

**REPORT**  
**OF**  
**MEDIAIDS IMPACT ASSESSMENT**  
**IN**  
**NORTHEAST INDIA**  
**FEBRUARY 15 – MARCH 10, 2007**

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## **CONTEXT OF ASSESSMENT**

Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura --- the great seven sister states of northeast India. These were the states from where a number of people got associated with the activities related to the MEDIAIDS project during May 2006 and November 2006.

Many had been participants in all, some or one event/s like the Executive Briefing, Communication Workshops, Radio Training Workshops and International Meet. Others had been resource persons for the initial reece trip to plan the activities or during subsequent events. Still others were stakeholders who were keen or curious about the MEDIADS project, whether it was about the methodology or the networking.

The first event, the Executive Briefing, was the foundation on which the MEDIAIDS activities in northeast were formulated. [The presentations of the speakers are enclosed as **Annexure 1.**] By the time we reached the last event, there was a general feeling of euphoria that the MEDIAIDS project had achieved a lot and had a high level of credibility in the HIV & AIDS sector in northeast India. Of course, we could not just go by this gut feeling and leave it at that. The decision to conduct an assessment of the impact of the project was precisely towards this end.

In a period of 24-days, my colleague, Sandeep Bhatt and I, traveled to all seven sister states. The journey, to and from New Delhi and within the northeast, totaled over 6000 kms. by air and over 800 kms. by road, as we interacted with nearly 100 people concerned with HIV & AIDS in some way or another. Mostly, it was people living with HIV, media persons, NGO personnel and government officials in all the states.

Those who attended the training workshops fondly remember the trainers, Fiona Llyod, Francesca Silvani and Georges Collinet. All the critical inputs on technique given by them --- whether technical or for content and style --- are deeply embedded in the minds of the participants. Some still do the practical exercises they underwent during the training. Many shared the training with their peer groups when they returned.

Each of the participants believes they were truly lucky to have had the wonderful opportunity for undergoing an interactive (not top-down), personal, warm, totally practical and highly professional training like they have never had before. They had a special message: now, at least when they are on air, there are no umm-ahhs in their presentation and they correct all their juniors on how to hold the microphone for interviews.

Almost all those with whom we had been associated during the MEDIADS project were thrilled to see us in their state, visiting and meeting them on their home ground. The impression was clear: very few people from the HIV & AIDS sector, who have their base outside the northeast, actually get to these areas.

The level of gratitude shown to us was overwhelming and a clear signal that people from 'New Delhi' and abroad need to be seen in interaction with these states. In fact, a few of the outspoken people clearly stated that they have hardly ever, if at all, seen officials from the nodal central government and United Nations agencies amidst them.

Marginalisation of the northeast is an old story of independent India. It would be not just pitiful, but dangerous --- to the northeast and the nation --- to perpetuate this element of marginalisation in the HIV & AIDS sector. This endeavour of assessing the impact of the MEDIAIDS project was possible only due to the full interest, participation and contribution of concerned persons in northeast India.

The impact of the visit to the seven states has been enriching to say the least. The fact that seven Mini Disk Recorders were handed over for All India Radio (AIR) stations in the seven capital cities has greatly contributed to sustaining and increasing the levels of motivation. There have been immediate results of the impact assessment tour on radio programming of HIV & AIDS issues.

AIR Itanagar in Arunachal Pradesh has already started broadcast of a series of 10 Live Phone-in Programmes on HIV & AIDS issues. AIR Kohima has been asked to produce spots, which will be made in one of the popular local languages, Nagamese. These will then be translated into all the dialects (about 10) and broadcast in various dialect programme slots.

In a strategic plan, AIR Kohima will also first begin awareness building through interviews with youth for the Youth Forum slot. After which a series of documentary features, for which research has already been done, will be broadcast regularly every month. AIR Guwahati has been invited by the State AIDS Control Society (SACS) to produce a series of 13 30-mts sponsored programmes, which will be a mix of drama, interviews and songs with embedded messaging in between.

There has been a noticeable effect of the assessment tour on the print media as well. This is especially so in Kohima where local newspapers, like the Nagaland Post, Eastern Mirror, Morung Express, have increased the coverage of issues related to HIV & AIDS. [Enclosed as Annexure 2]

In Arunachal Pradesh, interaction with the media was reported in all the important daily newspapers and this is presumed to have created the environment for quick implementation of a plan for the 10 Live Phone-in programmes mentioned above. [Enclosed as Annexure 3]

Similarly, the concept of setting up informal Media Lounges for direct interaction between People Living with HIV and the media (or NGOs and the media, where there are no networks of positive people) is taking root in concrete terms, especially in Assam and Manipur. Journalists in Meghalaya are seeking health stories and it is expected that HIV & AIDS issues will be highlighted through efforts of networking between governmental and non-governmental organisations.

The response of the Directors of Information & Public Relations (DIPR), also official spokespersons for the state government, has been heartening in most cases. DIPRs have given a verbal commitment to relay articles given by SACS / People Living with HIV / NGOs on the feed sent out to all state-level newspapers.

Local newspapers are greatly dependent on the DIPR office, both for revenue through advertisements and for press releases to fill their pages. Most newspapers in the region are one-two-three people outfits, which cannot afford to cover 'less' important news in comparison to political stories / hot news. The chances that they would pick up readymade articles on HIV & AIDS from the DIPR office are quite high.

There was a critical meeting at the North East Council (NEC), the nodal agency for development of the entire region. The MEDIAIDS Media Agenda has been put on the records with the comments of a senior official. NEC would be happy to receive a composite proposal that addresses the issues mentioned in the MEDIAIDS Media Agenda.

Clearly, it has been a worthwhile, fruitful visit with visible impact in the seven sister states. We are happy that the project enabled an opportunity whereby the consensus-based Media Agenda for a collective response to HIV & AIDS in northeast India, signed at the MEDIAIDS International Meet, could be pursued further in concrete terms. Otherwise, it could well have been just one more document that people signed at a conference and forgot about!

## AIMS AND OBJECTIVES

Through intensive deliberations and consensus during the MEDIAIDS International Meet in November 2006, participants developed a Media Agenda for a collective response to HIV & AIDS in northeast India. [Attached as Annexure 4] The aim of the impact assessment tour was to see how that Media Agenda can be taken forward, to disseminate information to those who did not have full details of the MEDIAIDS project and to develop a synergetic working relationship of the network developed through MEDIAIDS activities.

Our specific objectives were to have a better understanding of the dynamics of the print and electronic media, especially radio (All India Radio) and the existent or non-existent relationships between media, people living with HIV (PLHIV), NGOs, State AIDS Control Societies (SACS) and the media-related department (Directorate of Information & Public Relations - DIPR).

The larger goal was to gather information and a situational context that would be of value to national / international, governmental / non-governmental decision-makers for future HIV & AIDS related policies for northeast India, especially concerning communication.

### METHODOLOGY

By and large, the methodology was a Rapid Appraisal as defined by the World Bank Resource Document: "Monitoring & Evaluation: Some Tools, Methods & Approaches".

We endeavoured to get views and feedback of beneficiaries and other stakeholders through non-directive interviewing of key informants and focus groups.

The interviewing was accompanied by an intensive process of note-taking. During note-taking, the endeavour was to write exactly what was being said. The same has been included in this report. Even so, none of the concerned persons should be held responsible for any inadvertent misrepresentation. (The notes have been separately collated for each group and each state.)

**The notes of each interaction are the voices of the people where they have expressed their views / opinions / concerns / wishes. It is strongly recommended as very valuable reading.**

This report also contains some observations emanating from the interview / discussion sessions in reference to certain views and feedback.

## **KEY INFORMANTS & FOCUS GROUPS**

The key informants were largely those who were trained under the MEDIAIDS project and resource persons who participated in various activities. Barring a few exceptions, most had made themselves available during our visit since they had been informed in advance. The focus groups were media persons and people living with HIV in some states.

### **DETAILS OF KEY INFORMANTS & FOCUS GROUPS**

#### **KEY INFORMANTS:**

1. Ms. Jahnabi Goswami, President, Assam Network of Positive People
2. Mr. Deepak, President, Manipur Network of Positive People (MNP+)
3. Mr. O. Munindro Singh, MNP+
4. Ms. Dipali Dodum, Arunachal Pradesh Women's Welfare Society
5. Mr. Sunil Mow, Human Rights Lawyers Network
6. Dr. B. Natung, Voluntary Health Association of Arunachal Pradesh
7. Ms. Hasina Kharbhih, IMPULSE
8. Pastor Heipormih Khonglah, Faith Christian Church, Jowai
9. Dr. Bishar Plain, 'Chdoodeimaia', Jowai
10. Mr. Ajit Sharma, Voluntary Health Association of Tripura
11. Mr. Binoy Paul, Organisation for Rural Survival
12. Dr. Chiranjeeb Kakoty, NESYPM
13. Mr. Ratan Singh, Chairman GIPA Alliance, MNP+
14. Ms. S. Uditadevi, MNP+
15. Mr. S. Lianpu, Churachandpur Network of Positive People (CCP+)
16. Mr. Herojit Singh
17. Ms. Irene Zorinmawii, Mizoram Network of Positive People (MPLAS)
18. Mr. Lalmalsawma David, MPLAS
19. Mr. Samudragupta Kashyap, Principal Correspondent, Indian Express
20. Mr. Syed Zarir Hussain, Indo-Asian News Service & AFP Correspondent
21. Mr. Rajib Chaudhury, Sahara Samay TV channel
22. Mr. P. J. Baruah, Executive Editor, Assam Tribune
23. Ms. Liklaileima Devi, Shanghai Express
24. Ms. Ashalatadevi, Poknapham
25. Ms. Maria Thanglura, Film-maker & Participant of Television Training
26. Mr. P. P. Shrivastav, Member, North East Council (NEC)
27. Mr. N. J. Sharma, Advisor, Health, NEC
28. Mr. Supriyo Deb, Director of Information & Public Relation (DIPR), Arunachal Pradesh
29. Mr. Ranjit Sharma, DIPR, Assam
30. Mr. T. Sithlou, DIPR, Manipur

31. Mr. P. S. Dkhar, DIPR, Meghalaya
32. Mr. L. R. Sailo, DIPR, Mizoram
33. Mr. Limavati, DIPR, Nagaland
34. Mr. D. R. Datta, DIPR, Tripura
35. Mr. C. Lalrosanga, Deputy Director-General All India Radio (AIR)-  
(NER 1) & Director, Doordarshan, Aizawl
36. Ms. V. Sekhose, Deputy Director-General, AIR-(NER2)
37. Ms. N. Shadap, Director AIR, Shillong, North East Services (NES)
38. Ms. Kmen Budon, Programme Executive, AIR Jowai
39. Mr. Lalthansanga Varte, Station Director, AIR Aizawl
40. Mr. Biakchungnunga, Programme Executive, AIR Aizawl
41. Ms. N. Nakhro, Station Director, Kohima
42. Mr. M. K. Devburman, Asst. Station Director, AIR Agartala
43. Mr. Gyati Hangu, AIR Itanagar
44. Mr. Rajiv Rai, AIR Itanagar
45. Ms. Ella Kayina, AIR Imphal
46. Ms. Roselind Mathew, AIR Shillong
47. Ms. R. C. Sailo, AIR Aizawl
48. Ms. Laltlangthangi Pachhau (Tlani), AIR Aizawl
49. Ms. Titoni Assumi, AIR Kohima
50. Mr. Suman Bhattacharya, AIR Agartala
51. Ms. Durba Deb, AIR Agartala
52. Mr. Boke Bagra, AIR Itanagar
53. Mr. Prabal Sharma, AIR Guwahati
54. Mr. Chongloi, AIR Imphal
55. Mr. Devendra Singh, AIR Imphal
56. Ms. Krishna Dasgupta, AIR Shillong, North East Services
57. Ms. C. Lalthangsanghi, AIR Aizawl
58. Mr. Jacob Kikon, AIR Kohima
59. Mr. Temjentiba Ao, AIR Kohima
60. Mr. Debashish Datta, AIR Agartala
61. Mr. Samar Das, AIR Agartala
62. Mr. Tashor Pali, IEC, State AIDS Control Society (SACS),  
Arunachal Pradesh
63. Mr. Ashim Baruah, IEC, SACS, Assam
64. Mr. Omajit Leishangthem, IEC Consultant, SACS, Manipur
65. Ms. Christine Marbaniang, IEC, SACS, Meghalaya
66. Ms. Zuiliani, IEC, SACS, Mizoram
67. Ms. Abino Khate, IEC, SACS, Nagaland
68. Mr. Jehangir Hussain, IEC, SACS, Tripura
69. Ms. Eudora, Voluntary Health Association of Meghalaya



FOCUS GROUPS:

**Nagaland Network of Positive People (positive / non-positive persons)**

1. Ms. Naomi, President
2. Mr. Lanu, General Secretary
3. Ms. Aching, Member
4. Mr. Longyim, State Co-ordinator
5. Ms. Ayani, Programme Manager

**Group of journalists at office of DIPR, Arunachal Pradesh:**

1. Mr. Utpal Boruah, United News of India
2. Mr. Tapan Kumar Das, 'Echo of Arunachal'
3. Mr. Gyati Kacho, 'Arunachal Times'
4. Ms. Rina, Hunger Project & freelance journalist
5. Mr. Arun Mehta, Surya TV
6. Mr. V. Ravindran, Assistant Editor, 'Dawnlit Post'
7. Mr. Suresh, 'Aaj ki Awaaz'
8. Mr. Purabi Taikan

with officers from DIPR's office

9. Mr. Lekhi Phuntso
10. Mr. Mamai
11. Mr. Longphong

**Group of journalists at office of DIPR, Mizoram:**

1. Mr. Robert Lalchhuana, Editor, 'Romei'
2. Mr. D. R. Zirliana, Editor, 'Myo Aw'
3. Mr. Bishendu Bhattacharya, United News Of India (UNI)
4. Mr. H. C. Vanlalruata, Press Trust Of India (PTI)
5. Mr. Lalnhinglova Hmar, 'Vangliani'
6. Mr. C. Lalmazlova, Editor, 'Chhawrpial'
7. Mr. Zomansangha, Editor, 'Lanlaina'
8. Mr. Vanlarema Vantawl, Editor, 'Zalen'

**Group of journalists at the office of the DIPR, Nagaland**

1. Mr. Narayan, 'Northeast Herald'
2. Mr. Daiho, 'Nagaland Post'
3. Mr. Xavier, 'Nagaland Post' & 'Times Of India'
4. Ms. Vibou, 'Eastern Mirror'
5. Mr. Raju Selie, 'Naga Voice'

**Total: 98 in seven states of northeast India**

## **RESULTING OBSERVATIONS**

### **PLHIV**

In spite of exposure to capacity building in public speaking and maybe even communication skills, most people Living with HIV (PLHIV) in northeast India are still lacking in confidence and expression. The point to note is that they are aware of it and want to overcome the weakness. They are convinced that powerful communication skills will help them to advocate better for the cause and the community.

By and large, PLHIV are still cynical about the media though they make a point of mentioning a few names of media persons with whom they have had good relationships / experiences.

Most PLHIV are keener to have training in television presence, precisely for facing the camera. Few seem to understand the value of radio in regions like the northeast, where access by road often limits advocacy efforts and programmes.

The capacity of PLHIV to listen carefully to what is being said to them is still very weak and is a matter of concern. There is a big gap between what a journalist asks and what a PLHIV hears and answers. If a journalist is sensitive, s/he may repeatedly re-phrase the question till it is understood correctly.

Depending on whether a journalist is pushy/aggressive or sensitive, this can either turn into an unplanned, unwarranted interrogative interaction or one that shows up PLHIV as dumb and not quite 'there'. Both situations are detrimental since they either deepen the cynicism that PLHIV have of the media or make the PLHIV diffident about dealing with the media.

Across the board, PLHIV have two big complaints about media persons. First, that PLHIV are repeatedly misquoted and this often complicates issues of stigma & discrimination. Second, media persons do not share the articles / programmes before publication / broadcast / telecast. The second point is a grave issue since, for journalists, it veers on censorship.

Obviously the attempts at building bridges between PLHIV and the media have still not had an impact in creating trustworthy, dependable, credible relationships between the two. It is an area that needs more attention through structured innovative programmes that can create a community of journalists and PLHIV who can complement advocacy efforts in synergy.

## **NGOs**

In spite of being engaged in almost every aspect of the HIV & AIDS sector, NGOs in northeast India are in grave need of capacity-building, especially for communication. In the present scenario, they are entrenched in a tunnel vision that restricts perspectives to the narrow framework of the activities they are engaged in. The effort of coping with the demands of targeted interventions, maintaining records, writing reports, etc. keeps them deeply engrossed in their seemingly large, little worlds.

The narrow perception has a direct impact on the pattern of interaction with the media. NGOs speak in language and terms that are not easily understood either by journalists or listeners / viewers. Like PLHIV, NGOs also tend to digress from the main point into minute details that are of no interest or value to average readers / listeners / viewers.

Unlike PLHIV, NGOs seem to have a greater understanding of the power of radio for advocacy in a region like northeast India. A few of them have been using radio or participating in radio programmes for dissemination and advocacy in innovative and successful ways. The outputs may not be considered highly professional but they emanate from and reach out to the local ethos. So, even in its raw form, the programmes have had impact.

While NGOs are not fully aware of their limitations in communication skills, they are keen, almost desperate, for interaction and a fruitful relationship with the media. They understand the importance of the role of the media in combating HIV & AIDS and would like to see it happen.

Most NGOs have influence in their cities yet they have been unable to successfully build relationships with the media. They are in need of training that enables them to develop and implement media strategies with equal concentration and effort as they do their projects. Since the scenario is different for each state, capacity building needs to be oriented within the local context and conducted through intensive practical training.

Many NGOs, who are doing good work on the ground, need motivation to come out of isolation. Sharing knowledge and information is not part of their thinking and media are the last sector they want to be associated with. The concept that dealing with the media is a waste of time is deeply rooted and only intensive programmes that show otherwise will convince them to the contrary.

## **SACS-IEC**

It is mandatory for all the State AIDS Control Societies (SACS) to have an official in charge of information-education-communication (IEC). These officials have the portfolio to handle communication work related to behaviour change and project implementation. SACS had the possibility of developing IEC strategies and material after conducting a Communication Needs Assessment.

While no blanket statement can or should be made about IEC activities at SACS, it is sad to note that barring a couple of states, the general reputation of SACS and IEC officials in northeast India is cynical and almost completely lacks credibility.

The basic issue is the non-functional status of SACS, which has been legally created as a 'society' to give it a non-governmental, not-for-profit identity. At the practical level, they are in fact extensions of the state health department that leads to tremendous power play at the state level. The dysfunctional syndrome emanates from frustration, lack of motivation, over-powering interference of parallel hierarchy and often, even corruption.

Reporting of IEC activities by SACS is an art that has been mastered over the years and data on paper looks impressive. The anomaly can best be described by the fact that huge roadside hoardings in English can be seen outside the airports and SACS offices, while awareness of the intricate aspects of HIV & AIDS issues is still quite low.

One factor that affects innovative approaches in IEC at SACS is that IEC officials are constantly invited for training programmes outside their state, not all of which are highly professional or practical. This has two serious pitfalls. The officials come back with crumbs of new communication jargon and easily slip into a false sense of complete, latest knowledge of best practice. The lack of intensive long-term practical communication training programmes at the state-level has led to a vacuum of local response to local issues in locally acceptable forms.

Most communication interventions undertaken by IEC officials at SACS are adhoc decisions as responses to on-the-spot ideas given by some expert. There does not seem to be any scientific methodology that looks at annual, mid-term, short-term, long-term goals. This is unforgivable in context of behaviour change because innumerable people's minds are being affected by unproven methods and formats of advocacy.

## **PRINT MEDIA**

The print media in northeast India cannot be easily described in a brief form. The region has a strong print tradition in innumerable languages and people read them. Newspapers here cannot be judged by circulation but by impact.

The newspapers in northeast India are a strange mix of operating under political / social pressure and serving the public interest. They also just about survive managing a publication with restricted means and paucity of funds. The result is a unique blend of original local reporting, 'development' stories emanating from government offices (routed via the offices of the directorates of information - DIPR) and international stories picked up from the internet.

The dependence of northeastern newspapers on the office of the DIPR is a weapon and a compulsion. The DIPR is the source for state government advertisements that brings much-needed revenue for the survival of newspapers. It also carries an underlying obligation to toe the official line. Over the years, the need for survival has lead some newspapers to bend backwards in this regard.

Even so, there is a band of committed journalists in northeast India. Many young journalists are dedicated to value-based, watchdog journalism that concerns the interests of the citizen and general public. These are young professionals who are not drawn to the glitz and glamour of big-time 'journalism' in the metro cities and have made choices to continue working in their state / region.

The sincerity of these journalists is in contrast to the conditions they work in and the opportunities they have / get. Many would be happy if some new system of revenue-earning allows them to work more freely and travel for stories to areas where they presently cannot, due to financial constraints. It is heart-rending to see the struggle of these journalists and a cause of great worry as well. The question does arise, will the northeast lose this dedicated band of journalists to the process of self-sustenance and survival. If so, it would be a great loss to northeast India.

Among these journalists, many have made HIV & AIDS issues a personal crusade, even though they lack information on latest surveys and related data. Apart from awareness-raising and highlighting prevention, they also focus on the non-performance of governmental and non-governmental organizations. Most of them are cynical about NGOs, more so of those engaged in the HIV & AIDS sector. They feel it is an international bandwagon on which many are just riding high without delivering anything. They believe such NGOs need a lot of monitoring on how funds are utilized for implementation at the grassroot level.

## AIR

In comparison to print and television, the official broadcaster, All India Radio (AIR), in northeast India, plays a major role in the developmental sector. Attention to programming on HIV & AIDS is high in some states and low in others. This is directly linked to who heads the radio station and the level of acceptance or denial regarding HIV & AIDS in the state.

Radio programmers in northeast are functioning with poor infrastructure facilities and very dated equipment. While they conceptually function as professionals, this does not necessarily translate into high-grade professional practice in practical terms.

Radio is also burdened with other complexities that affect the vibrant potential of AIR. There is a big divide between the engineering and programme section that often has a long history of incompatibility, sometimes bordering on hostility. Further, there is a dividing line and big communication gap between the news section and the remaining programme section. The news section is terribly under-staffed and independent on 'written' feeds that come in from non-staffers.

In the case of northeast India, these complexities are further compounded by dialect programming. Some stations broadcast programmes in anything between six to ten dialects. This makes programme planning quite a formidable task. The easy way out has been to put out Bollywood songs as major programme chunks to cut across language issues. Young programmers are keen to make a shift to new styles and formats and are keen to be trained to match international standards. Not much can be done unless these complex issues are reviewed at a very high policy level.

Live Phone-in programmes are highly popular in the northeast and some stations are way ahead of others in this field. In some states, HIV & AIDS issues have been dealt with on live phone-in programmes. Apart from this, the usual formats for HIV & AIDS have been straight talks, panel discussions and radio jingles.

Extensive practical training for full sensitization and innovative programming on HIV & AIDS issues is needed in the northeast. At present, even those who have undergone some form of sensitization still slip into unethical situations, which is a matter of worry and concern especially to PLHIV. Motivated programming does not necessarily equal sensitized programming. This could and can lead to programming that has ethical and stereotyping issues with serious ramifications on an ignorant or less informed population.

## **DIPR**

The office of the Directorate of Information & Public Relation (DIPR) is a powerful centre of co-ordination at the state level. They are the official spokes-agency for all departments of the state government. They also have the mandate to maintain and sustain relationships with the media. Any noteworthy press conference in a state would be held under the auspices of the local DIPR.

Seeing how the DIPR is placed, it is clear that the office can be easily well-utilised or misused. This largely depends on the officer who heads the department. They could be the best instruments for propaganda used by all the local politicians or function as a platform that enables journalists to have access to critical information in all sectors.

In the states where there is denial about HIV & AIDS, the office of the DIPR is not playing any role as yet to create an environment of awareness and debate. In other states there is enough willingness to play an instrumental role in catalyzing efforts of advocacy.

The DIPR office has the potential to bring PLHIV, NGOs, SACS and the media together. It is purely an administrative issue and a few deliberations on the logistics of the operation can ensure widespread coverage of HIV & AIDS issues in all northeastern states. In fact, this needs to be taken up as a strategic plan of action for any HIV & AIDS related work in northeast India.

In some states of northeast India, a daily newspaper would have blank pages but for the feed that they receive from the DIPR office. Often, newspapers print the DIPR feed in toto. Most newspapers also vie for a piece of the annual advertisement pie from the DIPR office.

It is easy to see that local State AIDS Control Societies (SACS) can use this platform for better advocacy of HIV & AIDS issues. PLHIV and NGOs need to be encouraged to send in regular articles that can go out on the DIPR feed to newspapers. Regular press conferences by SACS or other organisations can also fulfil the demand of local journalists for latest statistics and information.

Multifarious organizations in the northeast are conducting a large number of surveys, studies and data-collection. This information is reaching policy makers but not journalists who are waiting for it and are well-positioned to analyse it for public dissemination at the local and regional level. The office of the DIPR is an ideal platform to fill this gap.

## **DETAILED FEEDBACK FROM INTERVIEW SESSIONS**

### **GROUPWISE FEEDBACK**

#### **PLHIV**

##### **ASSAM**

**Ms. Jahnabi Goswami, President, Assam Network of Positive People Participant, Executive Briefing & Resource Expert, Training**

Journalists, especially on radio, ask wrong questions

Invariably invite just doctors

No inputs of positive people and many are interested in voicing themselves

No effort to speak to the general public and get the pulse of public opinion

Nothing on ART and adherence to treatment

Live Phone-ins are ideal for VCCTC and ART issues because they can throw light on existing, available and operational infrastructure / facilities

##### **MANIPUR**

**Mr. Ratan Singh, Chairman, GIPA Alliance, Manipur Network of Positive People (MNP+)**

**Participant Executive Briefing & Communication Workshop 2 (PLHIV)**

BBC came down to develop special PSAs for the north-east, this was probably influenced by the MEDIAIDS initiative in north-east

Before training had no idea about dealing with media, after training can handle them

Also try to avoid using acronyms because journalists are not always sensitized and general people do not understand them

Media always wants to explore more and it often hits into issues of confidentiality

Invariably there are questions about whether wife, child is positive and have to tell journalists that this is related to another individual's rights and he cannot answer it

Now know how to move away from the danger zone.

For example: When once questioned about Hepatitis C, which is a very technical question, passed the query to the doctor, who is a medical expert

Earlier (the public broadcaster) Doordarshan used to come when they were 'free', now they are motivated and even go to SACS before-hand for information and research

Manipur Doordarshan has as separate unit for HIV & AIDS (Mr. Robindro Sharma plays a pro-active role in it)

Themes at Doordarshan in the 15-20 – mt. programmes are related to treatment, PPTCT

Programmes are telecast at peak-time just before news

No contact with radio but need / want them because radio is an ideal means of communication

There has been a meeting with PD of SACS for jingles on radio (Earlier jingles were being aired, then stopped by earlier PD)



SACS has assured that funds for jingles will be routed from NACO via SACS to AIR

Live Phone-in programmes are very effective

Have not been contacted by Radio 2 participants, they come only on WAD

Media Advocacy programme was organized on December 15, AIR did not come

Forget issues with the local media, national media was in Manipur for covering the elections. In between 'zipped into MNP+' to do a side story

We don't like this approach and said we are not free

Print media is still focusing on overall aspects not specific issues

Sangai Express has specific space for HIV & AIDS

Four print media journalists come for every HIV & AIDS related event:

Ms. Liklaileima, Sangai Express

Ms. Ashalata Devi, Poknapham

Ms. Sunita, Imphal Free Press (Thomson Foundation award winner)

Mr. N. Ibungochoubi, Manipur Mail

Mr. Anirbhan Bhowmick of Deccan Herald

Mr. Robindro Sharma (Doordarshan) are quite sensitised

There has been a lot of change in the media

Four-five years ago journalists were not sensitized / concerned

Never put HIV & AIDS with big headlines, now get front-page

Maybe an assumption, but this may be due to forming a Media Committee at MNP+ that resulted in the networking with media

Print media is quite educated and sensitized

Now they are even writing about Hepatitis C

They concentrate on the issue not the treatment

They have succeeded in highlighting that this is a big problem and treatment is needed, which is what MNP+ wanted

Now, Mr. Gautam Sharma, Poknapham Executive Editor, 'invites' Ratan as a special guest for award functions

Other positive networks are not yet discussing media seriously

They still do not know the importance of the media

Will immediately take up the regular monthly interaction with media

The NACP3 plan has the concept of a state advisory board that will involve media persons

**Ms. S. Uditadevi, MNP+**

**Participant, Communication Workshop 2 (PLHIV)**

Training was very useful, especially the public speaking exercises for television --- could immediately see there is a need for lot of improvement

Still have a problem about facing the camera, nervous about it

There has been an improvement since the training, get feedback from others at MNP+

Earlier used to tremble in the bones

Have given interviews in Guwahati and Imphal

Still go about in a confused way but try hard not to

Need more training both in how to speak and how to give messages

Making clear messages is very difficult

Problem as much in Manipuri as in English

Want to convey so many prevention aspects, don't know how to do it

Shared the MEDIAIDS training information and experience with the women's group at MNP+

They are very interested and would like to have similar training

A TOT first would be a good idea, then it would work better in local languages for more number of people

There is not too much coverage in the media, the themes focus on general epidemic

Only the Media Committee set up by MNP+ is responding well

Not very happy with the performance of the media

In Imphal, ISTV channel is good for exposure in the city

Radio can reach everywhere

Vernacular press can reach every village

There is a need to cover success stories to inspire / motivate testing / disclosure

Radio would be good for Art and PPTCT

Radio should also highlight success stories to handle stigma & discrimination

Orphan children also need highlighting because their plight is directly linked to the issue of finances

SACS is doing good work with MNP+

MNP+ is now building a strategy to sensitise the underground --- they have the impression that HIV & AIDS is a money-making system, meanwhile PLHAs suffer

Karnataka, Tamil Nadu, Maharashtra have good media linkages

Manipur has gaps and needs to develop more in this kind of linkage

Problem is with the higher levels of management / Editors who are not supporting the reporters who are committed and attend meetings, etc.

Top level media needs sensitization

Sincere request to set up a MEDIAIDS kind of Training at the state level, so that district level people can benefit and carry the training forward

This will also increase linkages and networking with the media for the future

Memory factor is important, so HIV & AIDS needs to stay in the news

**Mr. S. Lianpu, Churachandpur Network of Positive People  
Participant, Communication Workshop 2 (PLHIV) & International Meet**

After training had an interaction programme in Churachandpur of community, PLHAs, pastor and media

Interaction was very good and all shared their views

Later the pastor said: 'I learnt a lot today.'

Media said: "When you do all this work, you don't come to us. We can publicise it all for you."

Mr. Thangzalai, editor of Lamka Post spoke separately, later met him, the response was good

There is a need for a media advocacy programme in Churachandpur because there is interest but the media persons are not sensitized

We don't inform them because there is no big programme

The voluntary interest in the media is good because they do not charge money and flash the news --- in that sense they are helping

Since the training there have two flashes in the vernacular newspapers (Lamka Post and Manipur Express) in the Paitei dialect

Two flashes were announcements without any charge about support group meetings to be held --- it is not possible to inform everybody all around --- so this helps to get more people to attend the support group meetings

Without the flash announcements, maybe 15-20 people would come --- with the flashes, get up to 40 people to come

The column highlight on the front page is because of the interest of the editors, like Mr. Chilkhalia, Editor, Manipur Express

In support groups, people do not feel isolated, there is a lot of sharing, people come out into the open, otherwise some may never ever express themselves

There have been some articles about HIV & AIDS and the church, don't know the benefit for the community through that

There are no articles on PLHAs, it would help if there were

One local reporter from Sangai Express asked what are you doing --- was told we are positive people working for positive people --- he was not sensitive --- what about media people like him

Still lot of stigma and discrimination, people do not want to talk about HIV & AIDS

Has been advised to meet editors regularly

Relapse, especially among males with IDU background, is a big issue in CCPur

Most widows in the 20-35 year age-group have no knowledge

According to NGO data and District SACS, infection among IDUs now is less, mother to child infection is more

According to the HIV+ register in CCPur 573 of 1203 infected are on ART

There is no idea about those who are in hiding, do not disclose their status or register themselves

Counselling about Nevaraprine is poor, women need more counseling

Shared the MEDIAIDS training with others in the CCPur network but "most of us lack confidence"

If someone comes from outside, shy to answer or talk though they know their work well and are doing it well

Before training no idea about media and how it functions

Now quite confident but not been able to use it

Local training is needed on-site

For those from CCPur, even when they go to Imphal to the MNP+ office, they miss out a lot on the training that is conducted in Manipuri or English, which they do not understand very well

Don't follow even programme co-ordination training fully or correctly

There is a communication gap between Imphal and CCPur networks

#### **Mr. Deepak, President, MNP+**

Basically have good relations with the media

Problem is of young journalists who are inexperienced and can make mistakes

The Thomson Award given to Ms. Sunita increased awareness among the media

Some weeks ago, issue of substitution therapy came up, showed that the media had absolutely no knowledge about it

There is a desire in the media for sustained networking and they have participated a lot

Media does not ask for an honorarium, so feel the need to show gratification by paying them  
Suggestion given to start an annual award instead of paying the journalists for doing stories

**Mr. O. Munindro Singh, MNP+  
Participant, International Meet**

Learnt a lot at the International Meet about media and the role it can play  
Have a good relationship with ISTV channel and they listen

MEGHALAYA

**Mr. Herojit Singh  
Participant, Communication Workshop 2 (PLHIV)**

Find it easier to talk to media now after MEDIAIDS training --- now don't worry about pauses --- think and give meaningful message --- not nervous any more  
Not only talking about HIV & AIDS but at the end of interaction, also sensitizing media persons about sensitive questions

Media is very ignorant --- they need training --- they want to know what questions to ask --- have to write the questions and give it to them

Mainly done work with television --- shown face on PCN cable channel and Doordarshan --- after PCN interview, spoke to wife and she also agreed it needs to be done

Children will also become a tool for raising awareness

Joe at PCN cable channel has promised if there is any problem for children at school, he will stand by and there will be trouble --- he even took pains to deliver copy of programme at home

PCN was general awareness through a personal story in news --- Doordarshan was 15-20 mts. documentary

Making a point not to bow to the convenience of media --- give time for shooting when it convenient during the course of daily work / schedule

Refuse to give blank straight bytes --- insist on interactive Q&A / interview-style chats

Media interest is increasing --- they come looking for me

Don't want to set up a NGO-type of positive network

Due to MEDIAIDS project, so many media persons have learnt how to talk to positive people --- that is why working with Joe at PCN cable channel was so easy

Awareness has spread --- have been sharing and using the Carasana material

Follow-up is necessary --- no contact points for further sharing

There should be some training with local headmen, positive people and some counselors

Local talent should be involved in training

Even literate people who are working in the HIV & AIDS sector are not media savvy

Whole training was well-planned --- Loon's intervention was memorable --- gave us the understanding that the challenge is of facing questions that media WILL ask and giving a message with it

## MIZORAM

### **Ms. Irene Zorinmawii, Mizoram Network of Positive People (MPLAS) Participant, Communication Workshop 2 (PLHIV)**

Done a lot of interviews for print and television since the training (no number)  
Now know how to get to the core of an interview  
Can easily manage how to face interviews  
Able to get around the question of how you were infected  
Takes it into the arena that the source cannot be scientifically pinned down  
When pushed, takes the interview into another direction  
Accepts the fact that such questions will be asked, so there is no problem  
Before the training used to get easily angry about it  
The training has been shared internally with other members of the network  
They still face problems because they do not have the benefit of direct training  
For print, knows exactly what to give  
Mostly it is life-story and network background  
Would like to promote messages of Life after HIV

### **Mr. Lalmalsawma David, MPLAS Participant, International Meet**

Will discuss future media strategy with Somte (President of network) on the basis of notes provided by NM

## NAGALAND

### **Ms. Chongtei, Nagaland Network of Positive People (On telephone) Participant, Communication Workshop 2 (PLHIV)**

Feel confident enough now after the training  
Participated in a television chat show  
Engaged in planning for a once-a-month 30mt. programme for radio  
Met participant, Ms. Titoni Assumi at radio and discussed about working together  
Since training, about 4-5 interactions with media  
Still not satisfied with the way of the media --- there is a big difference between what we share and what they write  
Over the past month (March-April 2007) there has been an increase in reporting in all newspapers, especially 'Morung Express' and 'Eastern Mirror'

### **Nagaland Network of Positive People (including +ve and non-+ve persons)**

**Ms. Naomi, President**  
**Mr. Lanu, General Secretary**  
**Ms. Aching, Member**  
**Mr. Longyim, State Co-ordinator**  
**Ms. Ayani, Programme Manager**

Mixed comments, specific comments written with names

Everyone switches on news on radio in local dialects  
No difficulties in the church but in spite of the church there is stigma because it is related to individuals

**Naomi:**

I know my own case --- knew about facilities that were available but was too scared

So many people are infected but hardly one-third are out using the facilities, even though there is ART, CD4 count machines, etc.

