

**UNDP Somali HIV and AIDS Media Project**  
**Impact evaluation research report**

September 2012

**Research and Learning**  
**BBC Media Action**

*“At first, I never thought that there was any medicine for the disease; I never thought also, that an infected person can work. Now I feel that he can work with us, take medicine and be part of the society”* Female listener, Hargeisa

*“The words ‘killer disease’, ‘beast’ they are used by the public but they are the ones causing stigma ...we stop using them and people should be educated on the correct words to use.”* Producer

# CONTENTS

ACRONYMS .....	3
INTRODUCTION AND PROJECT BACKGROUND .....	4
RESEARCH OBJECTIVES AND APPROACH .....	7
RADIO SOMALIA BROADCASTING CORPORATION (SBC) .....	20
RADIO GAROWE.....	29
RADIO DALJIR.....	37
CONCLUSIONS.....	39
RECOMMENDATIONS .....	40
APPENDIX A – FURTHER INFORMATION ON RESEARCH APPROACH.....	42
APPENDIX B – BBC MEDIA ACTION’S FOUR LEVELS APPROACH.....	46
APPENDIX C – RESPONSES TO STATEMENTS ABOUT HIV BY STATEMENT.....	47

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Anti-retroviral therapy
BBC MA	BBC Media Action
CSO	Civil society organisation
FGD	Focus group discussion
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
NGO	Non-governmental organisation
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PSA	Public service announcement
SBC	Somali Broadcasting Corporation
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing
VOA	Voice of America
WHO	World Health Organisation

## INTRODUCTION AND PROJECT BACKGROUND

Due to on-going instability in Somalia and a fractured health care system, there is a lack of comprehensive data on the prevalence of HIV across the country and its regions. UNAIDS data from 2009 estimated that prevalence of HIV among 15–49 year olds was 0.7 per cent. The study estimated there were 34,000 people living with HIV in Somalia and 1,600 deaths from AIDS each year.<sup>1</sup> Figures from UNAIDS and WHO indicate as of 2009, 35,175 people aged 15–49 years live with HIV in Somaliland, Puntland, and South Central Somalia<sup>2</sup>, however, prevalence rates may be even higher than this. Years of conflict have limited the access to education services and poor health service provision means that the number of people living with HIV and AIDS and the number of deaths from AIDS may be increasing.

Evidence also suggests that there may be variations in the regions with in Somalia. An antenatal care (ANC) survey found the infection rate amongst attendees in Somaliland was 1.4 per cent, 0.9 per cent in Puntland and 0.6 per cent in South Central Somalia.<sup>3</sup>

Desk and primary research have highlighted the prevalence of stigma associated with HIV and AIDS, which leads to discrimination of people living with HIV and AIDS<sup>4</sup>. Examples of discrimination in Somalia include people living with HIV and AIDS being segregated from their communities, losing their jobs and being evicted from their homes. The pervasiveness of stigma related to HIV and AIDS in Somalia also prevents people from accessing HIV services such as testing and treatment for fear that their status will be revealed to others.

The UNDP Somali HIV and AIDS Media Project aimed to promote supportive attitudes towards people living with HIV (PLHIV) and to provide information to raise awareness of existing services such as voluntary counselling and testing (VCT), anti-retroviral therapy (ART) and prevention of mother to child transmission (PMTCT). The project also sought to address the stigma and discrimination associated with HIV and AIDS in Somaliland and Puntland.

BBC Media Action aimed to meet the projects objectives by undertaking the following activities:

- **Capacity building:** for radio producers, civil society organizations, National AIDS commissions and other relevant stakeholders
- **Public service announcements:** Producing 15 public service announcements on HIV to increase awareness of HIV transmission, HIV services and discrimination of people living with HIV, broadcast by three partner stations<sup>5</sup>: Radio Hargeisa (based in Somaliland), Radio Somalia Broadcasting Corporation and Radio Garowe (both based in Puntland).

Radio producers from all four radio stations, representatives from the Somaliland and Puntland AIDS commissions, civil society organisations, religious leaders and other stakeholders attended a media

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<sup>1</sup> UNAIDS (2009): Epidemiological fact sheet, 2009: Somalia

<sup>2</sup> UNAIDS (2010) Somalia Country Progress Report 2010

<sup>3</sup> UNGASS on HIV and AIDS (2010) Country Progress Report

<sup>4</sup> See BBC MA Formative research report UNDP Somali HIV and AIDS Media Project

<sup>5</sup> Radio Daljir based in Galkacyo, Puntland, declined to participate in the broadcasting of the PSAs.

communication strategy workshop in January 2012 to develop the focus and messaging of the public service announcements.

Radio producers subsequently took part in a ten day production workshop, in which producers were supported to develop the 15 public service announcements for the partner radio stations. One partner station, Radio Daljir, took part in the training for radio producers but did not broadcast the public service announcements (this is explored further in the section on Radio Daljir). Radio producers also attended a five day training on HIV reporting, which aimed to improve skills for reporting health issues, specifically HIV reporting. It included training on basic journalistic skills such as the use of appropriate language, accuracy and impartiality as well as promoting understanding of how to avoid reinforcing stigma around HIV and people living with HIV.

The 15 public service announcements (PSAs) aimed to encourage positive behaviours under three themes; overcoming stigma of HIV and discrimination of people living with HIV and AIDS, encouraging people to seek treatment, and encouraging awareness of behaviours to prevent HIV transmission<sup>6</sup>. Five of the PSAs were pre-tested with audiences in Hargeisa and three PSAs were tested through the UNDP community conversation groups in Berbera in order to ensure the content met the needs of the target audiences as well as being culturally appropriate. The PSAs were also pre-tested with doctors in Hargeisa to ensure the accuracy of messages.

### **The media environment in Somalia**

In 2011 BBC Media Action conducted an Analysis of the Somali Media Sector environment. The report reaffirmed the importance of radio in Somalia as the dominant media in the country and as crucial source of information for a large proportion of the population. In 2011 there were 35 local FM radio stations in operation in Somalia, with most of the stations having a limited broadcast reach of approximately 30 km. Outside of the FM stations' reach, many people are able to access international stations such as the BBC and Voice of America (VOA).

Media within Somalia is mainly privately owned, although state radio and television exist in Somaliland and South Central Somalia. This can impact the content produced and personal and political interest is often thought to take precedence over the provision of objective and unbiased information.<sup>7</sup> Furthermore, journalists in Somalia often operate in a dangerous environment where threats, attacks and arrests are not uncommon. A lack of media freedom along with limited media training can mean that many journalists can lack professional understanding of the role. The capacity building element of this project attempted to overcome some of the challenges in reporting HIV issues and develop journalists' understanding of the principles of producing appropriate HIV content.

### **Social and behavioural communication interventions and the response to HIV and AIDS**

Mass media awareness campaigns for HIV and AIDS first began in the 1980s and have now become a vital part of any HIV work. Communications can help reach large audiences and build greater understanding of care and support for people living with HIV, prevent HIV transmission by providing information and provide awareness about treatment and HIV services. Public service announcements

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<sup>6</sup> These themes were developed as a result of the initial media communication strategy and formative research conducted by BBC MA.

<sup>7</sup> BBC Media Action, An Analysis of the Somali Media Environment, 2011, pg. 8

<http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/AnAnalysisOfTheSomaliMediaEnvironment.pdf>

can be a cost effective intervention, particularly in countries with little resources and where access to more formal information sources may be limited by physical and socioeconomic factors such as access to transportation and finance.<sup>8</sup> There is some evidence that there can be resistance to public service announcements compared to other forms of health communications interventions as their overt nature can potentially make individuals feel pressured and defensive and therefore convince themselves that the messages are not intended for them.<sup>9</sup> Still, communication interventions such as HIV PSAs can help to validate and legitimise other forms of health interventions and motivate the acceptance of new attitudes, practices and services.<sup>10</sup>

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<sup>8</sup> Kincaid, DLet al (2009), Effect of Communication on HIV Prevention and Living with HIV and AIDS: Key points for discussion, John Hopkins Center for Communication Programs: USA

<sup>9</sup> Smith, Maria (2010) Health Communication and the use of Entertainment Education and PSAs, American University

<sup>10</sup> Kincaid, DLet al (2009), Effect of Communication on HIV Prevention and Living with HIV and AIDS: Key points for discussion, John Hopkins Center for Communication Programs: USA

# RESEARCH OBJECTIVES AND APPROACH

## Research objectives

This impact evaluation report presents the findings of the impact of the PSAs on audiences in the three partner stations and the impact of the capacity building training provided to producers from three partner radio stations.

The impact evaluation was designed to address the following objectives:

1. (Audiences) To what extent have the radio public service announcements (PSAs) impacted on target audiences in Somaliland and Puntland levels of awareness, knowledge, attitudes and practice related to HIV and AIDS transmission, prevention and treatment?<sup>11</sup>
2. (Practitioners) What impact has the training had on journalists' likelihood to report HIV and AIDS content, technical understanding of how to report HIV and AIDS issues and commitment to report HIV and AIDS issues<sup>12</sup>?
3. (Practitioner/Organisations) From broadcast partner perspectives, what impact has the project had and is this impact viewed as sustainable?

## Research Approach

Building on the BBC MA formative research for this project the approach to impact evaluation is designed to capture change at four levels: population or audience level (e.g. providing information to, engaging and providing opportunities for communication by individuals, families and communities); practitioner level (e.g. building the capacity of journalists or health practitioners); organisational level (e.g. supporting public service broadcasters or research organisations); and system level (e.g. enhancing government transparency). This evaluation aimed to measure change at audience, practitioner and organisational levels.

*For details on the BBC Media Actions four levels - please refer to Appendix B*

To measure the impact at both practitioner and audience level BBC MA Research and Learning conducted:

- Six focus groups with regular listeners of the three radio stations; Radio Hargeisa, Radio SBC and Radio Garowe (1 male and 1 female group per station)
- Four in-depth interviews with radio producers from Radio Hargeisa and Radio SBC.<sup>13</sup>

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<sup>11</sup> To answer this research question measures were used to measure audiences' awareness of HIV and AIDS transmission, prevention and treatment and understanding of stigma and discrimination issues.

<sup>12</sup> This was attained through self-reported post intervention measures such as personal attitudes to HIV/AIDS, understanding and observance of journalistic principles such as objectivity, accuracy and impartiality in HIV/AIDS reporting. Other measures included editorial commitment to report on health issues and engagement with sources on HIV/AIDS stories. Journalistic values are defined using the BBC Editorial Guidelines.

<sup>13</sup> Radio Garowe producers were not interviewed as neither of the producers were available for interview during the fieldwork period.

- Four in depth interviews with station managers from three partner radio stations and Radio Daljir.<sup>14</sup>

Two of the public service announcements were played to the focus group participants to gain understanding about the impact the PSAs may have had on audiences. A range of PSAs were selected to obtain a range of opinions about the PSAs, where each group was played a PSA related to stigma and a second relating to either testing or prevention.

All of the focus group participants were also read a series of knowledge statements and asked whether they agreed or disagreed with them. The level of agreements or disagreement with the statements was used to understand participants' knowledge and attitudes about HIV and people living with HIV, the figures in this report represent the responses to the statements by discussion group (please see figures 1 to 8 and Appendix C for responses to the statements).

