Relationship building in health public relations: A case study of an NGO's HIV/AIDS programme in Ethiopia

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Abstract

This in-depth case study of an Ethiopian anti-HIV/AIDS health communication project suggests that the use of relational strategies by non-profits/NGOs in health public relations and health communication endeavours is beneficial. Specifically, this article evaluates the HIV/AIDS programme at its halfway point, with a goal to identify and use the lessons learned not only to provide guidelines for future work by this NGO and improvements in the district where the project was initiated, but also as a framework that would enable the programme's expansion to other areas of the world and other humanitarian aid projects.

Introduction

Ethiopia, in the eastern horn of sub-Saharan Africa, with its 84 million people, is among the nations profoundly affected by HIV/AIDS. It was among the first countries hard hit by the pandemic in the mid 1980s, and "the disease has spread at an alarming rate throughout the country" (Federal Democratic Republic of Ethiopia [FDRE], 2006, p. 6). Currently, the World Health Organization (2008) estimates that about 2.2 percent of the country's adult population aged 15-49 years – the most productive sector – is estimated to be infected with the disease, down significantly from earlier indications suggesting the ranges were between 2.8 percent and 6.7 percent (WHO, 2005). At the time this case study was undertaken, Ethiopia's Federal Ministry of Health projected that the HIV national adult prevalence rate was 4.7 percent, with about 1.7 million people living with HIV/AIDS (FDRE, 2006). Prevalence and death rate have both declined in the last several years, while the number of people living with HIV/AIDS has increased (WHO, 2008). As was the case at the time of this research, a greater percentage of women than men are infected with the disease, and they are significantly less likely to receive HIV testing and counselling. Young adults aged 15-24 years continue to be the hardest hit (WHO, 2008). In 2007, about 67,000 people of all ages died of HIV/AIDS, and an estimated 650,000 children under 17 years of age were living as AIDS orphans (WHO, 2008).

Severe and widespread poverty, lack of sufficient health professionals and access to health care, misconceptions about its spread, and lack of behaviour change, all factor into to this high prevalence rate. The country falls at the bottom of international Human Development Index rankings (169 of 182 countries ranked), and contraceptive use of any kind is low at 14.7 percent in 2005, with just 0.2 percent using condoms (WHO, 2008). Compounding these issues are a number of time-honoured customs, many of which encourage risky sexual practices and unsafe traditional rituals (NGO, n.d.; NGO, 2004).

As is the case throughout Ethiopia, the problem of HIV/AIDS is serious in the country's Silti district (woreda) in the Southern Peoples Nations and Nationalities Regional State (SPNNRS), and represents the area's leading health challenge (NGO, n.d.). Yet awareness of its causes and preventions was extremely low and misconceptions about it high, and those living with the disease faced extreme discrimination. As a result, a US-based non-profit/NGO, began an anti-HIV/AIDS project there in an attempt to increase the district's residents' knowledge and understanding about the disease and to change behaviours to decrease the incidence and prevalence, the death rate, harmful sexual

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practices, stigmatisation, and other negative attitudes and behaviours (NGO, 2004).

Thus, the purpose of this case study was to develop an indepth analysis of a single case (Creswell, 1998), specifically to formally evaluate at its halfway point the NGO's resulting HIV/AIDS programme. The goal was to identify and use the lessons learned not only to provide guidelines for future work and improvements in the district where the project was initiated, but also as a framework that would enable its expansion to other areas of the world where the organisation also was involved in humanitarian aid projects. The case for the study is the Silti district of Ethiopia and its response to the NGO's HIV/AIDS project. It is bounded by three months of data collection through multiple channels, including documents, indepth interviews, and focus groups (Creswell, 1998). The structure of this case study follows that of Lincoln and Guba (1985): problem (as laid out previously), context, issues and lessons learned.

Primary among the lessons are those valuable for health public relations practitioners and their non-profit organisations and NGOs with respect to relationship building, which also is discussed. Paramount to the success of the Ethiopia-based programme was the recognition by the NGO that identifying the stakeholders and publics, and developing and maintaining relationships with these stakeholders, was critical, and the substantial investments of time and energy that were made in relationship-building strategies. These stakeholders were diverse, including funding organisations, governments at all levels (national, regional [akin to the state level in the US], district, and local), schools, health offices and personnel, hotels and other potential partners, community leaders, community and religious groups, powerful social organisations called idirs, youth clubs, and individuals. This latter category included general community members, as well as AIDS orphans, and people living with HIV/AIDS, who are highly stigmatised.