They all to go other cities

Once they come to a centre, there is no problem in convincing them but the problem is people are not coming up

**Lanu:**

Have been on chat shows and for interviews

Usually talk about life experience --- how I am living with the virus, facing stigma

Largely testimony and stigma issues

Went on Doordarshan in Kohima and Guwahati, recently atleast four times on Kohima TV

Also engaged in a documentary made by Naga People's Movement for Human Rights with Nichu and Vasum

Among the well-sensitised journalists are: Moolchand and Asen at Doordarshan, Daiho at Nagaland Post, Vibou at Eastern Mirror, Bambi at Morung Express

“For someone like me, it is impossible to be alive, so I feel that my coming out [into the open] may help / save someone...”

Morung Express has received award in Nagaland for best coverage on HIV&AIDS by a Naga organisation on AIDS that is a coalition of different NGOs

NGOs are doing work, SACS is there but there is no intimation of meetings

SACS calls NGOs but not NNP+, not even for Project Implementation Planning

**Ayani:**

Have done a 30 mts talk show on radio on WAD, where we got into basics, not more

Wish to do a series

## NGOs

### ARUNACHAL PRADESH

#### **Dr. B. Natung, Voluntary Health Association of Arunachal Pradesh Participant, Communication Workshop 1 (NGOs)**

Tried to bring change, but unable to do much due to health (severe bronchial problems) --- there has been interaction with other participants from the state but nothing concrete has started

Soon after training, a media get-together was organized, where the Director-General Police(DGP) was the chief guest --- it was to talk about human trafficking, HIV & AIDS and the role of the media in controlling the spread of HIV & AIDS --- media mentality was VIP-centric, VIP-driven --- when a VIP comes, it drives away what programme was planned --- next day there was big coverage about the DGP and just one-liners for the rest of the speakers and the issue --- DGP was called because trafficking is related to the forces -- - media was briefed about HIV & AIDS and what to highlight in advance --- had interrupted the discussion which had digressed but it made no difference SACS is not working up to expectations

As yet there is no public disclosure of positive status in Arunachal

Most cases are among the forces and migrants

SACS has cases of Arunachalis

State-level training is needed in Arunachal --- media has to be engaged the way it was in the MEDIAIDS --- they need to be sensitized

Journalists do not go out looking for stories --- national and international stories are picked up --- SACS gives nothing for the media

One experience with the media led to a totally damaging story --- they want facts and figures

The cannot understand the issue about disclosing names and stigma & discrimination --- even wrote derogatory phrases like; 'an organization 'claiming' to work for HIV & AIDS...'

No trust in media and police at all

Media believes they can write the way they want to, twist it any way

There is no denial among politicians and bureaucracy

At present the flow of information is from New Delhi to Arunachal, from urban to rural areas --- it should be the other way round

"We want to work"

#### **Mr. Sunil Mow, Human Rights Lawyers Network Participant, Communication Workshop 1 (NGOs)**

Participants were supposed to work together but there have been problems of co-ordination --- wished to do something together for radio

Have attended training programmes for police officers, government officials --- used the opportunity to talk about HIV & AIDS in relation to trafficking and the impact of misinformation

One training concerning rights was for a gathering of youth in a small town, Palin --- the level of misinformation and lack of communication leading to stigma & discrimination motivated 'advocacy' conversation with the family

Have planned for radio and television programmes

Networking of people trained by MEDIAIDS is necessary

After training, have continued with practice in front of the mirror and other communication skills, including ge-ge-ge-gaa --- Confidence level is high  
Had a meeting with the SACS Project Director re: discrimination of positive people --- nothing since then

Will meet up with the radio crowd for indirect messaging in radio programmes  
Television means nothing, Doordarshan (DD) outreach to rural areas is very limited --- restricted to capital, Itanagar and neighbouring satellite town, Naharlagun

There are 26 major tribes plus sub-tribes in Arunachal all with their own dialects --- People in rural areas listen to dialect programming on radio

In a period of 2 years, official figures of positive people has gone up from 25 to 92, of which 55 are youth --- these are SACS figures, could be more

There is a need to bring issues of right to employment and access to treatment upfront

Will endeavour to regularly write articles for DIPR

Cable television covers all areas --- personnel should be trained, so that they do not hesitate to talk about HIV & AIDS, learn to link it up to local ads, etc.

People at SACS, especially counselors need to be trained in communication skills

Bureaucrats, politicians, policy makers need sensitization --- media covers politicians well, so key messaging needs to be done through them --- that will also impact policy

EG: at a HIV & AIDS conference, the health minister said he knew nothing about HIV & AIDS, only learnt some things now

Sero-surveillance is limited --- what about high migration sector and its impact

Not much faith / confidence in SACS --- new Project Director is strict

Articles covering HIV & AIDS issues may talk of this and that but there is no key message

**Ms. Dipali Dodum, Arunachal Pradesh Women's Welfare Society  
Participant, Executive Briefing & Communication Workshop 1 (NGOs)**

Not done much since training, very little in fact

Dr. Natung is doing great work in Tipi, West Kameng District --- related to truckers and CSWs

Youth talk --- they have to be engaged in HIV & AIDS work

**MEGHALAYA**

**Ms. Hasina Kharbhih, IMPULSE  
Participant, Communication Workshop 1 (NGOs)**

Started a newsletter --- good for communicating to various stakeholders, so there are not so many queries --- one issue on HIV & AIDS --- till now focus on own (IMPULSE) projects --- now will highlight other organizations -- print 1,000 copies of which 500 go to government organizations / funders / NGOs / individuals / media

Newsletter was an advocacy tool to achieve a regional workshop on HIV & AIDS and trafficking at Guwahati High Court

The newsletter is an effort to fill communication gap

Have been part of the scripting process for three documentaries: stigma & discrimination, Highway truckers, Commercial sex workers



Networked with students from Mass Communication institution after Doordarshan ad came out --- meeting was held at IMPULSE --- all got approved --- have provided resources, feedback and stories

Personally had a relook at media strategy – earlier it was just interviews and bytes --- saw that it can go further than that

Now taking long-term proactive steps

Involved in process of setting up a network of positive women --- one is working at IMPULSE --- will probably disclose her status at Human Rights Lawyers Network workshop

Educated positive woman can be empowered and can be a good communicator

Others who have disclosed their status in Meghalaya have suffered discrimination and have to leave the locality, etc.

In today's world, capacity to communicate is important

After the workshop, following a 'behind' strategy --- other resource persons support media work including newsletter

Worked on HIV & AIDS message with PCN Cable network for WAD – made an effort to move away from statistics and give a human face

Due to newsletter, media is visiting IMPULSE office --- started the tea meetings --- the work with PCN emanated from this

The second-third line at Impulse were not using media as a tool --- now they know there is no point in isolating the media

Other NGOs used to be upset that Impulse was not attending events --- now make sure atleast third line, if not second line, is present --- don't want them to feel Impulse is isolating them or is too big

WAD; used post office --- 250 sets of IEC material were delivered --- all post boxes have HIV & AIDS messages in Hindi , Khasi, English --- will stay for one year

The BBCWST PSAs will run at post offices

Most of work is in trafficking, not HIV & AIDS

Media is both responsive and rigid --- those we have not reached out to are rigid

Print campaign on WAD was good --- regional level response was good --- sent them 'readymade' material

Thrust was: accountability is not only with NGOs but also with government and the media --- used a journalist and based material on human stories (Hasina wrote the stories and journalist converted it into journalist-friendly language)

AIR needed a sponsor --- networked with Lever and UTI --- twice-a-week slot --- no knowledge about the 50% discount

Re: Media persons involved in MEDIAIDS --- some were already conscious of HIV & AIDS, others not so much and they are much better now

NGOs not taking on ahead, still busy with just their project --- maybe a problem of organizational survival --- or maybe boss did not attend the training and that has affected the response level

Next training:

Maybe concentrate on freshers from mass communication --- they are open and not corrupted --- absence of a good break leads to lack of innovativeness  
Also maybe there is a need to get SACS and NGOs on the same platform and get NGOs to look beyond SACS

If there are positive people out in the open, they can lobby best for a CD4 count machine --- NGO lobbying does not work --- people ask; where are the positive people

Issue of CBOs affects targeted interventions, especially for condom distribution

There are no NGOs in remote areas --- Impulse is moving forward in that direction --- has been the only one to apply at SACS for interior areas, no competition --- All applicants for Shillong, maximum Jowai

In interiors, radio is a priority --- if cleared, will be part of communication strategy --- more controlled than peers talking in the community --- posters are a waste, so are pamphlets --- rather use radio with follow-up fliers

Others at impulse need communication training to be able to talk

After MEDIAIDS training, conducted a structured session with four of them --- first session was two months after the training --- Q was: What went wrong with media and Impulse / how to retrieve the situation --- regional reporting was good --- Shillong not so

Media exercise was Hasina-centric --- now upgrading of team structure --- putting in place project and programme managers --- Hasina no longer President --- this has helped at different levels including with the media

Message is focused on few messages: healthcare and condoms in context of CSWs to lead to vital conversation in the community

Have demarcated those who can speak in Hindi, Khasi, English depending on fluency --- this is an effort to rectify earlier mistakes

MEDIAIDS helped to think in this direction

People from training should be selected for further training, who can take it forward innovatively

Still maybe at regional level, maybe not state-level yet

Funds still an issue for state-level training

HLL and Impulse working together on social marketing issue

'Maitri' film with confidentiality issues has been telecast

Local faces on posters, etc. Will make a difference for people to identify with messages / issues

Would like to have second line training for radio at Impulse for further communication building

**Pastor Heipormih Khonglah, Faith Christian Church, Jowai  
Participant, Communication Workshop 1 (NGOs)**

After MEDIAIDS training, had a chance for another training by TEARFUND --- Many church leaders were present --- from Meghalaya, only Pastor --- workshop showed that churches in other states have moved far ahead an Meghalaya still in denial

His church, Faith Christian Church, a breakaway of the Presbyterian Church, was the first in Meghalaya to celebrate WAD in 2006 --- was a prize-winning runner among seniors

May have some doctrinal issues with the Presbyterian church BUT the main issue is that the local people, Puar, of the Jaintia hills have been severely neglected by the church

Motto of the Faith Church is: Reaching the Unreached

The only privilege that the local people have is the coal mines

The coal mines are a vulnerable, high-risk sector for HIV & AIDS

There are many cases of STD among truckers

There are anything between 200-300 coal mine owners in the area and each employs 50-100 migrant labour

Many young boys and girls are also vulnerable to and at risk of the Golden Triangle from Mizoram and Manipur

On one single day, there were 60 kids at the Drop-in Centre for substitution therapy

According to government statistics, the figures of STD and HIV infection are very low, much lower than the reality

No HIV testing facilities are available in Jowai area

TEARFUND is taking up Northeast as a high priority and emphasis is on HIV & AIDS

Interviewed on issue of role of church by Maria (television training participant) for Mizoram Doordarshan

Looked into training notes before going for interview --- so not as a scared, nervous person but confident --- happy with performance in front of camera --- free expression and able to give what I wanted to give them

Also invited to Shillong by CANA, a Delhi-based Christian NGO --- work is related to HIV & AIDS --- will be sending an ex-drug-user, Robinson, who is working with Pastor and was also interviewed for the film by Maria

Need a big heart to deal with drug addicts

Has been invited by Ms. Kmen (AIR Jowai) to compose and sing a song on HIV & AIDS

Awareness is so low --- after some awareness has been created then a song with a message would / may make a difference

Motivated to compose a song on HIV & AIDS

“Now I cannot be out of HIV & AIDS work...God led me to MEDIAIDS, a novice who knew nothing...it was an introduction like oh! there is this problem...very fortunate to have been there...now I hope to help more people...”

Ms. Kmen's idea for a People's Forum is interesting --- will meet to discuss construct and content of programme

Happy to receive Thomson CD --- it will help with presentation of words / messages when he composes song

**Dr. Bishar Plain, 'Chdoodeiama', Jowai  
Participant, Communication Workshop 1 (NGOs)**

First radio programmes on HIV & AIDS right after training --- three 5-mt. straight talks in Jaintia dialect on prevention --- followed by a dialogue programme with another social worker (Juanita) for WAD

Found that he was able to make the language related to sex elegant

Had been doing agriculture and animal disease programmes for radio (he works as a veterinarian with the government) --- used that credibility with radio and listeners to start doing programmes on HIV & AIDS

Next radio programme with Dr. Rica Lamar (co-participant) --- a 22-mt. dialogue on preventive measures in Jaintia dialect

Radio people felt it is a new / first attempt on HIV & AIDS for grassroot people, so have a long chat

Radio programme was preceded by a street play at three locations in Jowai --  
- used 17 recovering addicts for the play --- centred around infection, transmission, prevention

Lot of crowd --- story was carried in the local Khasi paper (there is no newspaper in Jaintia)

One reporter asked: Does anyone have HIV in this district? Gave the answer: there is no official data but we are in a vulnerable area --- this was quoted in the newspaper in the report on the street play

Strategy was planned --- first a straight talk on radio, then the street play, then the long chat on radio with reference to the street play that many had watched For months of April and may 2007, the District Commissioner(DC) has asked to do the street play and a radio programme covering the Laitrymbai area --- a plan has been put up to cover costs of actors, etc. who will be taken to Laitrymbai --- there it will be done in Jaintia dialect and Hindi because of the truckers

DC wants to target the truckers in the coal belt area --- will take the initiative to speak to AIR to run a Jaintia-Hindi combination straight-talk programme on radio

DC believes labourers and truckers have nothing but carry a radio so radio can really reach them

Training has really helped, even Dr. Rica --- that is why they could do a good show

Street play has to be carried from location to location --- with radio, can cover the entire Jaintia hills at one go

Has been working on the agricultural programme, 'Kisan Vani' --- After training, style has changed --- now do the programme in a planned manner --- keep it more friendly --- compose sentences to draw / retain attention

People at radio have commented on difference in presentation after the training --- also compare it (better) to other guest-talks

Took some AIR people to get feedback from listeners

After the street play and radio shows, people have approached him, including the health department that gave him 6000 condoms

In three months, has discreetly distributed about 4000 condoms (truckers, government officers, businessmen) --- had given personal mobile number in the radio show --- people call and ask for it --- don't feel it is wise to do public distribution of condoms

Himself a church leader --- there has been no intervention or interference from the church re: condoms

Radio is helping to reach remote areas --- it is a controlled situation --- two people if it is a chat, three people if it is a panel discussion --- for street play, lot of preparation, too many people, too much co-ordination, etc.

Since he is a government servant, has got a no-objection certificate to work on issues related to AIDS

**Dr. Rica Lamar, Manbha Foundation  
Participant, Communication Workshop 1 (NGOs)**

What was helpful in training was how to give messages on radio with confidence and human touch --- earlier thought HIV & AIDS was serious issue and should speak accordingly --- learnt to give warmth --- and of course, the breathing exercises have become automatic --- also learnt a lot of media terminology in the training

Earlier had a negative view of media --- interaction with media showed they are sensitive

Also had the impression media is ignorant but saw that they were informed --- in fact got some tips from media persons that could be used in awareness programmes

Now agree and like to meet the media --- would never have said yes to a live phone-in programme --- now ready for a live phone-in even on tv --- not too anxious or apprehensive about it

NGOs of Meghalaya had never interacted so closely between themselves as they did during the training --- had always been suspicious of intentions --- during training a bonding took place --- now there are differences but no resentment

Lot of sharing and working together with Pastor Heipormih and Dr. Bishar Plain

Because the three worked closely together for WAD, now they share information on available funds, etc. and have set up the Jaintia Forum on AIDS and Drugs

Have applied for a project together as team to State AIDS Control Society --- this will allow for fruitful interdependence of resource persons

Kmen Budon of All India Radio has approached many times --- has lot of passion, has genuine interest and is well-informed --- many meetings, interviews with her for a series of episodes on HIV & AIDS

Participation has also been on talk shows on radio and tv

Television shows were for the general information series, 'AIDS and You' as well as for 'Women and AIDS' --- this was a live phone-in programme dealing with the vulnerability of women & stigma and mother-to-child transmission

Radio show was with two positive people --- positive people have now started talking on radio --- that is a big development

Presently there is a surge of media interest in HIV & AIDS --- some media persons are under-exposed to the issues and are approaching it with lack of sensitivity, maybe because they are less informed

For example: in a radio programme, the name of the positive person was spoken many times, even though they had been told not to do so --- since it was a pre-recorded programme, it was edited --- the concerned positive person told them how and why it was wrong and made sure it was edited

A MEDIAIDS kind of training can help to make journalists less anxious when doing a story on HIV & AIDS --- Problem is they have the concern but don't know enough and are unable to handle the situation correctly

Messages through PSAs are coming up more now --- young people had a lot of ideas at a BBCWST workshop --- though there were cases of misconception as well --- like showing a sickly face of a HIV positive person

At the film screening of Maria's film (television participant who made a film for Manbha on occasion of WAD) people cried --- minister said: this is the first time we have seen the human face of HIV & AIDS in Meghalaya

MEDIAIDS model should be replicated at the state level for the local media so that more people are trained and they can carry it forward to the rural areas

The training had more emphasis on radio, not so much television --- television is more challenging and there should be more training for that

After the training, there has been an improvement in the basic trust between media and NGO sector --- with this, it is possible to work together

it is important for Meghalaya --- never joined forces before --- after MEDIAIDS experience, everyone is more tolerant --- now the concept has evolved: let's work for Meghalaya, it will pay dividends in the long run  
Understood the thoughts of other NGOs during the training --- networking has started now  
Wonderful thing is, now the media comes to us, earlier we were running to them

**Ms. Eudora, Voluntary Health Association of Meghalaya**

Needs time to discuss with positive people about regular media lounge meetings in co-ordination with DIPR  
To be frank, cynical about media  
Will think about regularly writing articles and discuss with SACS and DIPR

TRIPURA

**Mr. Ajit Sharma, Voluntary Health Association of Tripura  
Participant, Communication Workshop 1 (NGOs)**

Re: MEDIAIDS:  
Earlier had fear / reservations about media, now confidence to work with media  
Better understanding about requirement of journalists and the role of media  
It helps for more effective programmes of VHAT  
If there is a mistake or a good point, media is the a good source of feedback  
Now strongly believes NGOs and media can work closely together for social issues  
Radio programmers have also been trained  
Right after their training got a call from AIR  
Successfully did two programmes with them (NOT on HIV & AIDS)  
This partnership has emanated from MEDIAIDS training  
Understanding of and co-ordination with media has increased at the personal and organizational level  
Generally include HIV & AIDS information in other activities of VHAT  
Included HIV & AIDS within training on environment for school teachers and panchayats (village councils) in the West District Sonamure area  
Plan to make a presentation to the media at the end of 2007 after various trainings  
SACS has declared 140 positive cases in Tripura  
They are unknown people floating in the population  
There is no programme for them  
Very few daily newspapers  
Media is not covering stigma & discrimination  
Most media persons do not feel HIV & AIDS is an issue (too involved in politics)  
There is no reporter who knows the subject of HIV & AIDS  
After MEDIAIDS training, spoke to many editors, none have any interest in HIV & AIDS  
Contact was made by Station Director of AIR for HIV & AIDS programmes  
Plan was for 5 days in one month of programming

Hitch was need for some budgetary contribution from VHAT  
If bursaries are provided to AIR, can definitely participate in the programming  
Chief of VHAT has a certificate in home-based care of HIV & AIDS patients  
Content and key messages need to focus on sex workers, migrant labour and truck drivers  
Prevention should be the main thrust area  
Now feel something can be done through radio  
Example of Binoy Paul (another participant) working successfully with radio  
Linked to the Station Director in the district, M. K. Devburman (who is now the Station Director at Agartala)  
N ahead  
Need support to carry MEDIAIDS kind of training to the state and district level  
Media is not sensitized at all, radio is maximum  
Television should be used, for the city and for the future (youth); not talking of now but long term, say 10 years  
Now newspapers are reaching more homes, was not so earlier  
Cannot say whether just television or print would work, strategy should be to combine both for assured impact

**Mr. Binoy Paul, Organisation for Rural Survival  
Participant, Communication Workshop 1 (NGOs)**

After MEDIAIDS training called 4-5 journalists (local reporters of capital Agartala-based newspapers)  
Explained the role of media for HIV & AIDS and shared the manual  
Plan is to make two panchayats fully aware about HIV & AIDS  
Then invite the same journalists to visit  
They have promised to then focus on HIV & AIDS issues at the state level through the case studies  
In the villages, primary group are migrant field workers who will now (around March) go away  
Then fully concentrate on the village people themselves  
Expected outcome: model of how panchayats should be  
First created a questionnaire for the 15 – 55 years age group  
It contained eight simple questions on HIV & AIDS and behaviour  
Subsequently followed mainly preventive and some stigma-related awareness  
On local AIR FM station (in Dist. Belonia) has been doing 20 20-mt talk shows on HIV & AIDS each year  
First year, single-person straight talks; second year two-person interactive chat show  
After MEDIAIDS training, will / do focus on one single key message with clarity of message  
Earlier messages were large, now neat, crisp messages at the beginning, in the middle and at the end of the show  
Slot at 7.30 pm purchased slots at Rs. 500 and was paid Rs. 750/- as expert as per AIR norms  
Rs. 500/- went in as vouchers into the SACS project, so actually benefit of Rs. 750/- for the NGO  
Almost 80% houses in Belonia, which has a largely rural population, have radio

More Bengali population along with ethnic community of Deb Burmas  
After training did 5-6 talks in 2006  
Now 20 talks sanctioned for 2007, yet to commence  
Through will focus on youth and HIV & AIDS and Prevention (condom, single partner messages)  
Format will include two-person chat show, live phone-in with questions related to stigma



## SACS-IEC

### ARUNACHAL PRADESH

**Mr. Tashor Pali**

In 2007, concentration was on interpersonal communication with village workers

Plan for 2007-8 is to train 8,260 village elected representatives (Panchayati Raj Institutions) in 3,860 villages --- initial target is 1,000 villages

Also plan for district-level activity with accredited women social health activists (ASHA) and Arunachal Pradesh Women's Welfare Society branches --- Aim is create cadre of volunteers along with 800 Ashes and Anganwaadi workers (infant caretakers)

In media, stress will be on radio

Communication needs Assessment was done in 2005-6 by a Kolkata-based organisation of ORG-MARG --- Transportation costs were high --- local people were trained only briefly --- assessment covered urban and semi-urban areas --- wanted rural --- that was not done --- budget was 850,000INR --- report seems biased --- they have shown 87-97% awareness of HIV & AIDS in areas where there are no roads

In NACP3, the stress is on bridge populations --- truckers / migrants --- also commercial sex workers

AIR broadcasts 11 dialects --- plan is for three commercial spots in each --- for stigma & discrimination, roots of transmission and prevention

Out of 31,000 samples that have been tested, there are 92 positive cases

Plan for once a week, 10 Live Phone-in programmes, with ready cheque

Bought time in all dialects in song-based programmes --- there was an overkill, people were fed up

Taking a column space in newspapers is a good idea, will think about it

### ASSAM

**Mr. Ashim Baruah**

Last two years print media has been positive

Request for Prabal Sharma (participant Radio 2) to contact him

Media lounge initiative should be taken up by Jahnabi and SACS will give all support

Media lounge should be done at district level also wherever there are chapters of positive network (there are 9 in Assam)

Idea to discuss with AIR will be around Vox Populi – oriented programme at district level media lounge meetings

Request for 50 copies of Thomson manual (35, as available with Thomson, couriered, includes English and Bengali Languages)

### MANIPUR

**Mr. Omajit Leishangthem, IEC Consultant**

NACP 3 plan has possibility of putting in latest news, trends and articles by PLHIV

Imphal West MNP+ branch --- article about Sarat elam was published in Sangai express --- content was stigma and ART

Plan also for media fellowships for articles and reporting on HIV & AIDS

PSAs made by local skilled media advertising agency that have worked in Mumbai / Delhi and have returned to Imphal  
Telecast is on ISTV channel  
Themes cover Prevention, Stigma, Testimonials, ART, PPTCT  
Radio spots cover all target groups before and in between news  
Mid-day, FM channel is popular  
A 2000 year old courtyard play form is being used --- can entertain 500-2000 people at one time  
The Maitei (who live in the plains) are reluctant to write in English --- the Naga-Kuki do write

### MEGHALAYA

**Ms. Christine Marbaniang  
Participant, Executive Briefing**

Will have a meeting for bringing Voluntary health association of Meghalaya and DIPR together  
No NGOs working in remote areas of West Khasi hills and Garo hills --- all are Shillong-based, maximum up to Jowai  
Need inputs for IEC material, especially messages  
New PD will make a difference

### MIZORAM

**Ms. Zuiliani  
Participant, Executive Briefing**

AIR programmes are increasing  
They have spread beyond WAD  
The reason for increase is that awareness has increased  
Awareness has led to more blood testing  
This has resulted in more numbers showing up  
AIR contacts SACS for themes  
MEDIAIDS training has been most motivating  
Earlier, the staff of AIR was not so interested  
Now they are very interested and visit SACS often  
There has been feedback at the IMPCC by the Chairman, Mr. C. Lalrosanga  
The formats they follow at AIR are still the regular, traditional kind  
This has to be changed to be of interest to the youth  
Prevention / Condoms are key messages that need to be focused on  
People's perception of risk is low  
Church / community organizations do not promote condoms  
HIV & AIDS is seen as a SACS issue, not a community issue  
Print media is not working well  
Hard news coverage of events is good  
There is a need for responsibility-oriented articles to motivate the community  
In cable TV, Mali has done a successful show on the lines of American idol  
SACS budgets for print ads  
Also radio spots in peak-time morning/evening transmission  
Radio is most mobilized  
Best example is the Bharat Nirman Campaign in Saiha District  
Radio has reach but television has impact

Still do not know what kind of messages for whom  
Do not know what kind of videos work  
Quality of SACS tv spots not so good due to lack of infrastructure / skills  
NGO has been assigned to do Communications Needs Assessment  
NGO: Centre for Peace & Development Report by: end-March  
Need to address the aspect of PLHIV wanting special / extra attention  
People / journalists see PLHIV in context of cancer / MMR / IMR / poverty

## NAGALAND

**Ms. Abino Khate**  
**Participant, Executive Briefing**

Not been able to use media enough  
Many media-dark areas in Nagaland, where even radio does not reach  
Plan is to focus on television and more on radio  
Television is only in district headquarters (Kohima, Tuensang, Mokchung, Wokha)  
Cable is available in the same places  
Large chunk of the population does not get to see television  
Action Plan for radio: phone-in programmes in Nagamese and panel discussions in 'Basti Mano' programme  
Communication Needs Assessment planned for third quarter of 2007  
2002 CAN showed that the maximum impact is through inter-personal communication  
Use of media will increase but IPC will stay --- 1000 of the planned 1500 red ribbon clubs in villages have been formed  
Will be using radio  
There will be a technical media resource group and will use the group trained by MEDIAIDS  
One media advocacy event of two days led to a lot of sensitization and plan for more such events  
No complaints about how media is performing its role  
SACS needs more staff

## TRIPURA

**Mr. Jehangir Hussain**  
**Participant, Executive Briefing**

Everything moves from the office of the head of the health department, if cleared there, everything is ok  
SACS should have had an NGO culture but does not have one  
Why have societies been formed? SACS is supposed to be autonomous but is dependent on the health department, there is no independence  
Project Director of SACS should be a central government IAS officer  
No proper guidelines for staff of SACS  
Can be sacked if not working in tune with the PD / stepping out of boots, so there is a yes-syndrome culture  
Wrong proposals / projects are being cleared as a result  
It may be better to create an AIDS cell within the government  
Tripura is avoiding setting up of the Assembly AIDS Forum, tried moving the file many times

## PRINT MEDIA

### ARUNACHAL PRADESH

Group of journalists at the office of DIPR

**Mr. Utpal Boruah, United News of India**

**Mr. Tapan Kumar Das, 'Echo of Arunachal'**

**Mr. Gyati Kacho, 'Arunachal Times'**

**Ms. Rina, Hunger Project & freelance journalist**

**Mr. Arun Mehta, Surya TV**

**Mr. V. Ravindran, Assistant Editor, 'Dawnlit Post'**

**Mr. Suresh, 'Aaj ki Awaaz'**

**Mr. Purabi Taikan**

with officers from DIPR's office

**Mr. Lekhi Phuntso**

**Mr. Mamai**

**Mr. Longphong**

#### **Utpal Boruah:**

Poor scenario of HIV & AIDS --- not informed about events --- lack of awareness among people --- Need feedback and statistics to do stories --- Waiting for NGOs to inform about activities --- Have done stories on awareness, documentary on AIDS in Nagaland with good display

#### **Ravindran:**

Focusing on HI & AIDS from time-to-time --- co-operation is lacking --- Limited mobility to travel to distant areas --- SACS gives figures --- don't know if they are right --- there is doubt --- Problem is people are facing issues of outreach, information is not reaching them --- No one knows how the funds are being used

#### **Supriyo Deb, DIPR:**

Funding is a big issue because many NGOs are one-man shows

#### **Rina:**

No one wants to talk AIDS in Arunachal --- Politicians don't want to talk about it, don't have the morality --- Need to get to the grassroots, involve student unions, panchayats (village councils) --- Media in Arunachal is like a government set-up --- They are dependent on government funding --- if they write against the government then they have to face the music --- Radio has far greater reach ---

#### **Gyati:**

Have worked with SACS and Voluntary Health Association of Arunachal --- Health and education department are corrupt --- Cannot expect SACS to achieve anything --- Media has a role to play for HIV & AIDS --- have been trying to do my bit

There is a dire need to fill the gaps between the internal functioning of SACS and the rising numbers of HIV infection --- Media need to be involved in sensitization programmes --- Work can be done with NGOs, SACS is like a government department

**Supriyo Deb:**

Faith-based organizations should be engaged in HIV & AIDS work --- Films on HIV & AIDS should be run at video parlours --- it will work well because cross-section of society go to video parlours in the evening

**Arun:**

Also owns a hotel --- has motivated waiters in the hotel carry condoms in their pockets

**Mamai:**

SACS does not inform even DIPR about events --- Dialect videos were given, which were distributed at the district level --- Radio is the best --- Feature films in local dialects with HIV & AIDS content should be promoted

ASSAM

**Mr. Samudragupta Kashyap, Indian Express, Principal Correspondent  
Resource Expert, Training & Participant, International Meet**

Media lounge should first succeed in Guwahati before trying to take it to the district level

No need for SACS to mediate, why should anyone mediate

Since Jahnabi is the frontline spokesperson for the positive network, women journalists should be identified who can support the initiation of the media lounge

Suggested names:

Ms. Anuradha Sharma Pujari, Editor, 'Sadin', weekly and writer for literary magazine, 'Satsori'

Ms. Maini Mohanta, Editor, 'Nandini' monthly magazine

Ms. Jahnabi Khound, Assistant Editor, 'Asomiya Protidin', daily

Ms. Indrani Rai Medhi, Women's page & Sunday paper, Assam Tribune

Ms. Moni Kuntala Bhattacharya, novelist who has written a book on HIV & AIDS

Indian Olympic Association refused publicity of the Red Ribbon at National Games held in Guwahati in February 2007

**Mr. Syed Zarir Hussain, Indo-Asian News Service & AFP Correspondent  
Resource Expert, Training & Participant, International Meet**

Important print media that have influence in Assam:

Assam Tribune

Sentinel

'Asomiya Protidin'

Mr. Pradeep Khanjoman of Imphal Free Express

Promise to join Jahnabi, of positive network, in Media Lounge initiative

Does not agree that it should be women-centric

**Mr. Rajib Chaudhury, Sahara Samay TV channel  
Resource Expert, Training**

Carried a story on increase in condom sales at National Games

(Note: Setting up of condom vending machines did not get approval but he did not know that and wished he had)

Working on a story related to revival of a 15<sup>th</sup> puppet form that will be used for HIV & AIDS and insurgency related issues

**Mr. P. J. Baruah, Executive Editor, Assam Tribune  
Resource Expert, Training**

Circulation of Assam Tribune is about 80,000 reaching out to Assam, Nagaland and Arunachal Pradesh

About 60,000 would be in Assam

State government emphasis is on malaria, so HIV & AIDS importance has declined

A letter from Project Director of SACS may help to get regular Q & A space in the paper

'Asomiya Protidin' should be the other paper that is targeted with a similar request

**MANIPUR**

**Ms. Liklaileima Devi, Sangai Express, daily newspaper  
Participant, International Meet**

Encouraged after International Meet to do more HIV & AIDS stories

Interaction was a good exposure and got many ideas on what and how to write

Main issue is that there is stigma & discrimination and whether male or female, positive people are not victims

After International Meet, 3-4 stories related to stigma & discrimination

Receives letters from positive people for a good story and good writing

Always takes permission to disclose names but some of them face psychological problems, yet they feel they should share their internal suffering and story must be published

This is probably the key message related to stigma & discrimination

Positive people feel a sense of relief after sharing suffering

One of the stories was in the interior area of Ukhrul District

An uneducated woman who knew nothing about HIV & AIDS and has three sons; husband was working in the town and probably knew about HIV & AIDS; he died but no one knew of what; she fell ill and went to the capital, Imphal for treatment; investigating doctor took her through tests and she tested positive; two of the three children were also positive; on thorough counseling the reality came out;

She could not bear children through her husband; there is no family support now; mother-in-law says that since you are positive you should earn for yourself, children your and their food / diet; status is not declared publicly but everyone in the village knows because of the lack of the family support system

The name of the village was identified in the story to evoke attention of policy makers; names of the persons were not disclosed

Limited knowledge about radio but it seems that HIV & AIDS related exposure is through jingles, announcements and notices about PPTCT, etc.