*For details on the research methodology, process, sampling and ethics - please refer to Appendix A*

### **Data analysis and reporting**

Focus group transcripts from audiences in Puntland and Somaliland were thematically coded, using a coding frame, and analysed using qualitative analysis software. In-depth interviews with station managers and producers were summarised, focusing on the key themes of the evaluation. Analysis also compared the data from the focus groups and interviews to identify consistent themes and understand any variation in analysis. The coding frames and summaries were produced considering the following key themes of the evaluation:

- Media usage and information sources
- Unprompted recall of public service announcements on partner radio stations
- Clarity and credibility of the public service announcements
- Knowledge and understanding of HIV and AIDS in Somalia
- Stigma and discrimination in relation to HIV and AIDS in Somalia
- Discussion about HIV issues with others

As a small qualitative study it is important to stress that the data is not representative of the Somali population or the partner radio stations' listeners. All findings are indicative of the impact the public service announcements may have had. Furthermore, particularly when sensitive issues such as HIV are the subject of qualitative research which relies on self-reported data, participants can have a tendency to produce socially desirable responses, answering questions in a manner that will be viewed favourably by the group. This can mean over reporting good behaviour such as not discriminating against people living with HIV, and under reporting other behaviours that may be considered "bad" by others, such as getting tested for HIV. These influences are kept in mind when analysing our data.

In total, 15 public service announcements were broadcast across three themes; prevention, treatment, and stigma and discrimination. The PSAs were broadcast consistently throughout the

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<sup>14</sup> Radio Daljir withdrew from the project and did not broadcast the PSAs. An interview with the station manager was conducted to better understand their reasons.



project period in Puntland but sporadically throughout the project period in Somaliland (due to interruptions caused by Ramadan and the Ministry of Religion). Therefore, to recruit participants who had heard and recalled these messages was challenging in Somaliland. Furthermore, with such a variety of messages, attribution to any changes as a result of the PSAs, collectively or individually is difficult to determine.

To overcome these difficulties participants were recruited using snowball sampling, and recruitment criteria was kept purposely broad. Participants were also played the PSAs in the focus groups to determine the reaction of a selection of PSAs and gather feedback on the impact it may have on those who heard them.

There were also challenges in contacting the producers who participated in the training for the project during Ramadan, and as a result producers from Radio Garowe were not able to be interviewed for purposes of the research.<sup>15</sup>

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<sup>15</sup> The first producer was covering the election from Mogadishu for the duration of the fieldwork and was not able to take part in an interview. The second producer had relocated to Nairobi after receiving a number of death threats. Both producers declined to participate in telephone interviews.

## RADIO HARGEISA



Radio Hargeisa is based in Hargeisa, Somaliland. The station was established in 1945 and is state-owned. Until September 2012<sup>16</sup> the station operated under an FM mode only and reached a radius of 40km. However, from October 2012 the station intends to broadcast to all regions of Somalia and internationally. Radio Hargeisa broadcasts for 11 hours a day between 06.30 and 08.30, 13.00 and 17.00, and

between 18.00 and 23.00. The station airs a range of programmes including current affairs, news and sports news. It also broadcasts a number of awareness-raising and debate programmes on topical issues including health and education, which are done in collaboration with various aid agencies.

Radio Hargeisa reported that the public service announcements were played at the following times:

Month (2012)	PSAs played	Combined number of times all PSAs were played in the month
March	PSA 1-5	15
April	No PSAs broadcast	No PSAs broadcast <sup>17</sup>
May	PSA 6-10	7
June	PSA 10-13	9
July	PSA 1-12	33
August	Data pending (not available at time of reporting)	
September	Data pending (not available at time of reporting)	

### Listening habits of focus group participants

Two focus groups, one male and one female, were conducted with regular listeners of Radio Hargeisa. Female listeners reported listening to Radio Hargeisa at various times throughout the day, with some only listening in the morning or evening, others listen throughout the day. Evening listening tended to be slightly more popular amongst the participants. Male listeners tended to listen in the afternoon or evening.

Women listened to the radio in their homes, with whoever was with them at the time such as neighbours, children and family. Male participants tended to listen from home or work. Female listeners reported listening to various programmes, including music, news and religious programming, such as 'Upbringing in Islam'. One female listener reported listening to 'Saxansaxo', a family health programme. Men similarly reported listening to health and religious programmes.

<sup>16</sup> The impact evaluation research was conducted between August and September 2012.

<sup>17</sup> Please refer to the UNDP Somali HIV and AIDS Media Project Final Narrative Report for further detail.

Radio was an important source of health information for participants, with women citing examples of knowledge gain from health programmes, such as learning about diseases that are spread from animals to humans or learning how to breast feed. Where women believed a source to be knowledgeable, they felt they would trust them for health information. This included the Ministry of Health, doctors, religious leaders and NGOs and peers who were considered well-informed. Most male listeners said they trusted Radio Hargeisa for health information.

### **Unprompted recall and engagement with the public services announcements**

The majority of the male listeners, but none of the female listeners, spontaneously recalled the PSAs broadcast on Radio Hargeisa. It is not clear what may have caused the differences in recall of the spots by male and female listeners. However, the frequency of the public service announcements played by Radio Hargeisa was less than originally intended and furthermore broadcasting was suspended by the Ministry of Religion and Endowment for one week in early July and the PSAs were not broadcast during the month of Ramadan. Fieldwork commenced shortly after Ramadan and this may in part explain why the some listeners did not spontaneously recall the PSAs.

A small number of male listeners recalled messages about not discriminating against someone with HIV and being aware of how HIV is transmitted. Two male participants stated they recalled the PSA about being faithful to your wife.

Male listeners cited a number of learnings from the PSAs such as learning about treatment for HIV which they understood would help someone living with HIV cope with the disease. There was a greater focus by the male listeners on being more aware of the disease as a result of the PSAs and being better able to protect themselves against and avoid modes of transmission, particularly blades and sharp objects. The male listeners understood that the PSAs were generally encouraging people to go to a health centre and have a check-up, and a small minority recognised they were telling people not to discriminate against people living with HIV.

*“I heard when it was being said, do not discriminate them [people living with HIV] nor offend them, they can live with you.”* Male listener, Hargeisa

However, male listeners still displayed fear about HIV and occasionally used stigmatising language.

*“[What] I hear about this disease is that it is a killer, beware of it”* Male listener, Hargeisa

A minority of the participants indicated that they would share what they had learnt and talk about the public service announcements with other people.

### **Prompted recall of the PSAs**

A sample of public service announcements (PSAs) was played to the focus group participants to assess their understanding of the messages and what impact this may have had on audiences. The groups were played the following PSAs:

#### **Female group**

- A women now seeking treatment for HIV, which she previously believed was a killer disease, and how with treatment she is better and able to work.
- A doctor explaining the ways HIV can, and cannot, be transmitted.

## Male group

- A Sheik explaining how HIV can be contracted by anyone and not just certain types of people.
- A woman talks about the benefits of visiting a voluntary counseling and testing (VCT) clinic. She explains how she and her partner were tested and how she encouraged two friends to also get tested.

## Clarity and credibility

Both male and female listeners felt that the PSAs were clear in the messages they were providing and showed understanding of some of the specific content. The majority of the female listeners understood that the PSAs were trying to encourage people living with HIV to seek treatment and understood that people living with HIV could live a normal life. The majority of the male listeners understood that one of the PSAs was encouraging people to go to a health centre and have a check-up, and showed understanding that everyone could contract the disease.

*“The message is telling us that the disease can infect the whole society and that it has no special group marked, and can be transmitted in a different ways.”* Male listener, Hargeisa

Both men and women expressed high levels of trust in each of the presenters of the PSAs. The women trusted the doctor as a result of his profession and felt that the woman living with HIV spoke convincingly and used ‘attractive’ words. The men felt that the woman speaking about testing was serious and truthful. Using respected religious leaders was important to the male listeners, however one male participant did not feel the Sheik was as credible as other higher members of the Ulimo<sup>18</sup> and felt that a more prominent member would be more acceptable. However, overall, listeners felt the presenters were credible.

The majority of listeners showed understanding of a number of actions the PSAs were encouraging, such as testing, seeking treatment, and not discriminating against people living with HIV.

*“I liked the way she was telling the truth; you will die when only Allah says so. The words that attracted me were when she said the encouraging word ‘Take your medicine you will not die before your time, take your medicine regularly.’”* Female listener, Hargeisa

However, a small number of listeners were still fearful of HIV and messages about prevention were interpreted as warnings against something dangerous. There were also some misinterpretations of the content of the PSAs by both the male and female listeners. Most notably female listeners were describing the treatment as a cure and believed that a ‘drug had been found for the disease’. Furthermore, one male listener felt the Sheik was discouraging the use of condoms because condoms were spreading HIV.

## Relevance to target audiences

Relevance of the PSAs to a wider audience was not well understood by participants. The majority of female listeners felt the PSAs were raising awareness of the treatment amongst people living with HIV, encouraging them to seek treatment and stop them ‘hiding’. Female listeners also suggested the

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<sup>18</sup> Religious leaders in Somalia

PSAs were aimed at women and young people. Male listeners felt that the PSAs would only be listened to by older people and expressed scepticism at whether young people would listen to the PSA messages.

However, the majority of the women said they would be likely to discuss what they had learnt with others. For example, they reported they would provide advice to people living with HIV about where to go to get the treatment and what the benefits were. They felt the information about transmission could be shared with everyone, although women and children should be particularly targeted. The female listeners felt that since they did not work and stayed at home they would be good ‘information sharers’ and would be able to discuss their learnings with others when they met, for example, at the water taps. A minority of women expressed confidence to share their knowledge and tell others who hold incorrect perceptions of the disease.

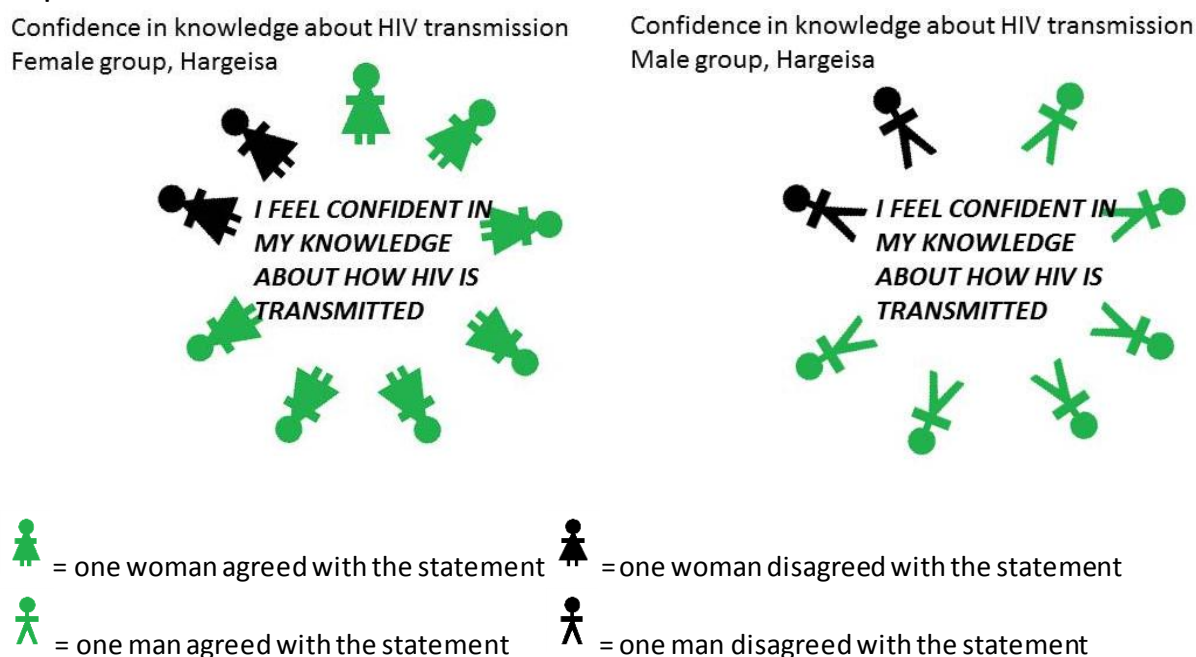
*“I will tell them that nothing will be transmitted from his body [a food stall holder living with HIV], that it is good to encourage him and not shy from him.”* Female listener, Hargeisa

Only two male listeners indicated they would be likely to discuss the PSAs’ messages with others but were keen for the messages to be shared with more people through more public service announcements.