Case study methodology

The methodology used to develop this case study involved three primary means of data collection: research conducted using internal NGO documents, archival data and external sources of information; indepth interviews; and focus groups. Personal observation also was utilised. NGO documents included project proposals, a baseline HIV/AIDS Knowledge, Attitude, Practice and Behaviour Survey conducted in the district prior to undertaking the project and the associated results report, and reports of activities conducted at various points in time. Indepth personal interviews with national and local project NGO staff, and with a youth anti-HIV/AIDS club leader were also conducted in English with a translator standing by if needed.

A focus group consisting of community leaders also was conducted. This focus group, which was moderated by a native-speaking local NGO staff member and translated into English, included representatives of the religious sector, idirs, and from among the leadership of the school-based anti-HIV/AIDS clubs. Although preparations were made to split the youth club leaders into a separate focus group if necessary to ensure balanced participation, both the youth members and adult leaders were vocal during initial introductory discussion and this separation was found to be unnecessary. The goal was to determine if/how the Silti district had benefited from the project thus far; what challenges, limitations, or problems may have been faced; whether there were any signs of change to date; and what the community's expectations for long-term change in knowledge, attitude, or behaviour were as a result of the programme. Eight open-ended questions were posed to the group and successfully stimulated discussion. In addition, some of these issues were discussed with a second focus group of local girls as part of broader discussion with them.

The researcher also utilised personal observation in a variety of settings during a week-long visit to the district. Analysis involved assembling the data from these various collection efforts into descriptive materials, including this detailed case study

report, and other presentations and documents prepared for the NGO's Ethiopia and US headquarters' offices (Creswell, 1998).

Context

The district, where the NGO's Ethiopia-based office was already conducting other health, education and agricultural activities in four communities (kebeles), is a primarily Muslim area comprised of 30 ethnic groups and more than 185,000 people, most of whom observed a number of long-standing religious, social, and cultural practices that encouraged destructive health behaviours. Among these were polygamy, adultery, multiple sexual partners, and marriage by young girls, all of which provide potent opportunities for transmission of HIV/AIDS. Because the area's people are highly impoverished, earning an average of less than 500 Ethiopian birr a year (less than US$60 at the time) from their primarily agricultural operations (NGO, 2001), it was common for men to go to find work in Addis Ababa, the capital, and other larger cities. This often kept them away for nine to 10 months at a time, and led to promiscuity, sex with multiple partners and contact with sex workers, increasing the likelihood of becoming infected with HIV/AIDS and bringing it back to their wives and other mates at home. Likewise, girls also migrated to semi-urban areas to earn easy money as commercial sex workers.

Women were not considered important members of the community, and young girls faced genital mutilation, rape, and abduction, or being sold into early marriage or as sex workers to provide money for the family. Girls in particular, had obligations to augment the family's income either by selling their labour, or by becoming a second or third wife to an affluent man. Half of all girls under 15 in the district were thought to be victims of early marriage (NGO, n.d.). Family sizes were large, and child neglect was common. Condom availability was poor and their use was considered socially taboo. HIV/AIDS testing and counselling was miniscule, and had been started a year earlier by an understaffed government clinic. In addition, the youth unemployment rate was high, and the area lacked recreational facilities and educational opportunities for highschool-age children and older. Many youths had become involved in harmful habits, including drinking alcohol, smoking, chewing the drug khat, and practicing unsafe sex, which led to sexually transmitted diseases, including HIV.

Denial about its presence locally and fear about the possibility of acquiring the disease was widespread, with many community members believing the disease was not an issue that would affect them or about which they had to worry. Knowledge about reproductive health issues in general was deficient, including among youth, and discussion about sexual subjects was nonexistent, even among spouses and families. Lack of understanding about HIV/AIDS resulted in intense stigmatisation about the disease, bringing shame, disgrace and dishonour on those having it. This left them socially isolated, essentially banned from participation in community life and forced to cope alone, without the community's resources or support. Likewise, AIDS orphans, believed to comprise at least half of the 1,500 orphans in the area, were largely abandoned by the community as well, and were left to fend entirely for themselves (NGO, n.d.).

