



PROPOSAL

UNDP HIV PREVENTATION BROADCAST CAMPAIGN

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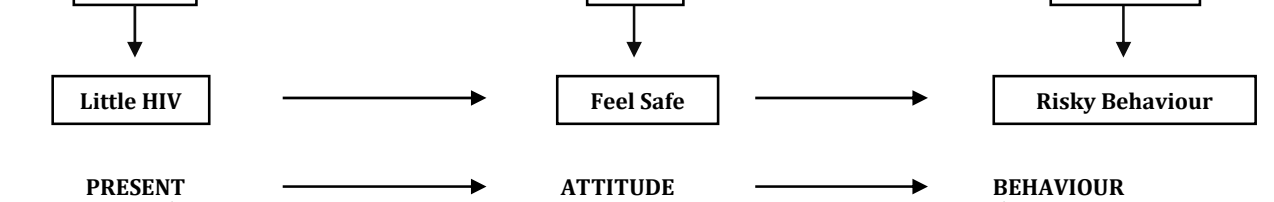
THE CHALLENGE (as understood from the brief)

“Little HIV in the Maldives so far causes people to feel safe from HIV, while in fact high levels of risk behavior exist. **1(problem)**
 The challenge for the Maldives is to change its risk perception and behavior, in order to remain a low HIV prevalence country”.
2(solution). (Taken from RFP for the provision of consultancy on developing HIV prevention Broadcast Campaign)

1. DEMONSTRATION OF COMPREHENSION OF TERMS OF REFERENCE

1.2 UNDERSTANDING THE PROBLEM

1. **Little HIV** in the Maldives so far causes people to **feel safe** from HIV, while in fact high levels of **risky behaviour** exists”



EVIDENCE: “The Maldives has been exceptionally lucky in having low prevalence of HIV so far. By the end of 31 December 2005, a total of **13 HIV cases** among Maldivians” (Taken 1st Paragraph from RFP)

EVIDENCE: “Research into **risky behaviours** for HIV in the Maldives has found that they are **extremely common, & increasing**. For example, injecting drug use is increasing rapidly, young people change partners frequently and very few use condoms, even in situation of high risk such as group sex, , or sex worker, and injectors share needles.” (Taken from RFP)

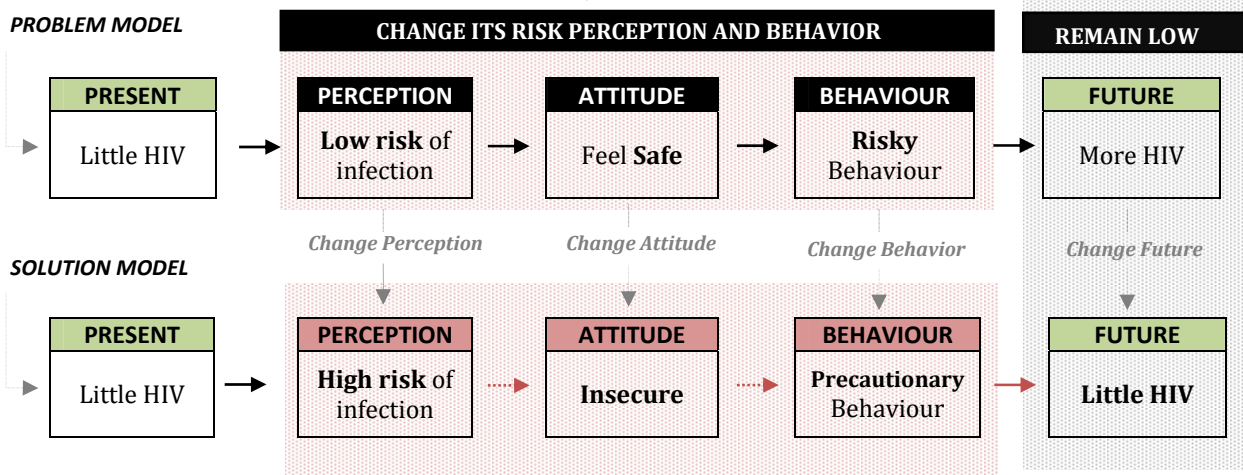
1.3 THE PROBLEM



The fact that there is “Little HIV” cases in the Maldives at present, would be the cause of “More HIV” in the future,

1.4 COMMUNICATION SOLUTION (as understood from the brief)

2. The challenge for the Maldives is to **change its risk perception and behavior**, in order to **remain a low HIV prevalence country**”. (Taken from RFP for the provision of consultancy on developing HIV prevention Broadcast Campaign)