### Impact of PSAs on knowledge and attitudes<sup>19</sup>

Both male and female listeners reported improvements in their knowledge about HIV as a result of listening to the PSAs. Male listeners understood there were special health centres to get tested and that sharp objects such as blades could be a means of HIV transmission. More generally male listeners stated they had learned what to avoid to prevent contracting HIV as a result of the PSAs.

**Figure 1. Knowledge about HIV transmission of male and female listeners (Hargeisa) before listening to a sample of PSAs**



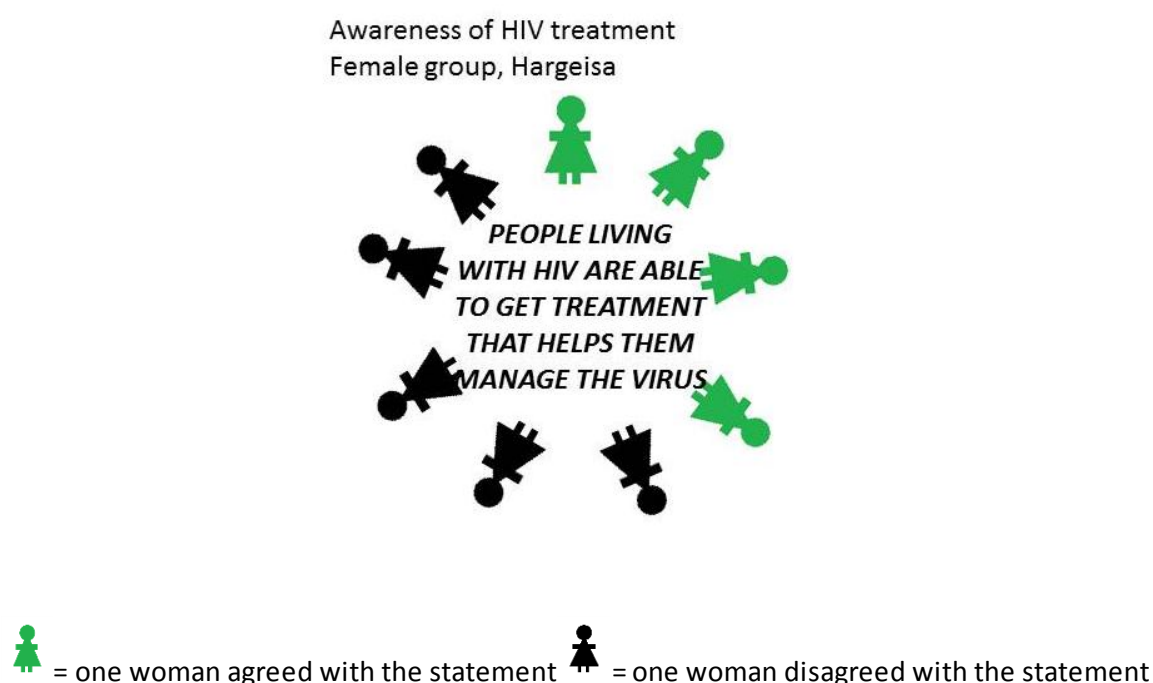
<sup>19</sup> The impact is self-reported by the participants of the focus group

Before listening to the sample of PSAs the majority of both male and female listeners agreed that they felt confident in their knowledge about how HIV was transmitted, as shown In Figure 1. Overall both groups reported that they were not previously aware of the treatment for HIV before listening to the PSAs, and as Figure 2 demonstrates, the majority female listeners were not aware of HIV treatment before listening to the sample of PSAs. Female listeners said the PSAs helped them to realise that with medication people living with HIV were able to work and live a normal life.

*“At first, I never thought that there was any medicine for the disease; I never thought also, that an infected person can work. Now I feel that he can work with us, take medicine and be part of the society”* Female listener, Hargeisa

Despite their confidence in their existing knowledge, female listeners said they had learnt what the modes of HIV transmission were from listening to the PSAs. Female listeners were able to correctly identify some of the ways HIV could and could not be transmitted. However, some male and female listeners continued to believe incorrect information about the modes of transmission, stating that HIV was transmitted through blood only, and nail cutters and toothbrushes of a person living with HIV.

**Figure 2. Awareness of HIV treatment of female listeners (Hargeisa) before listening to a sample of PSAs**



Male listeners felt the messages about HIV were important in providing them with knowledge about the disease and stating that people who were smart would respond to the PSA and get tested for HIV. However, they did not report any strong overall shift of the disease or people living with HIV. Female listeners expressed greater shifts in their attitudes towards people living with HIV as a result of the PSAs. For most of the female listeners the awareness of treatment was central to helping shift the perception of the disease from one they considered a ‘killer disease’ which limited a person’s abilities and life expectancy, to considering it a manageable disease.

*“We knew that the disease existed, we hear about it a lot but our view was that it was shocking. Now we know that if there is medicine for the disease that the person can work and have ambition,*

*although infected. Previously, anyone who has the disease was seen as a disaster.”* Female listener, Hargeisa

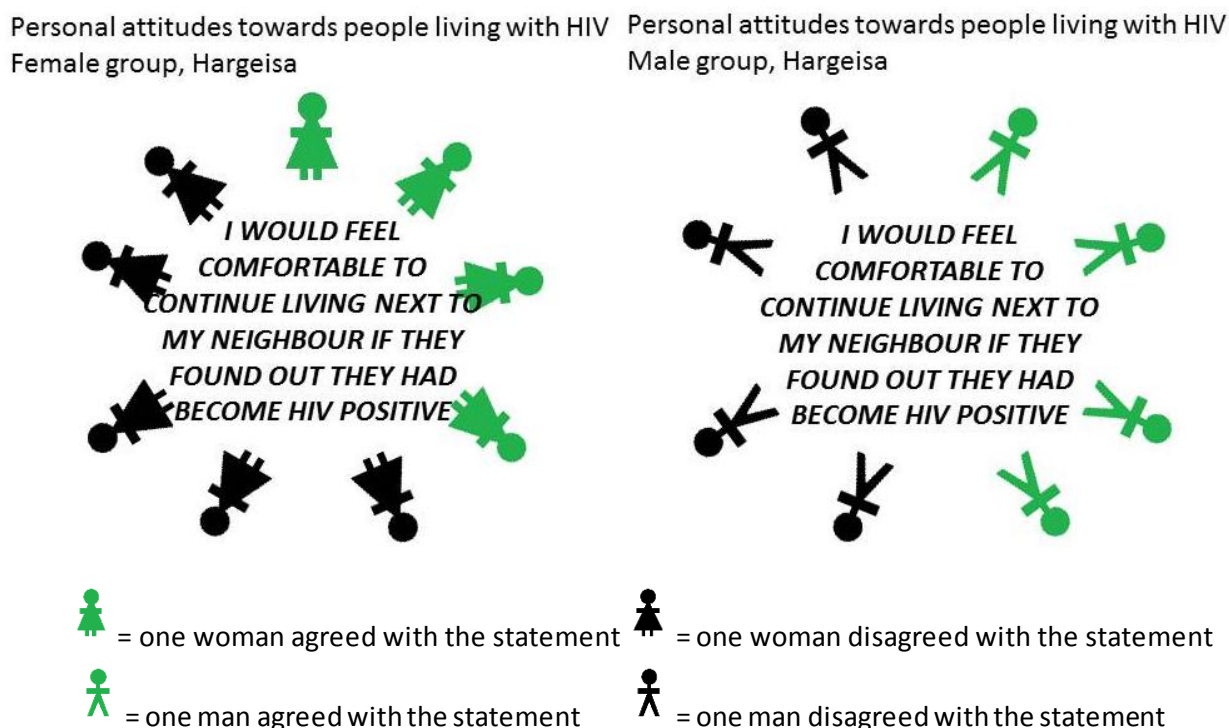
Furthermore female listeners also stated that they now understood how they could interact with people living with HIV without contracting the disease for example feeling able to buy food from a person living with HIV. Only one male participant stated this learning from the PSAs.

*“I would tell them that the disease is not transmitted by sharing bed, sitting together, sharing food but is transmitted through sex, blood infusion, using infected blades.”* Female listener, Hargeisa

However both male and female participants still demonstrated low levels of knowledge of testing and HIV transmission. For example, the majority of male listeners felt that HIV testing cost a lot of money with only one male listener correctly stating it was free.

Prior to being played the public service announcements many of the participants used stigmatising language about HIV, believing it was a ‘bad disease’ that people were ‘infected from bad places’. Furthermore, discriminatory attitudes towards people living with HIV were evident in both groups. As Figure 3 demonstrates, before the groups were played the PSAs the majority of female listeners and half of the male listeners stated that they would not feel comfortable living next to a person living with HIV. Although the female participants did feel that these perceptions of HIV were ‘wrong’ it was felt there was not enough awareness of the disease to overcome this behaviour.

**Figure 3. Radio Hargeisa listeners’ personal attitudes towards people living with HIV before listening to a sample of PSAs**



A high level of anxiety about HIV and people living with HIV was evident among many of the focus group participants even after hearing the PSAs. Most of the female listeners said they were fearful of being tested because they either felt they may be infected by needles or they would prefer not to know their status. Despite female listeners reporting changes to their perceptions of the HIV and

people living with HIV, and male listeners reported feeling more aware of the group, both male and female listeners still demonstrated discriminatory attitudes and language. In both groups some participants still felt that they did not have the confidence to buy food from a person living with HIV with one male listener stating “*I would not even go to his place*”.

### **How effective were the PSAs?**

The PSAs used presenters that were convincing, respected and popular with the listeners. The PSAs provided information to the listeners that they were not previously aware of, and female listeners reported this would have an impact on their perceptions of HIV and people living with HIV.

Male listeners were positive about the awareness raising that the public service announcements both male and female listeners felt the radio was an important means of conveying the messages about HIV, particularly messages about HIV transmission. However, both groups demonstrated gaps in their knowledge about HIV and attitudes towards the disease and people living with HIV remained fearful and negative.

### **Practitioner and organisational level impact**

Two producers and the station manager were interviewed from Radio Hargeisa. Both producers attended the communications workshop, the HIV reporting workshop and the public service announcements production workshop.

### **What impact did the training have on the producers?**

Both producers reported that their level of knowledge on reporting issues related to HIV and AIDS increased since the training. Both producers said they learnt how to produce spots and develop skills in script writing. The station manager of Radio Hargeisa also felt the training was beneficial and helped them develop new production skills.