The significant risks facing the area's population from HIV/AIDS and their resultant vulnerability to the disease became apparent through the NGO's regular work there. These observations led to discussions with community-based organisations, parents' committees at schools, and local government administrative units, during which the issue was identified by the community members as a major threat that needed urgent intervention, with which it was hoped the NGO could assist.

Relationship building in the literature

This case study is an evaluation of a portion of a completed HIV/AIDS programme that did not employ formal theory in its development. However, through this case study, relationship building was identified by all constituencies as a key component of the project, and likely played a critical role in its success. Therefore, it has potential practical applications with respect

to non-profit organisations' public relations efforts related to promoting health initiatives, and discussion of this concept as described in the literature is appropriate for inclusion.

Focusing on building relationships with key constituencies and maintaining them in the long term has been identified as fundamental to public relations and essential to its success. Doing so allows organisations to identify goals that are likewise mutually beneficial to their publics. This results in enhancing satisfaction, cooperation, support and loyalty; decreasing resistance, conflict, and complaints, and increasing the likelihood of affecting behaviour changes in a public and/or in the organisation's management, and ultimately of achieving an organisation's goals (Hon & Grunig, 1999; Ledingham, 2003). Hon and Grunig state: "Organizations that communicate effectively with publics develop better relationships because management and publics understand one another and because both are less likely to behave in ways that have negative consequences on the interests of the other" (p. 10). Developing these mutually beneficial – or symmetric – relationships requires balancing the organisation's pursuits with the needs and concerns of its key publics, which is accomplished through the continual exchange of information (Grunig, 1993). Doing so engenders loyalty and support for the organisation and its goals, and provides a host of social, financial and environmental benefits for the community (Ledingham & Bruning, 2001). As a result, Ledingham (2003) put forth the following theory of relationship management: "Effectively managing organizational-public relationships around common interests and shared goals, over time, results in mutual understanding and benefit for interacting organizations and publics" (p. 191).

How positively members of significant publics respond to an organisation and their behaviour with respect to the issue at hand denote the success of the relationship (Ledingham & Bruning, 1998). Dimensions that have been found to be particularly important in organisation-public relationships are trust (a critical factor), openness, involvement, investment, and commitment (ibid). These factors have been found to be important in organisation-consumer relationships involving the sale of a (telephone) service (ibid), in business-to-business relationships (Bruning & Ledingham, 2000), and in physician-patient relationships (Dimmick, Burgiss, & Ragsdale, 2000). Relationship building also has been investigated in a variety of public relations contexts, including crisis management, media relations, and public affairs (Ledingham, 2003) and community relations (Ledingham & Bruning, 2001). This suggests that relational issues are fundamental in multiple contexts and among different publics and deserve consideration by domestic and global nonprofits/NGOs involved in health public relations and campaigns promoting awareness of health issues and behaviour changes such as the one analysed here.

Issues

After identifying that HIV/AIDS was a major threat needing urgent intervention in the district, the NGO held a series of consultation meetings with various stakeholders, including district health offices, local government representatives, HIV/AIDS prevention office representatives, administration council members, youth clubs, and community leaders. The outcome of these discussions was an expressed desire by stakeholders to implement community-based HIV/AIDS interventions in the area's 43 kebeles with support from the government, the NGO, and these communities.

Using various local government officers as partners, the NGO developed a two-year project whose major objectives were to enhance the community's actions in preventing and controlling the spread of HIV/AIDS in all 43 kebeles; mobilise youth in the target communities and broaden their knowledge about HIV/AIDS; and increase awareness about HIV/AIDS and reproductive health among 70 percent of the area's population. Nearly all of the funding for the project (978,216 birr or about US$124,000) came from an out-of-country agency affiliated with the NGO (NGO,

2005). This agency also was sponsoring a separate girls' education project in four communities that included some HIV/AIDS awareness components.