2. COMMUNICATION STRATEGY

GENERIC MODEL



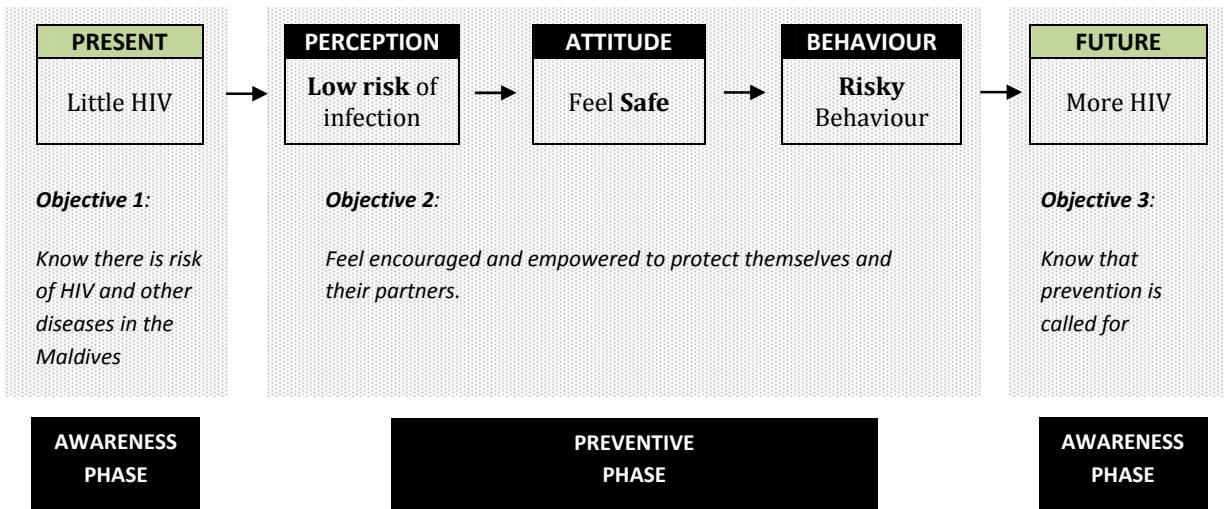
To remain a low HIV prevalence country by “*encouraging preventive behavior*”, (taken for RFP “*Goal of this Campaign*”), it is necessary to educate target audience of the present situation, in order to create a sense of responsibility, so that they will be empowered to change their behavior.

2.1 COMMUNICATION CAMPAIGN

ALIGNING CAMPAIGN OBJECTIVES WITH CAMPAIGN STRATEGY

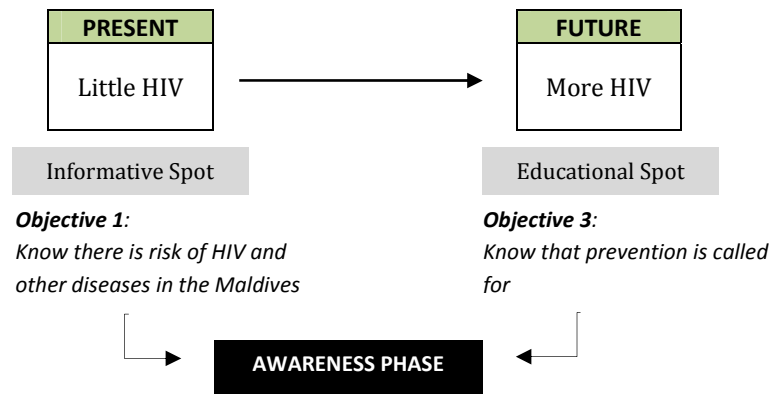
Campaign Objectives. (Taken from RFP “*Campaign Objective 9th paragraph*”)

- Know there is risk of HIV and other diseases in the Maldives
- Know that prevention is called for
- Feel Encourage and empowered to protect themselves and their partners



3. AWARENESS PHASE: EXPOSING THE PROBLEM

This phase will predominately concentrate on defining the problem. To build up the public knowledge and awareness of the problem, in order that they know the risks at present, and sense a level of responsibility.



Informative & Educational Spot

Informative Spot will concentrate on exposing the current situation, hence enabling the target audience to understand and be aware of the HIV status in the Maldives.

The spot will feature Statistics on the current HIV infections and Aids in the Maldives. Using the Research conducted in the Maldives in 2006. How people perceive the risks of infection through sexual intercourse and drug use.

3.1 AWARENESS PHASE TV PSA

AWARENESS: PSA: Exposing the Problem (1 minute)

The Spot will visually show everyday scene in Maldives, scene which are very familiar to broad range of publics. Each scene by the movement of the camera will reveal a hidden statistic, signifying the fact that these issues exists within our society, but we turn a blind eye to it, or it lay hidden.