*“I have learned how to produce spots, different of ways of recording them for the radio. I have also learned how to make contact with people who live with HIV/AIDS.”* Producer

### **Knowledge and attitudes towards HIV and AIDS**

Both producers said the training they received had increased their knowledge. For example, one producer was able to correctly describe the difference between HIV and AIDS. The producers also felt the training had changed their perceptions towards HIV.

*“In the beginning I shied, run away and insulted those who have the disease...My reaction was to make the person suffer more. I used to say put him in prison. I used to be uncomfortable when the subject was raised, but today I have good knowledge and can discuss it.”* Producer

### **Impact on language used to report HIV**

Both producers said after the training they became more careful with the language they used while working on HIV and AIDS reports, for example, one producer said they now knew the appropriate words to use in the Somali language. The other producer showed understanding about how certain



inappropriate terms such as 'HIV sufferer' and 'monster' can exacerbate the stigma experienced by persons living with the HIV and AIDS.

*"That is what we are avoiding. It is a major problem to describe the disease as killer. The society will be shocked, it will be a stigma to the person and he might isolate himself in a room, his family would make an outcast, the rest of the society will point their fingers on him."* Producer

### **Observation of journalistic practices in relation to HIV reporting**

Both producers showed understanding of basic journalistic principles. Both agreed the importance of gathering information and materials from diverse sources and not relying on only one source. One of the producers felt it was important also to talk to religious leaders who are influential in the community.

*"My sources will [be] the people who are living with the disease, the umbrella organizations, Somaliland National Aids Commission (SOLNAC) other institutions that work in HIV and AIDS and relatives of those who live with the disease. These will be my sources."* Producer

Both producers agreed that anonymity should be upheld if requested to do so but agreed it is acceptable to quote a source if they are comfortable being quoted. The station manager appeared to support this and indicated anonymity varied with the source of the interview or report but in the event a person living with HIV and AIDS and who sought anonymity his/her name would not be released. The producers also felt that maintaining balance during reporting and refraining from using derogatory terms that will create stigma was crucial, for example, one producer stated it was important to separate information from personal opinion in reports.

### **Editorial practice and commitment to HIV reporting**

The station manager emphasised it was the producers' role to ensure programmes and reports were produced in a professional manner, but both station manager and producers agreed that it was normal practice for programmes to undergo an editorial check before it is broadcast, though they did not provide much detail about what the editorial process was.

*"The producer prepares the program...the programme is taken to the programme section where the programme is listened. If the programme is fit to be released it is written in the layout by the librarian, taken to the studio and transmitted."* Station manager of Radio Hargeisa.

Producers felt the media played an important role in informing people about HIV and AIDS, especially around modes of transmission, and were keen to extend their efforts to other regions in Somaliland to reach a bigger audience. They felt it was important that the views of influential people in the community like traditional leaders should be incorporated when making HIV and AIDS programmes. The producers stated they were committed to continuing to produce HIV and AIDS related topics in the future, and both provided examples of areas they would like to pursue in the future such as discrimination of people living with HIV and HIV treatment and prevention. One producer was also interested in incorporating views on HIV and AIDS from rural populations.

## **What are the continuing challenges and barriers to HIV reporting for journalists?**

The producers felt that lack of knowledge about the disease among colleagues was a challenge when reporting on HIV and AIDS with one producer citing an example of colleagues advising the producer not to 'misinform' the listeners about HIV treatment.

*"The greatest challenges were arguments from my colleagues who insist that the programme should be produced the way it used to be. The terminologies we have to use are challenges and people do not about that."* Producer

Another challenge one producer cited was reporting on issues that are seen to be culturally or religiously inappropriate.

*"Things that our religion doesn't allow... You have to be cautious about what is not accepted by religion."* Producer

## **Feedback on the PSAs from audiences**

The station manager indicated the PSAs were well received and felt it had increased the audience knowledge on HIV transmission, treatment and why victims should not be discriminated against, although they did not provide reasons for thinking this.

*"From the feedback we received, we found out that people were interested in them."* Station manager of Radio Hargeisa.

Both the station manager and the producer reported negative feedback from listeners and a religious leader who wanted the broadcasting of the spots via Radio Hargeisa to be stopped.

*"Yes. Many people, ordinary and some religious men, who don't know anything about the disease, were saying stop releasing these programmes."* Station manager of Radio Hargeisa.

One of the producers and the station manager mentioned a specific PSA, a dramatic spot played by actors that encouraged couples to seek testing before getting married had been badly received by the audience.

*"There was one which was dealing with marriage. They said it was against the culture of the society. We were criticized; even the Ministry [of Religion and Endowment] stopped it."* Producer

The station manager partly attributed this to the negative reception of HIV and AIDS and people not being used to hearing diverse messages on the disease being publicly broadcasted.

## **Learnings for the future**

- Further consideration should be given to both the frequency and potential programming times of when the PSAs are aired, and in future take into account both the regularity of PSA broadcasts and listening times for various groups such as women.
- Listeners reported that the public service announcements were able to provide new information to them. However, there were some misinterpretations of the messages of some PSAs, such as understanding that treatment is not a cure to HIV but medication that can help people with HIV manage the disease. Therefore it is important to ensure language

and scripting of any future PSAs are as unambiguous as possible, and any potential misinterpretations can be dealt with.

- Given both male and female listeners reported listening to health programmes on radio, there is potential to link the HIV PSAs to other health programmes on Radio Hargeisa. Providing further information about where to access information about HIV may also help people to gain knowledge. Discriminatory attitudes and fear of HIV and people living with HIV seem to remain the norm and are expressed by many individuals. Information alone is unlikely to overcome the deep rooted fear people have of HIV and stigma that stems from this. Further media interventions may help to reinforce the PSA messages and help to create greater impact.
- Journalists reported changes in their own perceptions of people living with HIV and the language they used to report on the disease in order to prevent reinforcing stigma and discrimination. However, they still face challenges from their colleagues who are less knowledgeable and the subject remains culturally sensitive. Therefore, further training is necessary within media organisations to ensure supportive environments. A 'train the trainers', model, where one person is trained to deliver training to pass on knowledge and skills, is one potential method by which this could be achieved.

## RADIO SOMALIA BROADCASTING CORPORATION (SBC)



Somalia Broadcasting Corporation Radio (SBC) is based in coastal city of Bosaso in the semi-autonomous region of Puntland. The station was established in 2001. The station can be heard in Qardo and Garowe towns through a FM mast connected to the main station in Bosaso. SBC Radio broadcasts every day for fifteen hours from 07.00 to 22.00. The station partners with the BBC Somali service and broadcasts a range of programmes on current affairs, news, debate shows, education and health and humanitarian programmes, some of which are produced in conjunction with international NGOs.

Radio SBC reported that the public service announcements were played at the following times:

Month (2012)	PSAs played	Combined number of times all PSAs were played in the month
March	PSA 1-3	21
April	PSA 1-10	90
May	PSA 1-15	155
June	PSA 1-15	87
July	PSA 1-15	180
August	PSA 1-15	186
September	PSA 1-15	180

### Listening habits of focus group participants

Two focus groups, one male and one female, were conducted with regular listeners of Radio SBC. All of the male listeners and the majority of the female listeners listened to the radio every day. The majority of the male participants listened three to four times a day, with no particular period being most popular. The majority of female participants listened twice a day, most commonly in the morning and evening.

The majority of women listened to the radio on their own, with the rest listening with others including family members. Men tended to be more sociable listeners with the majority listening with other people, most commonly family members and friends. The majority of the male participants also mentioned listening to the radio on their mobiles. A range of programmes were listened to including news, health, awareness raising, religion and sports. Health programming was reportedly most popular amongst men, and news, awareness raising programmes on a variety of subjects including health were most popular amongst women. Women gave examples of health programmes

they found most useful; these included programmes on HIV awareness raising, female genital mutilation and gender based violence.

Radio was the most important source of health information for both male and female listeners. Radio SBC was the most frequently cited source of health information for the female listeners, but Radio Daljir and VOA were also mentioned by a small minority of female participants.

### **Unprompted recall and engagement with the public service announcements**

All of the male and female listeners recalled the PSAs; however, it appeared that listeners tended to talk about the PSAs together with other health programmes that focussed on health and HIV, and did not necessarily distinguish the PSAs from other information they had received on the radio<sup>20</sup>.

The listeners recalled the content of the following PSAs:

- How to protect yourself against HIV
- Modes of transmission
- Going to a health centre for treatment
- Going to a health centre to get tested
- Encouraging people not to discriminate against people living with HIV

*“I heard many messages, but if I try to summarize the messages they include for example HIV and AIDS transmission methods, protection methods, how to go to the health facility and check your HIV and AIDS status. Messages also include not discriminating the person living with HIV and AIDS if his status is positive.”* Female listener, Bossaso

Presenters such as doctors and religious leaders were correctly identified. However, when asked who these messages were presented by it was clear that some of the participants were recalling other HIV awareness programmes, with two women talking about a drama series they heard on the radio.

Both male and female listeners reported learning as a result of PSAs. The female participants reported greater awareness of testing and treatment for HIV. Male listeners cited a number of learnings including prevention of contracting HIV, the modes of transmission and how HIV was not transmitted through eating with a person living with HIV. All female participants felt that the PSAs had changed their perception of HIV and almost all related this to a change in their perception to understanding how the disease was not transmitted and how to treat people with HIV. A majority of male participants also felt they now understood that people living with HIV should not be discriminated against.

*“The messages bring people together. Before the messages the concept we had that the infected person will spread the disease and was regarded as enemy.”* Male listener, Bossaso

A small number of listeners said they discussed information they heard on the radio around awareness-raising with others, but this was not explicitly related to the PSAs. However, women and

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<sup>20</sup> It can therefore be difficult to disaggregate the impact of the PSAs from other interventions.

men indicated they were likely to speak to people about the messages and would tell them to listen to the radio for information on HIV, or encourage people to go to the health centre.

### **Prompted recall of the PSAs**

A sample of PSAs were played to the focus group participants to assess their understanding of the messages and what impact this may have had on audiences. The groups were played the following PSAs:

- A person living with HIV talks about how they were sick but were told to take medication to help them and now they are strong enough to work, but face discrimination
- A short dramatic piece with a woman insisting that she and her partner should get tested for HIV before they get married; the fiancé eventually agrees

### **Clarity and credibility**

Both male and female listeners understood the messages conveyed in both PSAs. Women felt that the PSA featuring the person living with HIV was about encouraging people not discriminate against people with HIV and to treat them with respect. Male listeners also understood this but focussed more on how treatment was available for people living with HIV and understood it was encouraging people living with HIV to go to a health centre. Both groups understood the PSA about the couple was about the importance of testing and felt it was encouraging partners to get tested.

*“He went to a health centre and took treatment, he got supportive medicine, the weak person could then work.”* Male listener, Bossaso

Male and female listeners appeared to accept the presenters of the PSAs, and were happy to accept the views of the person living with HIV, stating that the couple were giving a good message, with a small number of men considering the couple was speaking the ‘truth’.