NGO officials also identified a number of additional issues falling outside the usual HIV/AIDS awareness and education endeavours, which they felt also needed to be addressed through the project. These included the need for the community organisations to expand their traditional after-death funding to provide routine care and support to orphans and 'people living with HIV/AIDS' (PLWHA); to resolve the significant stigmatisation associated with the disease that resulted in widespread discrimination against PLWHA; to abandon harmful traditional practices, such as female genital mutilation and polygamy; and to change the written constitutions governing the local social organisations (called idirs) to denounce harmful traditional practices, including prohibiting polygamy, and marriage for anyone under 18. The targeted 70 percent amounted to nearly 129,500 people throughout the communities, with direct beneficiaries expected to be 21,600 members of the district's 108 idirs (200 from each), while 107,900 would indirectly benefit (NGO, n.d.).

A benchmark community survey was conducted by the NGO to assess knowledge, attitudes and practices related to HIV/AIDS and reproductive health issues, harmful traditional practices, stigma and discrimination, and counselling and testing (NGO, 2004). After pre-testing, the five-section survey was administered orally by local, native-speaking data collectors who had received three days of training on data-collection techniques and HIV/AIDS-related issues. Successful interviewees, who were obtained using a systematic house-to-house random sampling, included 1,247 people aged 15-59. They were asked to respond to 84 questions, including those involving basic demographic and background information. Each interview took an average of 75 minutes.

The results, which were shared with the local government HIV/AIDS office, were telling and strengthened the need for the objectives identified during the planning of the project. For example, although 94.3 percent of respondents had heard of HIV/AIDS, more than two-thirds (69.2 percent) thought the disease was curable. In addition, although the vast majority (93.8 percent) knew it could be spread through sex, 55.3 percent believed it could also be transmitted by using communal latrines, 42 percent by eating together with PLWHA, 39.3 percent from mosquitoes, and 29.8 percent from kissing. Most significantly, nearly a quarter (23.3 percent) said they believed condoms were responsible for actually transmitting the disease, while more than three-quarters (76.8 percent) said that condoms either did not prevent HIV or they didn't know if they did. Just 1 percent said they had ever used a condom, and 96.7 percent said they didn't want their children to know about condoms, with the majority of those equating knowledge about condoms with encouraging promiscuity. All but 2 percent of respondents identified risk factors they felt made the community vulnerable to HIV/AIDS – 19 causes in total, including wedding ceremonies and some marriage rituals, multi-day holy day celebrations, and night-time activities, such as fetching firewood or going to the mill – a number of which were deep-rooted traditional practices. However, 69.2 percent of respondents believed these practices could be successfully abolished (NGO, 2004).

The main objective of the project was to bring about behavioural changes among community members regarding HIV/AIDS with the ultimate aim to decrease the incidence of the disease. It was understood from the outset; however, that altering ingrained actions and attitudes is a slow process, and that it could take as long as five years before any concrete changes were seen. The targeted behaviours included people using all preventive measures available to them, including condoms, as well everyone availing themselves of voluntary counselling and testing (VCT) services for the disease. The NGO and its local coordination office facilitated the project, while community-based organisations and local government

administrative structures assisted in implementing it. No additional full-time NGO employees were hired to execute the programme.

Relationship-building programme efforts

Before the project was ever undertaken, NGO officials determined that critical to the success of the initiatives would be establishing a number of collaborations with community organisations and leaders, and carefully recruiting influential leaders and educating them to change their traditional mindsets. As a result, significant effort was spent developing relationships and partnerships with religious leaders, starting with those with whom the local project office had already established contact, and influential members of the area's idirs. Cooperation with a variety of local government offices also was key; including those dealing with HIV/AIDS, youth, women, health, justice, and environmental protection, as well as with the government-managed schools.

Muslim and other religious leaders have powerful authority in communities and serve as opinion leaders, usually struggling to preserve tradition and harmful traditional practices. Idirs are respected and influential mutual support associations formed by neighbourhood communities, in which almost all local residents participate. Headed by democratically elected leaders, these social groups typically provide support during death and crisis. However, they have been effective in mobilising members and resources and coordinating grassroots initiatives, and have increasingly been proven to be instrumental in tackling harmful traditional practices and bringing about positive attitudinal changes. It is estimated there are at least three active idirs in each kebele (community) in the Silti district.