On television, sometimes there is tele-drama where usually the storyline is good but sometimes the acting is below standard

Print media is doing good work

There maybe one person who can read but he / she reads out to others and they are interested

Radio should be used more

It is heard in the interior areas by educated and not educated people

It is possible to exploit different dialects on radio

There are many ethnic groups in Manipur and radio broadcasts for all of them  
The individual performance of SACS is good  
NGOs like MNP+, SASO, Kripa, CARE are doing good work  
Some NGOs are not so good and it is matter of concern in Manipur  
The performance of political leaders is not good though their manifestos declare that we are facing the epidemic of HIV & AIDS and should eradicate it  
In personal knowledge, there has been no help from politicians  
NGOs come out voluntarily, MNP+ first, then SAO  
The performance of NGOs is faster than SACS  
The policy of SACS is based on a document of 1996 that does not mention women 7 children or CSWs  
In spite of the 1996 document, SACS has taken up work / programmes for CSWs though it is not mentioned in the policy  
The number of CSWs has greatly increased in Manipur mainly due to family maintenance issues because men die in conflict  
The Armed forces special Protection Act and its impact on HIV & AIDS is tremendous  
Men are killed in counter-insurgency or random killing  
That is why women have taken to sex-work  
For the women, it is an issue of livelihood for their children. Mother-in-law, family  
In the circumstances, livelihood becomes more important than HIV & AIDS  
Armed Forces special protection Act is one of the main root causes for the spread of HI & AIDS in Manipur; it was impose in 1986; since then, Manipuri people, especially women, have so much suffering and grievances and people have so many doubts and suspicion  
There is no big industry in Manipur, just some small and cottage industry  
Roads and communications are very bad  
There is limited information and knowledge in rural / interior areas  
There are big issues / problems in the hill areas, not so much in the plains  
There are so many reasons for HIV & AIDS in Manipur --- Central policy, State policy, weak politicians and no accountability for it

**Ms. Ashalatadevi, Poknapham, daily newspaper  
Participant, International Meet**

International Meet was an opportunity for good contacts with media and PLHIV  
Issue of HIV & AIDS is different for NGOs and the people  
There are 60-7- NGOs working under SACS, only 15-20 are working well  
Many NGOs are in denial and not accepting the problem of HIV & AIDS  
For stories, gets news from different sources (NGOs, people) to present different aspects of HIV & AIDS  
Written about 15-20 articles on HIV & AIDS (Features, Info-based reportage, souvenirs?????, interviews  
Since December 2006, written about 3-4  
Print media most important  
'Pokphanam' is the leading newspaper of Manipur with the highest circulation (over 26,000) in nine districts  
Gets feedback on articles (Letters to the Editor, which get printed on the editorial page, with thanks from remote hill areas  
There are about 20 newspapers in Manipur

About 4-5 media persons interested in sustained reporting of HIV & AIDS  
Radio carries advertisements and had heard an interesting programme on HIV & AIDS and corruption  
Television has carried programmes like Question-Hour and Drama  
Work for SACS is hard because of insurgency and lack of infrastructure of the Health Department  
Some educated people, like bureaucrats and politicians, are still in denial  
There is a need for advocacy of media persons; how to write and how to express correctly is the difficulty of media persons  
HIV & AIDS terminology is the main problem while writing in the vernacular  
Some interested media persons have found ways out  
Manipur Network of Positive People is the most hard-working in the HIV & AIDS sector  
As a reporter, goes for news to different places  
Has found widows, orphans and felt sad at their plight  
They have no knowledge about HIV & AIDS and she was shocked at their ignorance  
First access to information about HIV & AIDS was through a local club where SACS conducted an awareness programme  
Then went to Manipur Network of Positive People  
Ratan, Deepak, Udit and other advocates have been her resources there  
Through them got technical knowledge and material and got access to doctors  
No negative feedback from PLHIV  
Always discusses the 'writing' part of the article with them, the Dos and Don'ts  
There is a need to create awareness of advocacy for media persons and wishes it is done because Manipur has the highest prevalence rate  
Media is the window so it has an important role  
But in really remote areas, even radio does not reach so people know nothing about HIV & AIDS

### MEGHALAYA

#### **Ms. Maria Thanglura, Film-maker Participant of Year 1 Television Training & International Meet**

Has been in contact with Somte in Mizoram, Dr. Rica and Dicky in Meghalaya  
The question is: What can I do/  
An advocacy film, "Inner Voices" made for WAD, enabled setting up of the ART Centre  
Film medium is being prioritized  
This can have power for positive people to speak out  
Home Minister came for screening and said this is the first time he saw the human face of HIV & AIDS  
Film was not staged  
The People Living With HIV were talking to the audience  
"Film is still undermined and considered as entertainment but I feel differently"  
UNODC rep saw it and asked for a copy  
Went through a process of building the confidence of the protagonists over a period of 2-3 weeks, just met, chatted  
Backlit the protagonists for confidentiality



People are still not allocating budgets for films to make a difference --- film=news coverage --- film for impact does not exist as a concept  
Somte in Mizoram can see the film is going to help  
Learning experience of making "Inner Voices" film has been: "People are so raw, even talking to a doctor is a big step, so opening up to me was BIG...had to question myself and do my part of empowering...question was: as a communicator, am I showing them as they are or manipulating them...Really want them to trust me...but that can be flimsy...  
The MEDIAIDS television training had been with positive people who had disclosed themselves --- in the case of "Inner Voices" it was not so...Issue was how to handle a situation with people who suddenly get 'attention'...many dilemmas --- disclosure, no disclosure, how much protection, protection vis-avis empowerment and trust..."  
Now working on two separate films: one on truckers on the highway and one on HIV & AIDS and Somte in Mizoram  
Very depressing to see that no work is being done for truckers in Laitrymbai area  
Wish I had not attended the MEDIAIDS training and International Meet --- would have been blissfully ignorant --- now hugely sensitized --- can't help do something about it  
People have a story to tell --- only when the story is told then society will hear and start thinking and changing  
One international meet is not enough  
Cable television networks, local daily newspapers need sensitization --- state-level intervention is needed

## MIZORAM

### **Group of journalists at office of DIPR:**

**Mr. Robert Lalchhuana, Editor, ROMEI**  
**Mr. D. R. Zirliana, Editor, MYO AW**  
**Mr. Bishendu Bhattacharya, United News of India (UNI)**  
**Mr. H. C. Vanlaluata, Press Trust of India (PTI)**  
**Mr. Lalnhinglova Hmar, VANGLIANI**  
**Mr. C. Lalmazlova, Editor, CHHAWRPIAL**  
**Mr. Zomansangha, Editor, LANLAINA**  
**Mr. Vanlarema Vantawl, Editor, ZALEN – Participant, Executive Briefing**

#### **Mr. Robert:**

SACS has not given any challenge to draw the interest of journalists  
People are minting money out of HIV & AIDS, SACS wants their money  
Readership of paper is 5,000 dropped from 10,000 due to sustainability issues

#### **Mr. Zuiliana:**

Had suggested to involve experts and give regular space  
SACS should give us the material  
SACS should give us ads  
Can make a deal on doing reports against ads  
Radio is doing very well on HIV & AIDS  
Readership of paper is 5,000

**Mr. Bishendu:**

Lack of information a problem of north eastern states  
In Mizoram, language problem because all information in Mizo  
Has done about 20 stories on HIV & AIDS in about six months  
Feed has been picked in Mizoram and at national level  
Among national level: Sentinel, Doordarshan, AIR  
Stories are mainly hard stories  
(Number of positive people, what sections of society infected, number of blood samples, number of IDUs)

**Mr. Vanlalruata:**

Tendency of over-reporting on HIV & AIDS affects visa procedures

**Mr. Hmar:**

Church is very powerful but they are not doing enough  
Circulation more than 10,000  
HIV & AIDS coverage on front page and big headlines

NAGALAND

**Group of journalists at the office of the DIPR**

**Mr. Narayan** – NORTHEAST HERALD

**Mr. Daiho** – NAGALAND POST

**Mr. Xavier** – NAGALAND POST & TIME OF INDIA

**Ms. Vibou** – EASTERN MIRROR

**Mr. Raju Selie** – NAGA VOICE

**Mr. Xavier:**

His stories on HIV & AIDS have been picked up by international websites and it has led to networking between Thailand and India  
Looks for positive people on whom to do stories, careful about confidentiality  
Attends functions, gets information through websites, government agencies not very helpful  
One recent story: College students were to speak about HIV & AIDS --- their views were projected in the story --- content was largely on prevention --- one important part was they questioned the funding pattern and use in the HIV & AIDS sector

**Mr. Daiho:**

Sample story: Last year, someone hijacked a cheque (of about 2-3 crore rupees) that was meant for SACS and tried to open an account in Dimapur --- ultimately he was caught at Le Meredien in New Delhi  
Government has constituted a committee for funding in last autumn session (2006) of the Legislative Assembly

**Mr. Xavier:**

Nagaland Post started the story, others picked it up and it led to the formation of the above committee

**Mr. Daiho:**

Facts and figures are difficult to get, statistics of positive people are not available --- they are supposed to be updated every month but figures are always two months old

That is why can do only general stories  
An officer has questioned where all the crores of funding goes and why there are hoardings that people cannot read  
Transparency and accountability in the NGO sector and government agencies is a major issue  
NNP+ and the Kripa Foundation are the major source of information for HIV & AIDS --- get more news from them than even SACS

**Mr. Narayan:**

Covered events and general stories --- still need to do in-depth  
There is a lot of confusion and lack of scientific information  
e.g.: re: mosquitoes and blades as modes of transmission and the virus living only for a few seconds out of fluid  
Nagaland is the second-largest state in northeast with HIV infection, so do what we can  
An intensive Q & A with doctors would be worthwhile

**Mr. Daiho:**

There is a need for funders to inform the media about funding so that journalists can play their watchdog role  
Journalists should be given a journalistic task with financial support to investigate stories in specific areas  
(Ref to a conservation programme held in Shillong, where experts were people who have never cut a tree or killed a bird)

**Mr. Raju:**

Not much work in HIV & AIDS, less 'infected' than others in the room

**Ms. Vibou:**

Has been doing general reporting and has attended a workshop on awareness  
Has noticed that organizations and government agencies (not positive people) are too sensitive --- it is not a smooth ride --- they do not like to part with information and do not give statistics

**Mr. Daiho:**

Governor himself had a doubt about the figures of Nagaland --- system of statistics needs to be streamlined

**Mr. Limavati:**

NGOs and other organizations do not want any negative element in a news story --- they want the Press to clear the story with them before printing

**Mr. Vibou:**

Going by general reports, tried to bring the human face of HIV, to remove stigma & discrimination and done stories on other HIV & AIDS related issues  
Has done interviews with positive people on Doordarshan  
Tries best to maintain confidentiality  
In a meeting, found women were sensitive and there was an issue about photos --- so avoids taking photographs

**Mr. Daiho:**

Recently had a shocking revelation: a positive person went to the office of the District Commissioner --- when he revealed who he was, the DC jumped up from

his chair and told the person to sit in a corner --- then he signed the paper without touching it and called a peon to pick up the paper quickly from his table and give it to the person. In a public meeting, the same man, told positive people to have sex only with positive people

He has hosted a debate with positive people on Doordarshan

“We need to get to know positive people better”

HIV & AIDS included in school syllabus

With SACS a lot has been done on paper

## AIR

### ARUNACHAL PRADESH

#### **Mr. Gyati Hangu, AIR Itanagar Participant, Radio 1 (News Features)**

Tried to-do something but no help from the station  
Went to SACS, no support --- they do not even give any intimation of events  
On New Year's eve, participated in a phone-in programme by another participant, Boke Bagra  
Works in Apatani news --- there is news in nine other dialects  
Apatani gets about 25 minutes at 6.40 to 7.05 am  
In 25 minutes, news is 5 minutes, songs 20 mts --- special announcements are done between songs --- also carry Tip of the Day  
There are two main festivals that get field coverage of events broadcast for about 20 mts  
HIV & AIDS can be included since there are health stalls at such events  
90% of the population is dependent on radio  
There are five radio stations in Arunachal --- Tawang with Manpha dialect, Pasighat with Adi dialect, Jio with Apatani dialect, Teju with Mizo Mishmi dialect and Itanagar with Nishi dialect  
There is one programme called Good Morning Itanagar at 7.45 am that is done in Hindi  
Plan to play song section with some spice (information)

#### **Mr. Rajiv Rai, AIR Itanagar Participant, Radio 1 (News Features)**

Need funds from SACS to be able to move to the district, Upper Subansiri --- many drug users there --- need for awareness  
New Year 20 mt programme in Tagging dialect at 6.20am 15 mts of folk songs + HIV & AIDS messages, also in Hindi --- no funds involved for this --- own initiative --- subsequently, listeners who have visited Itanagar came home to show their appreciation --- said there should be more of such programmes  
There is a rigidity in society --- but we have to share what we have learnt --- have done it  
In all areas outside district headquarters, radio is the best  
Main aim of dialect programming: Main news of Central Government in local dialect --- with that just add songs for entertainment ---  
Can easily work on HIV & AIDS issues --- need support and encouragement  
There are positive people but no one has disclosed their status  
"Our parents are people in the jungles, we are educated in the city...we suffer in the process of making something of ourselves"

#### **Mr. Boke Bagra, AIR Itanagar Participant, Radio 2 (Live Phone-in)**

After training, organized a get-together of 15 radio presenters (casuals who work under him) --- did a presentation of the training for them  
As a result, they are all using the style in Good Morning Itanagar programme  
In the New Year's eve programme, the other two participants were invited --- they spoke about the training and what they learnt --- Each made one point --- Unsafe sex plus IDU and mother-to-child transmission (it was just basic information)

Also spoke about how HIV & AID does not spread (by sharing food, etc.) ---  
Included the MEDIAIDS training jingle and Vox Pop in the programme  
At an event of Miss Arunachal and Debojit Nite (a popular singer in northeast India) spoke about HIV & AIDS while conducting as master of ceremony  
Was the anchor for an advocacy event for elected representatives  
Sponsored slots have 15-30mt slots --- all material comes from New Delhi  
Everyone is working in isolation --- regular staffers are put off duty and made to do duty officer work --- programming is then done by casuals

### ASSAM

#### **Mr. Prabal Sharma, AIR Guwahati Participant Radio 2 (Live Phone-in)**

Six interviews with Jahnabi of positive network by another colleague on AIR  
Issues covered media awareness, role of NGOs, treatment  
Before workshop, had done a feature called 'Asha' on the first HIV+ detected in Assam  
Most programmes on AIR related to general awareness  
SACS did a live Phone-in on WAD, their own expert was the compere of the programme  
If a bursar is available, deciding on the subject needs thinking and research, after that doing the programme is not an issue  
Has given HIV \* AIDS related information in the 5-mt Science Tips slot just before news (mostly related to latest data, modes of transmission, medication – information is collected from reliable print media resources like Science Reporter  
After training, lot of change in phone-in style  
Confidence is very high  
Has subsequently done DJ-ing for the first time  
Presentation is bolder especially in throwing out the voice  
There are no comments from colleagues, which means it is good  
Feels greatly benefited from the training for the long-term  
Needs hints on HIV & AIDS themes for programming

### MANIPUR

#### **Ms. Ella Kayina, AIR Imphal Participant, Radio 1 (News Features)**

Lost her father just before Christmas, so unable to do much  
Plan ahead is for many programmes on HIV-women issues  
Did a studio-based interview programme with a doctor on HIV infection and pregnancy --- ten-minute interview in the local dialect Mhow

#### Story:

Illiterate woman from a village who came to Imphal for her delivery --- after tests was declared positive --- doctors counseled her --- she or her husband had no history of drug addiction or blood transfusion --- couple was not having children --- mother-in-law forced her to sleep with the younger brother without the knowledge of her husband --- younger brother was a drug addict --- she herself knew nothing about HIV & AIDS  
This story touched hr and motivated her to do the programme and more in future

Colleagues have asked her questions like are you not scared of interacting with positive people

She shows them photographs of their interaction

It would be helpful to expose these colleagues to short lectures on HIV & AIDS on a regular basis

Thinking of visiting District Senapati (largest district of Manipur) --- it has a huge floating population, drug use history, very few health facilities, no ART centre --- hopes to interview doctors and counselors in local dialect

Since training, there has been a change in the style of interviewing

There is more appreciation from listeners

Prefer interview-based programmes rather than straight-talks

Training very much useful

On Imphal station, few programmes on HIV & AIDS

FM station has a one-hour cultural interaction programme every Wednesday -

-- suggested why not have a +ve person in --- not open to the idea

Programme is always HIV and doctors , as if everything is just the technical part

It is always doctors speaking on HIV & AIDS, maybe on WAD a +ve person

On a regular basis, not even NGOs are invited

There is a need to do a combination of features, drama, 5-minute hard news for raising awareness

Violence against women is also a big issue --- requested for a scheduling --- didn't get it --- difficult to plan recording with a schedule

Instead of just doctor-doctor, it would be much better to have a dialogue between Doctor, MNP+ and NGO activist

Remember an exclusively interview-based programme on HIV & AIDS with +ve people because it was good --- in the Farm & Home slot, a popular slot

Radio is more powerful --- in the hills people do not buy newspapers, Doordarshan network does not reach

Spots from SACS are translated into dialects --- deals with safe sex, how HIV spreads, prevention

In one spot, a sentence mentioned condom --- programmer was scolded by villagers, saying it is uncomfortable with the family around

Counsellor at hospital has said that radio leads to more awareness, leading to more testing

There is no easy access to Internet in the office --- would like to have that facility for research

**Mr. Chongloi, AIR Imphal  
Participant, Radio 2 (Live Phone-in)**

HIV & AIDS related information in a special Science Magazine programme

Information collected through the internet

Once also called a doctor to join in the programme

Two major ethnic communities in Manipur are Thadou-Kuki and Thankul-Naga

Thadou community is scattered all over Manipur

Thadou and Thankul dialects get 30 mts. broadcast time everyday

Other dialects (Mhow, Hmar, Paitei, Kabui) get 20 mts. each

Manipuri language broadcast for Maitei population in the plains

Most ethnic communities do understand Manipuri

Thadou-speaking people in Churachandpur area lack understanding of Manipuri

Maximum insurgency occurs among Thadou in CCPur

In Thadou dialect broadcast at 5.30pm, phone-in programmes twice a month

If callers are graduates or collegiates, then bring up the issue of HIV & AIDS, if they are illiterate, there is no point talking about it

Usually prevention issues and general awareness

Questions are related to scenario of HIV & AIDS, stigma, social discrimination, availability of medication and possibility of prolonged life after infection, importance of adherence to medication because a cure may also come

Not much chance to talk about condoms because there is inhibition among families and dialect slot usually has family listenership

Sometimes bring it in while talking about prevention

Would like Ratan (MNP+) to invite him for media get-togethers

**Mr. Devendra Singh, AIR Imphal  
Participant, Radio 2 (Live Phone-in)**

Many programmes after training, including coverage of many events, especially those organized by MNP+

1.

Live Phone-in based on ART along with Dr. Manglem, Senior Medical Officer, ART Centre, J. N. Hospital

Reason for doing it was there are lot of misconceptions about first and second line drugs, combination of drugs, side effects, issues of immunity level related to drugs, etc.

Questions seemed to be from family members (could be pretending to be so)

Positive people are still not disclosing their status because of stigma

There were lot of questions regarding drug combinations and when to start ART

Coverage of events, including short interviews with organizers and guests

These were broadcast on Morning Information service in the 7.00am slot of 'this week in Manipur'

1. Recent workshop on MSMs, first time in Manipur

2. General awareness event organized by west branch of MNP+ at the Manipur Dramatic Union Hall

3. Workshop on ART organized by MNP+ and SACS at the SACS office

Great momentum in the state over the past 4-5 months

Print media especially is doing good work

Earlier, MNP+ functions were on inside pages / back page, now it is front page news and even gets editorials

Technical gain of MEDIAIDS training was more than of the issue because exposed to HIV & AIDS for many years

How to conduct an interview was memorable: "That Day 1 changed all that I had been doing for ten years. It changed the entire approach to interviewing"

Then handling of the microphone was important

Learnt how to make a 'quality programme'

The emphasis on quality in the training will stay forever in the mind

Now even a little hiss, means re-recording

Have started telling juniors, this is not the way to record, to interview



There is also a change in the format of the programme

The 'ah-aahhs' have gone, atleast when on air

If bursary is available, would like to do programmes on:

1. Women and Children – it needs a lot of focus because they are the most affected with no fault of theirs. There are many undisclosed cases of wives of drug users among young couples
2. Life after HIV
3. Life with HIV

## MEGHALAYA

### **Ms. N. Shadap, Director AIR Shillong North East Services Resource Expert and Participant, Executive Briefing**

Staff was just following the old style, the exposure and training has opened up the staff

This is especially so in the case of HIV & AIDS --- were shy talking about condoms --- now it is not an issue for them because they can see that HIV & AIDS is a burning issue

Now they know so many things about HIV & AIDS , which they did not know before

Had a good feedback session from all the participants

They are particularly skilled now as to how to address people living with HIV

Since WAD, a series of ten episodes was started

People in Meghalaya did not know the concept of a network of positive people

Effort is to try and get people to come out and take advantage and opportunities derived from a network

Apart from the participant Jit, two more came on radio, without disclosing themselves

Students were interviewed about drugs in a style of youth talking to other youth

Doctors were brought in to talk about treatment, issues of CD4 count machine availability

NGOs involved in HIV & AIDS were also included

The programme executive, Kmen, did location interviews with truck-drivers --- led to discussion about supply of free condoms --- earlier supply was available, now it is not

Unfortunately, positive women are not coming out into the open as yet

Doordarshan did a round-up programme on the role of media for HIV & AIDS in which Shillong station was specially profiled --- so the work done by radio was publicized

Shillong radio has been asked by SACS to produce jingles for a run in April

Possibility of a Northeast link for a HIV & AIDS programme can be investigated

Or it could be included in a health phone-in programme

Workshop has led to professionalisation and gain in confidence

MDR will make a difference to their work style

It would be a good idea to transpose participants to other states to hone in their journalistic skills

Peer influence may not work in improving other staff, they need training

Print has tendency for sensationalisation

Radio has possibility of discretion

In television, there is an issue about the face

**Ms. Kmen Budon, Programme Executive, AIR Jowai  
Resource Expert, Training & Participant, Executive Briefing**

Jowai area has no cable television, limited reach of television, radio is the main source of communication, covers entire Jaintia hills

12 -12.30pm – originated programmes from Jowai station

12.30 – 4pm – Vividh Bharati relay from Mumbai

6 – 9pm – originated programmes and relay from Shillong

Up to March 2007, no health programmes as such but planning for them twice a week --- as a beginning, from April 2007 a 5-mt slot of Health Tips in the 6.15pm slot

It will cover general issues, women & children, malaria, TB --- HIV & AIDS will be covered because the area is very vulnerable

A 30-mt. monthly People's Forum will be started --- this will mainly cover HIV & AIDS apart from other issues

In this area, the basic requirement is information that is important --- Earlier, for Shillong series of programmes on HIV & AIDS, had interviewed many truckers on the highway --- local and non-local people are very ignorant

After correcting the information base, will move in stages to Prevention, Stigma & Discrimination, and so on

First plan is for three episodes: first basic information and then add-ons

Need to work in the local dialect --- Dr. Plain, the Pastor, Dr. Rica (participants of Communication Workshop) speak the local language

Foresee problems because literacy is low and people refuse to talk, cannot talk --- will have to work hard to get them to talk

No testing / VCCTC facilities in Jowai

It maybe possible to achieve this through people who are working with them

People's Forum is an OB Van based outdoor programme

It has the people's voice and gets back to the authorities with that voice within the same programme --- in Shillong people now snatch the microphone to speak

A People's Forum on HIV & AIDS from the area of Laitrymbai, with ex-drug addicts would make it easier for others to start talking --- will need to identify some ex-drug addicts as a beginning

AIR has better reach than Doordarshan --- people watch Bangladesh television

State government goes to cable television and Doordarshan

Have good feedback for radio through letters and phone-calls

Will be asking Audience Research Unit to do a survey

At Shillong station: Krishna and Roselind can plan a programme and discuss with Banker (another participant fluent in local language, Khasi) --- Ms. Shadap can co-ordinate the planning

Lot of scope in Shillong now --- positive people have come out

Khasis say, this is not our problem, it is a problem of outsiders

After the Thomson training, started seeing HIV & AIDS with new eyes

Wish to write about it in a Khasi newspaper

**Ms. Roselind Mathew, AIR Shillong  
Participant, Radio 1 (News Features)**

No space yet to think and plan, need some more time

Now, one day in the week has been clearly allocated for production

Voiced HIV & AIDS programmes by Ms. Kmen (trained by the Thomson project) --- sense of partnership was a good feeling  
Identification of resource persons for HIV & AIDS programmes needs attention

MDRs will be motivating --- will solve problem of calling people to the studio, payments, paperwork, etc.

Struggling with how to package a programme --- would like to work with Krishna Das Gupta, the other participant

Team spirit, collective feedback, some official 'listening' to the programme are all needed for motivated programming

No one is thinking of 'programme' and new ways of doing things

Would like to work on women & children, treatment, stigma

In North East Services: Earlier in a 30mt. chunk, 5 mts. was news covering entire northeast, then art & culture, songs – a magazine format --- now repeat of old recordings --- earlier used to do lot of fresh recordings, now no recordings

Jingles / promos with music programmes would work well with illiterate audiences

Attended another training in Orissa --- was asked what issue for a programme --- said HIV & AIDS --- no one else had brought that up --- led to a lot of discussion --- next day, Orissa AIR station talked about how they would like to take up the issue of HIV & AIDS in context of migrant labour because it is important --- same with representative from Karnataka

**Ms. Krishna Dasgupta, AIR Shillong, North East Services  
Participant, Executive Briefing & Radio 2 (Live Phone-in)**

Father's illness has kept her away from work for nearly two months

Done two live phone-in western music request programmes --- general awareness messages incorporated within --- e.g.: these days it is not horoscopes but blood tests that count

General information within phone-in programmes does not need permission from higher-ups

Always carry the training workbook for ready reference

Has given messages for youngsters going on a date --- safe sex issue without using words sex / condom and through jokes and laughter --- easier if it kept this way

Thinking of combining skills for programming with other participant, Roselind  
Wondering about how to bring in Ratan from Manipur and Jahnabi from Assam into live phone-ins from Shillong

In a request programmes based on letters, included a chat with Herojit, Manipuri PLHA based in Shillong and a participant of Communication Workshop

There have been lot of talks, etc. about HIV & AIDS on AIR but don't know with how much impact

Music request programmes have direct, immediate interaction

Compared to a year before, media is opening up much more --- people do not see HIV & AIDS as topic of taboo now --- there is more understanding --- concept of an outcast has reduced --- Media is more positive --- the fact that positive people are coming out has helped

Planning for a mixed programme in Hindi – English

MIZORAM

**Mr. C. Lalrosanga, Deputy Director-General (NER 1),  
Director, Doordarshan, Aizawl**

**Speaker, Executive Briefing & Participant, International Meet**

AIR zonal meeting for entire north eastern region in March

Issue of social development units is on agenda

Will look into specific allocated time on computers for MEDIAIDS trainees

Will take up bursaries issue with directorate in Delhi

**Mr. Lalthansanga Varte, Station Director, AIR Aizawl**

There is a big need to address the communication gap between the State Health Department and SACS

**Mr. Biakchungnunga, Programme Executive, AIR Aizawl**

SACS gives commercial spots on HIV & AIDS

AIR health programmes cover HIV & AIDS issues

Limited resource persons / speakers available from / through SACS

SACS is not active enough

Formats used for HIV & AIDS programmes:

Interviews, discussions, straight talks by experts, live phone-ins

Issues covered in HIV & AIDS programmes

Mostly on Prevention

(condom, drugs, syringe, avoid sex with sex workers and HIV & AIDS victims

Feedback from audience is limited as it is with other programmes

Number of listener letters has reduced due to other media

Most people listen to news in the morning and evening

Rural areas listening regularly

Estimated 70-80% of requests come from rural areas

Population demographics is:

Aizawl about 100,000 people, outside Aizawl about 800,000 people

Basically same programmes for city and outside

Saturday Phone-in specially for Aizawl city, Sunday Phone-In for outside Aizawl

**Ms. R. C. Sailo, AIR Aizawl  
Participant, Radio 1 (News Features)**

Earlier did general programmes

Now focusing on women, youth

Presently planning for three monthly programmes (March – May)

On WAD, 30-mt programme on Fighting HIV & AIDS in Mizoram

Broadcast at peak time (7.05pm)

Heard by village folk and elderly persons, less by youth and city people

Programme has been preserved for repeat telecast

Phone-in programme on the 'why' of the MEDIAIDS training

Aim was to address stigma in comparison with other states

Main questions that came in related to:

Government not doing enough

What will 'you' do (the radio programmers)

AIR station officials decided to slot the programme because of high motivation levels and the sense that they meant business

Had to continue with their other daily radio duties which was hard  
In future they will be spared when doing specials  
MEDIAIDS training helped in format, narration, interviewing  
Editing techniques really helped  
Tried computer editing but went back to spool with the new 'editing' concepts

Station Director has understood the importance of computer editing  
Plans to organize training for the staff  
Colleagues felt it was a good programme  
Saw the high level of input and found it impressive  
Accompanying team members, even engineers, get interested in HIV & AIDS  
By working together, their perceptions have changed  
PLHIV and their families are keen on broadcast time and future programmes

**Ms. Laltlangthangi Pachhau, AIR Aizawl  
Participant, Radio 1 (News Features)**

Was encouraged by pastor to share her MEDIAIDS related HIV & AIDS experience in the church  
Spoke in the church with examples of Naro (Nagaland), Jahnabi (Assam), Jit (Meghalaya – from Manipur)  
Many in the church cried  
Pastor has encouraged her to write regularly for the Church newsletters, both the general one and the one focused on women  
Has been told by pastor that he hope to buy a CD4 count machine for the church  
Has written various articles for youth newspaper, youth music lover's newspaper and a daily evening newspaper  
(In some articles, spoke about people engaged in the MEDIAIDS project including IEU, trainers, John, Dr. S. I. Ahmed, Dr. C. Kakoty, Neelima)  
Has been invited to write for a women's magazine  
Content of articles:  
Get rid of plastic bags for AIDS persons in burial practice, need for mingling with PLHIV, allow PLHIV to move freely in the church, just saying we have no stigma is not enough, look at hidden discrimination inside, importance of CD4 count machine for the state, importance of blood test for knowing need of ARV therapy, importance of quick access to treatment, importance of qualified and available person to handle CD4 count machine  
All articles carry the address of ART centres  
After MEDIAIDS training:  
For the WAD radio programme on AIR, interviewed 13 PLHIV apart from doctors, experts at SACS and ART Centre  
Engineer at AIR could not match the conceptual needs of editing  
There is a great need for training in computer editing

**Ms. C. Lalthangsanghi, AIR Aizawl  
Participant, Radio 2 (Live Phone-in)**

Training has built great levels of confidence  
Able to face the person one is talking to  
Be familiar with the person and subject before recording  
No programme on HIV & AIDS yet

Wishes to do live phone-ins on television  
Advised to meet PLHIV and SACS IEC in-charge, Ms. Zuiliani

## NAGALAND

### **Ms. N. Nakhro, Station Director, Kohima**

Live Phone-in in Angami dialect on HIV & AIDS and cancer  
Is a member of the SACS committee  
Can do the information part in the last slot of each dialect programme  
Too much information on HIV & AIDS creates a phobia  
Drama, etc., not effective because too much of it  
Bijon Sinha is the transmission executive in charge of science programmes and commercials

### **Ms. Titoni Assumi, AIR Kohima Participant, Radio 1 (News Features)**

After training, did one programme on the training itself  
Meanwhile lost her Dad, and unable to do much for a while  
Now planning a documentary in a series form  
Issues to be covered will be: General awareness, Women, Youth  
Has been discussed with the station and funds may be an issue  
Meanwhile, Station director has been reminding not to forget the training and miss the opportunity of doing something worthwhile  
The series may be in Youth Forum slot or whatever the Station Director decides  
Available equipment is bulky and most are not trained on it, so everyone is largely onto studio-based shows  
Will be good to have the MDR available at the station  
Not enough reporting in the media and it is needed more actively  
Even educated people, who you feel may know everything or quite a lot, are ignorant, including the youth  
Even those working in the HIV & AIDS sector should have more interest and commitment  
“We have to change ourselves to change others”  
e.g.: Personally experiences lot of discomfort after interviews at Kripa [rehab centre] --- had to ‘work on myself in the mind to overcome it’  
Weekly programme on HIV & AIDS would be a good idea and should be done  
Programme Executive at AIR Kohima (Ms. Abino) has advised all those who were trained by MEDIAIDS to work together

### **Ms. Tianla, AIR Kohima (On phone) Participant, Radio 1 (News Features)**

Benefited a lot and learnt a lot in the training  
Have done research work for a HIV & AIDS documentary  
Planning for a feature on radio on the theme of Women and HIV & AIDS  
Since MEDIAIDS project there is a better environment for radio programming on HIV & AIDS  
Station Director has advised to first do a series of interviews in the Youth Forum slot --- and then move to documentary features  
Research for the documentary features has already been done

**Mr. Jacob Kikon, AIR Kohima  
Participant, Radio 2 (Live Phone-in)**

Discussed plans for programmes at the station but subsequently Station Director was on long leave due to demise in family

Jingles on HIV & AIDS come from Delhi

Only Phone-in at AIR Kohima is a western music request programme once a week

Limited time for each of the 14 dialects, each dialect gets about 30 minutes

Nagamese in the morning about 25 mts.