*“We liked how brave and confident the lady was”* Female listener, Bossaso

### **Relevance to target audiences**

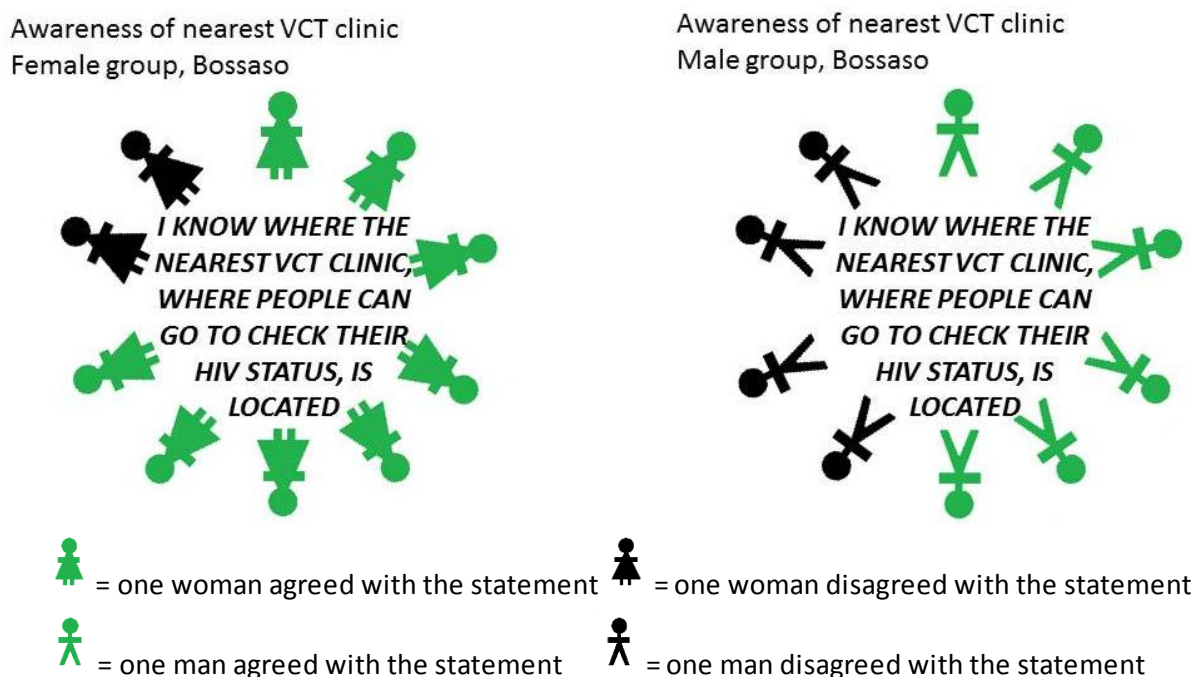
Both men and women considered the messages relevant for the whole community. Women felt the PSA about testing was specifically for couples and young people. Male listeners felt the PSA about the person living with HIV should also be for everyone but felt that young people in particular should be targeted, and two male participants felt that messages should be aimed at young girls in particular. Male listeners highlighted that people who did not have a radio, such as people living in rural areas, would not be able to listen to the PSAs.

Prior to listening to the PSAs both the majority of men and women stated they knew where the nearest VCT clinics were located, as shown in Figure 4; however, women appeared to be more aware of VCT clinics than men. After listening to the PSAs women reported they would discuss the PSA about testing with couples and young people and would recommend testing to people who may be concerned about their status. The majority of men, with the exception of one male listener, said they would discuss the PSA about testing with a range of people, such as friends, and encourage them to be tested. A small minority of men said they would also discuss the PSA about testing with

relatives and partners. Furthermore, all of the women and the majority of men, with the exception of one male listener, indicated that they would be likely to discuss the PSA about discrimination with other people.

*"I have the confidence to tell him that the disease existed and that if you need to be engaged to someone to take care and I will tell him to make a check-up."* Male listener, Bossaso

**Figure 4. Awareness of the nearest VCT clinics by male and female listeners (Bossaso) before listening to a sample of PSAs**



### Impact of PSAs on knowledge and attitudes

Before the two PSAs were played to the focus group participants, many of the members of the groups demonstrated awareness of some modes of transmission and the majority of male members were aware of where to go to be tested for HIV. However, participants had some common misconceptions, for example thinking toothbrushes were a common cause of HIV transmission.

Prior to being played the PSAs there was a mixture of attitudes towards people living with HIV, and there were examples of how people may have been providing socially desirable responses. For example, before hearing the PSAs, all of the women said that people living with HIV should not be discriminated against and provided examples of how they would feel comfortable to shake hands and eat with people living with HIV. However, a small minority of women did not think that a person living with HIV should be allowed to continue work for as long as the person was able, as Figure 5 shows. Furthermore, as Figure 6 a minority of women said they would not feel comfortable living next to a person living with HIV. Similarly, male listeners were mixed in their attitudes before they listened to the two PSAs. Whilst some male listeners felt that people living with HIV should not be discriminated against, a minority of male listeners said they would not feel comfortable to live next to a person living with HIV, as shown in Figure 6, and two male listeners openly said they would shy away from a person living with HIV. This highlights the negative attitudes towards HIV that a minority of the participants had.

Figure 5. Support for people living with HIV by male and female listeners (Bossaso) before listening to a sample of PSAs

Support for people living with HIV  
Female groups, Bossaso



Support for people living with HIV  
Male groups, Bossaso

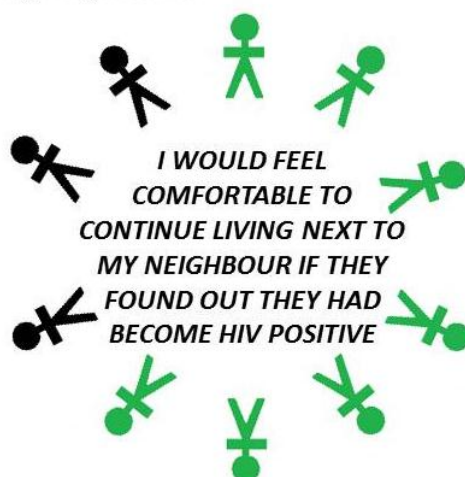






Figure 6. Radio SBC listeners' personal attitudes to people living with HIV before listening to a sample of PSAs

Personal attitudes towards people living with HIV  
Female group, Bossaso



Personal attitudes towards people living with HIV  
Male group, Bossaso



 = one woman agreed with the statement      = one woman disagreed with the statement  
 = one man agreed with the statement      = one man disagreed with the statement

However, many of the female listeners and a small number of male listeners asserted that people who had better awareness of HIV were less likely to discriminate against people living with HIV, and those who were less aware were more likely to discriminate.

*“When it comes to this situation, there are two categories of people: The first category has the knowledge on how to treat with the person living with HIV and AIDS and how to protect his/her morale. The second category does not have the knowhow and they try to avoid the person living with HIV and AIDS.”* Female listener, Bossaso



After hearing the PSAs both men and women demonstrated greater knowledge about HIV, particularly about the treatment of the disease. All male listeners and the majority of women said they were aware of the treatment and the medicine supported people living with HIV.

*“The disease weakens the resistance of the body if medicine is not taken; when the resistance of body is destroyed the person will be a victim of every other disease.”* Male listener, Bossaso

Furthermore, all of the female listeners and the majority of the male listeners felt that the PSAs had helped them to change their perceptions of HIV, and particularly people living with HIV, by understanding that they should not discriminate against them, that treatment allowed them to live normally, and that HIV was not a ‘killer disease’. The quote below demonstrates how one participant felt the confidence to share this with others.

*“I will tell them something that they never heard before, which is their belief that HIV and AIDS is a killer. I will say it is not a killer disease, everyone is mortal; we can live with people who live with the disease and the person can get medicine. I would have informed them about this disease which they think is a killer.”* Male listener, Bossaso

However, there was still evidence of pervasive stigma towards HIV and people living with HIV from participants. Whilst some listeners expressed changes in their attitude there were still examples of people being fearful and stigmatising people with HIV after hearing the spots. For example, two of the female listeners stating they would not buy food from a person living with HIV even after listening to the PSAs and a minority of male listeners still felt the disease was dangerous and said they would warn others about the ‘killer disease’, indicating that stigmatising perceptions still persist about the disease and its perceived threat to others.

### **How effective were the PSAs**

Health programming was popular amongst the listeners and there was an interest in learning about health issues such as HIV. There was a high level of recall of the PSAs, with a number of messages recalled by the listeners. The listeners found the presenters of the PSAs credible and overall felt that the messages were useful to them, and there was no criticism of the appropriateness of the PSAs.

All female listeners and a majority of male listeners felt the PSA helped change their perspective on people living with HIV and male listeners expressed less fear about HIV after hearing the PSAs and learning about treatment. Both male and female listeners responded positively to the PSA about couples being tested before marrying and indicated they had the confidence to talk and encourage others to be tested. However, stigma associated the disease and people living with HIV still persisted.

### **Practitioner and organisational level impact**

Two producers and the station manager were interviewed from Radio SBC. Both producers attended the communications workshop, the HIV reporting workshop and one producer attended the public service announcements production workshop.

## **What impact did the training have on the producers?**

SBC producers felt that the training was beneficial and helped them to improve their skills, enabling them to produce the spots. One producer felt the training helped them to understand how to use the media to sensitize audiences on HIV and AIDS.

*“During the training, I learned how to inform audience properly through a one minute spot. The trainer did well to train us on spots making and production, I never knew before how to make it”*  
Producer

The station manager agreed that the producers had both gained skills in spot production and had learnt more about HIV and AIDS including how to report on the topic.

*“The training taught us more on HIV and AIDS, how to disseminate the message and also enable us get feedback, avoid words that cause stigma. It helped us produce spots on HIV and AIDS more professionally.”* SBC manager

## **Knowledge and attitudes towards HIV and AIDS**

Both producers and the station manager said the training had changed their attitude towards people living with HIV and also increased their own knowledge about HIV and AIDS such as how HIV is transmitted, treated and prevented.

*“I obtained knowledge on HIV and AIDS, its transmission, prevention and treatment.”* Producer

One producer described their perceptions prior to the training as similar to audiences they were trying to influence, who lacked knowledge on the disease. On meeting people living with HIV during the training the producer realised that they led a normal life and felt people should not hide or fear being tested. Instead they felt it was important for them to feel free to come forward. The station manager similarly had previously thought HIV could not be managed, but that the training changed their mind.

*“Before we and the masses thought HIV and AIDS is a serious disease and cause a lot of problem but the training taught that it not as we feared it can be managed.”* SBC manager

## **Impact on language used to report HIV**

The producers and station manager reported being more conscious of the language they were using as a result of the training, and were now ensuring they were not using terms that lead to stigma and discrimination among the people living with HIV when producing broadcasts. One producer said that during broadcast, they had been encouraged to refrain from using terminologies such as ‘killer disease or (the) beast’. One producer noted they also now use ‘person living with HIV and AIDS’ as opposed to more stigmatising language.

*“The words ‘killer disease’, ‘beast’ they are used by the public but they are the ones causing stigma ... we stop using them and people should be educated on the correct words to use.”* Producer

The station manager said when the station reported on HIV and AIDS they did not use words that were deemed to cause stigma among people living with HIV. However, they still continued to use words such as ‘victim’ and therefore, example of less appropriate terms were still evident.

*“Our producers when reporting avoid using words that can cause harm, or stigma or are perceived to be injurious to the victim.” SBC manager*

### **Observation of journalistic practices in relation to HIV reporting**

Both producers and the station manager generally agreed on upholding specific journalist practices when reporting on HIV and AIDS. Producers and the station manager said the following principles were important when reporting on HIV<sup>21</sup>:

- ensuring the anonymity of a source if requested
- using multiple sources
- ensuring accuracy when reporting
- views of people living with HIV should be incorporated
- the impact of the reporting on people living with HIV should be considered.