The Spot will make aware of the current situation as well as highlight the fact that these information and knowledge lay hidden within our society, and we go about our daily lives oblivious to the dangers.



PSA: Exposing the problem (scene idea 1) 10 sec



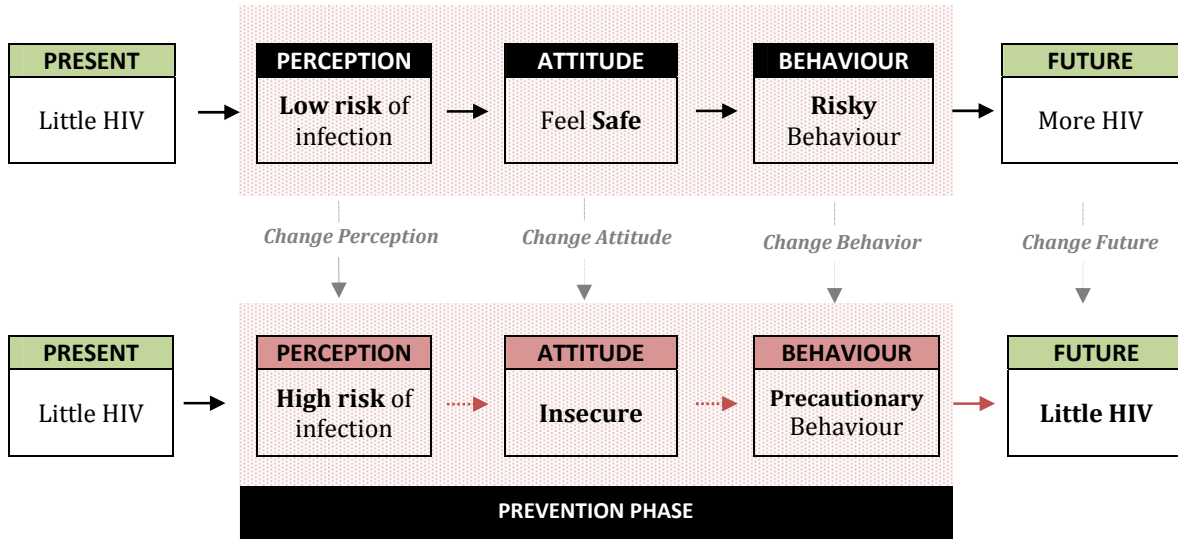
PSA: Exposing the problem (scene idea 2) 10 sec

End of each scene a numerical figure will be revealed within an everyday environment, & the meaning of the figure will come up as text, i.e. (60) “% of young people use some form of drugs”, (these figures are not real).

There will be approximately 6 different scenes, meaning 6 different research facts can be showcased.

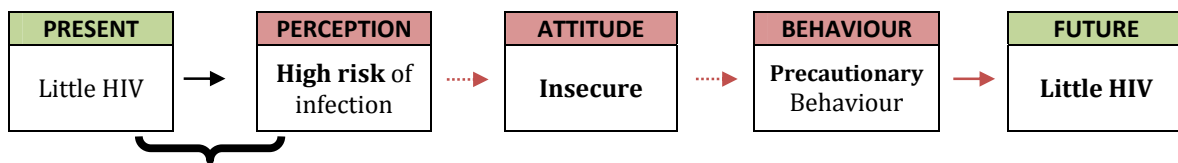
4. PREVENTIVE CAMPAIGN: PROMOTING A SOLUTION (MAIN PHASE)

After the awareness phase of the overall campaign, the target audience will have an understanding of the situation and the dangers of doing nothing. Hence the second stage of the overall campaign will be to promote “what the public could do”, i.e. encourage and empower the target audience to change their attitudes and behaviour to protect themselves from the threat of Aids (2nd Campaign Objective as stated in the RFP)



It is stated that people perception of risk is directly related to the current status and reality; hence it would be very difficult to change perception and attitudes, when there is “Little HIV” prevalence.

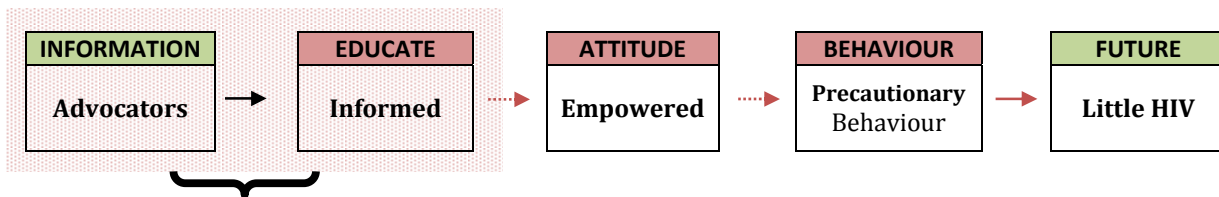
POWERLESS MODEL (LESS EMPOWERING/ PASSIVE)



Difficult, Unrealistic & False

Instead of concentrating predominantly on creating perception of “high risk of infection” to enable “insecurity” which inevitably create precautionary behaviour, we could find a more empowering method or solution.