Another half-hour chunk in the day for Hindi film songs to entertain armed forces

News in Nagamese for 5 mts. at 7.20am and for 10 mts at 7.10pm and news in English for 10mts. at 7.20pm

Most important news from the entire state goes into these three slots

Health department send press releases that are translated, which is broadcast

Casuals who work for AIR have done the following:

1. During hornbill festival in December, some general awareness and prevention (condom) information went into news with some location interviews in Morning Echo (7.25am slot) --- this was because SACS had a stall on cultural site

2. Youth forum, which is aired twice a week, has also carried some information about prevention in English

3. A discussion on HIV & AIDS was conducted in the Farm & Home 6.45pm slot on Friday

14 dialect formula has to stay, cannot be given up

Important developmental issues are conveyed through all dialect broadcasts plus in Nagamese and English

Dialect formula is not related to demographics

Same news / articles are translated into all dialects

HIV & AIDS information can be sent and translated into all dialects

Staffers do all the translations

TB gets coverage, so do Red Cross events

Initiatives can make Kohima station like Guwahati or Shillong

There is a need for upgrading equipment

If there is a wish for some good programming, then there should be an increase in the duration for Nagamese, which is the only common language understood by a large number of people

Maybe even start programming in Hindi that many people understand in urban areas and many rural people who are ex-servicemen

There would be resistance to such an idea but Kohima is a cosmopolitan city and Nagaland is a part of India

Many letters from armed forces come in, all in Hindi

Translation eats up a lot of time

e.g.: If Nagamese broadcast is around 7am, then the person has to come in at 2 or 3 am to translate everything

The translation needs lot of care, not so much for developmental issues as for political news, since political news is more

There is no single 30-mt straight programme chunk for developmental issues like there is for music

Sponsored programmes have 20-25 chunks

Among them are three called "Jeevan hai Anmol" covering health and agriculture, "Surbahaar" for general awareness on health / sanitation / HIV & AIDS / reproductive health, "O Mo Sinhi Gaon" --- all three come from Delhi --- format is a chat between two people --- sponsors are ministries but not sure about it

**Mr. Temjentiba Ao, AIR Kohima  
Participant, Radio 2 (Live Phone-in)**

No possibility of accommodating a programme on HIV & AIDS --- this was the most stunning and depressing reality to face after coming back from the training

Changes are required, station and staff need exposure to develop listener-friendly programmes (In Nagaland there is no feedback)

Listeners are mostly for news and youngsters for music programmes

There are 16 news bulletins, all originated in English and then translated

Sponsored programmes should have local inputs instead of coming as packages from Delhi-based people who don't have the 'pain' to reach out to the listeners

No one has questioned the issue of Delhi programmes until now

Some sponsored programmes have local sponsors --- English based, music-oriented that get more listeners --- approximately 40-50 chunks of 20-30mts. in a year

Would like to see a live phone-in health talk show with music go on air

In dialect slot: 10-12mts. is news, then 5mts. devotional music, etc. of the concerned community

Left with about 10mts where themes are taken up

Various topics are covered and this 10-mt slot is not uniform for all dialects

So: first 10 mts is translated news, next 5 mts is a local element, the remaining 10-mts depends on the transmission executive

Other participants, like Titoni and Tianla are casuals who work on programmes like Youth forum / Local Talent / Morning Echo, of which Morning Echo is a powerful slot

There are four AIR stations in Nagaland, catering to 14 major and several sub-tribes

There is really no information out there on HIV & AIDS due to difficulties as above

Apart from the 14 dialects programming, chunks of music: 40 mts western in the day, 40 mts western music in the evening, 30 mts Hindi music in the day, 32 / 22 mts Hindi music in the evening

Need live phone-in in Hindi that can reach out to para-military forces / truck drivers / coolies / Nepali milk-sellers / Migrants

There is much need for improvement

Scenario needs to be created through good programming that draws in listeners and therefore, feedback

Also equipment, need technical opportunities to explore new possibilities

Question is: why is the equipment that is in place all over India not here?

Technology is leaping, we should not skip the growth

Need to get away from boring programming, get to new formats, content, presentation, etc.



TRIPURA

**Mr. M. K. Devburman, Assistant Station Director, AIR Agartala**

After MEDIAIDS considered that grab whatever funds available for HIV & AIDS

Issue is whether / how much to inform because the infrastructure does not exist

If there is no service, we cannot campaign for the service

Government is spreading myth of pious Hindu women being adulterated by para-military forces, truck drivers and migrants have been ignored

Why is something like Buladi in West Bengal not being done in Tripura (elder sister concept to whom you can ask any question / go to for any help)

Picking on ballads and other popular folk forms and adapting it for message jingles

Impression is that MEDIAIDS training was tough because participants mentioned there was no time to breathe

Now the four participants feel they are a part of 'radio' and have a role to play

As a test, Samar was asked to do a quiz programme

Programme showed that people consider the issue of HIV & AIDS as taboo and want to stay anonymous

Listeners switch off if there is direct programming on HIV & AIDS

Title of live phone-in health HIV & AIDS related programme was changed to adolescent health, to make it indirect

Have given instructions for presenters to incorporate HIV & AIDS thrust areas into magazine programmes

Have highlighted some themes and told them not to give out messages only on WAD

Question of the day in between the popular morning programme

Personally digs out information on the net and provides it to the presenters so that a question + a 1-2mt spiel is done by presenters; this includes HIV & AIDS related issues

Is insisting on internet-savvyness and has placed a computer in the duty room

It has taken about six months for the programmers to get somewhere

Bottom-line for motivation is: Future illiterates will not be those who cannot read but those who cannot learn, unlearn and re-learn

List of 13 themes have been prepared for making 28-mt programmes

Change in listenership: Information service slot now more popular in urban areas in the morning and more popular among rural areas in the evening

Two surveys have been done: One is an all-India survey with state wise information; other is a Tripura random sample survey of 400 households

Website for all-India survey is something related to Central Sales Unit.org+ AIR

**Mr. Suman Bhattacharya, AIR Agartala  
Participant, Radio 1 (News Features)**

After MEDIAIDS training met a doctor who has returned from Australia after specialization in HIV & AIDS and subsequently transferred from AIDS cell.

Also met a gynaecologist.

According to the doctor:

There will be anything between 1-2,000 full-blown AIDS cases in Tripura within two years

Truck drivers and para-military forces are a big threat

Experts talk at the personal level but do not agree to come on radio  
NGOs need to come forward and do something  
Print journalists are powerful but are not doing anything  
Potential of a commissioned HIV & AIDS programme on television should be looked into  
Awareness to first deal with stigma & discrimination, just spots will not work  
After MEDIAIDS training, much greater professionalism, especially in planning a programme  
Level of confidence is much higher  
Element of research has increased and that enhances the programme  
Follow-up training should not be only for programmers but should include heads of the station

**Ms. Durba Deb, AIR Agartala  
Participant, Radio 1 (News Features)**

After MEDIAIDS, no work done on HIV & AIDS (still saying only AIDS)  
Has been given more responsibilities:  
Once a week morning information service: compering, research, production, editing; able to cope  
Now enjoy editing, once stayed up till 11pm, find it very interesting  
Can manage without an engineer now  
More clarity of thought for structuring a programme  
Interviewing skills greatly improved and will remain of use in the future  
Much more left to learn in editing  
Demand for her has greatly increased  
List of 13 episodes on HIV & AIDS issues drawn up immediately on return but nothing has happened on that front  
No say in programming plans  
Casual programmers have limit / ceiling on monthly earning  
Interest in doing more is curtailed due to this and office politics of jealousy / suspicion if you show more interest  
Desperate for mental and professional satisfaction; need atleast that gratification if not money  
Has interest in doing HIV & AIDS programmes but can do it only when given space  
If there is a bursary, choice would be to do a programme related to HIV & AIDS and migrants targeted towards youth  
Would like a free hand to do the full programme  
If the money is given from the centre, won't know where it went, maybe nothing will reach Tripura  
Try giving it directly for a sponsored programme  
No problem in networking but not with dubious NGOs  
No one talking about HIV & AIDS in Tripura, atmosphere is too relaxed about it  
Before MEDIAIDS training AIR participants also knew nothing  
Learnt of the reality when Jahnabi (Assam network of positive people) said that people from Tripura go to Guwahati for treatment  
Even SACS in denial, it is there just in name  
There are pregnant women who are positive and do not even know about it

Awareness is crucial maybe even scare scenario is needed  
Deal with HIV & AIDS issues through the quiz component in information  
service programme, it gets a lot of response  
No use in doing boring single-focus programmes

**Mr. Debashish Datta, AIR Agartala  
Participant, Radio 2 (Live Phone-in)**

Planning for a 15-mt. skit / drama based on HIV & AIDS  
Message to be related to stigma & discrimination & sharing --- touch / food /  
water

Note: repeatedly said AIDS when he meant HIV or HIV & AIDS  
Story is: Migrant who returns home, is tested positive, discriminated against  
by the family and others in the village, goes to an NGO, NGO worker visits  
village, shows a video. To end with a specially composed jingle.  
Programme is planned for repeat telecast, quite confident about implementing  
it.

System of Phone-outs has been developed, so can access more people for  
interviews after previously contacting and arranging it

Publicity of Phone-ins is high, so atleast 15-20 calls have to be handled but  
duration of programme is not long enough, so much gets left

SACS gives slogans at the time of WAD and those are incorporated in Phone-  
ins

Information / publicity about HIV & AIDS is limited

With MDR it would be possible to do things like VOX Populi

Need technical experts who can do editing on the basis of cue sheets  
provided by programmer, who has too much to do (develop the script, present  
the programme, etc.)

There is a queue for the computer in the office so stress in using it

For important programmes / occasions have to work on Sundays and that is  
not possible on all Sundays due to personal reasons

Idea of a separate cell with dedicated hardware and programme output would  
be a good idea

Special funds come in for north-east special programmes, where it is difficult  
to fill up the budget

Example: Rs. 25, 000 for three episodes

Such special allocation of funds should be available for HIV & AIDS

Funds can be sent targeted for trained participants with directions about  
theme / content and required interaction with NGOs / experts

Daily health hints 5mts. slot – create proposal for HIV & AIDS information  
once a week in morning information service

Possible to insist for same kind of input once a week in Phone-ins

Once a week health programme slot of 30mts – HIV & AIDS should be  
incorporated in that

There are more Korbora (language of deb-burma ethnic community) than  
Bengali listeners.

Impact will be better if programmes are targeted in Korbora. They also have  
health programmes and Phone-ins.

Training will be required for the programmers

Profile of listeners: Korbora are more rural, Bengali urban-rural mix

No interaction of SACS with AIR

Top management in AIR needs sensitisation  
Budget is an issue – Section gets 12, 500 per month, which is not enough  
Funds will have to be released for HIV & AIDS programmes  
One order from Delhi with budget will be implemented full-scale  
Same in case of NER AIR  
Possible linkage of existing scenario can be:  
NER order + NE Specials budget + MEDIAIDS participants + SACS / NGOs  
for need assessment and possible resource of experts  
For impact, one HIV & AIDS phone-in every month is necessary  
Has been planning the following since the MEDIAIDS training but question is  
how to do it:  
15-20 mts. docu-feature – story begins at the end when an AIDS patient is  
about to die – flashback technique  
30 mts. 7-8 person interview-based programme to hear about the infection  
and disease (doctors, social workers, general people, students, housewives,  
intellectuals, politicians)  
10 mt. skit with direct real interviews and jingles to reinforce the message  
All three may be possible in 10-12,000 rupees, may need extra budget for  
production work outside  
Need for basic information dissemination and awareness beginning with what  
is HIV & AIDS  
Role of SCAS is not clear  
Visibility is only on WAD and at the airport, through the year, nothing  
Street theatre can generate interest in general population  
Articles in newspapers are seen once or twice a year  
News in Korborak and Bengali is popular  
There is a need for locally generated jingles to insert in news breaks  
Jingles need to be sustained on a regular basis  
If listeners miss it once, they will unavoidably catch it later  
Continuity of jingles will ensure impact  
Jingles should have clarity of pronunciation for impact  
Sponsored category of programmes should be exploited well (jingles / plays)

**Mr. Samar Das, AIR Agartala  
Participant, Radio 2 (Live Phone-in)**

MEDIAIDS phone-in training helpful, especially about technique  
Much change in style of interviewing, follow all the Dos and Don'ts, no more  
ahh-ahha-umms  
Conducts two phone-ins each month; one is for youth; has made it a more  
lively, friendly show unlike before  
HIV & AIDS quiz show was done on WAD, received many phone calls  
Most questions, largely by young people, were about: how HIV & AIDS  
spreads, difference between HIV & AIDS  
In a science quiz phone-in, inserted 2-3 questions about HIV & AIDS on own  
initiative  
Intends to insert information about HIV & AIDS whenever possible  
Keep collecting information and setting it aside, also went to VHAT to get  
some information  
A special programme, like the one done during the training, can be done  
Would like to do composite programme with Vox Populi, music and  
information

## **DIPR (Directorate of Information & Public Relations)**

### ARUNACHAL PRADESH

See 'MEDIA' section for focus group at DIPR's office

### ASSAM

**Mr. Ranjit Sharma**

Would be able to send someone to attend media lounge meetings if invited by Jahnabi of Assam network

Articles on HIV & AIDS can be put on the feed for newspapers

### MANIPUR

**Mr. T. Sithlou**

20 newspapers in Manipur, all commercial minded

Publication of stories can only be a voluntary exercise

Ratan at Manipur Network of Positive People should be told to send regular feed of stories

Can call Ms. Kamladevi, District Information Officer (Press officer)

She was earlier news reader on All India Radio

### MEGHALAYA

**Mr. P. S. Dkhar**

People like to listen to the village headmen and NGOs --- government should mobilize NGOS to mobilize headmen

Recently, journalists have been asking a lot of questions about the health sector --- right time to strike --- a letter from the Project Director of SACS for monthly media lounge meetings can start the ball rolling

In touch with the mass communication institute at St. Anthony's College --- will have a meeting and see that HIV & AIDS reporting is included in the curriculum

Looking to facilitate journalists for health issues

### MIZORAM

**Mr. L. R. Sailo**

There are 26 dailies all surviving on advertisements

Together they receive about 300,000 rupees worth of ads through DIPR

Journalists need to be fed with information

Most of them carry DIPR feed in toto

If there is no feed from DIPR for one day, newspapers will have nothing

SACS is autonomous and does not route itself through DIPR

If they give it would be passed through the system

Need to identify and train potential journalists for HIV & AIDS reporting

Should not depend on government but external experts / resource persons

Create a system of issue-based article bank with some shelf-life

NAGALAND

**Mr. Limavati  
Participnt, Executive Briefing**

The monthly magazine of DIPR has one page for HIV & AIDS  
Dialect translation of SACS dissemination material is often done by DIPR --- it  
is a two-tier system: one translation, second verification  
Staff of newspapers is very limited, e.g. Nagaland Post has only two people --  
- makes it difficult for them to cover everything  
There is a need for collated information from a dependable source

TRIPURA

**Mr. D. R. Datta**

HIV / AIDS is a limited problem in Tripura

**NORTH EAST COUNCIL(NEC), Shillong, Meghalaya**

**Mr. P. P. Shrivastav, Member, NEC  
Observer, Executive Briefing  
With Mr. Shyamul Biswas, DIPR**

Students and women's groups need to be addressed  
Pity if resource pool with equipment is not fully utilized --- even NEC may be  
interested in utilizing their services for other work  
AIR can write directly for laptops for the radio stations  
Notes on two copies of Media Agenda for file

**Mr. N. J. Sharma, Advisor, Health, NEC  
Observer, Executive Briefing**

Letter for computers for All India Radio stations should be given to Donor  
Secretary with explanation of need, cost and justification

## STATEWISE FEEDBACK

### ARUNACHAL PRADESH

#### NGOs:

#### **Dr. B. Natung, Voluntary Health Association of Arunachal Pradesh Participant, Communication Workshop 1 (NGOs)**

Tried to bring change, but unable to do much due to health (severe bronchial problems) --- there has been interaction with other participants from the state but nothing concrete has started

Soon after training, a media get-together was organized, where the Director-General Police(DGP) was the chief guest --- it was to talk about human trafficking, HIV & AIDS and the role of the media in controlling the spread of HIV & AIDS --- media mentality was VIP-centric, VIP-driven --- when a VIP comes, it drives away what programme was planned --- next day there was big coverage about the DGP and just one-liners for the rest of the speakers and the issue --- DGP was called because trafficking is related to the forces -- - media was briefed about HIV & AIDS and what to highlight in advance --- had interrupted the discussion which had digressed but it made no difference SACS is not working up to expectations

As yet there is no public disclosure of positive status in Arunachal

Most cases are among the forces and migrants

SACS has cases of Arunachalis

State-level training is needed in Arunachal --- media has to be engaged the way it was in the MEDIAIDS --- they need to be sensitized

Journalists do not go out looking for stories --- national and international stories are picked up --- SACS gives nothing for the media

One experience with the media led to a totally damaging story --- they want facts and figures --- cannot understand the issue about disclosing names and stigma & discrimination --- even wrote derogatory phrases like; 'an organization 'claiming' to work for HIV & AIDS...'

No trust in media and police at all

Media believes they can write the way they want to, twist it any way

There is no denial among politicians and bureaucracy

At present the flow of information is from New Delhi to Arunachal, from urban to rural areas --- it should be the other way round

"We want to work"

#### **Mr. Sunil Mow, Human Rights Lawyers Network Participant, Communication Workshop 1 (NGOs)**

Participants were supposed to work together but there have been problems of co-ordination --- wished to do something together for radio

Have attended training programmes for police officers, government officials --- used the opportunity to talk about HIV & AIDS in relation to trafficking and the impact of misinformation

One training concerning rights was for a gathering of youth in a small town, Palin --- the level of misinformation and lack of communication leading to stigma & discrimination motivated 'advocacy' conversation with the family



Have planned for radio and television programmes  
Networking of people trained by MEDIAIDS is necessary  
After training, have continued with practice in front of the mirror and other communication skills, including ge-ge-ge-gaa --- Confidence level is high  
Had a meeting with the SACS Project Director re: discrimination of positive people --- nothing since then  
Will meet up with the radio crowd for indirect messaging in radio programmes  
Television means nothing, Doordarshan (DD) outreach to rural areas is very limited --- restricted to capital, Itanagar and neighbouring satellite town, Naharlagun  
There are 26 major tribes plus sub-tribes in Arunachal all with their own dialects --- People in rural areas listen to dialect programming on radio  
In a period of 2 years, official figures of positive people has gone up from 25 to 92, of which 55 are youth --- these are SACS figures, could be more  
Need to bring issues of right to employment and access to treatment upfront  
Will endeavour to regularly write articles for DIPR  
Cable television covers all areas --- personnel should be trained, so that they do not hesitate to talk about HIV & AIDS, learn to link it up to local ads, etc.  
People at SACS, especially counselors need to be trained in communication skills  
Bureaucrats, politicians, policy makers need sensitization --- media covers politicians well, so key messaging needs to be done through them --- that will also impact policy  
EG: at a HIV & AIDS conference, the health minister said he knew nothing about HIV & AIDS, only learnt some things now  
Sero-surveillance is limited --- what about high migration sector and its impact  
Not much faith / confidence in SACS --- new Project Director is strict  
Articles covering HIV & AIDS issues may talk of this and that but there is no key message

**Ms. Dipali Dodum, Arunachal Pradesh Women's Welfare Society  
Participant, Communication Workshop 1 (NGOs)**

Not done much since training, very little in fact  
Dr. Natung is doing great work in Tipi, West Kameng District --- related to truckers and CSWs  
Youth talk --- they have to be engaged in HIV & AIDS work

**MEDIA:**

**Group of journalists at the office of DIPR**

**Mr. Utpal Boruah, United News of India**  
**Mr. Tapan Kumar Das, 'Echo of Arunachal'**  
**Mr. Gyati Kacho, 'Arunachal Times'**  
**Ms. Rina, Hunger Project & freelance journalist**  
**Mr. Arun Mehta, Surya TV**  
**Mr. V. Ravindran, Assistant Editor, 'Dawnlit Post'**  
**Mr. Suresh, 'Aaj ki Awaaz'**  
**Mr. Purabi Taikan**

**with officers from DIPR's office**

**Mr. Lekhi Phuntso**  
**Mr. Mamai**  
**Mr. Longphong**

**Utpal Boruah:**

Poor scenario of HIV & AIDS --- not informed about events --- lack of awareness among people --- Need feedback and statistics to do stories --- Waiting for NGOs to inform about activities --- Have done stories on awareness, documentary on AIDS in Nagaland with good display

**Ravindran:**

Focussing on HI & AIDS from time-to-time --- co-operation is lacking --- Limited mobility to travel to distant areas --- SACS gives figures --- don't know if they are right --- there is doubt --- Problem is people are facing issues of outreach, information is not reaching them --- No one knows how the funds are being used

**Supriyo Deb, DIPR:**

Funding is a big issue because many NGOs are one-man shows

**Rina:**

No one wants to talk AIDS in Arunachal --- Politicians don't want to talk about it, don't have the morality --- Need to get to the grassroots, involve student unions, panchayats (village councils) --- Media in Arunachal is like a government set-up --- They are dependent on government funding --- if they write against the government then they have to face the music --- Radio has far greater reach ---

**Gyati:**

Have worked with SACS and Voluntary Health Association of Arunachal --- Health and education department are corrupt --- Cannot expect SACS to achieve

anything --- Media has a role to play for HIV & AIDS --- have been trying to do my bit --- there is a dire need to fill the gaps between the internal functioning of SACS and the rising numbers of HIV infection --- Media need to be involved in sensitization programmes – Work can be done with NGOs, SACS is like a government department

**Supriyo Deb:**

Faith-based organizations should be engaged in HIV & AIDS work --- Films on HIV & AIDS should be run at video parlours --- it will work well because cross-section of society go to video parlours in the evening

**Arun:**

Also owns a hotel --- has motivated waiters in the hotel carry condoms in their pockets

**Mamai:**

SACS does not inform even DIPR about events --- Dialect videos were given, which were distributed at the district level --- Radio is the best --- Feature films in local dialects with HIV & AIDS content should be promoted

### **SACS-IEC:**

**Mr. Tashor Pali**

In 2007, concentration was on interpersonal communication with village workers

Plan for 2007-8 is to train 8,260 village elected representatives (Panchayati Raj Institutions) in 3,860 villages --- initial target is 1,000 villages

Also plan for district-level activity with accredited women social health activists (ASHA) and Arunachal Pradesh Women's Welfare Society branches

Aim is create cadre of volunteers along with 800 ASHAs and Anganwaadi workers (infant caretakers)

In media, stress will be on radio

Communication needs Assessment was done in 2005-6 by a Kolkata-based organisation of ORG-MARG --- Transportation costs were high --- local people were trained only briefly --- assessment covered urban and semi-urban areas --- wanted rural --- that was not done --- budget was 850,000INR --- report seems biased --- they have shown 87-97% awareness of HIV & AIDS in areas where there are no roads

In NACP3, the stress is on bridge populations --- truckers / migrants --- also commercial sex workers

AIR broadcasts 11 dialects --- plan is for three commercial spots in each --- for stigma & discrimination, roots of transmission and prevention

Out of 31,000 samples that have been tested, there are 92 positive cases

Plan for once a week, 10 Live Phone-in programmes, with ready cheque

Bought time in all dialects in song-based programmes --- there was an overkill, people were fed up

Taking a column space in newspapers is a good idea, will think about it

### **ALL INDIA RADIO:**

**Mr. Gyati Hangu, AIR Itanagar**

**Participant, Radio Workshop 1 (News Features)**

Tried to do something but no help from the station

Went to SACS, no support --- they do not even give any intimation of events

On New Year's eve, participated in a phone-in programme by another participant, Boke Bagra

Works in Apatani news --- there is news in nine other dialects

Apatani gets about 25 minutes at 6.40 to 7.05 am

In 25 minutes, news is 5 minutes, songs 20 mts --- special announcements are done between songs --- also carry Tip of the Day

There are two main festivals that get field coverage of events broadcast for about 20 mts

HIV & AIDS can be included since there are health stalls at such events

90% of the population is dependent on radio

There are five radio stations in Arunachal --- Tawang with Manpha dialect, Pasighat with Adi dialect, Jio with Apatani dialect, Teju with Mizo Mishmi dialect and Itanagar with Nishi dialect

There is one programme called Good Morning Itanagar at 7.45 am that is done in Hindi

Plan to play song section with some spice (information)

**Mr. Rajiv Rai, AIR Itanagar**

**Participant Radio Workshop 2 (News Features)**

Need funds from SACS to be able to move to the district, Upper Subansiri --- many drug users there --- need for awareness

New Year 20 mt programme in Tagin dialect at 6.20am 15 mts of folk songs + HIV & AIDS messages, also in Hindi --- no funds involved for this --- own initiative --- subsequently, listeners who have visited Itanagar came home to show their appreciation --- said there should be more of such programmes

There is a rigidity in society --- but we have to share what we have learnt --- have done it

In all areas outside district headquarters, radio is the best

Main aim of dialect programming: Main news of Central Government in local dialect --- with that just add songs for entertainment ---

Can easily work on HIV & AIDS issues --- need support and encouragement

There are positive people but no one has disclosed their status

“Our parents are people in the jungles, we are educated in the city...we suffer in the process of making something of ourselves”

**Mr. Boke Bagra, AIR Itanagar**

**Participant, Radio Workshop 2 (Live Phone-in)**

After training, organized a get-together of 15 radio presenters (casuals who work under him) --- did a presentation of the training for them

As a result, they are all using the style in Good Morning Itanagar programme

In the New Year's eve programme, the other two participants were invited --- they spoke about the training and what they learnt --- Each made one point --- Unsafe sex plus IDU and mother-to-child transmission (it was just basic information) --- also spoke about how HIV & AID does not spread (by sharing food, etc.) --- Included the MEDIAIDS training jingle and Vox Pop in the programme

At an event of Miss Arunachal and Debojit Nite (a popular singer in northeast India) spoke about HIV & AIDS while conducting as master of ceremony

Was the anchor for an advocacy event for elected representatives

Sponsored slots have 15-30mt slots --- all material comes from New Delhi

Everyone is working in isolation --- regular staffers are put off duty and made to do duty officer work --- programming is then

## ASSAM

### PLHIV:

**Ms. Jahnabi Goswami, President, Assam Network of Positive People,  
Resource Expert, Training**

Journalists, especially on radio, ask wrong questions

Invariably invite just doctors

No inputs of positive people and many are interested in voicing themselves

No effort to speak to the general public and get the pulse of public opinion

Nothing on ART and adherence to treatment

Live Phone-ins are ideal for VCCTC and ART issues because they can throw light on existing, available and operational infrastructure / facilities

### NGO:

**Dr. Chiranjeep Kakoty, Northeast Society for Youth & Promotion of  
Masses,  
Resource Expert, Training**

SACS is directionless, a milking cow with people who do not know how to milk  
Targetted Intervention is faltering or has already faltered

Shocked to hear from Jahnabi that Project Managers, who were four days into a training programme, did not know the difference between HIV & AIDS

### MEDIA:

**Mr. Samudragupta Kashyap, Indian Express, Principal Correspondent,  
Resource Expert, Training**

Media lounge should first succeed in Guwahati before trying to take it to the district level

No need for SACS to mediate, why should anyone mediate

Since Jahnabi is the frontline spokesperson for the positive network, women journalists should be identified who can support the initiation of the media lounge

Suggested names:

Ms. Anuradha Sharma Pujari, Editor, 'Sadin', weekly and writer for literary magazine, 'Satsori'

Ms. Maini Mohanta, Editor, 'Nandini' monthly magazine

Ms. Jahnabi Khound, Assistant Editor, 'Asomiya Protidin', daily

Ms. Indrani Rai Medhi, Women's page & Sunday paper, Assam Tribune

Ms. Moni Kuntala Bhattacharya, novelist who has written a book on HIV & AIDS

Indian Olympic Association refused publicity of the Red Ribbon at National Games held in Guwahati in February 2007

**Mr. Syed Zarir Hussain, Indo-Asian News Service & AFP Correspondent  
Resource Expert, Training**

Important print media that have influence in Assam:

Assam Tribune

Sentinel

'Asomiya Protidin'

Mr. Pradeep Khanjoman of Imphal Free Express  
Promise to join Jahnabi, of positive network, in Media Lounge initiative  
Does not agree that it should be women-centric

**Mr. Rajib Chaudhury, Sahara Samay TV channel  
Resource Expert, Training**

Carried a story on increase in condom sales at National Games  
(Note: Setting up of condom vending machines did not get approval but he did not know that and wished he had)  
Working on a story related to revival of a 15<sup>th</sup> puppet form that will be used for HIV & AIDS and insurgency related issues

**Mr. P. J. Baruah, Executive Editor, Assam Tribune  
Resource Expert, Training**

Circulation of Assam Tribune is about 80,000 reaching out to Assam, Nagaland and Arunachal Pradesh  
About 60,000 would be in Assam  
State government emphasis is on malaria, so HIV & AIDS importance has declined  
A letter from Project Director of SACS may help to get regular Q & A space in the paper  
'Asomiya Protidin' should be the other paper that is targeted with a similar request  
Media lounge should be done at district level also wherever there are chapters of positive network (there are 9 in Assam)  
Idea to discuss with AIR will be around Vox Populi – oriented programme at district level media lounge meetings  
Request for 50 copies of Thomson manual (35, as available with Thomson, couriered, includes English and Bengali Languages)

**AIR:**

**Ms. V. Sekhose, Deputy Director-General, AIR (NER2)**

The equipment is accepted with great gratitude --- it is valuable and needs to be used well and carefully and the station must do some good programmes with it --- will look into it

**Mr. Prabal Sharma, AIR Guwahati  
Participant, Radio 2 (Live Phone-in)**

Six interviews with Jahnabi of positive network by another colleague on AIR  
Issues covered media awareness, role of NGOs, treatment  
Before workshop, had done a feature called 'Asha' on the first HIV+ detected in Assam  
Most programmes on AIR related to general awareness  
SACS did a live Phone-in on WAD, their own expert was the compere of the programme  
If a bursar is available, deciding on the subject needs thinking and research, after that doing the programme is not an issue

Has given HIV \* AIDS related information in the 5-mt Science Tips slot just before news (mostly related to latest data, modes of transmission, medication – information is collected from reliable print media resources like Science Reporter

After training, lot of change in phone-in style

Confidence is very high

Has subsequently done DJ-ing for the first time

Presentation is bolder especially in throwing out the voice

There are no comments from colleagues, which means it is good

Feels greatly benefited from the training for the long-term

Needs hints on HIV & AIDS themes for programming

**SACS – IEC:**

**Mr. Ashim Baruah**

Last two years print media has been positive

Request for Prabal Sharma (participant Radio 2) to contact him

Media lounge initiative should be taken up by Jahnabi and SACS will give all support

**DIPR:**

**Mr. Ranjit Sharma**

Would be able to send someone to attend media lounge meetings if invited by Jahnabi of Assam network

Articles on HIV & AIDS can be put on the feed for newspapers

## MANIPUR

### PLHIV:

**Mr. Ratan Singh, Chairman GIPA Alliance, Manipur Network of Positive People, (MNP+)  
Speaker, Executive Briefing; Participant, Communication Workshop 2 (PLHIV)**

BBC came down to develop special PSAs for the north-east, this was probably influenced by the MEDIAIDS initiative in north-east

Before training had no idea about dealing with media, after training can handle them

Also try to avoid using acronyms because journalists are not always sensitized and general people do not understand them

Media always wants to explore more and it often hits into issues of confidentiality

Invariably there are questions about whether wife, child is positive and have to tell journalists that this is related to another individual's rights and he cannot answer it

Now know how to move away from the danger zone.