One producer did not agree with manager and other producer and stated that they felt the World Health Organization (WHO) should not be quoted even where it was a source of a report on HIV and AIDS. There was no reason given for this.

### **Editorial practice and commitment to HIV reporting**

There was agreement between producers and the station manager on the process a broadcast output undergoes prior to being broadcast. The station manager said that the manager was involved in the process before a reporter is sent out to the field to gather material. All noted that when a report is produced it is forwarded to the editor for editorial work and secondly gets approval from the station manager.

When asked about editorial commitment towards HIV reporting the producer stated that if they were assigned to work on HIV and AIDS reporting that they thought was likely to cause stigma to listeners and victims they would not work on it.

*“I will not work on report directed by editor that I thinks it bad for the listeners and will cause stigma to victims.” Producer*

Both station producers stated they were committed to reporting on HIV. However, only one producer gave evidence of having had reported on a HIV related issue. The second producer had not produced any HIV related content since the training due to a personal lack of interest in HIV reporting. However, the producer stated they would like to report on HIV in future but requested for further training for themselves and their colleagues.

Similarly the station manager pledged the station will report on HIV in future stating it was amongst the station’s moral responsibilities and duties.

*“We intend to work on HIV and AIDS programme in future the reason I think it’s a responsibility and we will be rewarded by Allah.” SBC station manager*

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<sup>21</sup> Prompted responses

## **What are the continuing challenges and barriers to HIV reporting for journalists?**

Different challenges were mentioned by the producers. One producer felt that they lacked quality equipment to report effectively, but also felt they faced difficulties interviewing people living with HIV initially, in part because they struggled to find people who not afraid to talk with them. The other producer focused more generally on insecurity as a challenge facing journalists in Puntland.

## **Feedback on the PSAs from audiences**

The feedback received from members of the audience, including religious leaders, on the PSAs broadcasted by SBC were mainly positive according to the producers and the station manager.

*“It gave audience important information on HIV and AIDS and received positive feedback from religious leaders.” SBC station manager*

One producer said they felt all the PSAs were well received, but they did say some negative feedback had been received from the audience.

*“But some audience after listening about the spots called and asked why do you keep broadcasting the spots because some audience have phobia about HIV and AIDS.” Producer*

## **Learnings for the future**

- The frequency and variety of PSAs played by Radio SBC appears to have helped the listeners to spontaneously recall a variety of messages included in the PSAs.
- Health programming is clearly an area of interest for listeners such as the focus group participants and there appear to be a number of interventions played on Radio SBC. There is therefore potential to coordinate the PSAs with other health programmes that are currently being aired.
- Both male and female listeners were positive about the effect of the PSAs and felt that they should be increased to ensure more people would hear the messaging.
- Listeners felt that the PSAs were very useful but there was concern by male participants that there would only be listened to be people with access to the radio. Therefore the messages could be introduced to a wider audience by facilitating outreach to people who do not have access to the radio, for example, by setting up listening clubs in rural areas.
- Producers were able to provide good examples of how the training impacted on the language they used when reporting on HIV. The understanding of language about HIV demonstrated an understanding from the producers about the role the media can play in ensuring they do not reinforce stigma.

## RADIO GAROWE



Radio Garowe is based in Garowe, Puntland. The station is privately owned and was set-up in 2004 by members of the Somali diaspora. The station broadcast through FM transmission and reaches a radius of 30kms. The station broadcast on daily basis and broadcast for a total of 19 hours a day from 07.00 to 02.00. The station programming includes news and current affairs, education, health, humanitarian and sports programmes.

Radio Garowe reported broadcasting the public service announcements at the following times:

Month (2012)	PSAs played	Combined number of times all PSAs were played in the month
March	PSA 1-5	15
April	PSA 6-15	30
May	PSA 1-15	90
June	PSA 1-6	60
July	PSA 8-11	60
August	PSA 12-15	60
September	PSA 1-15	60

### Listening habits of focus group participants

Two focus groups, one male and one female, were conducted with regular listeners of Radio Garowe. The majority of male and female listeners listened to the radio at least once a day. A minority of listeners listened to the radio all day; other listened at various times throughout the day, with men slightly more likely to listen at noontime and women slightly more likely to listen in the morning.

Both male and female listeners were most likely to listen with their families, with a small minority of women listening with their children. Most men listened to the radio at home; however, listening in the car was also mentioned by two male participants. Furthermore, a minority of men listened to the radio through their mobile phones.

Health programmes such as *Maanta iyo Caalamka* (Today and the World) were most popular with female listeners, who also listened to a variety of programmes including news, awareness raising, education and children's programmes. Male listeners said they enjoyed news and public opinion programmes.

Radio Garowe was the most important source of health information for women, and male listeners said they relied on the radio.

### **Unprompted recall and engagement with the public service announcements**

Both male and female listeners recalled the public service announcements. The majority of men recalled hearing more than one of the PSAs and female listeners recalled a variety of messages. Listeners recalled the messages discussing protection against HIV, how HIV was transmitted and encouraging people not to discriminate against people living with HIV.

The two key learnings listeners reported gaining were about transmission of HIV and how people living with HIV should not be discriminated against. Male listeners also demonstrated learning about how to protect themselves against HIV and awareness about health centres.

The majority of female listeners responded positively to the PSAs and found their content useful. It was recommended by some of the male and female listeners that the PSAs should be increased or continued to promote further awareness of HIV. A small minority of listeners felt that the PSAs had helped them to change their perceptions of HIV; for example, one female listener said that she had previously believed that HIV was widely spread but realised that it was not as much as she had previously thought.

*“I was having phobia on the people living with HIV before, now I changed that perception and I respect these people.”* Male listener, Garowe

### **Prompted recall of the PSAs**

A sample of public service announcements (PSAs) were played to the focus group participants to assess their understanding of the messages and what impact this may have had on audiences. The groups were played the following PSAs:

- A woman talks about previously thinking HIV was a ‘killer disease’ and how she is now taking (immune boosting) drugs. She advises other people with HIV to go to health centres to get treatment.
- Sheikh Mohammed Adan explains how HIV can be contracted by anyone and not just certain types of people.

### **Clarity and credibility**

Both male and female listeners understood the message of the PSA – that the PSA was demonstrating how people living with HIV were able to take medication to help with the disease. However, female listeners appear to have better understanding about the action that the PSAs were encouraging, as they clearly articulated actions such as encouraging people to go to health centres and seek treatment that would help them to live longer. Although a couple of listeners referred to the treatment as a cure, on the whole most male and female listeners understood that it helped people with HIV to stay healthy.

In general listeners found presenters credible and believed what was being said. The Sheikh’s message was described as important and useful and two key learning points of the PSA presented by the Sheikh were articulated by the male and female listeners. Many of the female listeners and some

of the male listeners understood that the Sheikh was stating that sex intercourse was not the only means of transmission, and a small number of male participants understood that he was saying the disease could affect all people.

*“I learned that this disease can affect to every member of the community and that adultery is not the only method that it can transmit to the other people.”* Male listener, Garowe

However, one male participant felt that the message was saying ‘connect with Allah and follow his path’.

### **Relevance to the target audience**

Male and female listeners felt that the messages were relevant to everyone, and to both rural and urban audiences. However listeners highlighted that radios were not accessible to everyone and the messages needed to reach out to rural communities. A small number of listeners felt that the PSAs could be increased or extended to increase people’s awareness of HIV.

Both male and female listeners gave examples of their intentions to discuss the PSAs with other people and expressed confidence in doing this. For example, a male listener felt he would try to encourage friends to visit a VCT centre or Puntland Aids Commission for more about HIV. The majority of female listeners said they would be likely to discuss the PSAs messages with a range of people including experts, such as doctors on HIV, the community, young people, and people living with HIV to make them aware of the disease.

*“I will discuss this message with experts and members of the community. I will tell them to be aware of this disease.”* Female listener, Garowe

Two of the male listeners also felt they now had the confidence to discuss the subject with religious leaders. However, not all participants were comfortable discussing HIV as stigma associated with the disease remained. Two male respondents saying they would not discuss the HIV with other people as it was a sensitive subject and because it may make people suspicious of them.

### **Impact of the PSAs on knowledge and attitudes**

Listeners reported learning as a result of the PSAs. Both male and female listeners provided a range of points they felt they had learned from the PSAs, including that medication was available for people living with HIV, that health facilities provide free treatment and that people living with HIV should not be discriminated against. However, many of the listeners claimed that they were aware of treatment and where the nearest VCT was located before hearing the PSAs, as Figure 7 shows.

Figure 7. Awareness of HIV treatment by male and female listeners (Garowe) before listening to a sample of PSAs

Awareness of HIV treatment  
Female group, Garowe



Awareness of HIV treatment  
Male group, Garowe



A small number of male and female listeners said that prior to listening to the PSAs they had thought that sex, and particularly adulterous sex, was the only method of HIV transmission and that the PSA had taught them that this was not the only means of transmission.

Prior to listening to the PSAs male listeners were more likely than female listeners to disagree that people living with HIV should be allowed to work for as long as they are able, as Figure 8 demonstrates.





Figure 8. Support for people living with HIV by male and female listeners (Garowe) before listening to a sample of PSAs

Support for people living with HIV  
Female groups, Garowe



Support for people living with HIV  
Male groups, Garowe



 = one woman agreed with the statement      = one woman disagreed with the statement  
 = one man agreed with the statement      = one man disagreed with the statement



After listening to the PSAs, some listeners reported a change in their perception of HIV and people living with HIV. A minority of female listeners reported a change in attitudes towards people living with HIV. They felt that they understood that people living with HIV should not be discriminated against and integration of people living with HIV was important.

*“I learned many things from the HIV awareness messages ... to treat and not discriminate with people living with HIV. In my opinion, these messages were useful.”* Female listener, Garowe

A minority of male listeners felt that PSA with the Sheikh had changed their perception and understood now that HIV could affect anyone.

*“This messages changed lot in my perception. The religious leader told us that it can affect to everybody of the community.”* Male listener, Garowe

However, it was evident that gaps in knowledge and stigma about HIV were maintained by some respondents. Whilst some listeners did report better knowledge and female listeners reported changes in their perceptions of people living with HIV, there was still evidence of gaps in knowledge, for example a belief that camel milk was beneficial to people living with HIV. Furthermore, there were very few examples of changes in the perception of people living with HIV by male listeners, and the majority did not report any change in their opinions of people living with HIV.

### **How effective were the PSAs?**

The PSAs provided information to the participants that helped improve their knowledge of the disease and challenge ideas about transmission; for example, that HIV is not only spread by sexual intercourse.

The PSAs have also helped to encourage many of the female listeners and a small number of the male listeners to discuss issues with other people. Some listeners felt confident to discuss the PSAs not only with other members of their community, but also with ‘experts’ such as doctors and religious leaders. A small number of listeners also indicated they would encourage others to visit VCT centres demonstrating confidence to share the message of the PSAs. However, most of the male listeners did not express any changes in their perceptions of people living with HIV.

### **Practitioner and organisational level impact**

Only the station manager was interviewed from Radio Garowe. Both producers, who could not be interviewed for this impact evaluation, attended the communications workshop, the HIV reporting workshop and the public service announcements production workshop.

### **What impact did the training have on the producers?**

The station manager said the station producers benefited from participating in the training by gaining skills to report on HIV and AIDS, learning more about the disease and having the opportunity to meet and share learning with colleagues from other radio stations.

