons learned, best practices, and proven tools and approaches from our organization.

#### Indicators:

# of news articles, items or stories published in health publications or on development web sites

- # of visits per site (if information is available)
- # of stories appearing in donor publications (print and web versions)
- # of conference abstracts submitted
- # of conference presentations
- # of conferences attended
- Our national government and the people of (our country) are aware of and knowledgeable about our organization and its contributions to the health sector. <u>Indicators</u>:
  - # of news articles, items or stories published or broadcast in local media # of people who attended public event (such as commemoration of World AIDS Day)

## **Additional Resources**

# A. Template for Communications Plan

## **Communications Plan: [insert organization or country name here]**

#### I. Introduction

[The main goal of having a communications plan is that it provides a strategic roadmap for sharing the results, knowledge and best practices of your organization/work in a systematic, targeted way. The introduction to this document should, in around 500 words, highlight the purpose of this document as well as project background and context. You may also wish to provide a situation analysis of the communications context of your work.]

#### TRANSFER THE INTRODUCTION SECTION FROM WORKSHEET ONE HERE

#### II. Communications Goals and Objectives

[List your communications objectives (s). You may have a main goal with supporting objectives. Questions to ask yourself: What is the positioning of your organization generally? Are you trying to increase your visibility? Is your goal to provide updates on project implementation/results to donors? Are you trying to promote/communicate your technical expertise to a particular community or target group?]

## TRANSFER THE INFORMATION FOUND IN STEPS 2 & 3 FROM WORKSHEET 1 HERE

## III. Key Messages

[Key messages are the high-level strategic communications points that are meant for your target audiences. Use this space to fill in your key messages.]

## TRANSFER YOUR KEY MESSAGES FROM WORKSHEET 2 HERE

## IV. Target Audiences

[Target audiences are the particular groups of people identified as the intended recipients of a specific message. Most communications plans identify primary target audiences and the secondary target audiences. Use this space to identify your target audiences.]

#### TRANSFER YOUR TARGET AUDIENCES FROM WORKSHEET 2 HERE

## V. Strategies and Tactics

[How are you going to disseminate your messages and engage your target audiences? What are the channels of communication available to you? What communications products can you use? What are specific activities that will fulfill your objectives? These are presented here.]

TRANSFER YOUR STRATEGIES & TACTICS FROM WORKSHEET 3 HERE

## VI. Communications Roles and Responsibilities

TRANSFER YOUR CONTENT FROM WORKSHEET 4 HERE

## VII. Expected Results

[Use this space to identify the intended results of your activities. Will you have a new communications product? Will you have stories published online or in the media? Will you have reached a new target audience?]

## VIII. Budget

[Use this space to identify the costs associated with your communications plan and activities here. Follow the same budgeting template that your organization uses for all other spending, or TRANSFER YOUR CONTENT FROM WORKSHEET 7 HERE]

#### IX. Calendar

TRANSFER YOUR CONTENT FROM WORKSHEET 6 HERE

# B. List of Additional Resources Available Online

# Resources in English

#### **Tools:**

- Documenting & Communicating HIV/AIDS work: A Toolkit to support CBOs/CSOs (International HIV/AIDS Alliance, 2001): http://www.aidsalliance.org/publicationsdetails.aspx?id=155
- Advocacy in Action: A Toolkit to support NGOs and CSOs working on HIV/AIDS (International HIV/AIDS Alliance, 2002): http://www.aidsalliance.org/publicationsdetails.aspx?id=142
- Successful communication: A Toolkit for Researchers and Civil Society Organizations. This toolkit was developed by the Overseas Development Institute (ODI) in 2005 and updated in 2007. Its target audience is researchers and practitioners in civil society organizations, including NGOs, who wish to communicate to policymakers. This may be useful for organizations doing advocacy work. Available for download at: <a href="http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/192.pdf">http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/192.pdf</a>

#### **Stories:**

The following links are to organizations working in health which produce excellent examples of personal stories:

- Engender Health: http://www.engenderhealth.org/our-stories/top-stories.php
- USAID: <a href="http://transition.usaid.gov/stories/">http://transition.usaid.gov/stories/</a>
- AIDSTAR-Two website: http://www.aidstar-two.org/
- AIDSTAR-One website: http://www.aidstar-one.com/
- Case study about SIDC (the Lebanese organization featured in this guide) outreach work with most-at-risk populations in Lebanon:
  - http://www.aidstarone.com/focus areas/gender/resources/case study series/sidc lebanon
- Case study directory in Alliance website: http://www.aidsalliance.org/CaseStudyDirectory.aspx?id=304
- Stories and photographs in Living Proof: Community action on AIDS (International HIV/AIDS Alliance, 2004):
  - http://www.aidsalliance.org/includes/Publication/10Y0704\_Living\_Proof.pdf

- Participatory Photo Project Unheard Voices, Hidden Lives: Stories from the Frontiers of the HIV Epidemic (International HIV/AIDS Alliance, 2006) http://www.aidsalliance.org/publicationsdetails.aspx?id=1
- Stories in Standing Up Speaking Out: Women and HIV in the Middle East and North Africa
  (UNAIDS, 2012):
   <a href="http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120713">http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120713</a> MENA Women and AIDS 2012 en.pdf
- Short films, TV spots on SIDC's YouTube site: http://www.youtube.com/sidclebanon

## Websites of NGOs and regional networks working on HIV in the MENA region:

- International HIV/AIDS Alliance: http://www.aidsalliance.org/
- SIDC (Soins Infirmiers et Développement Communautaire): http://www.sidc-lebanon.org/
- Helem: <a href="http://www.helem.net/">http://www.helem.net/</a>
- RANAA (Regional Arab Network Against AIDS): <a href="http://www.ranaa.net/new/">http://www.ranaa.net/new/</a>
- MENAHRA (Middle East and North Africa Harm Reduction): <a href="http://www.menahra.org/">http://www.menahra.org/</a>
- ALCS (Association de Lutte Contre le Sida): http://www.alcsmaroc.ma/public/
- UNAIDS MENA webpage: http://www.unaids.org/en/regionscountries/regions/middleeastandnorthafrica/

### Other resources:

- aidslex: This is a knowledge-sharing hub developed through the sponsorship of UNAIDS, the
  UNDP, the Levi Strauss Foundation and others. It provides an e-Library, discussion forum, tools
  and other resources in English, French and Spanish. <a href="http://www.aidslex.org/English/Home-Page/">http://www.aidslex.org/English/Home-Page/</a>
- Future Connect: A review of Social Networking Today, Tomorrow and Beyond, and the Challenges for AIDS Communicators. Published in 2009 by the Communication Working Group of aids2031, this publication focuses how young people use social networking sites and how development and social change organizations are using digital technologies to extend their impact. It recommends ways on how to apply lessons learned in HIV AIDS communication based on research and case studies from across the globe. (It does not include specific examples from the MENA region but is useful nonetheless.) Available for download at: <a href="http://www.communicationforsocialchange.org/pdfs/futureconnect.pdf">http://www.communicationforsocialchange.org/pdfs/futureconnect.pdf</a>
- **Stigma Action Network.** This web site is a "one-stop shop" for affected populations, program designers and implementers and others who wish to learn about best practices related to HIV/AIDS. The site has a "communications materials" resource page in its e-Library that has an excellent collection of stories, posters, slides and even videos.