For example: When once questioned about Hepatitis C, which is a very technical question, passed the query to the doctor, who is a medical expert

Earlier (the public broadcaster) Doordarshan used to come when they were 'free', now they are motivated and even go to SACS before-hand for information and research

Manipur Doordarshan has as separate unit for HIV & AIDS (Mr. Robindro Sharma plays a pro-active role in it)

Themes at Doordarshan in the 15-20 – mt programmes are related to treatment, PPTCT

Programmes are telecast at peak-time just before news

No contact with radio but need / want them because radio is an ideal means of communication

There has been a meeting with PD of SACS for jingles on radio (Earlier jingles were being aired, then stopped by earlier PD)

SACS has assured that funds for jingles will be routed from NACO via SCAS to AIR

Live Phone-in programmes are very effective

Have not been contacted by Radio 2 participants, they come only on WAD

A Media Advocacy programme was organized on December 15, AIR did not come

Forget issues with the local media, national media was in Manipur for covering the elections. In between 'zipped into MNP+' to do a side story

We don't like this approach and said we are not free

Print media is still focusing on overall aspects not specific issues

Sangai Express has specific space for HIV & AIDS

There are four print media journalists who come for every HIV & AIDS related event:

Ms. Liklaileima, Sana'a Express

Ms. Ashalata Devi, Poknapham

Ms. Sunita, Imphal Free Press (Thomson Foundation award winner)



Mr. N. Ibungochoubi, Manipur Mail  
Mr. Anirbhan Bhowmick of Deccan Herald  
Mr. Robindro Sharma (Doordarshan)  
They are all quite sensitised  
There has been a lot of change in the media  
Four-five years ago journalists were not sensitized / concerned  
Never put HIV & AIDS with big headlines, now get front-page  
Maybe an assumption, but this may be due to forming a Media Committee at MNP+ that resulted in the networking with media  
Print media is quite educated and sensitized  
Now they are even writing about Hepatitis C  
They concentrate on the issue not the treatment  
They have succeeded in highlighting that this is a big problem and treatment is needed, which is what MNP+ wanted  
Now, Mr. Gautam Sharma, Poknapham Executive Editor, 'invites' Ratan as a special guest for award functions  
Other positive networks are not yet discussing media seriously  
They still do not know the importance of the media  
Will immediately take up the regular monthly interaction with media  
The NACP3 plan has the concept of a state advisory board that will involve media persons

**Ms. Udita Salam, MNP+**

**Participant, Communication Workshop 2 (PLHIV)**

Training was very useful, especially the public speaking exercises for television --- could immediately see there is a need for lot of improvement  
Still have a problem about facing the camera, nervous about it  
There has been an improvement since the training, get feedback from others at MNP+  
Earlier used to tremble in the bones  
Have given interviews in Guwahati and Imphal  
Still go about in a confused way but try hard not to  
Need more training both in how to speak and how to give messages  
Making clear messages is very difficult  
Problem as much in Manipuri as in English  
Want to convey so many prevention aspects, don't know how to do it  
Shared the MEDIAIDS training information and experience with the women's group at MNP+

They are very interested and would like to have similar training  
A TOT first would be a good idea, then it would work better in local languages for more number of people  
There is not too much coverage in the media, the themes focus on general epidemic  
Only the Media Committee set up by MNP+ is responding well  
Not very happy with the performance of the media  
In Imphal, ISTV channel is good for exposure in the city  
Radio can reach everywhere  
Vernacular press can reach every village

There is a need to cover success stories to inspire / motivate testing / disclosure

Radio would be good for Art and PPTCT

Radio should also highlight success stories to handle stigma & discrimination

Orphan children also need highlighting because their plight is directly linked to the issue of finances

SACS is doing good work with MNP+

MNP+ is now building a strategy to sensitise the underground --- they have the impression that HIV & AIDS is a money-making system, meanwhile PLHAs suffer

Karnataka, Tamil Nadu, Maharashtra have good media linkages

Manipur has gaps and needs to develop more in this kind of linkage

Problem is with the higher levels of management / Editors who are not supporting the reporters who are committed and attend meetings, etc.

Top level media needs sensitization

Sincere request to set up a MEDIAIDS kind of Training at the state level, so that district level people can benefit and carry the training forward

This will also increase linkages and networking with the media for the future

Memory factor is important, so HIV & AIDS needs to stay in the news

**Mr. S. Lianpu, Churachandpur Network of Positive People,  
Participant, Communication Workshop 2 (PLHIV) & International Meet**

After training had an interaction programme in Churachandpur of community, PLHAs, pastor and media

Interaction was very good and all shared their views

Later the pastor said: 'I learnt a lot today.'

Media said: "When you do all this work, you don't come to us. We can publicise it all for you."

Mr. Thangzalai, editor of Lamka Post spoke separately, later met him, the response was good

There is a need for a media advocacy programme in Churachandpur because there is interest but the media persons are not sensitized

We don't inform them because there is no big programme

The voluntary interest in the media is good because they do not charge money and flash the news --- in that sense they are helping

Since the training there have two flashes in the vernacular newspapers (Lamka Post and Manipur Express) in the Paitei dialect

Two flashes were announcements without any charge about support group meetings to be held --- it is not possible to inform everybody all around --- so this helps to get more people to attend the support group meetings

Without the flash announcements, maybe 15-20 people would come --- with the flashes, get up to 40 people to come

The column highlight on the front page is because of the interest of the editors, like Mr. Chilkhalia, Editor, Manipur Express

In support groups, people do not feel isolated, there is a lot of sharing, people come out into the open, some may never ever express themselves, through this they open up directly

There have been some articles about HIV & AIDS and the church, don't know the benefit for the community through that

There are no articles on PLHAs, it would help if there were

One local reporter from Sangai Express asked what are you doing --- was told we are positive people working for positive people --- he was not sensitive --- what about media people like him

Still lot of stigma and discrimination, people do not want to talk about HIV & AIDS

Has been advised to meet editors regularly

Relapse, especially among males with IDU background, is a big issue in CCPur

Most widows in the 20-35 year age-group have no knowledge

According to NGO data and District SACS, infection among IDUs now is less, mother to child infection is more

According to the HIV+ register in CCPur 573 of 1203 infected are on ART

There is no idea about those who are in hiding, do not disclose their status or register themselves

Counselling about Nevaraprine is poor, women need more counseling

Shared the MEDIAIDS training with others in the CCPur network but "most of us lack confidence"

If someone comes from outside, shy to answer or talk though they know their work well and are doing it well

Before training no idea about media and how it functions

Now quite confident but not been able to use it

Local training is needed on-site

For those from CCPur, even when they go to Imphal to the MNP+ office, they miss out a lot on the training that is conducted in Manipuri or English, which they do not understand very well

Don't follow even programme co-ordination training fully or correctly

There is a communication gap between Imphal and CCPur networks

**Mr. Deepak, President, MNP+**

Basically have good relations with the media

Problem is of young journalists who are inexperienced and can make mistakes

The Thomson Award given to Ms. Sunita increased awareness among the media

Some weeks ago, issue of substitution therapy came up, showed that the media had absolutely no knowledge about it

There is a desire in the media for sustained networking and they have participated a lot

Media does not ask for an honorarium, so feel the need to show gratification by paying them

Suggestion given to start an annual award instead of paying the journalists for doing stories

**Mr. O. Munindro Singh, MNP+  
Participant, International Meet**

Learnt a lot at the International Meet about media and the role it can play

Have a good relationship with ISTV channel and they listen

**MEDIA:**

**Ms. Liklaileima Devi, 'Sangai Express' daily newspaper,  
Participant, International Meet**

Encouraged after International Meet to do more HIV & AIDS stories

Interaction was a good exposure and got many ideas on what and how to write

Main issue is that there is stigma & discrimination and whether male or female, positive people are not victims

After International Meet, 3-4 stories related to stigma & discrimination

Receives letters from positive people for a good story and good writing

Always takes permission to disclose names but some of them face psychological problems, yet they feel they should share their internal suffering and story must be published

This is probably the key message related to stigma & discrimination

Positive people feel a sense of relief after sharing suffering

One of the stories was in the interior area of Ukhrul District

An uneducated woman who knew nothing about HIV & AIDS and has three sons; husband was working in the town and probably knew about HIV & AIDS; he died but no one knew of what; she fell ill and went to the capital, Imphal for treatment; investigating doctor took her through tests and she tested positive; two of the three children were also positive; on thorough counseling the reality came out; she could not bear children through her husband; there is no family support now; mother-in-law says that since you are positive you should earn for yourself, children your and their food / diet; status is not declared publicly but everyone in the village knows because of the lack of the family support system

The name of the village was identified in the story to evoke attention of policy makers; names of the persons were not disclosed

Limited knowledge about radio but it seems that HIV & AIDS related exposure is through jingles, announcements and notices about PPTCT, etc.

On television, sometimes there is tele-drama where usually the storyline is good but sometimes the acting is below standard

Print media is doing good work

There maybe one person who can read but he / she reads out to others and they are interested

Radio should be used more

It is heard in the interior areas by educated and not educated people

It is possible to exploit different dialects on radio

There are many ethnic groups in Manipur and radio broadcasts for all of them

The individual performance of SACS is good

NGOs like MNP+, SASO, Kripa, CARE are doing good work

Some NGOs are not so good and it is matter of concern in Manipur

The performance of political leaders is not good though their manifestos declare that we are facing the epidemic of HIV & AIDS and should eradicate it

In personal knowledge, there has been no help from politicians

NGOs come out voluntarily, MNP+ first, then SAO

The performance of NGOs is faster than SACS

The policy of SACS is based on a document of 1996 that does not mention women 7 children or CSWs

In spite of the 1996 document, SACS has taken up work / programmes for CSWs though it is not mentioned in the policy  
The number of CSWs has greatly increased in Manipur mainly due to family maintenance issues because men die in conflict  
The Armed forces special Protection Act and its impact on HIV & AIDS is tremendous  
Men are killed in counter-insurgency or random killing  
That is why women have taken to sex-work  
For the women, it is an issue of livelihood for their children. Mother-in-law, family  
In the circumstances, livelihood becomes more important than HIV & AIDS  
Armed Forces special protection Act is one of the main root causes for the spread of HI & AIDS in Manipur; it was imposed in 1986; since then, Manipuri people, especially women, have so much suffering and grievances and people have so many doubts and suspicion  
There is no big industry in Manipur, just some small and cottage industry  
Roads and communications are very bad  
There is limited information and knowledge in rural / interior areas  
There are big issues / problems in the hill areas, not so much in the plains  
There are so many reasons for HIV & AIDS in Manipur --- Central policy, State policy, weak politicians and no accountability for it

**Ms. Ashalatadevi, 'Poknapham' daily newspaper,  
Participant, International Meet**

International Meet was an opportunity for good contacts with media and PLHIV  
Issue of HIV & AIDS is different for NGOs and the people  
There are 60-7- NGOs working under SACS, only 15-20 are working well  
Many NGOs are in denial and not accepting the problem of HIV & AIDS  
For stories, gets news from different sources (NGOs, people) to present different aspects of HIV & AIDS  
Written about 15-20 articles on HIV & AIDS (Features, Info-based reportage, souvenirs?????, interviews  
Since December 2006, written about 3-4  
Print media most important  
'Pokphanam' is the leading newspaper of Manipur with the highest circulation (over 26,000) in nine districts  
Gets feedback on articles (Letters to the Editor, which get printed on the editorial page, with thanks from remote hill areas  
There are about 20 newspapers in Manipur  
About 4-5 media persons interested in sustained reporting of HIV & AIDS  
Radio carries advertisements and had heard an interesting programme on HIV & AIDS and corruption  
Television has carried programmes like Question-Hour and Drama  
Work for SACS is hard because of insurgency and lack of infrastructure of the Health Department  
Some educated people, like bureaucrats and politicians, are still in denial  
There is a need for advocacy of media persons; how to write and how to express correctly is the difficulty of media persons  
HIV & AIDS terminology is the main problem while writing in the vernacular

Some interested media persons have found ways out  
Manipur Network of Positive People is the most hard-working in the HIV & AIDS sector  
As a reporter, goes for news to different places  
Has found widows, orphans and felt sad at their plight  
They have no knowledge about HIV & AIDS and she was shocked at their ignorance  
First access to information about HIV & AIDS was through a local club where SACS conducted an awareness programme  
Then went to Manipur Network of Positive People  
Ratan, Deepak, Udit and other advocates have been her resources there  
Through them got technical knowledge and material and got access to doctors  
No negative feedback from PLHIV  
Always discusses the 'writing' part of the article with them, the Dos and Don'ts  
There is a need to create awareness of advocacy for media persons and wishes it is done because Manipur has the highest prevalence rate  
Media is the window so it has an important role  
But in really remote areas, even radio does not reach so people know nothing about HIV & AIDS

**AIR:**

**Ms. Ella Kayina, AIR Imphal,  
Participant, Radio Workshop 1 (News Features)**

Lost her father just before Christmas, so unable to do much  
Plan ahead is for many programmes on HIV-women issues  
Did a studio-based interview programme with a doctor on HIV infection and pregnancy --- ten-minute interview in the local dialect Mhow  
Story:  
Illiterate woman from a village who came to Imphal for her delivery --- after tests was declared positive --- doctors counseled her --- she or her husband had no history of drug addiction or blood transfusion --- couple was not having children --- mother-in-law forced her to sleep with the younger brother without the knowledge of her husband --- younger brother was a drug addict --- she herself knew nothing about HIV & AIDS  
This story touched her and motivated her to do the programme and more in future  
Colleagues have asked her questions like are you not scared of interacting with positive people  
She shows them photographs of their interaction  
It would be helpful to expose these colleagues to short lectures on HIV & AIDS on a regular basis  
Thinking of visiting District Senapati (largest district of Manipur) --- it has a huge floating population, drug use history, very few health facilities, no ART centre --- hopes to interview doctors and counselors in local dialect  
Since training, there has been a change in the style of interviewing  
There is more appreciation from listeners  
Prefer interview-based programmes rather than straight-talks  
Training very much useful  
On Imphal station, few programmes on HIV & AIDS

FM station has a one-hour cultural interaction programme every Wednesday -  
-- suggested why not have a +ve person in --- not open to the idea  
Programme is always HIV and doctors , as if everything is just the technical part

It is always doctors speaking on HIV & AIDS, maybe on WAD a +ve person  
On a regular basis, not even NGOs are invited

There is a need to do a combination of features, drama, 5-minute hard news for raising awareness

Violence against women is also a big issue --- requested for a scheduling --- didn't get it --- difficult to plan recording with a schedule

Instead of just doctor-doctor, it would be much better to have a dialogue between Doctor, MNP+ and NGO activist

Remember an exclusively interview-based programme on HIV & AIDS with +ve people because it was good --- in the Farm & Home slot, a popular slot  
Radio is more powerful --- in the hills people do not buy newspapers, Doordarshan network does not reach

Spots from SACS are translated into dialects --- deals with safe sex, how HIV spreads, prevention

In one spot, a sentence mentioned condom --- programmer was scolded by villagers, saying it is uncomfortable with the family around

Counsellor at hospital has said that radio leads to more awareness, leading to more testing

There is no easy access to Internet in the office --- would like to have that facility for research

**Mr. Chongloi, AIR Imphal,  
Participant, Radio Workshop 2 (Live Phone-in)**

HIV & AIDS related information in a special Science Magazine programme  
Information collected through the internet

Once also called a doctor to join in the programme

Two major ethnic communities in Manipur are Thadou-Kuki and Thankul-Naga

Thadou community is scattered all over Manipur

Thadou and Thankul dialects get 30 mts. broadcast time everyday

Other dialects (Mhow, Hmar, Paitei, Kabui) get 20 mts. each

Manipuri language broadcast for Maitei population in the plains

Most ethnic communities do understand Manipuri

Thadou-speaking people in Churachandpur area lack understanding of Manipuri

Maximum insurgency occurs among Thadou in CCPur

In Thadou dialect broadcast at 5.30pm, phone-in programmes twice a month

If callers are graduates or collegiates, then bring up the issue of HIV & AIDS, if they are illiterate, there is no point talking about it

Usually prevention issues and general awareness

Questions are related to scenario of HIV & AIDS, stigma, social discrimination, availability of medication and possibility of prolonged life after infection, importance of adherence to medication because a cure may also come

Not much chance to talk about condoms because there is inhibition among families and dialect slot usually has family listenership

Sometimes bring it in while talking about prevention

Would like Ratan (MNP+) to invite him for media get-togethers

**Mr. Devendra Singh, AIR Imphal,  
Participant, Radio Workshop 2 (Live Phone-in)**

Many programmes after training, including coverage of many events, especially those organized by MNP+

1. Live Phone-in based on ART along with Dr. Manglem, Senior Medical Officer, ART Centre, J. N. Hospital

Reason for doing it was there are lot of misconceptions about first and second line drugs, combination of drugs, side effects, issues of immunity level related to drugs, etc.

Questions seemed to be from family members (could be pretending to be so)

Positive people are still not disclosing their status because of stigma

There were lot of questions regarding drug combinations and when to start ART

Coverage of events, including short interviews with organizers and guests, which were broadcast on Morning Information service in the 7.00am slot of 'this week in Manipur'.

2. Recent workshop on MSMs, first time in Manipur

3. General awareness event organized by west branch of MNP+ at the Manipur Dramatic Union Hall

4. Workshop on ART organized by MNP+ and SACS at the SACS office

Great momentum in the state over the past 4-5 months

Print media especially is doing good work

Earlier, MNP+ functions were on inside pages / back page, now it is front page news and even gets editorials

Technical gain of MEDIAIDS training was more than of the issue because exposed to HIV & AIDS for many years

How to conduct an interview was memorable: "That Day 1 changed all that I had been doing for ten years. It changed the entire approach to interviewing"

Then handling of the microphone was important

Learnt how to make a 'quality programme'

The emphasis on quality in the training will stay forever in the mind

Now even a little hiss, means re-recording

Have started telling juniors, this is not the way to record, to interview

There is also a change in the format of the programme

The 'ah-aahhs' have gone, atleast when on air

If bursary is available, would like to do programmes on:

1. Women and Children – it needs a lot of focus because they are the most affected with no fault of theirs. There are many undisclosed cases of wives of drug users among young couples

2. Life after HIV 3. Life with HIV

**SACS-IEC:**

**Mr. Omajit Leishangthem, IEC Consultant**

NACP 3 plan has possibility of putting in latest news, trends and articles by PLHIV

Imphal West MNP+ branch --- article about Sarat elam was published in Sangai express --- content was stigma and ART

Plan also for media fellowships for articles and reporting on HIV & AIDS

PSAs made by local skilled media advertising agency that have worked in Mumbai / Delhi and have returned to Imphal



Telecast is on ISTV channel  
Themes cover Prevention, Stigma, Testimonials, ART, PPTCT  
Radio spots cover all target groups before and in between news  
Mid-day, Fm channel is popular  
A 2000 year old courtyard play form is being used --- can entertain 500-2000  
people at one time  
The Maitei (who live in the plains) are reluctant to write in English --- the  
Naga-Kuki do write

**DIPR:**

**Mr. T. Sithlou**

20 newspapers in Manipur, all commercial minded  
Publication of stories can only be a voluntary exercise  
Ratan at Manipur Network of Positive People should be told to send regular  
feed of stories  
Can call Ms. Kamladevi, District Information Officer (Press officer)  
She was earlier news reader on All India Radio

## MEGHALAYA

### NGOs:

#### **Ms. Hasina Kharbhih, IMPULSE Participant, Communication Workshop1 (NGOs)**

Started a newsletter --- good for communicating to various stakeholders, so there are not so many queries --- one issue on HIV & AIDS --- till now focus on own (IMPULSE) projects --- now will highlight other organizations – print 1,000 copies of which 500 go to government organizations / funders / NGOs / individuals / media

Newsletter was an advocacy tool to achieve a regional workshop on HIV & AIDS and trafficking at Guwahati High Court

The newsletter is an effort to fill communication gap

Have been part of the scripting process for three documentaries: stigma & discrimination, Highway truckers, Commercial sex workers

Networked with students from Mass Communication institution after Doordarshan ad came out --- meeting was held at IMPULSE --- all got approved --- have provided resources, feedback and stories

Personally had a re-look at media strategy – earlier it was just interviews and bytes --- saw that it can go further than that

Now taking long-term proactive steps

Involved in process of setting up a network of positive women --- one is working at IMPULSE --- will probably disclose her status at Human Rights Lawyers Network workshop

Educated positive woman can be empowered and can be a good communicator

Others who have disclosed their status in Meghalaya have suffered discrimination and have to leave the locality, etc.

In today's world, capacity to communicate is important

After the workshop, following a 'behind' strategy --- other resource persons support media work including newsletter

Worked on HIV & AIDS message with PCN Cable network for WAD – made an effort to move away from statistics and give a human face

Due to newsletter, media is visiting IMPULSE office --- started the tea meetings --- the work with PCN emanated from this

The second-third line at Impulse were not using media as a tool --- now they know there is no point in isolating the media

Other NGOs used to be upset that Impulse was not attending events --- now make sure at least third line, if not second line, is present --- don't want them to feel Impulse is isolating them or is too big

WAD: used post office --- 250 sets of IEC material were delivered --- all post boxes have HIV & AIDS messages in Hindi , Khasi, English --- will stay for one year

The BBCWST PSAs will run at post offices

Most of work is in trafficking, not HIV & AIDS

Media is both responsive and rigid --- those we have not reached out to are rigid

Print campaign on WAD was good --- regional level response was good --- sent them 'readymade' material

Thrust was: accountability is not only with NGOs but also with government and the media --- used a journalist and based material on human stories (Hasina wrote the stories and journalist converted it into journalist-friendly language)

AIR needed a sponsor --- networked with Lever and UTI --- twice-a-week slot --- no knowledge about the 50% discount

Re: Media persons involved in MEDIAIDS --- some were already conscious of HIV & AIDS, others not so much and they are much better now

NGOs not taking on ahead, still busy with just their project --- maybe a problem of organizational survival --- or maybe boss did not attend the training and that has affected the response level

Next training:

Maybe concentrate on freshers from mass communication --- they are open and not corrupted --- absence of a good break leads to lack of innovativeness. Also maybe there is a need to get SACS and NGOs on the same platform and get NGOs to look beyond SACS

If there are positive people out in the open, they can lobby best for a CD4 count machine --- NGO lobbying does not work --- people ask; where are the positive people

Issue of CBOs affects targeted interventions, especially for condom distribution

There are no NGOs in remote areas --- Impulse is moving forward in that direction --- has been the only one to apply at SACS for interior areas, no competition --- All applicants for Shillong, maximum Jowai

In interiors, radio is a priority --- if cleared, will be part of communication strategy --- more controlled than peers talking in the community --- posters are a waste, so are pamphlets --- rather use radio with follow-up fliers

Others at impulse need communication training to be able to talk

After MEDIAIDS training, conducted a structured session with four of them --- first session was two months after the training --- Q was: What went wrong with

media and Impulse / how to retrieve the situation --- regional reporting was good --- Shillong not so

Media exercise was Hasina-centric --- now upgrading of team structure --- putting in place project and programme managers --- Hasina no longer President --- this has helped at different levels including with the media

Message is focused on few messages: healthcare and condoms in context of CSWs to lead to vital conversation in the community

Have demarcated those who can speak in Hindi, Khasi, English depending on fluency --- this is an effort to rectify earlier mistakes

MEDIAIDS helped to think in this direction

People from training should be selected for further training, who can take it forward innovatively

Still maybe at regional level, maybe not state-level yet

Funds still an issue for state-level training

HLL and Impulse working together on social marketing issue

'Maitri' film with confidentiality issues has been telecast

Local faces on posters, etc. Will make a difference for people to identify with messages / issues

Would like to have second line training for radio at Impulse for further communication building

**Pastor Heipormih Khonglah, Faith Christian Church, Jowai  
Participant, Communication Workshop 1 (NGOs)**

After MEDIAIDS training, had a chance for another training by TEARFUND --- Many church leaders were present --- from Meghalaya, only Pastor --- workshop showed that churches in other states have moved far ahead and Meghalaya still in denial

His church, Faith Christian Church, a breakaway of the Presbyterian Church, was the first in Meghalaya to celebrate WAD in 2006 --- was a prize-winning runner among seniors

May have some doctrinal issues with the Presbyterian Church BUT the main issue is that the local people, Puar, of the Jaintia hills have been severely neglected by the church

Motto of the Faith Church is: Reaching the Unreached

The only privilege that the local people have is the coal mines

The coal mines are a vulnerable, high-risk sector for HIV & AIDS

There are many cases of STD among truckers

There are anything between 200-300 coal mine owners in the area and each employs 50-100 migrant labour

Many young boys and girls are also vulnerable to and at risk of the Golden Triangle from Mizoram and Manipur

On one single day, there were 60 kids at the Drop-in Centre for substitution therapy

According to government statistics, the figures of STD and HIV infection are very low, much lower than the reality

No HIV testing facilities are available in Jowai area

TEARFUND is taking up Northeast as a high priority and emphasis is on HIV & AIDS

Interviewed on issue of role of church by Maria (television training participant) for Mizoram Doordarshan

Looked into training notes before going for interview --- so not as a scared, nervous person but confident --- happy with performance in front of camera --- free expression and able to give what I wanted to give them

Also invited to Shillong by CANA, a Delhi-based Christian NGO --- work is related to HIV & AIDS --- will be sending an ex-drug-user, Robinson, who is working with Pastor and was also interviewed for the film by Maria

Need a big heart to deal with drug addicts

Has been invited by Ms. Kmen (AIR Jowai) to compose and sing a song on HIV & AIDS

Awareness is so low --- after some awareness has been created then a song with a message would / may make a difference

Motivated to compose a song on HIV & AIDS

“Now I cannot be out of HIV & AIDS work...God led me to MEDIAIDS, a novice who knew nothing...it was an introduction like oh! there is this problem...very fortunate to have been there...now I hope to help more people...”

Ms. Kmen's idea for a People's Forum is interesting --- will meet to discuss construct and content of programme

Happy to receive Thomson CD --- it will help with presentation of words / messages when he composes song

**Dr. Bishar Plain, 'Chdoodeiama', Jowai  
Participant Communication Workshop 1 (NGOs)**

First radio programmes on HIV & AIDS right after training --- three 5-mt. straight talks in Jaintia dialect on prevention --- followed by a dialogue programme with another social worker (Juanita) for WAD

Found that he was able to make the language related to sex elegant

Had been doing agriculture and animal disease programmes for radio (he works as a veterinarian with the government) --- used that credibility with radio and listeners to start doing programmes on HIV & AIDS

Next radio programme with Dr. Rica Lamar (co-participant) --- a 22-mt. dialogue on preventive measures in Jaintia dialect

Radio people felt it is a new / first attempt on HIV & AIDS for grassroots people, so have a long chat

Radio programme was preceded by a street play at three locations in Jowai --  
- used 17 recovering addicts for the play --- centred around infection, transmission, prevention

Lot of crowd --- story was carried in the local Khasi paper (there is no newspaper in Jaintia)

One reporter asked: Does anyone have HIV in this district? Gave the answer: there is no official data but we are in a vulnerable area --- this was quoted in the newspaper in the report on the street play

Strategy was planned --- first a straight talk on radio, then the street play, then the long chat on radio with reference to the street play that many had watched  
For months of April and May 2007, the District Commissioner(DC) has asked to do the street play and a radio programme covering the Laitrymbai area --- a plan has been put up to cover costs of actors, etc. who will be taken to Laitrymbai --- there it will be done in Jaintia dialect and Hindi because of the truckers

DC wants to target the truckers in the coal belt area --- will take the initiative to speak to AIR to run a Jaintia-Hindi combination straight-talk programme on radio

DC believes labourers and truckers have nothing but carry a radio so radio can really reach them

Training has really helped, even Dr. Rica --- that is why they could do a good show

Street play has to be carried from location to location --- with radio, can cover the entire Jaintia hills at one go

Has been working on the agricultural programme, 'Kisan Vani' --- After training, style has changed --- now do the programme in a planned manner --- keep it more friendly --- compose sentences to draw / retain attention

People at radio have commented on difference in presentation after the training --- also compare it (better) to other guest-talks

Took some AIR people to get feedback from listeners

After the street play and radio shows, people have approached him, including the health department that gave him 6000 condoms

In three months, has discreetly distributed about 4000 condoms (truckers, government officers, businessmen) --- had given personal mobile number in the radio show --- people call and ask for it --- don't feel it is wise to do public distribution of condoms

Himself a church leader --- there has been no intervention or interference from the church re: condoms

Radio is helping to reach remote areas --- it is a controlled situation --- two people if it is a chat, three people if it is a panel discussion --- for street play, lot of preparation, too many people, too much co-ordination, etc.  
Since he is a government servant, has got a no-objection certificate to work on issues related to AIDS

**Dr. Rica Lamar, Manbha Foundation  
Participant, Communication Workshop 1 (NGOs)**

What was helpful in training was how to give messages on radio with confidence and human touch --- earlier thought HIV & AIDS was serious issue and should speak accordingly --- learnt to give warmth

And of course, the breathing exercises have become automatic --- also learnt a lot of media terminology in the training

Earlier had a negative view of media --- interaction with media showed they are sensitive

Also had the impression media is ignorant but saw that they were informed --- in fact got some tips from media persons that could be used in awareness programmes

Now agree and like to meet the media --- would never have said yes to a live phone-in programme --- now ready for a live phone-in even on TV --- not too anxious or apprehensive about it

NGOs of Meghalaya had never interacted so closely between themselves as they did during the training --- had always been suspicious of intentions --- during training a bonding took place --- now there are differences but no resentment

Lot of sharing and working together with Pastor Heipormih and Dr. Bishar Plain

Because the three worked closely together for WAD, now they share information on available funds, etc. and have set up the Jaintia Forum on AIDS and Drugs

Have applied for a project together as team to State AIDS Control Society --- this will allow for fruitful interdependence of resource persons

Kmen Budon of All India Radio has approached many times --- has lot of passion, has genuine interest and is well-informed --- many meetings, interviews with her for a series of episodes on HIV & AIDS

Participation has also been on talk shows on radio and TV

Television shows were for the general information series, 'AIDS and You' as well as for 'Women and AIDS' --- this was a live phone-in programme dealing with the vulnerability of women & stigma and mother-to-child transmission

Radio show was with two positive people --- positive people have now started talking on radio --- that is a big development

Presently there is a surge of media interest in HIV & AIDS --- some media persons are under-exposed to the issues and are approaching it with lack of sensitivity, maybe because they are less informed

For example: in a radio programme, the name of the positive person was spoken many times, even though they had been told not to do so --- since it was a pre-recorded programme, it was edited --- the concerned positive person told them how and why it was wrong and made sure it was edited

A MEDIAIDS kind of training can help to make journalists less anxious when doing a story on HIV & AIDS --- Problem is they have the concern but don't know enough and are unable to handle the situation correctly

Messages through PSAs are coming up more now --- young people had a lot of ideas at a BBCWST workshop --- though there were cases of misconception as well --- like showing a sickly face of a HIV positive person  
At the film screening of Maria's film (television participant who made a film for Manbha on occasion of WAD) people cried --- minister said: this is the first time we have seen the human face of HIV & AIDS in Meghalaya  
MEDIAIDS model should be replicated at the state level for the local media so that more people are trained and they can carry it forward to the rural areas  
The training had more emphasis on radio, not so much television --- television is more challenging and there should be more training for that  
After the training, there has been an improvement in the basic trust between media and NGO sector --- with this, it is possible to work together --- it is important for Meghalaya --- never joined forces before --- after MEDIAIDS experience, everyone is more tolerant --- now the concept has evolved: let's work for Meghalaya, it will pay dividends in the long run  
Understood the thoughts of other NGOs during the training --- networking has started now  
Wonderful thing is, now the media comes to us, earlier we were running to them

**Mr. Herojit Singh (PLHIV)**

**Participant, Communication Workshop 2 (NGOs)**

Find it easier to talk to media now after MEDIAIDS training --- now don't worry about pauses --- think and give meaningful message --- not nervous any more  
Not only talking about HIV & AIDS but at the end of interaction, also sensitizing media persons about sensitive questions  
Media is very ignorant --- they need training --- they want to know what questions to ask --- have to write the questions and give it to them  
Mainly done work with television --- shown face on PCN cable channel and Doordarshan --- after PCN interview, spoke to wife and she also agreed it needs to be done  
Children will also become a tool for raising awareness  
Joe at PCN cable channel has promised if there is any problem for children at school, he will stand by and there will be trouble --- he even took pains to deliver copy of programme at home  
PCN was general awareness through a personal story in news --- Doordarshan was 15-20 mts. documentary  
Making a point not to bow to the convenience of media --- give time for shooting when it convenient during the course of daily work / schedule  
Refuse to give blank straight bytes --- insist on interactive Q&A / interview-style chats  
Media interest is increasing --- they come looking for me  
Don't want to set up a NGO-type of positive network  
Due to MEDIAIDS project, so many media persons have learnt how to talk to positive people --- that is why working with Joe at PCN cable channel was so easy  
Awareness has spread --- have been sharing and using the Carasana material  
Follow-up is necessary --- no contact points for further sharing  
There should be some training with local headmen, positive people and some counselors

Local talent should be involved in training  
Even literate people who are working in the HIV & AIDS sector are not media savvy  
Whole training was well-planned --- Loon's intervention was memorable --- gave us the understanding that the challenge is of facing questions that media WILL ask and giving a message with it

**MEDIA:**

**Ms. Maria Thanglura, Film-maker  
Participant, Television Training, Year 1 & International Meet**

Has been in contact with Somte in Mizoram, Dr. Rica and Dicky in Meghalaya  
The question is: What can I do/  
An advocacy film, "Inner Voices" made for WAD, enabled setting up of the ART Centre  
Film medium is being prioritized  
This can have power for positive people to speak out  
Home Minister came for screening and said this is the first time he saw the human face of HIV & AIDS  
Film was not staged  
The People Living With HIV were talking to the audience  
"Film is still undermined and considered as entertainment but I feel differently"  
UNODC rep saw it and asked for a copy  
Went through a process of building the confidence of the protagonists over a period of 2-3 weeks, just met, chatted  
Backlit the protagonists for confidentiality  
People are still not allocating budgets for films to make a difference --- film=news coverage --- film for impact does not exist as a concept  
Somte in Mizoram can see the film is going to help  
Learning experience of making "Inner Voices" film has been: "People are so raw, even talking to a doctor is a big step, so opening up to me was BIG...had to question myself and do my part of empowering...question was: as a communicator, am I showing them as they are or manipulating them...Really want them to trust me...but that can be flimsy..."  
The MEDIAIDS television training had been with positive people who had disclosed themselves --- in the case of "Inner Voices" it was not so...Issue was how to handle a situation with people who suddenly get 'attention'...many dilemmas --- disclosure, no disclosure, how much protection, protection vis-à-vis empowerment and trust..."  
Now working on two separate films: one on truckers on the highway and one on HIV & AIDS and Somte in Mizoram  
Very depressing to see that no work is being done for truckers in Laitrymbai area  
Wish I had not attended the MEDIAIDS training and International Meet --- would have been blissfully ignorant --- now hugely sensitized --- can't help do something about it  
People have a story to tell --- only when the story is told then society will hear and start thinking and changing  
One international meet is not enough  
Cable television networks, local daily newspapers need sensitization --- state-level intervention is needed



**AIR:**

**Ms. N. Shadap, Director AIR Shillong North East Services (NES)  
Resource Expert, Training & Participant, Executive Briefing**

Staff was just following the old style, the exposure and training has opened up the staff

This is especially so in the case of HIV & AIDS --- were shy talking about condoms --- now it is not an issue for them because they can see that HIV & AIDS is a burning issue

Now they know so many things about HIV & AIDS, which they did not know before

Had a good feedback session from all the participants

They are particularly skilled now as to how to address people living with HIV

Since WAD, a series of ten episodes was started

People in Meghalaya did not know the concept of a network of positive people

Effort is to try and get people to come out and take advantage and opportunities derived from a network

Apart from the participant Jit, two more came on radio, without disclosing themselves

Students were interviewed about drugs in a style of youth talking to other youth

Doctors were brought in to talk about treatment, issues of CD4 count machine availability

NGOs involved in HIV & AIDS were also included

The programme executive, Kmen, did location interviews with truck-drivers --- led to discussion about supply of free condoms --- earlier supply was available, now it is not

Unfortunately, positive women are not coming out into the open as yet

Doordarshan did a round-up programme on the role of media for HIV & AIDS in which Shillong station was specially profiled --- so the work done by radio was publicized

Shillong radio has been asked by SACS to produce jingles for a run in April

Possibility of a Northeast link for a HIV & AIDS programme can be investigated

Or it could be included in a health phone-in programme

Workshop has led to professionalisation and gain in confidence

MDR will make a difference to their work style

It would be a good idea to transpose participants to other states to hone in their journalistic skills

Peer influence may not work in improving other staff, they need training

Print has tendency for sensationalisation

Radio has possibility of discretion

In television, there is an issue about the face

**Ms. Kmen Budon, Programme Executive, AIR Jowai  
Resource Expert, Training & Participant, International Meet**

Jowai area has no cable television, limited reach of television, radio is the main source of communication, covers entire Jaintia hills

12 -12.30pm – originated programmes from Jowai station

12.30 – 4pm – Vividh Bharati relay from Mumbai

6 – 9pm – originated programmes and relay from Shillong

Up to March 2007, no health programmes as such but planning for them twice a week --- as a beginning, from April 2007 a 5-mt slot of Health Tips in the 6.15pm slot

It will cover general issues, women & children, malaria, TB --- HIV & AIDS will be covered because the area is very vulnerable

A 30-mt. monthly People's Forum will be started --- this will mainly cover HIV & AIDS apart from other issues

In this area, the basic requirement is information that is important --- Earlier, for Shillong series of programmes on HIV & AIDS, had interviewed many truckers on the highway --- local and non-local people are very ignorant

After correcting the information base, will move in stages to Prevention, Stigma & Discrimination, and so on

First plan is for three episodes: first basic information and then add-ons

Need to work in the local dialect --- Dr. Plain, the Pastor, Dr. Rica (participants of Communication Workshop) speak the local language

Foresee problems because literacy is low and people refuse to talk, cannot talk --- will have to work hard to get them to talk

No testing / VCCTC facilities in Jowai

It maybe possible to achieve this through people who are working with them

People's Forum is an OB Van based outdoor programme

It has the people's voice and gets back to the authorities with that voice within the same programme --- in Shillong people now snatch the microphone to speak

A People's Forum on HIV & AIDS from the area of Laitrymbai, with ex-drug addicts would make it easier for others to start talking --- will need to identify some ex-drug addicts as a beginning

AIR has better reach than Doordarshan --- people are watching Bangladesh television

State government goes to cable television and Doordarshan

Have good feedback for radio through letters and phone-calls

Will be asking Audience Research Unit to do a survey

At Shillong station: Krishna and Roselind can plan a programme and discuss with Banker (another participant fluent in local language, Khasi) --- Ms. Shadap can co-ordinate the planning

Lot of scope in Shillong now --- there are resources like positive people have come out

Khasis say this is not our problem, it is a problem of outsiders

After the Thomson training, started seeing HIV & AIDS with new eyes

Wish to write about it in a Khasi newspaper

**Ms. Roselind Mathew, AIR Shillong  
Participant, Radio Workshop 1 (News Features)**

No space yet to think and plan, need some more time

Now, one day in the week has been clearly allocated for production

Voiced HIV & AIDS programmes by Ms. Kmen (trained by the Thomson project) --- sense of partnership was a good feeling

Identification of resource persons for HIV & AIDS programmes needs attention

MDRs will be motivating --- will solve problem of calling people to the studio, payments, paperwork, etc.