The manager indicated after the training they had also succeeded in interviewing persons living with HIV and AIDS. The manager also felt the training helped in showing the producers how production and reporting roles can be divided.

However the manager felt the team still required further training on HIV and AIDS in future to help them during the course of their work.

*“Their skills increased, they know where to get information or statistics on HIV and AIDS... You can see how the producers benefited from the training they received so we still need further training.”*

Station Manager

### **Knowledge and attitudes towards HIV and AIDS**

The station manager said there was a notable improvement after the training around the language used to report on HIV. They said the producers refrained from using terminologies that could lead to stigma and discrimination of people living with HIV like ‘killer’ disease.

*“I think their skills increased, myself noted when I sat down with them terminology like killer disease that were using before is no longer used and the use appropriate words and this help reduce the stigma. I think the training was a success and thanks to BBC MA.”* Radio Garowe Manager

### **Observation of journalistic practices in relation to HIV reporting**

When reporting on HIV and AIDS after they received the training the station manager stated that the producers contacted multiple sources, and when that source was a person living with HIV they needed to ensure their anonymity. Ensuring accuracy and separating facts from fiction are among key journalistic values and the manager stated the station adhered to these principles.

### **Editorial practice and commitment to HIV reporting**

The manager indicated that a story usually undergoes a process where it is gathered from diverse sources, prepared by the producer, and then counter-checked and approved by the manager before being broadcast. The manager indicated it is important to include different opinions in a report.

*“Every programme goes to the editing for editing and then submitted to the station manager for approval for broadcast...it depends with the topic of the program,”* Radio Garowe Manager

The station manager stated that they chose to broadcast the PSAs because they believe it is part of their role of serving the community. The manager indicated they intended to increase the station’s effort of broadcasting the HIV and AIDS and noted they would accept any support in this regard that BBC MA can offer them.

*“I think is because our work is to serve the community and that’s why BBC MA can give us what it deems we deserve but our intention is to redouble our efforts and tell the community what is dangerous.”* Radio Garowe Manager

### **What are the continuing challenges and barriers to HIV reporting for journalists?**

There are no challenges with regard to reporting HIV and AIDS according to the manager. The station manager felt this was partly because the station produced HIV and AIDS programmes in conjunction with

partners like Puntland Aids Commission (PAC). The manager felt this also enabled them to obtain interviews from people living with HIV<sup>22</sup>.

*“We did produce the spots in conjunction with Puntland Aids Commission, we ourselves did the editing and also we interviewed persons living with HIV and AIDS.”* Radio Garowe Manager

### **Feedback on the PSAs from audiences**

The station manager believed the PSAs were widely received among the audience of Radio Garowe. The PSAs were aired just before or after the VOA/BBC Somali service which the manager considered the time most of people listen to Radio Garowe.

*“We release them 6.25 am, then in the afternoon then in the evening the times are just before or after the broadcast of VOA/BBC Somali service and this the time people listen to the radio most”*  
Radio Garowe Manager

The station manager added they believed the PSAs were beneficial for people living with HIV and the manager was happy with that station’s producers’ involvement with the production of the PSAs. The manager singled out a PSA about a grandmother looking after her grandson, who lives with HIV, which they thought was impactful.

*“We broadcasted 15 spots and I think they are all beneficial. I can point (to) PSA 8 [about a grandmother with a grandson living with HIV] which I think was very impactful.”* Radio Garowe Manager

On the PSAs’ impact the manager also added they did not come across any audience concern when broadcasting the spots and from the feedback generated from the audience some of them wanted to see a continuation of the PSAs broadcast.

*“Yes we obtained feedback from listeners and some wanted the broadcast of the PSA to continue. They obtained education and knowledge on HIV and AIDS from the PSAs.”* Radio Garowe Manager

The manager further noted the messages were beneficial to several groups of people like doctors, religious leaders and youth and thought they were appropriate given they were produced professionally.

*“Yes I think because they included views from religious leaders, doctors and the youth.”* Radio Garowe Manager

### **Learnings for the future**

- Radio is an important source of health information for the members of the focus groups and the PSAs were recalled by the listeners, with the content of two messages about protection and discrimination specifically recalled and understood.

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<sup>22</sup> As we were not able to interview the producers we are not able to verify this with the station manager’s colleagues. It could therefore be an example of social desirability on behalf of the station manager.

- Male listeners liked the involvement of the religious leader and encouraged further involvement of influential people such as religious leaders, doctors and elders in conveying HIV awareness messages.
- Female listeners enjoyed awareness-raising and health programmes. There is therefore the potential to link the PSA messages to health programmes on Radio Garowe and ensure HIV awareness is reinforced by coordinating with other media health interventions.
- Radio Garowe valued the support from organisations such as the Puntland AIDS Commission. Local HIV-related organisations can play an important role in supporting radio stations to overcome the challenges they may face with HIV reporting. However, further training and support is requested by partner radio stations to help journalists and radio stations provide HIV related reports.

## **RADIO DALJIR**

### **Why they were not involved**

The station manager acknowledged the PSAs were beneficial to audiences but stated the station refused to broadcast the PSA due to a disagreement between the station and BBC MA on how much financial support or incentive they were to receive to enable them broadcast the PSAs, including support for the number of spot to be broadcast, the amount of time and the length they were supposed to be broadcast.

*“The message were good but the station needs financial support to broadcast them...I can say the backers of the programme UNDP or BBC MA their plan , how they wanted it broadcasted , how many times and the length was not realistic .The agreement submitted by BBC MA was not accepted and signed by DALJIR. Also from the request we put or demand for the support to be increased BBC MA never accepted it.” Radio Daljir Manager*

The station manager stated it was not due to the content on the PSA, which they found to be professionally produced and important.

*“The reason was not about the message contained in the PSA; The PSAs were professionally produced and important” Radio Daljir Manager*

### **Feedback on PSAs**

According to the station manager the PSAs were well produced, but felt that they could not comment on their overall quality as they were not broadcast on their station.

*“They were good messages when they were produced well...I know that. I can remember it was about prevention, treatment, stigma and support. I cannot say anything on quality because we never broadcast...it’s good for those stations which broadcasted to comment on this.” Radio Daljir Manager*

### **What would encourage them to participate in the future?**

The station manager indicated that HIV and AIDS was one of the main concerns in the community and the station would like to participate in efforts to prevent HIV transmission. The station manager stated that they were previously involved in broadcasting on HIV and AIDS issues and thought they would continue to do so in the future.

*“It’s very important for the community to be supported to curb HIV and AIDS .We will continue doing what did before... continue producing short messages and broadcasting them, but we don’t have any messages now to produce.” Radio Daljir Manager.*

Nevertheless, for this to happen, the station manager felt there should be a well-planned, organised partnership. If they felt a project was not well planned they stated they would not partner with BBC MA.

*“First is important to state that we can be involved in a well-planned and organized project with BBC MA in future ,usually we don’t get involved in a project that is not well planned or organized”* Radio Daljir Manager

## CONCLUSIONS

### Audiences

With the exception of the female listeners in Hargeisa, most of the respondents spontaneously recalled the public service announcements on HIV played on the partner radio stations. These were received positively by the listeners who were able to recall the messages from the PSAs, particularly around transmission and protection from HIV, treatment for people living with HIV and about how people living with HIV should not be discriminated against.

From across the three regions, unprompted recall of the public service announcements was best in Bossaso where all the Radio SBC listeners said they recalled the PSAs. Radio SBC listeners were also able to recall the greatest variety of messages from the PSAs. However, in Hargeisa, fewer listeners recalled the PSAs. Radio SBC played the PSAs most frequently and Radio Hargeisa played them the least frequently of all the partner stations, and this may in part explain the differences in recall between the audiences in the partner station areas.

Both male and female listeners responded positively to the presenters of the PSAs, believing them to be credible and trustworthy. Listeners respected messages from religious leaders and doctors, as well as messages from people living with HIV who they often described as being truthful in their testimonies.

Listeners reported and were able to articulate clear learnings from the PSAs. Participants felt their knowledge about transmission and treatment had increased and reported greater understanding about people living in HIV. However, myths about modes of transmission and misinterpretations about treatment of HIV remained.

Listeners understood a number of actions the PSAs were encouraging such as encouraging people living with HIV to seek treatment, encouraging couples to get tested before marriage, to take actions to prevent HIV transmission and to treat people with HIV the same as others. Overall, female listeners tended to be more likely than male listeners to express positive changes in their perceptions of people living with HIV and how they should not be discriminated against.

The proportion of listeners who felt they would share and discuss these learnings varied by group with women generally indicating greater likelihood to discuss the PSAs with others. However, some listeners did indicate that they would talk to others about HIV transmission, treatment and encourage other people not to discriminate against people living with HIV. A small number of listeners indicated that they would encourage friends to be tested or provide advice to them about HIV. Listeners also demonstrated actions that they would now undertake as a result of their learning such as talking, sitting, shaking hands and sharing food with people living with HIV.

However, stigma about HIV was still evident by listeners, even after hearing the PSAs. Some of the listeners did not report any change in their perception of HIV or people living with HIV. Fear and anxiety about HIV, particularly about people living with HIV and contracting the disease from them,

was still expressed by a small number of listeners. High levels of nervousness around HIV testing were apparent and stigmatising language about the disease was still used by some listeners who still considered the disease to be very dangerous.

### **Practitioners – journalists**

Journalists felt they benefited from the BBC MA training by increasing their knowledge and the producers reported changes in their perception of people living with HIV as a result of the training. Producers felt the training helped them improve a number of skills particularly producing spots for radio, as well as script writing and interviewing people with HIV. Most significantly, all three partner radio stations provided examples of how the training had impacted on the language they used when reporting on HIV and ensuring that it did not reinforce stigma about HIV. All producers reported that they have stopped using certain terms since the training, particularly ‘killer’ disease. Furthermore, some of the producers had used the skills and knowledge gained from the training to produce broadcasts on HIV related issues.

The producers listed a number of challenges when producing HIV related reports. These included a lack of knowledge from colleagues, the cultural and religious sensitivities surrounding some HIV related issues, lack of quality equipment to report on HIV, and people living with HIV’s fear of being interviewed by journalists. Despite these challenges the producers expressed commitment to reporting on HIV. However, few of the producers provided examples of producing HIV related reports since the training. Despite this, they showed good understanding of the journalistic principles that they should follow when producing reports on HIV.

### **Organisational – radio stations**

Station managers recognised the importance of their role in HIV reporting and overall felt that the PSAs were generally well received by their audiences. They felt the project had impacted on the producers’ knowledge of HIV and their understanding of HIV reporting, particularly the use of appropriate language. However, it was not clear the extent to which they felt the benefits would be sustained in the future. All station managers expressed their desire to continue to play a role in increasing HIV awareness, yet some felt that further support or training would be necessary to support this. Radio Daljir reported that they did not broadcast the public service announcements due to a lack of financial support from the project rather than any issue with the content or quality of the PSAs.

## **RECOMMENDATIONS**

- Audiences spontaneously recalled PSAs where they were played more often but spontaneous recall and recall of content was difficult to achieve where PSAs had not been played regularly. Future projects should look to engage partner radio stations in frequently repeated broadcasts of PSAs at regular times to ensure a broader awareness of the PSAs from audiences. This is also likely to improve audiences’ recall of the actions within the PSAs.
- Future media projects on HIV and AIDS in Somalia should continue to utilise opinion formers such as doctors, religious leaders and people living with HIV and AIDS as they were seen as credible sources of information and testimonies from people living with HIV and AIDS produced some reduction in stigma from audiences.