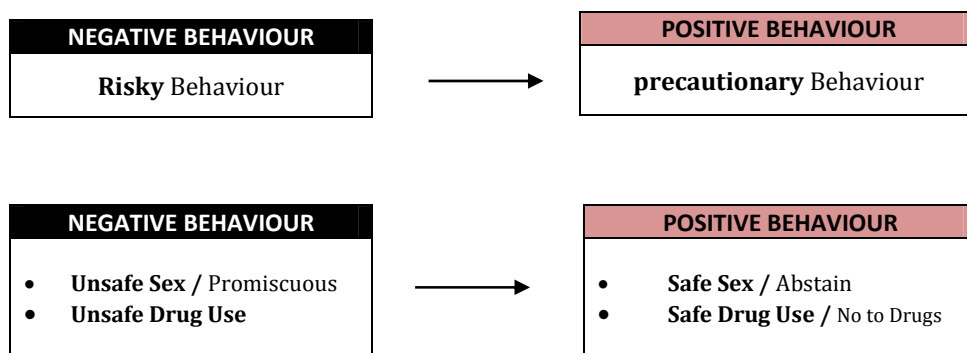
MORE IN CONTROL MODEL (MORE EMPOWERING/ ACTIVE)



Easy, Realistic, Truthful

In order to first identify the type of information and how this information should be communicated to the target audience, we need to identify the types of risky behaviour which increases the likelihood of HIV infection in the Maldives.

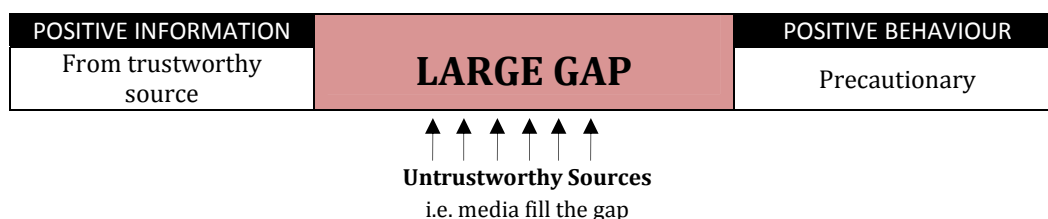
TYPES OF RISKY BEHAVIOUR THAT INCREASES THE LIKELIHOOD OF BEING INFECTED BY HIV VIRUS.



Hence from the model it's evident that **"SEX" & "DRUGS"** are the main behavior which causes Aids infection, meaning information regarding both these subjects needs to be provided to create a behavioral change.

The difficulty within our society is that public, parents and institutions are **reluctant to talk** or deal with this subject with their children. Hence children look for alternative mediums like "Television", which are more accessible to them for knowledge and guidance. These types of knowledge are generally misleading and untrustworthy, due to their commercial intent. I.e. they don't have the best intentions.

"As in many other Islamic and other societies, issues surrounding sexuality, especially sex work, premarital / youth sexuality and homosexuality are not openly discussed. Levels of knowledge about reproductive health and about sexuality are low (UNFPA, personal communication). Many young people are in the dark about developments going on in their bodies, and can get panicky about sexual feelings emerging during adolescents. The telephone counselors at the Youth Health Clinic reported young people calling to them with very basic questions about reproductive health and sexuality, and the 2004 Reproductive Health survey also reported gaps in knowledge about these areas." (Taken from: Situation Analysis on HIV/AIDS in the Maldives 2006, page no. 21)