Struggling with how to package a programme --- would like to work with Krishna Das Gupta, the other participant

Team spirit, collective feedback, some official 'listening' to the programme are all needed for motivated programming

No one is thinking of 'programme' and new ways of doing things

Would like to work on women & children, treatment, stigma

In North East Services: Earlier in a 30mt. chunk, 5 mts. was news covering entire northeast, then art & culture, songs – a magazine format --- now repeat of old recordings --- earlier used to do lot of fresh recordings, now no recordings

Jingles / promos with music programmes would work well with illiterate audiences

Attended another training in Orissa --- was asked what issue for a programme --- said HIV & AIDS --- no one else had brought that up --- led to a lot of discussion

Next day, Orissa AIR station talked about how they would like to take up the issue of HIV & AIDS in context of migrant labour because it is important --- same with representative from Karnataka

**Ms. Krishna Dasgupta, AIR Shillong, North-east Services**

**Participant, Executive Briefing & Radio Workshop 2 (Live Phone-in)**

Father's illness has kept her away from work for nearly two months

Done two live phone-in western music request programmes --- general awareness messages incorporated within --- e.g.: these days it is not horoscopes but blood tests that count

General information within phone-in programmes does not need permission from higher-ups

Always carry the training workbook for ready reference

Has given messages for youngsters going on a date --- safe sex issue without using words sex / condom and through jokes and laughter --- easier that way

Thinking of combining skills for programming with other participant, Roselind Wondering about how to bring in Ratan from Manipur and Jahnabi from Assam into live phone-ins from Shillong

In a request programmes based on letters, included a chat with Herojit, Manipuri PLHA based in Shillong and a participant of Communication Workshop

There have been lot of talks, etc. about HIV & AIDS on AIR but don't know with how much impact

Music request programmes have direct, immediate interaction

Compared to a year before, media is opening up much more --- people do not see HIV & AIDS as topic of taboo now --- there is more understanding --- concept of an outcast has reduced --- Media is more positive --- the fact that positive people are coming out has helped

Planning for a mixed programme in Hindi – English

**SACS-IEC:**

**Ms. Christine Marbaniang  
Participant, Executive Briefing**

Will have a meeting for bringing Voluntary health association of Meghalaya and DIPR together

No NGOs working in remote areas of West Khasi hills and Garo hills --- all are Shillong-based, maximum up to Jowai  
Need inputs for IEC material, especially messages  
New PD will make a difference

**DIPR:**

**Mr. P. S. Dkhar, DIPR**

People like to listen to the village headmen and NGOs --- government should mobilize NGOS to mobilize headmen

Recently, journalists have been asking a lot of questions about the health sector --- right time to strike --- a letter from the Project Director of SACS for monthly media lounge meetings can start the ball rolling

In touch with the mass communication institute at St. Anthony's College --- will have a meeting and see that HIV & AIDS reporting is included in the curriculum

Looking to facilitate journalists for health issues

## **MIZORAM**

### **PLHIV:**

**Ms. Irene Zorinmawii, Mizoram Network of Positive People (MPLAS)  
Participant, Communication Workshop 2 (PLHIV)**

Done a lot of interviews for print and television since the training (no number)  
Now know how to get to the core of an interview  
Can easily manage how to face interviews  
Able to get around the question of how you were infected  
Takes it into the arena that the source cannot be scientifically pinned down  
When pushed, takes the interview into another direction  
Accepts the fact that such questions will be asked, so there is no problem  
Before the training used to get easily angry about it

**Mr. Lalmalsawma David, MPLAS (Lunglei)  
Participant, International Meet**

Will discuss future media strategy with Somte (President of network) on the basis of notes provided

### **Group of journalists at office of DIPR:**

**Mr. Robert Lalchhuana, Editor, 'Romei'**  
**Mr. D. R. Zirliana, Editor, 'Myo Aw'**  
**Mr. Bishendu Bhattacharya, United News Of India (UNI)**  
**Mr. H. C. Vanlalruata, Press Trust Of India (PTI)**  
**Mr. Lalnhinglova Hmar, 'Vangliani'**  
**Mr. C. Lalmazlova, Editor, 'Chhawrpial'**  
**Mr. Zomansangha, Editor, 'Lanlaina'**  
**Mr. Vanlarema Vantawl, Editor, 'Zalen'- Participant, Executive Briefing**

### **Mr. Robert:**

SACS has not given any challenge to draw the interest of journalists  
People are minting money out of HIV & AIDS, SACS wants their money  
Readership of paper is 5,000 dropped from 10,000 due to sustainability issues

### **Mr. Zuiliana:**

Had suggested to involve experts and give regular space  
SACS should give us the material  
SACS should give us ads  
Can make a deal on doing reports against ads  
Radio is doing very well on HIV & AIDS  
Readership of paper is 5,000

### **Mr. Bishendu:**

Lack of information a problem of north eastern states  
In Mizoram, language problem because all information in Mizo  
Has done about 20 stories on HIV & AIDS in about six months  
Feed has been picked in Mizoram and at national level  
Among national level: Sentinel, Doordarshan, AIR  
Stories are mainly hard stories  
(Number of positive people, what sections of society infected, number of blood samples, number of IDUs)

**Mr. Vanlaruata:**

Tendency of over-reporting on HIV & AIDS affects visa procedures

**Mr. Hmar:**

Church is very powerful but they are not doing enough

Circulation more than 10,000

HIV & AIDS coverage on front page and big headlines

**AIR:**

**Mr. C. Lalrosanga, Deputy Director-General AIR (NER 1),  
Director, Doordarshan, Aizawl**

**Advisor and Participant, Executive Briefing & International Meet**

AIR zonal meeting for entire north eastern region in March

Issue of social development units is on agenda

Will look into specific allocated time on computers for MEDIAIDS trainees

Will take up bursaries issue with directorate in Delhi

**Mr. Lalthansanga Varte, Station Director, AIR Aizawl**

There is a big need to address the communication gap between the State Health Department and SACS

**Mr. Biakchungnunga, Programme Executive, AIR Aizawl**

SACS gives commercial spots on HIV & AIDS

AIR health programmes cover HIV & AIDS issues

Limited resource persons / speakers available from / through SACS

SACS is not active enough

Formats used for HIV & AIDS programmes:

Interviews, discussions, straight talks by experts, live phone-ins

Issues covered in HIV & AIDS programmes

Mostly on Prevention

(condom, drugs, syringe, avoid sex with sex workers and HIV & AIDS victims

Feedback from audience is limited as it is with other programmes

Number of listener letters has reduced due to other media

Most people listen to news in the morning and evening

Rural areas listening regularly

Estimated 70-80% of requests come from rural areas

Population demographics is:

Aizawl about 100,000 people, outside Aizawl about 800,000 people

Basically same programmes for city and outside

Saturday Phone-in specially for Aizawl city, Sunday Phone-In for outside Aizawl

The training has been shared internally with other members of the network

They still face problems because they do not have the benefit of direct training

For print, knows exactly what to give

Mostly it is life-story and network background

Would like to promote messages of Life after HIV

**SACS-IEC:**

**Ms. Zuiliani  
Participant, Executive Briefing**

AIR programmes are increasing  
They have spread beyond WAD  
The reason for increase is that awareness has increased  
Awareness has led to more blood testing  
This has resulted in more numbers showing up  
AIR contacts SACS for themes  
MEDIAIDS training has been most motivating  
Earlier, the staff of AIR was not so interested  
Now they are very interested and visit SACS often  
There has been feedback at the IMPCC by the Chairman, Mr. C. Lalrosanga  
The formats they follow at AIR are still the regular, traditional kind  
This has to be changed to be of interest to the youth  
Prevention / Condoms are key messages that need to be focused on  
People's perception of risk is low  
Church / community organizations do not promote condoms  
HIV & AIDS is seen as a SACS issue, not a community issue  
Print media is not working well  
Hard news coverage of events is good  
There is a need for responsibility-oriented articles to motivate the community  
In cable TV, Mali has done a successful show on the lines of American idol  
SACS budgets for print ads  
Also radio spots in peak-time morning/evening transmission  
Radio is most mobilized  
Best example is the Bharat Nirman Campaign in Saiha District  
Radio has reach but television has impact  
Still do not know what kind of messages for whom  
Do not know what kind of videos work  
Quality of SACS tv spots not so good due to lack of infrastructure / skills  
NGO has been assigned to do Communications Needs Assessment  
NGO: Centre for Peace & Development Report by: end-March  
Need to address the aspect of PLHIV wanting special / extra attention  
People / journalists see PLHIV in context of cancer / MMR / IMR / poverty

## **NAGALAND**

### **PLHIV:**

#### **Ms. Chongtei, Nagaland Network of Positive People (On telephone), Participant, Communication Workshop 2 (PLHIV)**

Feel confident enough now after the training  
Participated in a television chat show  
Engaged in planning for a once-a-month 30mt. programme for radio  
Met participant, Ms. Titoni Assumi at radio and discussed about working together  
Since training, about 4-5 interactions with media  
Still not satisfied with the way of the media --- there is a big difference between what we share and what they write  
Over the past month (March-April 2007) there has been an increase in reporting in all newspapers, especially 'Morung Express' and 'Eastern Mirror'

#### **Nagaland Network of Positive People (including +ve & non-+ve persons)**

**Ms. Naomi, President**

**Mr. Lanu, General Secretary**

**Ms. Aching, Member**

**Mr. Longyim, State Co-ordinator**

**Ms. Ayani, Programme Manager**

Everyone switches on news on radio in local dialects  
No difficulties in the church but in spite of the church there is stigma because it is related to individuals

### **Naomi:**

I know my own case --- knew about facilities that were available but was too scared  
So many people are infected but hardly one-third are out using the facilities, even though there is ART, CD4 count machines, etc.  
They all to go other cities  
Once they come to a centre, there is no problem in convincing them but the problem is people are not coming up

### **Lanu:**

Have been on chat shows and for interviews  
Usually talk about life experience --- how I am living with the virus, facing stigma  
Largely testimony and stigma issues  
Went on Doordarshan in Kohima and Guwahati, recently atleast four times on Kohima TV  
Also engaged in a documentary made by Naga People's Movement for Human Rights with Nichu and Vasum  
Among the well-sensitised journalists are: Moolchand and Asen at Doordarshan, Daiho at Nagaland Post, Vibou at Eastern Mirror, Bambi at Morung Express  
"For someone like me, it is impossible to be alive, so I feel that my coming out [into the open] may help / save someone..."



Morning Express has received award in Nagaland for best coverage on HIV & AIDS by a Naga organisation on AIDS that is a coalition of different NGOs  
NGOs are doing work, SACS is there but there is no intimation of meetings  
SACS calls NGOs but not NNP+, not even for Project Implementation Planning

**Ayani:**

Have done a 30 mts talk show on radio on WAD, where we got into basics, not more  
Wish to do a series

**MEDIA:**

**roup of journalists at the office of the DIPR**

**Mr. Narayan** – ‘Northeast Herald’

**Mr. Daiho** – ‘Nagaland Post’

**Mr. Xavier** – ‘Nagaland Post’ & ‘Times of India’

**Ms. Vibou** – ‘Eastern Mirror’

**Mr. Raju Selie** – ‘Naga Voice’

**Mr. Xavier:**

His stories on HIV & AIDS have been picked up by international websites and it has led to networking between Thailand and India

Looks for positive people on whom to do stories, careful about confidentiality  
Attends functions, gets information through websites, government agencies not very helpful

One recent story: College students were to speak about HIV & AIDS --- their views were projected in the story --- content was largely on prevention --- one important part was they questioned the funding pattern and use in the HIV & AIDS sector

**Mr. Daiho:**

Sample story: Last year, someone hijacked a cheque (of about 2-3 crore rupees) that was meant for SACS and tried to open an account in Dimapur --- ultimately he was caught at Le Meredien in New Delhi

Government has constituted a committee for funding in last autumn session (2006) of the Legislative Assembly

**Mr. Xavier:**

Nagaland Post started the story, others picked it up and it led to the formation of the above committee

**Mr. Daiho:**

Facts and figures are difficult to get, statistics of positive people are not available --- they are supposed to be updated every month but figures are always two months old

That is why can do only general stories

An officer has questioned where all the crores of funding goes and why there are hoardings that people cannot read

Transparency and accountability in the NGO sector and government agencies is a major issue  
NNP+ and the Kripa Foundation are the major source of information for HIV & AIDS --- get more news from them than even SACS

**Mr. Narayan:**

Covered events and general stories --- still need to do in-depth  
There is a lot of confusion and lack of scientific information  
e.g.: re: mosquitoes and blades as modes of transmission and the virus living only for a few seconds out of fluid  
Nagaland is the second-largest state in northeast with HIV infection, so do what we can  
An intensive Q & A with doctors would be worthwhile

**Mr. Daiho:**

There is a need for funders to inform the media about funding so that journalists can play their watchdog role  
Journalists should be given a journalistic task with financial support to investigate stories in specific areas  
(Ref to a conservation programme held in Shillong, where experts were people who have never cut a tree or killed a bird)

**Mr. Raju:**

Not much work in HIV & AIDS, less 'infected' than others in the room

**Ms. Vibou:**

Has been doing general reporting and has attended a workshop on awareness  
Has noticed that organizations and government agencies (not positive people) are too sensitive --- it is not a smooth ride --- they do not like to part with information and do not give statistics

**Mr. Daiho:**

Governor himself had a doubt about the figures of Nagaland --- system of statistics needs to be streamlined

**Mr. Limavati:**

NGOs and other organizations do not want any negative element in a news story --- they want the Press to clear the story with them before printing

**Ms. Vibou:**

Going by general reports, tried to bring the human face of HIV, to remove stigma & discrimination and done stories on other HIV & AIDS related issues  
Has done interviews with positive people on Doordarshan  
Tries best to maintain confidentiality  
In a meeting, found women were sensitive and there was an issue about photos --- so avoids taking photographs

**Mr. Daiho:**

Recently had a shocking revelation: a positive person went to the office of the District Commissioner --- when he revealed who he was, the DC jumped up from his chair and told the person to sit in a corner --- then he signed the paper without touching it and called a peon to pick up the paper quickly from his table and give it to the person

In a public meeting, the same man, told positive people to have sex only with positive people

He has hosted a debate with positive people on Doordarshan

“We need to get to know positive people better”

HIV & AIDS included in school syllabus

With SACS a lot has been done on paper

**AIR:**

**Ms. N. Nakhro, Station Director, Kohima**

Live Phone-in in Angami dialect on HIV & AIDS and cancer

Is a member of the SACS committee

Can do the information part in the last slot of each dialect programme

Too much information on HIV & AIDS creates a phobia

Drama, etc., not effective because too much of it

Bijon Sinha is the transmission executive in charge of science programmes and commercials

**Ms. Titoni Assumi, AIR Kohima  
Participant, Radio Workshop 1(News Features)**

After training, did one programme on the training itself

Meanwhile lost her Dad, and unable to do much for a while

Now planning a documentary in a series form

Issues to be covered will be: General awareness, Women, Youth

Has been discussed with the station and funds may be an issue

Meanwhile, Station director has been reminding not to forget the training and miss the opportunity of doing something worthwhile

The series may be in Youth Forum slot or whatever the Station Director decides

Available equipment is bulky and most are not trained on it, so everyone is largely onto studio-based shows

Will be good to have the MDR available at the station

Not enough reporting in the media and it is needed more actively

Even educated people, who you feel may know everything or quite a lot, are ignorant, including the youth

Even those working in the HIV & AIDS sector should have more interest and commitment

“We have to change ourselves to change others”

e.g.: Personally experiences lot of discomfort after interviews at Kripa [rehab centre] --- had to ‘work on myself in the mind to overcome it’

Weekly programme on HIV & AIDS would be a good idea and should be done

Programme Executive at AIR Kohima (Ms. Abino) has advised all those who were trained by MEDIAIDS to work together

**Ms. Tianla, AIR Kohima (On phone)  
Participant, Radio Workshop 1 (News Features)**

Benefitted a lot and learnt a lot in the training  
Have done research work for a HIV & AIDS documentary  
Planning for a feature on radio on the theme of Women and HIV & AIDS  
Since MEDIAIDS project there is a better environment for radio programming on HIV & AIDS  
Station Director has advised to first do a series of interviews in the Youth Forum slot --- and then move to documentary features  
Research for the documentary features has already been done

**Mr. Jacob Kikon, AIR Kohima  
Participant, Radio Workshop 2 (Live Phone-in)**

Discussed plans for programmes at the station but subsequently Station Director was on long leave due to demise in family  
Jingles on HIV & AIDS come from Delhi  
Only Phone-in at AIR Kohima is a western music request programme once a week  
Limited time for each of the 14 dialects, each dialect gets about 30 minutes  
Nagamese in the morning about 25 mts.  
Another half-hour chunk in the day for Hindi film songs to entertain armed forces  
News in Nagamese for 5 mts. at 7.20am and for 10 mts at 7.10pm and news in English for 10mts. at 7.20pm  
Most important news from the entire state goes into these three slots  
Health department send press releases that are translated, which is broadcast  
Casuals who work for AIR have done the following:  
1. During hornbill festival in December, some general awareness and prevention (condom) information went into news with some location interviews in Morning Echo (7.25am slot) --- this was because SACS had a stall on cultural site  
2. Youth forum, which is aired twice a week, has also carried some information about prevention in English  
3. A discussion on HIV & AIDS was conducted in the Farm & Home 6.45pm slot on Friday  
14 dialect formula has to stay, cannot be given up  
Important developmental issues are conveyed through all dialect broadcasts plus in Nagamese and English  
Dialect formula is not related to demographics  
Same news / articles are translated into all dialects  
HIV & AIDS information can be sent and translated into all dialects  
Staffers do all the translations  
TB gets coverage, so do Red Cross events  
Initiatives can make Kohima station like Guwahati or Shillong  
There is a need for upgrading equipment  
If there is a wish for some good programming, then there should be an increase in the duration for Nagamese, which is the only common language understood by a large number of people  
Maybe even start programming in Hindi that many people understand in urban areas and many rural people who are ex-servicemen

There would be resistance to such an idea but Kohima is a cosmopolitan city and Nagaland is a part of India  
Many letters from armed forces come in, all in Hindi  
Translation eats up a lot of time  
e.g.: If Nagamese broadcast is around 7am, then the person has to come in at 2 or 3 am to translate everything  
The translation needs lot of care, not so much for developmental issues as for political news, since political news is more  
There is no single 30-mt straight programme chunk for developmental issues like there is for music  
Sponsored programmes have 20-25 chunks  
Among them are three called "Jeevan hai Anmol" covering health and agriculture, "Surbahaar" for general awareness on health / sanitation / HIV & AIDS / reproductive health, "O Mo Sinhi Gaon" --- all three come from Delhi --- format is a chat between two people --- sponsors are ministries but not sure about it

**Mr. Temjentiba Ao, AIR Kohima  
Participant, Radio Workshop 2 (Live Phone-in)**

No possibility of accommodating a programme on HIV & AIDS --- this was the most stunning and depressing reality to face after coming back from the training

Changes are required, station and staff need exposure to develop listener-friendly programmes (In Nagaland there is no feedback)

Listeners are mostly for news and youngsters for music programmes

There are 16 news bulletins, all originated in English and then translated

Sponsored programmes should have local inputs instead of coming as packages from Delhi-based people who don't have the 'pain' to reach out to the listeners

No one has questioned the issue of Delhi programmes until now

Some sponsored programmes have local sponsors --- English based, music-oriented that get more listeners --- approximately 40-50 chunks of 20-30mts. in a year

Would like to see a live phone-in health talk show with music go on air

In dialect slot: 10-12mts. is news, then 5mts. devotional music, etc. of the concerned community

Left with about 10mts where themes are taken up

Various topics are covered and this 10-mt slot is not uniform for all dialects

So: first 10 mts is translated news, next 5 mts is a local element, the remaining 10-mts depends on the transmission executive

Other participants, like Titoni and Tianla are casuals who work on programmes like Youth forum / Local Talent / Morning Echo, of which Morning Echo is a powerful slot

There are four AIR stations in Nagaland, catering to 14 major and several sub-tribes

There is really no information out there on HIV & AIDS due to difficulties as above

Apart from the 14 dialects programming, chunks of music: 40 mts western in the day, 40 mts western music in the evening, 30 mts Hindi music in the day, 32 / 22 mts Hindi music in the evening

Need live phone-in in Hindi that can reach out to para-military forces / truck drivers / coolies / Nepali milk-sellers / Migrants  
There is much need for improvement  
Scenario needs to be created through good programming that draws in listeners and therefore, feedback  
Also equipment, need technical opportunities to explore new possibilities  
Question is: why is the equipment that is in place all over India not here?  
Technology is leaping, we should not skip the growth  
Need to get away from boring programming, get to new formats, content, presentation, etc.

**SACS-IEC:**

**Ms. Abino Khate  
Participant, Executive Briefing**

Not been able to use media enough  
Many media-dark areas in Nagaland, where even radio does not reach  
Plan is to focus on television and more on radio  
Television is only in district headquarters (Kohima, Tuensang, Mokchung, Wokha)  
Cable is available in the same places  
Large chunk of the population does not get to see television  
Action Plan for radio: phone-in programmes in Nagamese and panel discussions in 'Basti Mano' programme  
Communication Needs Assessment planned for third quarter of 2007  
2002 CAN showed that the maximum impact is through inter-personal communication  
Use of media will increase but IPC will stay --- 1000 of the planned 1500 red ribbon clubs in villages have been formed  
Will be using radio  
There will be a technical media resource group and will use the group trained by MEDIAIDS  
One media advocacy event of two days led to a lot of sensitization and plan for more such events  
No complaints about how media is performing its role  
SACS needs more staff

**DIPR:**

**Mr. Limavati  
Participant, Executive Briefing**

The monthly magazine of DIPR has one page for HIV & AIDS  
Dialect translation of SACS dissemination material is often done by DIPR --- it is a two-tier system: one translation, second verification  
Staff of newspapers is very limited, e.g. Nagaland Post has only two people --  
- makes it difficult for them to cover everything  
There is a need for collated information from a dependable source

## TRIPURA

### NGOs:

**Mr. Ajit Sharma, VHAT,  
Participant, Communication Workshop 1 (NGOs)**

Re: MEDIAIDS:

Earlier had fear / reservations about media, now confidence to work with media

Better understanding about requirement of journalists and the role of media

It helps for more effective programmes of VHAT

If there is a mistake or a good point, media is the a good source of feedback

Now strongly believes NGOs and media can work closely together for social issues

Radio programmers have also been trained

Right after their training got a call from AIR

Successfully did two programmes with them (NOT on HIV & AIDS)

This partnership has emanated from MEDIAIDS training

Understanding of and co-ordination with media has increased at the personal and organizational level

Generally include HIV & AIDS information in other activities of VHAT

Included HIV & AIDS within training on environment for school teachers and panchayats (village councils) in the West District Sonamure area

Plan to make a presentation to the media at the end of 2007 after various trainings

SACS has declared 140 positive cases in Tripura

They are unknown people floating in the population

There is no programme for them

Very few daily newspapers

Media is not covering stigma & discrimination

Most media persons do not feel HIV & AIDS is an issue (too involved in politics)

There is no reporter who knows the subject of HIV & AIDS

After MEDIAIDS training, spoke to many editors, none have any interest in HIV & AIDS

Contact was made by Station Director of AIR for HIV & AIDS programmes

Plan was for 5 days in one month of programming

Hitch was need for some budgetary contribution from VHAT

If bursaries are provided to AIR, can definitely participate in the programming

Chief of VHAT has a certificate in home-based care of HIV & AIDS patients

Content and key messages need to focus on sex workers, migrant labour and truck drivers

Prevention should be the main thrust area

Now feel something can be done through radio

Example of Binoy Paul (another participant) working successfully with radio

Linked to the Station Director in the district, M. K. Devburman (who is now the Station Director at Agartala)

Need support to carry MEDIAIDS kind of training to the state and district level

Media is not sensitized at all, radio is maximum

Television should be used, for the city and for the future (youth); not talking of now but long term, say 10 years  
Now newspapers are reaching more homes, was not so earlier  
Cannot say whether just television or print would work, strategy should be to combine both for assured impact

**Mr. Binoy Paul, Organisation for Rural Survival,  
Participant, Communication Workshop 1 (NGOs)**

After MEDIAIDS training called 4-5 journalists (local reporters of capital Agartala-based newspapers)  
Explained the role of media for HIV & AIDS and shared the manual  
Plan is to make two panchayats fully aware about HIV & AIDS  
Then invite the same journalists to visit  
They have promised to then focus on HIV & AIDS issues at the state level through the case studies  
In the villages, primary group are migrant field workers who will now (around March) go away  
Then fully concentrate on the village people themselves  
Expected outcome: model of how panchayats should be  
First created a questionnaire for the 15 – 55 years age group  
It contained eight simple questions on HIV & AIDS and behaviour  
Subsequently followed mainly preventive and some stigma-related awareness  
On local AIR FM station (in Dist. Belonia) has been doing 20 20-mt talk shows on HIV & AIDS each year  
First year, single-person straight talks; second year two-person interactive chat show  
After MEDIAIDS training, will / do focus on one single key message with clarity of message  
Earlier messages were large, now neat, crisp messages at the beginning, in the middle and at the end of the show  
Slot at 7.30 pm purchased slots at Rs. 500 and was paid Rs. 750/- as expert as per AIR norms  
Rs. 500/- went in as vouchers into the SACS project, so actually benefit of Rs. 750/- for the NGO  
Almost 80% houses in Belonia, which has a largely rural population, have radio  
More Bengali population along with ethnic community of Deb Burmas  
After training did 5-6 talks in 2006  
Now 20 talks sanctioned for 2007, yet to commence  
Through will focus on youth and HIV & AIDS and Prevention (condom, single partner messages)  
Format will include two-person chat show, live phone-in with questions related to stigma

**AIR:**

**Mr. M. K. Devburman, Asst. Station Director, AIR Agartala**

After MEDIAIDS considered that grab whatever funds available for HIV & AIDS  
Issue is whether / how much to inform because the infrastructure does not exist  
If there is no service, we cannot campaign for the service



Government is spreading myth of pious Hindu women being adulterated by para-military forces, truck drivers and migrants have been ignored  
Why is something like Buladi in West Bengal not being done in Tripura (elder sister concept to whom you can ask any question / go to for any help)  
Picking on ballads and other popular folk forms and adapting it for message jingles  
Impression is that MEDIAIDS training was tough because participants mentioned there was no time to breathe  
Now the four participants feel they are a part of 'radio' and have a role to play  
As a test, Samar was asked to do a quiz programme  
Programme showed that people consider the issue of HIV & AIDS as taboo and want to stay anonymous  
Listeners switch off if there is direct programming on HIV & AIDS  
Title of live phone-in health HIV & AIDS related programme was changed to adolescent health, to make it indirect  
Have given instructions for presenters to incorporate HIV & AIDS thrust areas into magazine programmes  
Have highlighted some themes and told them not to give out messages only on WAD  
Question of the day in between the popular morning programme  
Personally digs out information on the net and provides it to the presenters so that a question + a 1-2mt spiel is done by presenters; this includes HIV & AIDS related issues  
Is insisting on internet-savvyness and has placed a computer in the duty room  
It has taken about six months for the programmers to get somewhere  
Bottom-line for motivation is: Future illiterates will not be those who cannot read but those who cannot learn, unlearn and re-learn  
List of 13 themes have been prepared for making 28-mt programmes  
Change in listenership: Information service slot now more popular in urban areas in the morning and more popular among rural areas in the evening  
Two surveys have been done: One is an all-India survey with state wise information; other is a Tripura random sample survey of 400 households  
Website for all-India survey is something related to Central Sales Unit.org+ AIR

**Mr. Suman Bhattacharya, AIR Agartala,  
Participant, Radio Workshop 1 (News Features)**

After MEDIAIDS training met a doctor who has returned from Australia after specialization in HIV & AIDS and subsequently transferred from AIDS cell. Also met a gynaecologist.  
According to the doctor:  
There will be anything between 1-2,000 full-blown AIDS cases in Tripura within two years  
Truck drivers and para-military forces are a big threat  
Experts talk at the personal level but do not agree to come on radio  
NGOs need to come forward and do something  
Print journalists are powerful but are not doing anything  
Potential of a commissioned HIV & AIDS programme on television should be looked into  
Awareness to first deal with stigma & discrimination, just spots will not work  
After MEDIAIDS training, much greater professionalism, especially in planning a programme

Level of confidence is much higher  
Element of research has increased and that enhances the programme  
Follow-up training should not be only for programmers but should include heads of the station

**Ms. Durba Deb, AIR Agartala,  
Participant, Radio Workshop 1 (News Features)**

After MEDIAIDS, no work done on HIV & AIDS (still saying only AIDS)  
Has been given more responsibilities:  
Once a week morning information service: compering, research, production, editing; able to cope  
Now enjoy editing, once stayed up till 11pm, find it very interesting  
Can manage without an engineer now  
More clarity of thought for structuring a programme  
Interviewing skills greatly improved and will remain of use in the future  
Much more left to learn in editing  
Demand for her has greatly increased  
List of 13 episodes on HIV & AIDS issues drawn up immediately on return but nothing has happened on that front  
No say in programming plans  
Casual programmers have limit / ceiling on monthly earning  
Interest in doing more is curtailed due to this and office politics of jealousy / suspicion if you show more interest  
Desperate for mental and professional satisfaction; need atleast that gratification if not money  
Has interest in doing HIV & AIDS programmes but can do it only when given space  
If there is a bursary, choice would be to do a programme related to HIV & AIDS and migrants targeted towards youth  
Would like a free hand to do the full programme  
If the money is given from the centre, won't know where it went, maybe nothing will reach Tripura  
Try giving it directly for a sponsored programme  
No problem in networking but not with dubious NGOs  
No one talking about HIV & AIDS in Tripura, atmosphere is too relaxed about it  
Before MEDIAIDS training AIR participants also knew nothing  
Learnt of the reality when Jahnabi (Assam network of positive people) said that people from Tripura go to Guwahati for treatment  
Even SACS in denial, it is there just in name  
There are pregnant women who are positive and do not even know about it  
Awareness is crucial maybe even scare scenario is needed  
Deal with HIV & AIDS issues through the quiz component in information service programme, it gets a lot of response  
No use in doing boring single-focus programmes

**Mr. Debashish Datta, AIR Agartala,  
Participant, Radio Workshop 2 (Live Phone-in)**

Planning for a 15-mt. skit / drama based on HIV & AIDS  
Message to be related to stigma 7 discrimination 9sharing --- touch / food / water

Note: repeatedly said AIDS when he meant HIV or HIV & AIDS  
Story is: Migrant who returns home, is tested positive, discriminated against by the family and others in the village, goes to an NGO, NGO worker visits village, shows a video. To end with a specially composed jingle.  
Programme is planned for repeat telecast, quite confident about implementing it.  
System of Phone-outs has been developed, so can access more people for interviews after previously contacting and arranging it  
Publicity of Phone-ins is high, so atleast 15-20 calls have to be handled but duration of programme is not long enough, so much gets left  
SACS gives slogans at the time of WAD and those are incorporated in Phone-ins  
Information / publicity about HIV & AIDS is limited  
With MDR it would be possible to do things like VOX Populi  
Need technical experts who can do editing on the basis of cue sheets provided by programmer, who has too much to do (develop the script, present the programme, etc.)  
There is a queue for the computer in the office so stress in using it  
For important programmes / occasions have to work on Sundays and that is not possible on all Sundays due to personal reasons  
Idea of a separate cell with dedicated hardware and programme output would be a good idea  
Special funds come in for north-east special programmes, where it is difficult to fill up the budget  
Example: Rs. 25, 000 for three episodes  
Such special allocation of funds should be available for HIV & AIDS  
Funds can be sent targeted for trained participants with directions about theme / content and required interaction with NGOs / experts  
Daily health hints 5mts. slot – create proposal for HIV & AIDS information once a week in morning information service  
Possible to insist for same kind of input once a week in Phone-ins  
Once a week health programme slot of 30mts – HIV & AIDS should be incorporated in that  
There are more Korborak (language of deb-burma ethnic community) than Bengali listeners.  
Impact will be better if programmes are targeted in Korborak. They also have health programmes and Phone-ins.  
Training will be required for the programmers  
Profile of listeners: Korborak are more rural, Bengali urban-rural mix  
No interaction of SACS with AIR  
Top management in AIR needs sensitisation  
Budget is an issue – Section gets 12, 500 per month, which is not enough  
Funds will have to be released for HIV & AIDS programmes  
One order from Delhi with budget will be implemented full-scale  
Same in case of NER AIR  
Possible linkage of existing scenario can be:  
NER order + NE Specials budget + MEDIAIDS participants + SACS / NGOs for need assessment and possible resource of experts  
For impact, one HIV & AIDS phone-in every month is necessary  
Has been planning the following since the MEDIAIDS training but question is how to do it:

15-20 mts. docu-feature – story begins at the end when an AIDS patient is about to die – flashback technique  
30 mts. 7-8 person interview-based programme to hear about the infection and disease (doctors, social workers, general people, students, housewives, intellectuals, politicians)  
10 mt. skit with direct real interviews and jingles to reinforce the message  
All three may be possible in 10-12,000 rupees, may need extra budget for production work outside  
Need for basic information dissemination and awareness beginning with what is HIV & AIDS  
Role of SCAS is not clear  
Visibility is only on WAD and at the airport, through the year, nothing  
Street theatre can generate interest in general population  
Articles in newspapers are seen once or twice a year  
News in Korbora and Bengali is popular  
There is a need for locally generated jingles to insert in news breaks  
Jingles need to be sustained on a regular basis  
If listeners miss it once, they will unavoidably catch it later  
Continuity of jingles will ensure impact  
Jingles should have clarity of pronunciation for impact  
Sponsored category of programmes should be exploited well (jingles / plays)

**Mr. Samar Das, AIR Agartala,  
Participant, Radio Workshop 2 (Live Phone-in)**

MEDIAIDS phone-in training helpful, especially about technique  
Much change in style of interviewing, follow all the Dos and Don'ts, no more ahh-ahha-umms

Conducts two phone-ins each month; one is for youth; has made it a more lively, friendly show unlike before  
HIV & AIDS quiz show was done on WAD, received many phone calls  
Most questions, largely by young people, were about: how HIV & AIDS spreads, difference between HIV & AIDS  
In a science quiz phone-in, inserted 2-3 questions about HIV & AIDS on own initiative  
Intends to insert information about HIV & AIDS whenever possible  
Keep collecting information and setting it aside, also went to VHAT to get some information  
A special programme, like the one done during the training, can be done  
Would like to do composite programme with Vox Populi, music and information

**SACS-IEC:**

**Mr. Jehangir Hussain,  
Participant, Executive Briefing**

Everything moves from the office of the head of the health department, if cleared there, everything is ok  
SACS should have had an NGO culture but doesn't  
Why have societies been formed? SACS is supposed to be autonomous but is dependent on the health department, there is no independence  
Project Director of SACS should be a central government IAS officer

No proper guidelines for staff of SACS  
Can be sacked if not working in tune with the PD / stepping out of boots, so there is a yes-syndrome culture  
Wrong proposals / projects are being cleared as a result  
It may be better to create an AIDS cell within the government  
Tripura is avoiding setting up of the Assembly AIDS Forum, tried moving the file many times

**DIPR:**

**Mr. D. R. Datta**

HIV / AIDS is a limited problem in Tripura

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**NORTH-EAST EXECUTIVE BRIEFING**  
**TRANSCRIPT OF PRESENTATIONS**

**NEELIMA MATHUR, Project Manager, MEDIAIDS**

Normally it is very gratifying to be sure you have a great panel of speakers, but we have a great panel in the audience. We have the Directors of Information and Public Relations, we have IEC officers from SACS, we have editors or senior correspondents from vernacular daily newspapers and we have representatives from positive networks, and representatives from NGOs. It is really wonderful that they are all here to participate in the discussion that will take place after the presentations.