Involvement of youth was also determined to be essential. As a result, ties with youth in school anti-HIV/AIDS clubs were established and strengthened, and their members were trained to be peer educators involved in conducting HIV awareness-raising campaigns. These educational efforts focused on the ABC's of HIV/AIDS education: Abstinence, Being faithful to one partner, and Condom use. To those who requested it, they also provided information about how to use condoms, and the proper method of disposing of them to prevent them from polluting the environment or falling into young children's hands.

The NGO planned a number of activities over the course of the programme. These included a series of workshops aimed at to introducing the programme and winning the support of influential community leaders who could serve as community envoys. Public training sessions were conducted, with resource persons from the government and NGO offices and PLWHA invited to discuss harmful traditional practices, reproductive health issues, HIV/AIDS transmission and prevention, and cases of stigmatisation and discrimination. Organising workshops for existing and emerging in-school anti-HIV/AIDS clubs were carried out, and youth community workers were recruited for house-to-house educational visits, with the NGO paying the volunteers' daily transportation costs on the visit days. Youth leaders were to be trained in peer education, including Information, Education and Communication (IEC) and Behavioural Change Communication (BCC) techniques, focusing on the central theme of destigmatisation. Their awareness efforts included distribution of IEC materials and discussions of harmful traditional practices, reproductive health, and HIV issues, in traditional coffee ceremonies in the villages and during house-to-house educational visits. Condoms and information about their proper use and disposal were distributed through hotels, government health offices, school anti-HIV/AIDS clubs, and other locations where they would be readily available. Idirs were provided training and assistance to revise their constitutions to denounce harmful traditional practices, including polygamy and early marriage, and requiring HIV testing before marriage.

Extensive efforts were made promoting VCT and the importance of knowing one's HIV status to trigger behaviour change and help

protect others, as well as linking youth to these services. This included efforts to expand and enhance the existing government-run VCT office and make it youth friendly, with the NGO providing materials, counsellor training, a TV/video set and other capacity support. In addition, to provide a place where youth could spend their time wisely, the NGO would support upgrading an existing youth reading centre to a multipurpose youth HIV/AIDS information centre equipped with TV, video and overhead projector for educational training, plus recreation facilities, such as table tennis, darts and chess. The district government was to provide the personnel to run and maintain the centre, which was to serve 6,000 youth, including after the project ended.

The specific accomplishments to be completed within the project's two-year time frame were many and diverse. They included mobilising at least 150 religious leaders and 390 idir leaders, with half women, to agree to become involved in the HIV/AIDS prevention and control measures; training them in appropriate BCC techniques; and ensuring they were actively discussing with their members HIV/AIDS, reproductive health and harmful traditional practices. All of the district's idirs were to have endorsed revisions to their constitutions by the end of the project period. Five hundred or more households were to have HIV/AIDS and reproductive health discussions at their traditional neighbourhood coffee ceremonies, and IEC materials were to be distributed to at least 1,000 households, with at least half of the adults receiving the message about the transmission and preventions of HIV/AIDS and sexually transmitted diseases. At least 50 percent of new marriages were to be among those above 18, with at least half of couples undergoing VCT before marriage.

Outcomes specifically regarding youth included the formation of five new anti-HIV/AIDS youth clubs, with five existing ones to be supported and strengthened, to reach 28 junior/elementary and two senior secondary schools in the district. Five hundred youth educators were to be trained in IEC and BCC tactics, with at least 360 club members mobilised to reach each of the 43 kebeles, including the most remote areas, some eight hours walk from the project office with no other means of transportation available. These clubs were to organise at least 10 awareness-raising workshops for their 2,500 active members, and in conjunction with NGO staff were to convince 3,000 youths to access VCT services. At least 29,663 students, half of the district's school population, were to be reached by the anti-HIV/AIDS activities of the clubs, with 5,000 youths and school children mobilised as potential club members. Also by the project's end, at least 95 percent of the 20,000 local youth and 50 percent of the 129,500 targeted community members were to accept and practice condom use and reproductive health safety measures, with at least half of youths freely demanding condoms.