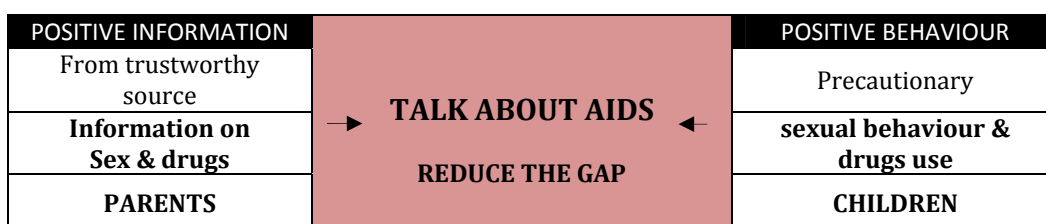
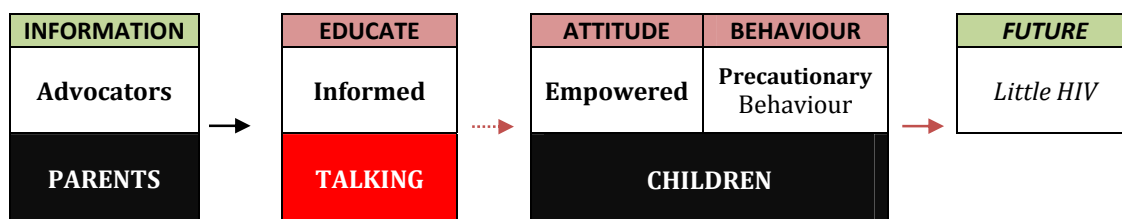
There is a large gap between source of information, i.e. parents, and the recipients who require this information, i.e. youth. This gap enable substitute source of information, from untrustworthy sources to fill it, i.e. media.

4.1 PREVENTIVE PHASE, COMMUNICATION OBJECTIVE

The communication objective for the prevention phase will be to eliminate the gap that exists between positive information and positive behaviour.



The intention of the campaign will be to use "AIDS" as a common ground, for parents and close friends to converse without prejudice and reluctance regarding the issues of SEX and DRUGS which are the main causes of AIDS infection, which would then propagate precautionary behaviour. If you talk more you are informed, hence you will be empowered to behave more positively.



Talking about **AIDS** is easier than talking about **sex & drugs**,
Hence by talking about **AIDS** you can close the gap.

4.2 PREVENTION PHASE COMMUNICATION PLAN

The Television & Radio advertisements could act as instigators of this conversation, providing a way for the public to TALK about SEX & DRUGS, hence AIDS. The television Advertisement will not preach precautionary information, but will provide the situation for parents and more trustworthy sources to pass knowledge and guidance.

4.3 THE LOGO/SLOGAN

TALK AIDS

The logo is textual so that its more straightforward and confident. The logo has to be conservative enough for parents and youthful enough for the younger target groups.

The Phrase/ Slogan also has double meaning; which symbolizes the main intention of the campaign, which is:

- Solution is to TALK ABOUT AIDS
- And the fact that This Campaign is an “Aid” (*verb (used in reference: to provide help and assistance)*) to talking about Safe Sex and Drug Use, between parents and Children, between institutions and Community at large. i.e a Talk-aid for sex and drugs.

The campaign can be further continued, on different mediums and as programs and events, which aids talking about Aids and issues related to it.

Alternative mediums could include a “TalkAids” Website, where parents can source information and literature regarding how they can talk about sensitive issues like sex and drugs, and where young people can get information regarding Aids from parents. A forum could be set up where communication is more accessible for people who have knowledge to pass their information to wider community.

4.3.1 VERSATILITY OF USE:



The logo can be used more specifically related to issue-wise. i.e. SEX & DRUGS

4.3.2 T-SHIRTS :

T shirts could be worn by Advocate education groups, where they would visit homes and school, to give information and implement programs to facilitate better communications about issues like Safe Sex & Drug use, hence about Aids.



4.4 PREVENTIVE PHASE TV PSA

The TV PSAs will be mainly comprised of Talking heads. They will act mainly as facilitators of the overall campaign, to show, that Talking about Safe Sex, Drug use and Aids is normal and healthy for parents and children. They will communicate that, "Talking" can have a positive effect.



PREVENTION PSA 1: The Youth Prevention "Talk Aids Spot" (30 sec.)

This particular PSA will be a talking head of a teenager, who talks towards the camera, with confidence. The Youth will talk about, how he was able to discuss with his parents about such issues as Sex & Drugs, making him more aware of the dangers of Aids and other diseases. He will state finally, that being able to talk openly about sexuality, and drug use has made them more in control of their lives and given them a sense of empowerment.

"By talking I have become more aware, & by being aware I was able to take precautions"



PREVENTION PSA 2: The Parent Prevention “Talk Aids Spot” (30 sec.)

This particular PSA will be a talking head of a father or mother (or both), who talks towards the camera, with confidence. The parent will talk about how he was reluctant at first to talk about such issues as sex and drugs to his children, but felt now with the impending danger of AIDS, he had no choice, but to talk about both issues more openly with his children. By being able to talk about it, he now able to trust his kids more, and give them more freedom.

“By talking, I am able to trust my children, & by trusting them, I feel more secure in their future.”