I would now like to introduce you to all our speakers. Ms. Rochita Talukder from DFID PMO, one of the co-funders of the MEDIAIDS project, Mr. Lalrosanga, Deputy Director General, North-East Radio (1) as it is called, Mr. Noble Thalari who is Communication Advisor from UNAIDS, Mr. Mayank Aggarwal, Joint Director, IEC, from NACO, Ms. Lyndal Barry, special guest from Internews Mekong project, Mr. Manas Chaudhuri who all the local people know very well, and is the editor of Shillong Times. And Ms. Alix Françoise who is the Program Manager of Internews Europe, which is the lead partner of the MEDIAIDS project. We have three people who are hiding but will be here on the table, Mr. Ratan Singh, Chairman GIPA Alliance, Dr. S. I. Ahmed, who is the HIV & AIDS expert and Augustine Veliath, Communications Officer from UNICEF in Delhi.

So I call upon Alix to begin.

**ALIX FRANCOISE, Programme Manager, Internews Europe**

Okay, so first of all, welcome all of you to this Media Executive Briefing to discuss HIV & AIDS media coverage in the seven north eastern states of India. I would like to thank all of you to be here today, all that have come from a very long way, some who travelled two days to be here and to share

experiences to build a strategy. I would especially like to thank our Indian organisation partner, the Foundation for Responsible Media, who has made it all possible today, as well as DFID and the European Commission who are supporting this project.

I am Alix Francoise, Programme Manager from Internews Europe. Internews is an international media organisation with European headquarters in Paris. Internews has offices and projects in around 40 countries and basically we work to support the development of local media that can provide people with access to vibrant, diverse and accurate information, to enable the people's participation in their communities.

One of Internews' global programs is focussed on improving the coverage on HIV & AIDS in local media, with the objective that the media environment becomes supportive of the prevention, treatment and care efforts. We began to work in this area in India in 2003; we began assessing the role of media in confronting this epidemic. And in 2004, the MEDIAIDS project was launched in partnership with Formedia as well as two other organisations, the Deutsche Welle Akademie from Germany as well as the Public Service Broadcasting Trust from Delhi.

The objective of this project was to sensitise local radio and TV media professionals on the coverage of HIV & AIDS. So far we have run some DJ and VJ training of local radio and TV in Chennai, in a way to especially reach the youth. We've also run some TV trainings with mixed trainees, European and Indian teams. And the result is the prototypes; some of the prototypes have been shown.

Now we are in the process of producing three documentaries on HIV & AIDS for Indian national audience. They will be broadcast on Doordarshan and for international audiences. Now just to focus on today, basically we decided to focus this year on the northeast region of India for two main reasons: first one was that two of the high-prevalence states are located in this region, Manipur and Nagaland, and that the largest state in the northeast is categorised by NACO as highly vulnerable states. The second reason is, in comparison to the press needs, the region was extremely under-served for improving the world of the media in the fight against the plight of HIV. So I would like to pass over to Lyndal Barry, Internews Europe Mekong project, HIV & AIDS Project Director who will present our approach and share her experience in the region.

**LYNDAL BARRY, Project Director, Internews Europe Mekong Project**

Before we continue I think we should introduce some special guests who have arrived.

Neelima Mathur

We are very happy to have with us representatives from the North Eastern Council and I'm especially gratified that Mr. P. P. Shrivastav is here. He is one of the main players who will help us to catalyse a platform on the North Eastern Council. Hopefully, after he hears these presentations, he can

create some kind of scenario for a collective response in the combat against HIV & AIDS especially in the use of communication. Welcome Mr. Shrivastav.

Lyndal Barry

So welcome again to this media executives meeting to discuss the HIV & AIDS reporting in northeast India. I'm Lyndal Barry, I'm from the Internews Mekong project, and work as the Director of that project. I've worked on media development in South-Asia and South-East-Asia for a number of years now.

I just wanted to share with you a couple of strategies we use in Mekong region that may be of use here and that you may be interested in for dealing with the HIV & AIDS epidemic through the media.

So Internews' activities in facilitating media executive meetings on HIV reporting in the Mekong countries, that's Thailand, Burma, Cambodia, Vietnam and Laos, have helped increase media programming in HIV AIDS by promoting activities and strategies that lead to action. So we have an action based approach.

Internews HIV projects in Mekong region use a three-pronged approach. We train journalists. That's our major thing, to train journalists to report better in local language. What we found though, when we only trained journalists, the journalists became sensitised, they started writing better, but then we needed better communications from HIV positive people. We found there was a big disconnect between HIV positive people and journalists. So then we started working with HIV positive people to try and improve their communication skills and to bring them closer with the media. And the third prong of our project, what we realised was that we could train journalists for years but we would have no effect unless we got media managers, executives and editors in on the scene.

The journalists would take on a story and the editors would put it back to the way it was before. So this is why we adopted this three-pronged approach and we found it really successful.

The media executive meetings that we do, like this one, are an activity to seek the endorsement and cooperation of media decision makers in further encouraging quality HIV reporting. By encouraging leadership amongst key media managers and decision makers and by bringing them together, and also looking beyond the current strategies, the environment for dialogue and support can be enhanced.

As a result, airtime and print space in the Mekong region has increased for HIV stories. The use of accurate and less stigmatising language on HIV & AIDS has been seen. The voices of positive people have been raised and now been heard in journals, news and feature stories. Additionally, the capabilities of a professional and informed media have been measurably increased.

The Mekong project recognises that media content shakes beliefs about HIV & AIDS and influences responses of governments. It influences public

attitudes towards those living with HIV and demands for HIV & AIDS services.

In the Mekong region, Internews has been successful in encouraging ongoing and effective media coverage that humanises and localises HIV & AIDS issues, stimulates public discourse and prioritises HIV / AIDS on the social and political agenda. The media in the northeast region, from what I've heard and what I've read, is in a unique position to foster a social environment in which HIV & AIDS is addressed in a spirit of openness and honesty. An environment that is supportive of HIV & AIDS interventions, for prevention, treatment and care in this region. And we'll hear about these interventions in a moment.

But it is Internews' conviction that there is no context more effective than the media to create an enabling environment. Where, culturally appropriate ways to talk about HIV & AIDS can be developed, where risky behaviours can be changed, where fears of being known as a person living with HIV can be reduced. And where, all the social, cultural and other complexities of this epidemic can be framed in familiar terms and language. So, to sum up what I'm saying, media executives have such an important role in the epidemic and in taking the fight against HIV or the spread of HIV forward. Thank you.

**ROCHITA TALUKDER, Communication & Advocacy Manager, DFID-PMO, India**

Good afternoon to everyone. It's really great to see everyone from all the states assembled here today for this briefing. For us, in DFID PMO, it is a very important programme. Before we have all the speakers who would be briefing you both technically on other problems and programmes, I thought I could take this opportunity to tell you what the DFID Project Management Office (DFID-PMO) in Delhi is doing in the field of HIV & AIDS prevention.

The U.K. government, through DFID, is funding HIV & AIDS prevention programmes in India. Part of it goes through NACO to support the State AIDS cells, for direct target intervention programs and to fund other programs at NACO as well. This program that we are running through the Project Management Office is really targeted at civil society organisations and other NGOs who are also in the field of HIV & AIDS prevention.

The Project Management Office was setup last year, in June 2005. And the main objective with which this was setup was to look at DFID not only as a funding organisation but also as being involved in partnering with some of the developmental work and some of the work for HIV & AIDS prevention.



The main objectives why the PMO was setup was:

- To assume management and monitoring of the existing EC grants, contracts, etc.
- To establish four new funds: the Challenge Fund, the Communication Fund, the Social Marketing Fund and the Social Research Fund through which civil society management organisations would be supported
- To promote innovations
- To promote different strategies to address the challenge of HIV & AIDS, which would be tested

The Challenge Fund has 10 partners who are implementing 10 projects, with an emphasis on partnerships, innovations, flexibility, different range of interventions, supporting different range of organisations right from CBOs to state-level NGOs and is operational across 30 states.

The Communication Fund supports 11 partners implementing 16 projects. It is designed to fill the gaps in NACP 2, which have not been hitherto funded and strengthen advocacy initiatives particularly within civil society organisations.

The Social Marketing Fund is operating in 14 states and looks at increasing access and availability of condoms introducing new products like gels and lubricants, direct support to state-level strategies for condom programming through SACS, operational across 14 states.

Finally the Research Fund has nine partners implementing 16 projects with an emphasis on research gaps, developing qualitative tools for monitoring aimed at developing a knowledge base so that we have more evidence to build future programs on with a focus on understanding behaviour, particularly IV use and MSMs. This is operational in 22 states.

In addition to this, the PMO also supports programs for the UN, particularly UNICEF, in two states, with UNDP, especially a project on mainstreaming and a project which addresses trafficking and HIV & AIDS. It also supports UNODC in this region, as you are all aware. These are the main UN programme components.

You have, in your folder, a list of programmes being implemented in the north-eastern states. There is a State-wise list provided, which tells you what kind of programs have been organised. Each of the partners may not be implementing a full-fledged program but working as part of a larger program. Some part of the implementation is in the north-eastern states, especially in the three vulnerable states of Nagaland, Manipur and Mizoram.

What the PMO is trying to do is to move from a more project-based approach to a more programme-based approach, where we are looking at thematic areas to support, network more with our partners and together try to find strategies so we can address this challenging issue of HIV & AIDS. We are

trying to support the civil society through capacity building so that there is greater impact on health, not just HIV & AIDS.

We are also trying to have a forum whereby we have more discussions around some of the more critical issues. We have special forums coming up where we will be inviting partners from all states on IDU use and MSMs, on women and HIV & AIDS, especially addressing stigma and children. So this is really what the DFID Project Management Office is trying to do and we have a very limited period, all programs end by March 31, 2007.

That is not to say that the programmes will end only the projects will end. We hope all these projects have an element in-built in them for sustainability and an element of best-practice models, looking at which other funders or the government can come forward and take these programmes further. So the programmes do not end, it's the projects that are coming to an end in 2007.

We have a challenging task ahead of us and I am extremely happy to be here at this meeting with the media because the media has such an important, rather very critical role to play, in making people aware of not only what HIV is but also what could happen. People do not take it seriously sometimes and for those who take it seriously and feel that everything is doomed, the media has the uphill task of convincing that all is not over. That there is nothing wrong, you can lead a normal life by sharing positive stories. That is why the list of organisations provided in your handbook will enable you to contact them, connect with them. As Neelima had pointed out, we need to get in touch with people to understand what these positive stories are. Get the stories from them, there are good stories, share them through media, so that people not only understand what the pandemic is and how to prevent it but also realise that all is not over.

Thank you.

Lyndal Barry

Thank you Rochita. Now just before we go through to all the presentations, I would like to bring us back to the goal of this meeting before we continue. Our goal today is to encourage a collective media response to HIV & AIDS. And that's why you are all here. Our aim through this meeting, our specific aims for this meeting, are to update media leaders on the current HIV & AIDS situation and the media situation in northeast India and to remind all the managers of their important leadership roles in guiding an appropriate response.

We would also like to spend some time examining best practices of how the media can contribute to an effective leadership and responses to the issues related to HIV & AIDS in the northeast. We would also like to develop a commitment to representing HIV & AIDS issues and people living with HIV AIDS in the media.

So we have invited you here today as some of the region's key players in HIV & AIDS information in the media world to encourage you to have your own outcome-orientated discussions about continued effective media responses in northeast India. We hope to be able to use your inputs from some of the

sessions that we will have this afternoon to guide our responses in the region and to guide future trainings and workshops that we hope to have here.

We will begin the next session with presentations by special guests. Let's keep our points or questions on these presentations until after the break. We just need to get through this in a timely manner. So without much further ado, let me introduce to you Mr. Noble Thalari, the Communication Advisor for UNAIDS in India who has come from Delhi. He is going to speak to us about the UN vision for the northeast and coping with denial.

**NOBLE THALARI, Communication Advisor, UNAIDS, India Country Office**

Thank you Ms. Lyndal, distinguished guests, Mr. Shrivastav, senior government officials, media partners and colleagues and friends. Thank you for giving UNAIDS the opportunity to come and present our case to you here in the northeast.

The topic given to me is UN Vision for the northeast and coping with denials. I would like to draw your attention to the global scenario of the AIDS epidemic. Recently at the UN General Assembly, the latest AIDS data was released. According to that, [the red one is] Sub-Saharan Africa accounts for the total of 65% of the AIDS load in the world. Next is Asia with 20%. Other countries account for about 15%. But it is interesting to note that 15% of the world disease is located in India. And 75% of the Asian load is in India. So this is a serious affair because of the huge base population in India. Any increase by even a fraction of a percent could blow up the numbers, whereby this appeal to the media to put things in perspective.

Right now, this is the kind of situation we have, [the red one denotes the high prevalence states and the green ones highly vulnerable states and the yellow ones, moderate problems states, and the blue ones, vulnerable states.] So Manipur and Nagaland are in the high problem category.

According to the NACO data released recently, we have 5.21 million, that's 52 lakh Indians currently living with HIV and AIDS. And [this is] the 15-49 years age group is a huge number and is also the economically productive age group. The very backbone of the Indian economic miracle is very vulnerable to the virus.

India is made of ancient traditions and also modern economic power and as we are aspiring for global leadership, unless we address this issue using our ancient knowledge and tapping into our negotiating and persuasive skills, the epidemic could again rise.

And it is within this context that I would like you to approach the northeast where we have a problem as we see. The northeastern epidemic is driven by IDUs. In the rest of India 85% of the epidemic is through sexual transmission.

But here also we are seeing that the epidemic is not by IDU but as you see in point two, it's also spreading to the general population through the partners of the IDUs and this is emerging as a major bridge population transmission group.

And on top of it we also see the feminisation of the epidemic, the spouses of these IDUs are infected and hence subsequently their children, and condom use is still low which is a cause of major concern which needs to be addressed.

The proximity to the Golden Triangle also makes drugs easily available and poses a major challenge. In addition to this, we also see an influx of migrants and rise in the traffic in the region further compounding the issue, which you are all familiar with. As media practitioners, you have been addressing this issue.

However, there is some heartening news. With government interventions and state interventions, thanks to the North Eastern Council, things have been put in perspective. There is a trend, though not absolutely in terms of the intended way. After the interventions in 2002, things have started improving and in 2003 and 2004 there is a substantial improvement. But this is a projection. But, in absolute numbers, we have seen the increase in Manipur this year over last year.

So what are the denials? We see denials as a major challenge to be addressed in the northeast. We have political denials, we have social denials and we have individual denial. How do we approach these denials?

Through advocacy and through presentation of evidences to the political leadership, we have succeeded in making them accept and acknowledge that there is a problem in the region.

Through engagement of peer leaders, faith-based organisations and establishing community dialogue, we have been able to win the confidence of our community leaders to say that there is a problem there. And for individuals, through behaviour change communication and interpersonal communication and through front line workers, we are able to make them realise that there is a problem. So this is how we have addressed the denials. And this is not yet done, as we have just begun.

So, even when we see the north eastern epidemic as being separate or distinct from mainstream epidemic, we again see pockets of high prevalence in some ten districts. [In these three states] we have seen districts like Dimapur, Kohima, Wokha, Mohanfik, Tuensang, Zimwato in Nagaland and similarly in Manipur and Mizoram. They are much above the national average of 1% prevalence. And, shockingly, in Churhandapur, in Manipur, one in ten people are infected already. It is 10%, and rising. So this is a major concern.

How do we address the diversity within the region? You would advise us and advise the programmers at the state and regional level.

So what has UN done? And what has been done by the UN community in the past?

What we have done is stepped up advocacy in collaboration with the North Eastern Council. Hon'ble Minister Mr. Kyndiah organised a regional consultation of all the elected representatives. In November we had the Global Director of UNAIDS come and participate in that. Subsequently we had the north eastern Chief Ministers initiative for health and social development programmes.

[And next-door] UNODC is working with IDUs and with harm reduction networks. UNICEF, as my colleague Augustine-ji will talk later, is scaling up operations on prevention of parent to child transmission and we have scaled up sentinel and sero surveillance through the WHO and AUSAID, consolidating efforts in the region. As Rochita has told us just now DFID is a main player in the region, to get things into place.

Then, media partnership we will appeal for. Communication Needs Assessment in the region shows that AIDS awareness is high but the usage and practice of the behaviours, or the risk behaviours, is still present. Knowledge is not covered in their actions and the usage to actions gap is very high. That means the practices are very low, low to very low.

I would like to bring the national media leaders commitment to your attention. In Delhi last year, thirty top media houses owners and top editors had committed to the PM saying that we are going to give greater visibility, greater prominence, greater accuracy, free media time, and that kind of support to become a partner in the nation building exercise.

Similar thing, we would like to do here, if there is willingness, you can guide us how to go about. We want to support the region to strengthen the media response by getting the key media players to make a platform with some tangible, agreeable deliverables over a time frame. In this way, we can be guided by the media response, which is synergised with the programmed service delivery.

We also want to partner with the mass media and networks, and raise awareness, through raising risk perception levels, and also help or bring it to your notice how best to establish the contact between the DIPRs, the mainstream media, then SACS and the media practitioners, so it becomes a media hub.

For example in African Countries, where we worked, the media is far more empowered and informed than the government interventions itself. Similar thing can happen in the northeast because the reach of the radio is very vibrant. And similarly the print media penetration is very high among the policy makers and people who matter.

So media can also play a very crucial and very important watchdog or sentinel role in monitoring the programmes, so that you also find out what the flash points are, what the social drivers of the epidemic are how to address them. And coming from senior colleagues like you, as Mr. Manas Chaudhuri would later talk that is would have greater capability, and they can actually guide the opinion making people among the community. Thus even in our editorial or opinion piece or a lead piece on Page 1 is going to set the policy for the governments in the region.

And as we discussed media clubs and lounges, we are ready to assist you, and how do we engage the radio, as we have seen senior colleagues from the region come here and we would like to see how we can, and discuss how we can go for this kind of packaging content in the regular programming. We are here and as Neelima-ji was saying, we can really come back and work with them in terms of building capacities and participation, of the media practitioners.

Then also we would like you to advice, that if we can do the programming and content development in the local mediums and traditional and folk forms of treatment, that would really be appealing to the community, wide ethnic diversity and linguistic diversity. That's something that we would like you to consider. That's how we are going to issue community resilience.

We see a great role for the North Eastern Council here in setting the tone and also strengthening the regional response. It has to be under the umbrella and overall governance structure of the NEC, so that all the states are well interwoven into the whole initiative.

There are some good points coming out of the Guwahati Declaration, if they can be put into action, most of the community participation and public participation could be addressed. And second is Regional AIDS media hub, UNAIDS definitely should be willing to support that if such an initiative could be articulated into some kind of tangible project.

Similarly, regional media partnerships and working with State-level political leadership and the leadership of the autonomic council, so that we take action from the State AIDS societies to the districts and community level. And, having PLHA networks right from planning onwards, to guide us on how those issues can be interwoven into the entire gamut of programming.

Civil society momentum is there, but how can this be channelised into regional action and how can we be of help to you when we are making the organigram for our regional technical office, which also has to be guided by the needs, the program needs and communication needs. We also want to help you for clarifying the risk perception in communication. Mr. Agrawal,

and I have worked very closely, so national prototypes could be brought here and expanded into the local medium.

Also, engagement of faith-based organisations, as we have seen, has to be scaled up. We have to synergise between local initiatives for public participation and ownership. For example people have their unemployment problem, poverty problem and other issues, which need to be simultaneously addressed.

So this is what we see on the whole. UNAIDS sees regional governance structures, engagement of them in a crucial way and co-ordinating partner's response into one large regional response. With media participation as a key player, we would like the regional response to be strengthened.

Thank You.

Lyndal Barry

Thank you Noble. I think that was a really interesting presentation, particularly talking about the UN responses in the Northeast and possibilities for further collaboration and co-operation with leaders from all sectors. I am looking at the North Eastern Council now because I think there could be some great future initiatives, especially with SACS and UNAIDS and all partners coming together with media leaders. I really think that this is a great way to take things forward. I think that this is really important and we need to take that from your message and make it into action. You know that's the next step and then the responsibility to translate that into further action lies with you.

So next, I will introduce Mr. Mayank Agrawal. He's the Joint Director of IEC for NACO.

**MAYANK AGRAWAL, Joint Director, Information, Education & Communication, National AIDS Control Organisation (NACO), India:**

Thank you Lyndal. Mr. Noble Thalari made such a lucid presentation here. First of all I'll thank Mr. Shrivastav that he has come all the way here and encouraged all of us by his participation in this meeting. Thanks also to Neelimaji and Alix that they brought us all from Delhi here. And Lyndal.

I will just give you an overview, first of the epidemic in the country, and then come to some northeast specific points. And then some communication strategies that we are going to adopt in the National AIDS Control Program, NACP Phase 3, which is likely to start in October. Our main objective is that we channelize the entire nation's energy in one direction towards fighting HIV/AIDS, one nation, one program. Our objective is to defeat AIDS together.

Most of you know how AIDS started in India, from where it came but just to have a recap here, that in 1986, the first case was detected in Chennai. And since then we have grown to, as Nobel told you, to 5.206 million, fifty-two lakhs. And the number is increasing. Since last year, we have added another 72,000, last year the number was 5.134 millions and since then prevalence

among adult populations that is the 15-49 age group [0.91% in the country].

We are below 1%, still maintaining that, but any time we may cross that 1%. So we have to be on the guard. Six states in the country are high prevalence states and out of those six states, two are in the northeast. The four states are Maharashtra, Andhra [Pradesh], Tamil Nadu and Karnataka, southern and western states. And two, that is Nagaland and Manipur, are in the northeast.

Here, [since] the prevalence is more than 1% in the general population, they have been categorised so, and this is the alarm bell for the northeast. There are 111 districts as high prevalence districts in the country and Noble has explained the districts in the northeast. And, we are just next after South Africa, in terms of total number of HIV cases in the country.

If we see the age and sex distribution in the country, you will see that the 15-29 age group is about 35 % of the HIV cases in the country, which is the most productive age group. This is a very serious situation, because this age group, if affected, affects the productivity of the nation. And in countries like Africa, what is happening is that large number of people in the reproductive age group, are affected and it is affecting the entire future of the country.

Nagaland and Manipur, as already mentioned, are high prevalence [states]. Three states have moderate prevalence – Gujarat, Goa and Pondicherry are highly vulnerable states, the population is highly vulnerable in these states. Then, Assam is the gateway to the northeast. Lot of migrants come to Assam. Lot of trucks come here and the truck drivers when they come from distant places like Haryana and Uttar Pradesh and Andhra Pradesh, on the way, they get involved in sexual activities. That is the route through which they are bringing HIV & AIDS. So we have to be on the guard. We have interventions in Guwahati among truckers and also among commercial sex workers and IDUs, which I will come to later.

I want to show the prevalence in Botswana, Swaziland and in these [other] countries. Out of every ten people, 4.3 and 2 people are HIV positive, respectively.

Just compare...[In]Thailand there is liberated sexual activity, but just with condom use they have controlled the epidemic. In South Africa, it has gone up. So we are at the bottom at 1%. See the 1990 situation...but we have to control that and not go up.

HIV is a problem that affects so many dimensions...human rights, social dimensions, economic dimensions, and dimensions related to discrimination. Misconceptions are prevalent about the disease. In any village, if a person becomes HIV infected then the entire village (there have been instances), they beat him up, throw him out, because they are ignorant. HIV & AIDS does not spread just through common contacts. Here, media has a very important role in removing these misconceptions in the society.



Young people are more at risk. There are many factors like lack of knowledge and they are at the age where there is a desire to experiment. They have just entered puberty and the attraction towards the opposite sex increases and sometimes they do not know that unprotected sex may lead to HIV.

That is why we, NACO, have a policy that we should catch them young. That is why we have the Adolescence Education Programs in schools; right now we have covered 93,000 schools in the country. We are running courses on HIV & AIDS. We integrated these into their [school] curriculum. A total of 1.5 lakh schools will be covered by next year, March 2007.

The main reason fuelling the epidemic in the northeast is through the IDUs. Through sharing needles, it spreads very fast. As Noble also explained, this area is next to the Golden Triangle and proximity to the international border is a problem just creeping in. As you can see, north-eastern states, which are further away from the border, like Meghalaya and Assam, there they have generally reported fewer cases of HIV prevalence and IDUs in comparison to those that are closer to the international border like Manipur, Nagaland.

These two are high prevalence [states] and Mizoram is fast approaching [the same status]. So we have to be careful about this. HIV has assumed a proportion of a generalised epidemic in Manipur and Nagaland.

There is a misconception that HIV is a disease of the higher strata but this is not so. It is a disease of poverty, unemployment, discrimination and other imbalances in society. In the northeast, most of the HIV & AIDS cases are in Manipur. [There are] 70% cases in Manipur, Nagaland, about 17%. Next is Assam. Though, it has a large population base, so overall cases are low. Other states are fairly well but it has spread in all states in the northeast.

Next is just a representation of the IDUs in the states (not all states given here). In Manipur, it decreased first from 2000-2003, but after 2004 it increased. Same in Nagaland and a slight decrease in Assam also.

There are ante-natal clinics where the pregnant women go. We capture the data from there to see the prevalence [rate]. This is what we see in Manipur and Nagaland. In both, it is above 1%. So, they are named high prevalence states.

Female sex workers and STI clinics, where we have sentinel sites. To sensitise media, I would like to inform you that we capture data and we have sentinel sites among high risk groups and for general population at ante-natal clinics and STI clinics. Here also we see Manipur is leading. In Nagaland, Assam and Mizoram also its going up.

So [the] conclusion [is] that HIV is shifting to the general population in Manipur and Nagaland and it is no longer driven by IDUs. It is occurring through sexual activities also. Then HIV prevalence among CSWs, STI cases have shown increasing trends in some states. HIV prevalence among IDUs in states other than Manipur, shows gradual increase. In fact, Manipur and Nagaland also shows greater increase but no gross change in this in last three years.

The broad strategies that we are following for northeast India:

We are intensifying mapping of IDUs, and core groups in all north-eastern states and strengthening the needle-sharing and exchange program so that they don't share the needles. We provide them with fresh needles so that it doesn't spread. Our aim is harm reduction.

Then strengthening STI management, we have services like voluntary counselling services and we have prevention of parent to child transmission. For that we have centres for pregnant women where they can get counselling and we tell them that if they are pregnant they should have testing for HIV, ART drugs. Only last year (2004), NACO started giving ART drugs. At present, we have a 30,000 population that we cover through 52 centres. Soon, we will upscale these centres to 100 by next year March. Then the population covered will be about 1.88 lakhs.

Now I will come to the communication objectives of NACO. So far, we have created fairly good awareness, although it is not to the expected level. This awareness has to be translated into appropriate behaviour. It is not enough to know that the disease spreads through sexual activity and if I use condoms I may not get it, but that I should use condoms. So we have to be action-oriented.

Here we need media to create awareness to address vulnerabilities, I mean behavioural vulnerabilities. Then there are social vulnerabilities, like discrimination against women. Women have less power to negotiate. What is happening is that husbands are going to [other] states in search of jobs and with the gifts they also bring HIV. The woman does not know and she cannot tell her husband to use a condom.

Husband is infecting wife and then the children who are born are also infected.

Addressing myths and misconceptions, this has to be addressed by NACO, SACS, by Government, by all our partners, stakeholders, and FBOs, in a big way. There are still myths that it spreads through mosquitoes.

I was on a television program. We got around 150 SMSs and about 50 were about just one question --- [please] explain how it HIV & AIDS cannot spread through mosquitoes. There are myths that if a person sneezes or coughs, it spreads. That is why we have to work hard among people who are

illiterate and remove stigma and discrimination and do away with myths and misconceptions.

Women and youth are most vulnerable. Women are vulnerable not just because of social reasons [and] discrimination. Their biological make up also makes them more vulnerable. And youth, because of lack of knowledge and because of peer pressure. They are the target population. 40% (and increasing) of the population of infected in country is of women. Youth is about 35%.

We are planning to have different kinds of programmes for different target populations to address their vulnerabilities through NACO and [the]NACP3 programme.

We are working on how we should position messages in media, to build dialogue. Until and unless media messages lead to positive dialogue, change cannot come. I request the media people present here to present the AIDS problem in such a way that it does not leave a negative impact in the minds of readers and listeners. What we write leaves a greater impact than an advertisement [because people say it is just an advertisement]. But once you [media] write, they say it is a fact. I request all of you: please do positive reporting, factual reporting, and report positive stories without any bias.

Then, I request all SACS partners present here to avoid wasteful delivery of media messages because sometimes NACO and SACS issue messages on the same day. The same paper has two ads. In NACP 3, we are planning to have better coordination between NACO and SACS for optimum utilisation of resources.

Awareness figures. This was a study done by BBC recently and these are people who have heard about HIV & AIDS. They made some comparisons with the sentinel surveys done earlier. Their comparisons say that in the rural areas there is an increase in the awareness.

This is for the media people. All other media they have limitations, but press is reaching 37% of population, television to 54% population, cable and satellite television to 29% of population. Cinema has gone down with advent of video. Internet is fairly low in the country. So we have to make a mix of all these media and reach the maximum population so it [information] also reaches places where there is no outreach.

There is an urban - rural contrast of the media. Naturally urban areas have high reach compared to rural areas. But radio in rural areas, although low, is very consistent.

Radio in northeast is very popular and further gaining ground. Population covered [by radio] is 73% in Mizoram to 99% in Assam, Manipur and Meghalaya. SACS people should make full use of radio in this region. Area-wise coverage varies from 57% in Arunachal to 97.5% in Meghalaya.