- PSAs are an information diffusion mechanism and as seen in this project are good at spreading clear, factual information. Whilst PSAs were seen in this project to influence knowledge, it is very difficult for PSAs by themselves to impact on attitudes, social norms or people's confidence to act. Future projects could look to utilise PSAs in conjunction with other media outputs that may be better placed to address attitudinal or social norm change, particularly as fear and stigma about HIV remain strong social norms in Somalia, preventing the uptake of seeking testing or discussing transmission routes.
- Future projects should look to further build on basic skills journalists learnt at the training such as the use of appropriate language and focus support on how journalists can build confidence to undertake news and health reporting related to HIV, as few journalists reported having used the skills in actual broadcast outputs as a result of the training.
- Future projects should look to further engage station managers and/or editors in training on health reporting as it is clear from station manager interviews that editorial commitment to the station producing their own health content related to HIV in future seems unlikely without further support.
- It would also be useful to provide specific training for editors or station managers to ensure understanding of editorial values such as impartiality and use of appropriate language is upheld throughout stations' output.

## APPENDIX A – FURTHER INFORMATION ON RESEARCH APPROACH

### Formative research for the UNDP Somali HIV and AIDS Media Project

BC MA Research and Learning group have helped to inform the capacity building elements of the project and the development of the public service announcements by conducting formative research with 17 key health stakeholders and four focus group discussions with members of the general public along with a review of relevant literature on HIV in Somalia. Further pretesting of the public service announcements was conducted by BBC MA local researchers in Hargeisa and Berbera towns with two groups of women and two groups of men, this provided feedback to the producers of the PSAs during the production phase.

### Research objectives

The impact evaluation was designed to address the following objectives:

4. (Audiences) To what extent have the radio public service announcements (PSAs) impacted on target audiences' levels of awareness and knowledge and practices related to HIV and AIDS transmission, prevention and treatment in Somaliland and Puntland?<sup>23</sup>
5. (Practitioners) What impact has the training had on journalists' likelihood to report HIV and AIDS content, technical understanding of how to report HIV and AIDS issues and commitment to report HIV and AIDS issues<sup>24</sup>?
6. (Practitioner/Organisations) From broadcast partner perspectives, what impact has the project had and is this impact viewed as sustainable?

### Research Approach

The research approach for this impact evaluation was guided by the BBC MA approach and aimed to measure change at three levels; audience, practitioner and organisational.<sup>25</sup> Fieldwork for the project was conducted in August and September 2012.

- **Audience:** six focus groups with regular listeners of the three radio stations; Radio Hargeisa, Radio SBC and Radio Garowe (1 male and 1 female group per station) who heard and recalled the PSA messages

Discussions guides for each of the radio station's audiences included standard questions about their unprompted recall of the PSAs and tailored questions about each of the PSAs to assess the clarity, comprehension and relevance of the messages and to understand any changes in knowledge and

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<sup>23</sup> To answer this research question measures were used to measure audiences' awareness of HIV and AIDS transmission, prevention and treatment and understanding of stigma and discrimination issues.

<sup>24</sup> This was attained through self-reported post intervention measures such as personal attitudes to HIV/AIDS, understanding and observance of journalistic principles such as objectivity, accuracy and impartiality in HIV/AIDS reporting. Other measures included editorial commitment to report on health issues and engagement with sources on HIV/AIDS stories. Journalistic values are defined using the BBC Editorial Guidelines.

<sup>25</sup> Due to the nature of the project and the scope of the impact evaluation the systems level was not included in the research approach.

attitudes about HIV. Six statements were read to the focus group participants before the PSAs were played (please see Appendix C for details and results). Each of the participants was asked to indicate whether they agreed or disagreed with the statements by placing a piece of paper with a tick or a cross in an envelope. This method was used to reduce the impact of social desirability.

The recruitment criteria for both the male and female focus groups were as follows:

- Aged between 18-49
- Regular listeners of the partner radio station (regular is defined as listening to the partner radio station more than once a week)
- Heard and recalled at least one of the PSAs. However, where participants who recalled the PSAs were not obtained, this criteria was not required

All focus groups were recruited using snowball sampling, where the researcher collects data on the few members of the target population he or she can locate, and uses these individuals to recruit future subjects from among their acquaintances. All participants were recruited a few days before the focus group was conducted.

In Hargeisa, BBC MA in-country researchers recruited and conducted the focus groups. In Bossaso and Garowe, freelance researchers were employed to recruit and facilitate the focus groups. In all three regions male researcher conducted the male focus groups and the female researchers conducted the female focus groups. All groups were conducted in Somali.

Focus group discussions were recorded and audio were then transcribed and translated into English by freelancers in Somalia.

- **Practitioner:** Four in-depth interviews with radio producers from Radio Hargeisa and Radio SBC.<sup>26</sup>

Discussion guides for radio producers were focused on the benefits of the training, their journalistic practices, their ability to report on HIV issues, and their editorial commitment to HIV reporting. Radio journalists who attended at least one of the training workshops were recruited. Interviews were conducted face-to-face. In Hargeisa, BBC MA in-country researchers conducted interviews with radio producers in Hargeisa. Freelance researchers conducted face-to-face interviews with radio producers in Bossaso. Radio Garowe producers were not interviewed as neither of the producers were available for interview during the fieldwork period. All interviews were conducted in Somali.

In-depth interviews were recorded and audio were then transcribed and translated into English by freelancers in Somalia.

- **Organisation:** Four in depth interviews with station managers from three partner radio stations and Radio Daljir.<sup>27</sup>

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<sup>26</sup> Radio Garowe producers were not interviewed as neither of the producers were available for interview during the fieldwork period.

Discussion guides for station managers of the partner radio stations were focused on audience feedback of the public service announcements, the benefits of the training for the organization and their editorial commitment to HIV reporting. The discussion guide for the station manager of Radio Daljir focused on the reasons for not broadcasting the public service announcements. Station managers with day-to-day editorial control of the station were recruited. In Hargeisa, BBC MA in-country researchers conducted the interview with the station manager in Hargeisa. Freelance researchers conducted face-to-face interviews with station managers in Puntland. All interviews were conducted in Somali.

In-depth interviews were recorded and audio were then transcribed and translated into English by freelancers in Somalia.

### Final impact evaluation sample

	<b>Audience focus groups</b> – regular listeners of partner radio stations <sup>28</sup>	<b>Practitioner in depth discussions</b> – Journalist/producers who received formal training in health journalism and technical training  Station managers/Editors involved in broadcasting the PSAs	
<b>Area<sup>29</sup></b>	<b>Achieved sample</b>	<b>Desired sample</b>	<b>Achieved sample</b>
- Radio Hargeisa (Hargeisa)	1 male group (16-49), between 8 – 12 participants  1 female group (16-49), between 8 – 12 participants	2 journalists/ producers  1 station manager/Editor	2 journalists/ producers  1 station manager/Editor
- Radio SBC (Bossaso)	1 male group (16-49), between 8 – 12 participants  1 female group (16-49), between 8 – 12 participants	2 journalists/producers  1 station manager/Editor	2 journalists/producers  1 station manager/Editor

<sup>27</sup> Radio Daljir withdrew from the project and did not broadcast the PSAs. An interview with the station manager was conducted to understand the reason for this.

<sup>28</sup> Audience members are defined as regular listeners to the partner radio stations

<sup>29</sup> Partner radio station have a limited broadcast reach of approximately 30km, fieldwork will be conducted within the broadcast area

- Radio Garowe (Garowe)	I male group (16-49), between 8 – 12 participants  I female group (16-39), between 8 – 12 participants	2 journalists/producers  I station manager/Editor	No journalists/producers  I station manager/Editor
Radio Daljir	N/A	I station manager	I station manager

### **Ethical considerations**

To ensure that informed consent was given by each participant they were made fully aware of the following:

- The purpose of the research
- What participating in the research would involve
- That participation is voluntary, and they are free to change their mind and withdraw from the research at any time
- How the data collected will be used
- Steps taken to ensure confidentiality and anonymity

Consent was collected from respondents at two different times:

1. Consent to participate - at time of recruiting
2. Consent to audio record - at beginning of focus group

At the time of recruiting the recruiter talked through the required information, and answered any questions the respondents had before asking if they would be willing to participate in the focus group. At the beginning of the focus group the moderator again briefed the respondents on the points above and answered any questions or concerns. Consent to audio record was collected verbally.

## **APPENDIX B – BBC MEDIA ACTION’S FOUR LEVELS APPROACH**

BBC Media Action’s four levels approach was utilised for the impact evaluation of the UNDP Somali HIV and AIDS Media Project. Described below is each element of the four level research process, (audience/ practitioner/ organisation/ systems). Due to the nature of the project and the scope of the impact evaluation the systems level was not included in the research approach, but is included here for reference.

- Audience level: Outcomes directly related to changes on the audience (e.g. greater knowledge about HIV transmission). Research related to assessing changes at this level was primarily obtained from qualitative focus groups with listeners.
- Practitioner level: Outcomes related to changes in relevant practitioners such as journalists and CSO staff. Research at this level was obtained from in-depth interviews with producers and supported by in-depth interview with managers.
- Organisation level: Outcomes related to changes in the operation or outputs of organisations involved in the UNDP Somali HIV and AIDS Media Project. Research to evaluate performance at this level came from interviews with station managers.
- Systems level: Outcomes related to changes in the operations of government or policy-makers. This was not included in the research approach.

## APPENDIX C – RESPONSES TO STATEMENTS ABOUT HIV BY STATEMENT

Statement: I feel confident in my knowledge about how HIV is transmitted			
Location	Group	Agreed (number of people)	Disagreed (number of people)
Hargeisa	Female group	7	2
	Male group	6	2
Bossaso	Female group	10	0
	Male group	8	2
Garowe	Female group	6	4
	Male group	8	2

Statement: I know where the nearest VCT clinic, where people can go to check their HIV status, is located			
Location	Group	Agreed (number of people)	Disagreed (number of people)
Hargeisa	Female group	8	1
	Male group	*	*
Bossaso	Female group	8	2
	Male group	6	4
Garowe	Female group	7	3
	Male group	6	4

Statement: People living with HIV are able to get treatment that helps them manage the virus			
Location	Group	Agreed (number of people)	Disagreed (number of people)
Hargeisa	Female group	4	5
	Male group	*	*
Bossaso	Female group	6	4
	Male group	9	1
Garowe	Female group	10	0
	Male group	7	3

Statement: I would feel comfortable to continue living next to my neighbour if they found out they had become HIV positive			
Location	Group	Agreed (number of people)	Disagreed (number of people)
Hargeisa	Female group	4	5
	Male group	4	4
Bossaso	Female group	6	4
	Male group	7	3
Garowe	Female group	7	3
	Male group	8	2



Statement: A person living with HIV should be allowed to continue work as long as he/she is able to			
Location	Group	Agreed (number of people)	Disagreed (number of people)
Hargeisa	Female group	3	6
	Male group	8	0
Bossaso	Female group	7	3
	Male group	10	0
Garowe	Female group	9	1
	Male group	6	4

Statement: People in my community are fearful of people living with HIV			
Location	Group	Agreed (number of people)	Disagreed (number of people)
Hargeisa	Female group	5	4
	Male group	5	3
Bossaso	Female group	8	2
	Male group	7	3
Garowe	Female group	8	2
	Male group	*	*

\* = missing data