Broadcasts are made through SW, MW and FM stations. All India Radio has FM stations in Assam, Meghalaya, Manipur and Mizoram. We don't have any private FM so it is all AIR- driven. So AIR has a social responsibility.

A condom is the one protection against HIV & AIDS. Let us not shy away [from it]. We should make it popular, talk about it. I request that the media initiate a dialogue, break the silence. Only you people can break the silence.

This is the way forward in NACP 3. We will saturate mass media by having synergy between NACO and SACS and all our partners. I am trying to bring all our partners that are being funded by DFID to also come together on one platform. So we have one program and one direction in one nation.

Focus should be on media's dark areas, where media has low reach. Here we are proposing to have mobile vans and community radio and to have evidence- based planning. This is for my SACS and NACO partners.

Then we are proposing to have mid-media panels and hoardings in a big way in NACP3 and also partnerships with media. Last year, we had a media summit in New Delhi and PM presided over it. We have to have a follow up of that and also the mainstreaming. I request all state departments, please integrate HIV & AIDS programs into your main programming, because now the PM himself chairs the National Council on AIDS.

Thank You.

Lyndal Barry:

Thank you, Mr. Agrawal. I think that was a very interesting presentation in terms of media reach and why media is important. Just a quick note on Thailand: People always talk about Thailand as a role model for the 100% condom campaign and for other interventions. Let me tell you one thing you may not know.

Mr. Condom, or Mi Chai as he's known as in Thailand...the way he got this 100% condom campaign going was very interesting. At that time, the military controlled the media in Thailand and he went to the military general who was very shy about talking about HIV and was not interested. He managed to convince the General to use the media for HIV & AIDS campaigning. So let us lead into Mr. Lalrosanga from All India Radio.

MR. C. LALROSANGA, Deputy Director-General, All India Radio, North East Region (1)

Good afternoon ladies and gentlemen. I am from Aizawl, the capital of Mizoram, and based there. My jurisdiction covers the five states of the northeast: Mizoram, Meghalaya, Manipur, Nagaland and Tripura. Incidentally, I also work in television. I am a director of the local Doordarshan Kendra at Aizawl as well. It is a great pleasure for me to be here, with so much having been spoken about the requirement of the media for exposing our cause.

I would like to say that All India Radio in the northeast has a very glorious history dating as far back as 1948 when the first radio station was started in Shillong and Guwahati. I was privileged to be director of Shillong radio also for several years. We have a network of some 34 radio stations in the northeast. Ten are medium wave stations supported by short wave transmitters, and we have ten FM stations in the northeast and five community radio stations.

Our coverage, as far as the geographical coverage goes, is 78.7%. The population coverage is 96.16 according to our records, which might slightly differ from Mr. Agarwal's statistics, I really don't know. {I got it from AIR ...} So, it is confirmed, thank you so much.

The reach of radio, then, is far and wide. We are the human voice for those people in the remote areas where we have the militants, the insurgents in some of the states and where we have people from across the border as well, from Myanmar and from Bangladesh. Our plan now is to also reach across the border, into Bangladesh and Myanmar, inhabited by people who have affinity with Indians. And also to focus more on the high vulnerability states like Manipur and Nagaland as well.

In the high vulnerability state of Nagaland, we recently had the director of the State AIDS Control Society coming over to the station and we had an interview with him in Kohima. There was a program on AIDS & HIV in the rural program as well.

Very recently, or should I say for the last five years or so, we have been into interactive programming. We are using the live phone-in programs very usefully. In these programs we have been having experts as well as HIV-infected persons talking to people.

Here in Shillong, we have the North Eastern Service of All India Radio, of which I was a director for about seven years. So this North Eastern Service broadcasts to the whole north-eastern region as well as beyond the northeast.

In short, we have started the phone-in, the live phone-in programs and very soon we are going into 'spoken word' programs. That is, we are opening the air waves to the persons in North-East who can interact over telephone with the experts in the studio. In AIR Shillong, which is the main station, we will soon be going into a series of episodes on HIV & AIDS related programs. We are, I think, planning a series of 15 episodes, so we will be having 15 episodes coming in the near future.

Therefore, we are very open to your suggestions and your requirements. Of course, as All India Radio and Doordarshan, we have come under the umbrella of Prasar Bharti, an autonomous corporation and we have to earn some revenue. We have been getting some from NACO as well as the State AIDS Control Society. Apart from that, we are very open to your

suggestions and we will try to do even more, especially in the highly vulnerable areas.

As you can see, the topics that we have covered are varied and our formats have been talks, discussions, interviews, live phone-in programs and insertions of captions and slogans in between our programs. All the capital stations of the northeast region - we have 8 capital stations of All India Radio in the northeast, in all the state capitals – also have a special program called the Morning Information Service.

This Morning Information Service comprises of important information from all walks of life. For example, in the state of Mizoram, we have inserted several topics on HIV & AIDS in between the programs. We are trying to start this in Shillong as well.

So, we will try to improve our coverage even in the 11th Plan - the overall national plan - and we are trying to increase the coverage of All India Radio...to have more FM stations, to reach the border areas, and across the border too. We will try to give more broadcast on HIV & AIDS awareness.

We will look forward to your suggestions and your guidance, because we are not the experts, you are the experts. Mr. Agarwal, all the experts from different walks of life, different parts of the northeast - it is our humble suggestion that you please come to us and we will try to do our best for the HIV Positive infected people as well as those people who are not affected, for educating the population and the northeast. Thank you so much.

Lyndal Barry

Thank you very much Mr. Lalrosanga. That was so interesting, I am so excited to be in a place where radio has a 91% [96], 96! That's even better, 96% penetration. If I could work in places where we had this kind of reach and penetration into the populations...I just want to add that that makes your responsibility even stronger... heavier. But I think that is amazing and there is potential here to really change the situation.

Now I am going to come back to a man I so rudely interrupted before, but we all have to save our questions for afterwards and I think your presentation is going to be very interesting. Mr. Ratan Singh is going to speak next about galvanizing GIPA [Greater Involvement of People Living with HIV & AIDS] in HIV & AIDS policies and communication strategies. And for those of you, I am sure all of you, nearly all of you know what GIPA is, we are going to hear a very interesting and new definition of GIPA from Mr. Singh here. So please...

RATAN SINGH, Chairman, GIPA Alliance & State Co-Ordinator, Manipur Network Of Positive People

First of all, let me introduce myself... My name is Ratan Singh. I am living with the virus for the last ten years. I've been on anti-retroviral drugs since 2003, when I started my treatment. I am going to present positive impacts,

implications, negative implications from policies about GIPA, why GIPA, why we need GIPA.

Someone was saying: "Acceptance of IDUs as a risk group and importance of GIPA - GIPA means Greater Involvement of People Living with HIV / AIDS. It is a set of principles and was adopted and declared in Paris in 1994, signed by 52 countries, of which India was one. This had many good outcomes.

The adoption of the component of harm-reduction, the media committee, the importance of anti-retroviral treatment for people like us, the importance of networking and advocacy in the areas of HIV & AIDS. Needle / syringe exchange programme, condom promotion and different capacity building given to us through NACO, through State AIDS Control Society.

Reduction of stigma and discrimination, by educating people through lot of awareness and education [programmes] on HIV & AIDS in the states. Drop-in centres for PLHAs. DICs are particularly [meant] for people living with HIV & AIDS. And, active role [performed] by states. That is a good positive outcome from the government.

The following are the negative examples at the national level...Voices Unheard...Harm reduction: it is not a comprehensive programme through NACP3. I want to highlight this particular area. We are talking about harm reduction, not about substitution therapy. Only NACP will not work, only condom promotion will not work, without substitution therapy harm reduction will not work.

Media committee is only as a namesake...it is there, but it is for name's sake only.

Quality assessment is yet to be done. I have been in this field for the last six-seven years, but we never came across anyone from our own state also. People come down from the other states, do the research and go back with the data. We do not have our own research. We have the problem of hepatitis. Noble was talking about Churachandpur, it is a district in Manipur. Indian Council of Medical Research had done a surveillance, restricted to that district. We learnt that there is 92% of hepatitis co-infection with HIV.

Regarding the running of DICs for PLHAs by NGOs. This is something I would like to highlight. When we work, even we - as PLHA - are not able to motivate people to come out in the open. How then can NGOs motivate these people?

This is what is happening. Many issues are un-addressed even through consultation. We have been struggling for the last two-three years, and since the inception of three-by-five too.

It is also very hard when it comes to paediatric formulation. We know because we are working at the ground level. For example, when parents were feeding their kids these anti-retroviral drugs, the children were actually not getting the paediatric formulation. The parents used to crush down the adult doses.

We do not know the accurate dosage, so we do not know whether it is an under-dose or over-dose or what it is.

We are talking about adherence [to treatment]. It is a big issue. A lot of my friends had already started their treatment for the last four-five years. They have become resistant to the first-line regime.

Nutritional support too and we are talking about PPTCT. Sometimes, after they have gone through that program, they had wanted to halt. The mother was not able to feed her kids and she was compelled to breast feed. We need substitution milk for those who are immune to the PPTCT program also.

Implementation of GIPA is yet to be done effectively. There is huge gap between policy and programme implementation... it's there, it's very big. I have already highlighted GIPA. GIPA is a principle and was signed in 1994 by 52 countries. It is an acronym for Greater Involvement of People Living with HIV / AIDS, which means those people living with the virus. GIPA is about involving these people from policy-making to the ground.

Why GIPA? Nothing about us without us...GIPA makes service more reliable and personalised. It is a process of empowerment for people living with HIV & AIDS, like me. Also, GIPA raises awareness of issues through the PLHA perspective, leading to the extension of activities to be included in advocacy for rightful action.

And what we can contribute? Living with HIV gives a person an expertise. PLHA use their experience of living with HIV in the greater response to the epidemic. It also gives a human face and voice to the epidemic in the mind of the people not directly touched by it. It makes all kind of interventions, prevention messages and attention to counselling appropriate to target groups.

From government, from NACO's side... they have already talked about ART roll-out. We have not come across any treatment education on ART. I want to ask Mr. Agrawal that too. It is high time because it is already one-two years [since the roll out started].

Recognising living with HIV means that we are not the problem, but that we are part of the solution. In living with the virus, we have the first hand experience of what happens to us after becoming positive and of the issues that our community faces. All the people living with HIV can provide visibility to the epidemic by giving a human face, something similar to what I am doing right now.

Regarding the importance of GIPA...We are at the centre of the epidemic. We are better positioned to understand other people – our peers – who are living with HIV. We know the suffering, what they have experienced, because we have already gone through that period. And we have a general perception to change their vulnerability and encourage them to take responsibility for HIV



prevention. We are involving these people, encouraging these people to work for us.

I think the abbreviation, GIPA can also be changed. Over the last ten years, we have not till now come across any paper from the government's side. I have changed the abbreviation: "Great Ignorance of People Living with HIV & AIDS."

Some issues of HIV & AIDS are specific to the northeast because the epidemic there is different from other parts of the country. Very few PLHA are in the policy-making level in the northeast. GIPA has not attracted the attention of the media and the public. And it is an indicator of capacity-building and empowerment.

PLHA are being used as tokenism. Even our president is in the State AIDS Committee but he has no voice in it. This is because all the people in the State AIDS Committee are from the government, like Commissioner Health, Health Minister. [Our president], he is the only one who is sitting there as a PLHA. However, he is not able to raise his voice.

PLHAs are used as tools. I am not blaming all the NGOs, but some NGOs too are doing this. I really don't want to blame the NGOs also because they are employing the PLHA as a staff. But some people are using PLHAs as a tool to earn quick money. We have seen this in Manipur. And in Mizoram too, I was there last month and came across how PLHA are working there under NGOs.

We have a media committee on HIV & AIDS. It was because of a need that we formed this group, this committee. There is no point waiting for the government. We needed this group so we formed the media committee. One good outcome from our media committee has been that two people - one from print and one from electronic media – have won the award from Thomson Foundation last year.

We also have a legal cell for the PLHA. It is a free legal aid cell because lot of widows are suffering from violation of rights, property rights. We started this cell because they are suffering, they are hurting. We get lawyers from the Human Rights Network, which is Delhi-based and is present in all states of India. They provide free legal advice to us. We work hand-in-hand with NGOs, FBOs, CBOs and members in the State AIDS committee. We came across three successful stories from this legal cell also.

Lyndal Barry

I'd like to thank Mr. Singh for that presentation and I thought it was very interesting that you said 'can you hear me', because I think we all heard you loud and clear. I think something interesting that Mr. Singh and I were talking about is GIPA in reporting. I have noticed in Mekong region an incredible improvement in people's stories when they go directly to HIV positive people, include their quotes, gain their advice and their guidance in story writing.

It really makes stories more vibrant, it makes them more local, it makes them more community-based and also as journalists, we are using good sources. If somebody has cancer we go to a doctor and we go to speak to somebody who is suffering from cancer. So, in the case of HIV positive people we need to go to them as journalists and as media managers, we need to encourage that.

On that note, I would like to hand over to our colleague from UNICEF, Mr. Augustine Veliath. He is going to talk about communicating for children and mothers in the world of HIV & AIDS. And it is a very important group of our society.

AUGUSTINE VELIATH, Communications Officer, UNICEF, India

For an hour or so we have been discussing HIV, we have been discussing AIDS, we have been discussing morality, we have been discussing sex, we have been discussing condoms, We have been discussing almost everything except children.

Unfortunately the worst victims are children. The bad news is that I have no new data, no dazzling presentations; I only have homework for you. This homework comes from a meeting that children held. They called that meeting 'Joy and Joy', it was a national consultation and ten states were represented.

There were 53 children, including two groups of children from Manipur and Nagaland. they had five days of intensive interaction. So what? I am from UNICEF, children pay my salaries, so I am just being 'his master's voice'. I am just going to tell you, as quickly as possible, what children said in those five days.

They spoke about the following: social isolation, about being orphaned, denial of services, about access to education, about emotional distress, about their dreams and their aspirations. The children suggested ways that would improve the quality of their lives. And in these five days, children also laughed a lot, they laughed like all other children.

I asked a girl from Manipur - in fact I asked many children this – but this girl's answer is very pertinent. I asked her what was the happiest day of her life and she said, 'Today, because I'm allowed to speak and somebody is listening to me.' Moreover, they laughed more because they laughed without being judged, they laughed without being patronised.

Those were a great five days... so let us go ahead, let us see what they said.

Incidentally, they also spoke to NACO. One of the senior people of NACO was there and the children were very confident and aware of the fact that they were talking to NACO at the time when NACP 3 was being finalised. Sensitive issues of children, infected and affected, will be taken up. They also spoke to large number of friends. And since they cannot reach everywhere, they asked the Positive Women's Network, and UNICEF, "Will you go and tell everyone else what we told you here?"

So that is why I am here. I must tell you that this media group, you are the first group to hear it in this shape. They handled four issues: one pertaining to treatment, care and support and they said, "You know, actually we are children, it does not mean we are small adults. We are children, we are extensions of adults. We are not future, we are present. We have problems, we have needs and you address them now".

So the children said, "We would like to be known as children affected with HIV & AIDS. No other terms". Also, of course, they talked about school, about the stigma and discrimination, which they face in so many ways, more than anyone else.

The first thing children said was what Ratanji has said very powerfully: "include us, don't assume on our behalf." And "whatever you do for us, do it with us". Like GIPA, they also said there has to be a greater involvement of children. This came out very clearly in that session. They spoke about CAHA - Children Affected by HIV and AIDS – as well. So now they have added more terms to the vocabulary.

They are very clear on access to information. They said, "Our family needs information, our extended family needs information, all of our carers need information. They need correct information and accurate information and they need information in time. Not ten months from now, they need it now."

In fact one child told me they need a lot of counselling but the rest of the society needs even more counselling. And I think it could not have been said better.

They asked for support groups, like district level support groups. "There must be someone to whom we can turn and more than anything we need psycho-social support." So what does it mean? That trained counsellors are needed, someone functioning as counsellors, and they need more skills of counselling. So, NACO please, this is something to take note, anyone else involved, please take note. The children also spoke about the people who counselled them in the first place, so please, it is a very important point they made.

They also said that even parents, the carers, need support, and they said the best way to protect us is to make sure that our parents live longer. So any support that you give to them is also support to us. Because the moment they die, we die a little. So please.

Then, children knew many of the schemes that were applicable, that were being given. So lots of government schemes that were mentioned came up from their own experience and they said that all this could be given... that it can be given.

They said someone should --- and this is especially important for media --- monitor facilities. All these things that are promised, are they there? Why is there such a big gap between policy and implementation? The facilities, what and how are they? So will you please monitor them? It is a very interesting and important homework for media probably. And there are strong monitoring indicators so, "do not leave us like that, do not assume things happen. Let us go and find out if they do."

They said we need to prioritize stigma and discrimination because that is what really eats into them. They urged the use of school education or any other means in the neighbourhood to see what level stigma and discrimination are at. Whether it is being changed, that should be measured.

They also said we should also address violence against children, the guidelines should include this point. The children had gone through much and some very heartbreaking instances and practices were mentioned. There should be counselling to address violence, it is not enough to give advice.

They said you should strengthen our institutions and train all the people who are dealing with us. So, it was a tremendous call for capacity building, for human resource building.

Children actually looked at some subjects [closely] and raised issues [about them]. They looked at schools and said 'these are the issues'. They spoke, "we have such dreams" - about schools, what they should be like... They spoke about having free admissions, good schools and good teachers - a good education - and that "all our friends should have information about HIV... We should feel free to be open about our status... We should have access to higher education'.

In terms of care and support, they brought out many issues... issues known to us, and I'm sure this will be pertinent to you, so I won't waste time on that. They talked about dreams, about care and support, how these should be... About shelter homes, legal support, securing the future and much more...

They mentioned children living with AIDS and again they had many issues. Nutrition support came out very strongly. I am glad my presentation was after Ratan's presentation, as I think the issues are so logical. The children emphatically said, "We don't want to break those tablets...can we have our own? And how do we break them? And suppose we break it bigger, suppose we break it smaller? So how long will you ask us to do that? Can't this

country do at least that much, despite having so many manufacturers and all these pretensions about being modern and all that?" So, some very serious questions came up.

Also, when we don't have a paediatric formulation, it tells them that we do not care for them. That is the message they have got. The children were very open, and very frank about it, because they have the pain of breaking those tablets.

They have dreams about how children living with HIV should be. Furthermore, they said that in the way there had been the gathering for five days, there should be something similar in every district. That we should all meet together, talk together, sing together, dance together...

They want play areas at hospitals and not wait in the long queue...they want trained child counsellors, more care homes and, of course, more schools.

They brought up many issues regarding treatment. They were categorical about how hospitals and a lot of service providers were not child-friendly.

They also said they frequently dreamt about medicines and certified facilities being available. Did the original words reflect dreaming-in-sleep or dreaming-as-hope?

And again, they came up with many issues regarding stigma and discrimination. Such as why are we not in church and temples? Why can't we live with our sisters and brothers? Why are we sent away somewhere else? They mentioned dreaming a lot about stigma and discrimination, about playing with other children, about having friends, sharing food with other friends, about parents not losing jobs, about equal rights in government and private schools and so on...

So that is what children said... and it is my great privilege to present it to you, on behalf of them. I consider it a great privilege, thank you.

Lyndal Barry

Thank you so much. What great and amazing ideas for stories! I think children are universal, children can touch everybody. And I just was thinking, putting my journalist hat on, wow, how many stories were there in that presentation...?

It reminds me of the story of a young South African boy who spoke at the Durban conference in the year 2000. His name was Nukosi Johnson. He stood up, an 11 year old kid and said I don't want to be kicked out of school. And his story was covered all around the world in every country, he had a room of 10,000 people in tears. And I just think children and stories about children, if done sensitively and carefully through the media, can really change the world.

Anyway, I want to introduce our next guest, Mr. Manas Chaudhuri. We wanted

Mr. Chaudhuri to bring us back to the media, the real media, the real front-line, the real working in the newspapers.

MANAS CHAUDHURI, Editor, Shillong Times, Meghalaya, India

Thank you Lyndal, for preserving me for the last, but I am not sure I am fit for that. I am not going to have the last word. Let me first tell you that this has been a fascinating journey for me sitting through this, with wide-ranging issues connected with AIDS, listening very carefully. A lot of it has registered and it has been a very fascinating experience for me. It does not come everyday, let me tell you that.

Being in the print media - and my job is to tackle this topic - the need is for a watchdog print media to combat HIV & AIDS in northeast India. That is a tough ask, let me tell you. Let me first tell you what the print media is at the moment.

Until recently, the northeast, say about 20-25 years ago, depended almost entirely on print media from Calcutta and Guwahati. It is only in the last two decades that we have seen flourishing growth, almost a proliferation of the print media. That is because of the fragmentation of un-divided Assam. One state became eight states, seven states. Sikkim was added to the northeast, that makes it eight states.

As in other parts of the world, the print media in the northeast has its pre-occupation with politics, insurgency and local developments with local stories. Subjects like AIDS, they come much lower in the priority list. In fact, when I was sitting here, I was trying to recall when I last read a story on AIDS in Meghalaya in my own paper. I don't think I have read one story in the last seven to eight years. It was seven to eight years ago that I read a story and that story said Meghalaya has 67 cases of HIV positive and after that there has been precious little.

The question is why. We will come to that later, but let me tell you that media will thrive even without HIV & AIDS stories. Putting it very frankly, and at point blank range, it is not media's business. If I have to use the terms of economics, it is a buyer's market. If you are the seller, you need to sell hard.

I would like to dwell on my own state first. 65 cases of HIV in Meghalaya, I have my doubts, very serious ones, as to whether the figure has remained stagnant for all these years. Why is it that the figures are not coming out? One of the reasons, I would say, social reasons, is that people do not want to talk about it. I can speak without any fear of contradiction I can speak of one case atleast, where a young man died and the doctors identified that he suffered from AIDS. The parents kept it under the wraps for obvious reasons and it remained like that because there is ultra-sensitivity to the social stigma of AIDS.

Why won't media cover AIDS? I would like to believe the first reason is that even if the people at the top are sensitive enough or they have a good intention of covering this very important segment --- which might engulf

the whole region at some point or the other, that is not a figment of the imagination, it is quite possible, within the realms of possibility, that the North-East may get one day engulfed by the virus of HIV-AIDS --- then, what are we doing about it?

I would say it is not so much the lack of sensitivity, as perhaps the very structure of the print media itself. You know the print media comes out of very small interest, whether it be political, economical or local, community interest. It is this which has actually propelled the growth of newspapers and the print media in the northeast.

As I mentioned, after the '72 re-organization of the northeast, every community is trying to assert itself and in that assertion, the print media plays a very important role. I think there are 200 or 206 tribes in the northeast, it is as diverse as that. You will not get such high human diversity in any other part of the world...

Now I would like to recall a small incident that happened with me. The British High Commissioner once visited my office last year. The moment he entered my office, as he was entering, he made a much unexpected comment. He said, "I didn't know that newspaper offices looked like this". I recall this incident because of the simple reason that when my paper began, I never imagined how big it would grow. It started as a small cottage industry, it started in my own house, and then it grew and grew. Today it has grown into - certainly cannot fit into the description of a newspaper office - but it is there, it is doing its job.

The point I am trying to make is that all the newspapers, well almost all, are not properly equipped in terms of money, machinery, or man-power. Now I would like to address man-power first. Man-power is very important because if you have to carry and cover a story as important as this media conference is, I would have to scratch my head, who do I send to cover this? The reason is we are in a very tight situation here in terms of man-power. We cannot spare a reporter. They have to do the routine work, because as I said, we cannot spare somebody, missing a story of local importance would be a big setback for us. So there is a problem of man-power.

Now I would like to suggest one point here that we need to reach out. I think the effort to reach out has been very sporadic. We have not been sustained. Now, I do not expect Mediaids, the organizers of this program coming all the way from Europe and other places, to come and give us the titillation, no I am not talking about that.

I am talking about the organizations which are working here. I know there are organizations that are in Shillong, they are funded quite heavily, they are running offices, they are drawing huge salaries, they have all the paraphernalia, but they have very little interaction with the media.

I have never met anybody from any AIDS control organization, nobody met me so far. I mean, I am here, in this business for 35 years, and if I want to transmit this message, why should such a thing happen? I think there is something wrong somewhere. There is something endemic. We need to cut down on the bureaucratic red-tapeism and the bureaucratic attitude. It is a mission.

AIDS control has to be a mission, and the media has to be partner. Media cannot be partners unless we have a common goal. I am not sure how we can fight AIDS by putting out one story in a paper once in a year --- and in my case, I told you we have drawn a blank in the last seven or eight years. So something needs to be done about this.

I also want to tell you...that the best education about AIDS, for me, came very unexpectedly, not in a media related program, not in a program where the AIDS control people were there, but in a very, very unexpected place. I want to you ask you, the audience here, how many of you know what it means to be an AIDS patient, physically speaking. What happens to a person when he becomes an AIDS victim, does anybody here know? Very few people would know, at least I did not know, let me tell you this. This is an experience I want to share with you.

I am very actively involved with Rotary and in one Rotary program in Kaziranga, the wildlife sanctuary, we had a doctor from Nagaland, I forget his name, Dr. Ao, if I remember rightly. He came to that Rotary program, he's a Rotarian from Dimapur in Nagaland and he is working in AIDS. He wanted to give an AIDS related program of this nature, a power point program. We were not very keen because we had finished our business and we wanted to go for lunch and he insisted on giving a short presentation, which, if we did not like, he would switch off.

What I saw really woke me up. "Woke me up" is an understatement... It really shook me, really, because what I saw for a good 45 minutes were horrifying scenes. I just could not believe what I saw. It was the physiological changes of the AIDS patient, of a woman and of a man, who have lived a sexually promiscuous life, who had intra-venous problems and what-have-you. The patients of Nagaland and Manipur depicted in the form of a power point presentation with close-ups of the changes... this was a real eye opener. I want to say that this kind of a shock treatment must be given to people. We don't realize... we are sleep-walking. We need to give people a shock treatment. And this was a shock treatment for me.

Though I have been shown the time, I want to say that this is a problem, a vicious circle, and we need to break the whole thing. If the mountain does not come to the prophet, let the prophet go to the mountain. I would like to give two-three specific suggestions. One, all people who have made this their



mission should descend on their state capitals periodically. Be there. Better still if you are positioned there. Interact with the media. I think this constant interaction is very important. To update - I would not say spoon feeding - but if need be, do that because there are organizations that will carry your stories. They do not have means to write the stories. They do not have people to write the meaningful stories. If you have the capacity, do write local stories. That would be of great help.

And I would like to suggest that make media partners. The northeast media, endemically suffer from one problem - the financial problem. They are not well off, unlike other metro dailies. And therefore, maybe if you are thinking of making media partners, think of giving them some material support, it would be useful. I am not saying make it a business deal, but it would be useful. They will recognize an element of profitability. I am not trying to espouse anybody's business.

One last suggestion. As you know, as in any other place, in the northeast, the legislators and the civil servants need to be targeted. Because they are new states, in the northeast the legislators are inexperienced and bureaucrats do not have the political masters' direction. I would like to suggest that these organizations should approach the speakers of every assembly, request them for an audience with whatever number of MLAs, call these senior bureaucrats and call the media as well. Give them a presentation. I think this will be useful if you are looking at long-term combating of the AIDS problem in the northeast. Thank you.

Lyndal Barry

Thank you very much. I think what Mr. Chaudhuri said is very important, in terms of how we have been talking about media speaking to the people, but if NGOs and even positive organizations do not approach the media, we cannot expect to have strong results. I think even though radio in the northeast has such a deep penetration, there is much power with the print media, particularly in how to break the stories, as they are often the ones who break stories, and they are often the ones who drive the debate. So I think print - even though it may not have the same penetration, it has often local languages, it has often very local news - it can really be effective as well. I think we have learnt something very important today and we are back to my three-pronged approach. And I think the second prong is that NGOs and positive networks and others, we need to approach the media, it is a two-way street.

# Stigma and discriminations haunts PLWHA

S. Daiho Mao

**KOHIMA:** Despite massive awareness campaign in the state, more than 75 per cents of the stigmas and discriminations continue to haunt people living with HIV/AIDS (PLWHA) in the state.

Talking to this correspondent, a group of members from the Network of Naga People living with HIV/AIDS, popularly known as NNP+, claimed that the ongoing campaign against stigma and discrimination could effected only reduction of less than 25 per cents of the stigmas and discriminations faced by those people living with HIV/AIDS disease. The PLWHA of the state continues to faced stigmas and discriminations in every sphere of lives including from the hands of the supposed to be highly educated top government functionaries.

In one such incident, a member of the NNP+ made a startling revelation of an incident of stigmas and discrimination that faced in the hands of a senior government official recently. According to him, he had approached a senior government official on an official work at the latter office chamber recently.

"On introducing myself as a positive people, the officer practically jumped up and asked me not to come and sit near him and instead directed me to sit on a chair lying at a corner of the room", he recalled. The officer just having a glanced at the paper he brought immediately put his signature on it carefully so that his hand doesn't touch the paper and called in a subordinate staff to remove the

paper from his table.

Similar was the sad experience of another member who recalled an incident sometime last year when the co-passenger of the bus he traveled along with his family to his hometown refused not only to sit near them but also look away from them as well. "It was a lonely journey and my wife and children cried over it latter", he said and adding "after that incident, we have decided not to travel again to my village but live peacefully here in Kohima".

Another lady member of the NNP+ revealed a similar incident of discrimination she faced recently from a Doctor when she went for medical check up after developing a boil on her body. "At first, the Doctor talked sweetly, but as soon as I revealed that am positive, the colour of his faced had changed and simply told me that he is busy and ask me to come back the next day. In the preceding days, whenever I come back he simply make an ex-

presses that he is busy and refused to see me", she added.

That is not the end of the stigmas the PLWHA of the state are facing today. Another member claimed that some PLWHA colleagues were chased out by their house owners from their rented house in Kohima recently after the latter come to know that they were positive.

Another NNP+ member who recalled that a senior government official who is also the head of the district level Committee on HIV/AIDS in a meeting advised the positive people not to share bed with other uninfected persons except only among the positive people. "There are many living couples today where one of them is positive but the other is not", he pointed out and expressed strong resentment at such remarked and advised from a very educated and senior officer which he said is nothing but an open discrimination.

"For us it is not the virus or the diseases that kills because we

can take care of ourselves with whatever treatment, but stigma and discrimination is the main killer today" he added.

Another major problem with the prevailing state of affair in combating the HIV/AIDS menace and dealing with the PLWHA in the state is the lack of positive people in the decision making body, according to the member of NNP+. "We know ourself what is good and what is bad for our body, but today people with no experiences of themselves with the HIV/AIDS disease and problems are deciding for us" said one of the members and stressed the need for inclusion of positive people in the decision making bodies.

NAGALAND POST DIMAPUR  
Std. 5, March, 2007

## Role of Media in sensitization on HIV/AIDS stressed

ITANAGAR, Mar 9 (DPNN)

The project manager, Mediaids, Neelima Mathur exhorted the media persons of Arunachal Pradesh to sensitize wide spectrum of people by doing in-depth stories on HIV/AIDS to bring threadbare before the public the amount of funds received by the State AIDS Control Society and the amount given to the NGOs and its utilization.

During an interactive session with the representatives from print and electronic media here today, Mathur called for bridging the communication gap so that the realization of the dreaded disease could be imprinted in the minds of the people and authorities alike.

She pointed out that HIV/AIDS should not be treated as a bandwagon by all and sundry to avail the huge resources made available to combat the disease by NACO.

She especially exhorted the media persons to utilize the provisions under the RTI Act to extract maximum information from the officials in order to bring about transparency in the functions of NGOs as well as gov-

ernment department working on HIV/AIDS.

Stating that AIDS is also brought under the ambit of human rights, she called for sensitizing the village headman in remote parts of the state in order to create awareness about the dreaded disease.

The director, IPR & P, Supriyo Deb, speaking on the occasion, called for creating awareness and sensitizing the people for not feeling shy to disclose if one had contracted the disease.

Stating that sensitization of the masses was key to combating the dreaded disease, Deb called for concerted efforts by the department concerned, NGOs and the media towards this end. He also put forth a suggestion for organizing *Nukkad* type of play to raise awareness among commoners on HIV/AIDS.

Senior officials of DIPR, media practitioners from various local dailies and news agencies also took active part in the deliberations highlighting about the various problems facing the media in its attempt to reach out to the masses for sensitization on HIV/AIDS.

THE DAWN 1st POST 2007



## Mediaids

This project is co-funded by the European Union  
and DFID India

### **Media Agenda for HIV & AIDS in the Northeast India**

The media representatives, People Living with HIV, NGOs and partners deliberated on strengthening the media response to the epidemic in the Northeast region of India.

In view of the changing dynamics and the emerging contours of the epidemic, the participants of the two-day consultation in Shillong, Indian and EU participants agreed upon the following five-point action plan to be implemented in a specific time frame, with identified deliverables and outcomes. A core group has been identified to translate their commitments into an operational plan.

**Four main issues have been identified as the key issues to be targeted:**

- Enhanced access to treatment
- Mitigating stigma and discrimination
- Address policy gaps tailored to the dynamics of the epidemic.
- Reach out to other groups that have been ignored- women, children and other risk groups

**Following are the five points of the proposed agenda:**

- Effective advocacy for policy makers such as NACO, SACS, donors, media, chief ministers and other legislators.
- Build a common platform / coalition of 50% media (including Cable and Satellite TV and new media) and 50% PLHIV and activist NGOs.
- Update and develop Toolkit incorporating some elements from the Portugal toolkit for media strategy.
- Develop and implement operational plan (secretariat, formative research etc.,)
- Timeline and persons to operate Monitoring & Evaluation.



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"Ethics and Stereotypes: Towards an European - Indian Media Response to HIV / AIDS" an EU-India Economic Cross Cultural Programme Initiative

## Annexure-1

Following participants have volunteered to come forward and put this plan into action:

### Volunteers:

Charan Sharma  
R.K. James  
Dr. S.I. Ahmed  
Samudragupta Kashyap  
Syed Zarir Hussain  
CH. Anand  
Maria Thanglura  
Nanao  
Andrew Whitehead  
Neelima Mathur  
Tushinmenla Imlong  
Alix Francoise  
Jose Jude Mathew  
S. Herojit Singh  
Lalmalsawma David  
Prem Aman Kumar  
Loon Gangte