The project was designed as a grassroots-level initiative, with community-based and government organisations involved from the beginning and community members working together to accomplish a common goal. This participatory approach ensures sustainability when the NGO's role comes to an end by fostering a sense of ownership of the project's endeavours and pride in its accomplishments that increases the likelihood the community will maintain the efforts. Training of community leaders and youth educators in all the kebeles empowers them to continuously advance the objectives of the project, and strengthening the government's involvement and commitment in the area improves connections that will allow long-term progress. In addition, although idirs were being provided with technical assistance to redraft their constitutions, the responsibility for informing their members about the changes and convincing them to endorse them rested solely with the idir leaders. In addition, youth trainers who provided education at traditional coffee ceremonies trained mothers and other women attendees as peer educators so they could further spread this information, increasing its sustainability. Stakeholders closely followed the progress of the project, and local leaders had begun advancing the project's messages to

their members, and had acknowledged the need – and their desire – for the community to be more actively involved.

Challenges

Significant challenges faced the project from the outset. Chief among these was potential opposition to changing attitudes and practices regarding long-standing customs, particularly among religious leaders and elderly members of the communities. Illiteracy and language barriers among the area's 30 ethnic groups could have made it difficult for some idir members to understand and accept the proposed changes to their constitutions. Because of the district's expansive area, covering nearly 465 square kilometres, access to some of the remote kebeles was problematic. Women's involvement was expected to be low because of their nominal social status. There were also concerns that the demands of both the youth recreation centre and the VCT office could exceed the government's capacity to provide the personnel and other requirements for these services. In addition, drought and other unforeseen events could have aggravated the extreme poverty already facing the area's people, potentially increasing the likelihood of parents 'selling' their daughters as brides or causing more girls to turn to commercial sex work, thereby amplifying the community's exposure to HIV/AIDS and possibly undermining the project's efforts.

These potential obstacles were managed, in part, through relationship-building strategies that included careful selection and recruitment of appropriate male and female opinion leaders, conservative elders, and volunteer youth club members, and efforts to gain their support initially and enhance their cooperation over time. The resulting relationships were supported by continuous education and aggressive promotion of reproductive health and safe sex practices by the NGO in the communities. The organisation also developed culturally sensitive materials and tried to ensure that education volunteers spoke the appropriate languages to help build relationships with individual stakeholders.

Additional problems surfaced during the implementation of the project, including the timing of some events during harvesting and fasting periods, as well as extended cultural and religious events that hindered execution of the activities, recruitment of data collectors and general participation, and resulted in lower-than-expected workshop and training session attendance. Because of their demands at home, the availability of youths to conduct training was limited to weekends and school breaks. Stigma and discrimination made it difficult to recruit PLWHA as speakers, so alternative presenters were arranged. Likewise, it was impossible to obtain professionals who could speak many of the languages and who understood the culture well enough to talk about the legal aspects of revising the idir constitutions, so a single local justice department official was utilised.

Persuading women to participate in workshops and other activities was also a struggle. However, women who attended were provided an equal opportunity to participate and have input, and they shared their experiences with other women. The news passed from kebele to kebele, with a subsequent increase in their involvement. Fear about condoms polluting the environment resulted in them being distributed with informational material that showed how to use and properly dispose of them. The government health department lacked a sufficient number of testing kits, preventing many people who requested the services from getting them. The NGO subsequently purchased test kits to meet the demand in the short term.

In addition, after the initial proposal was made, district restructuring occurred, resulting in the addition of seven kebeles (from 36 originally) and increasing the area's size and population. This required conducting an additional baseline survey in these new villages, with the additional costs reallocated from funds originally designated for project monitoring and evaluation. Despite the remoteness of these new kebeles, all other

activities were conducted within budgeted costs.

The main limitation cited is that the programme had not been able to adequately extend the messages about HIV/AIDS and harmful traditional practices to the more remote areas. In addition, school anti-HIV/AIDS clubs didn't function year-round, and although members of these clubs received educational training, teachers did not. Finally, the ability of the government VCT office to provide adequate testing supplies was a continuing concern.

Ongoing monitoring of the project on a weekly and monthly basis allowed issues to be resolved quickly. Formal assessment reports were submitted by the NGO's district office on a quarterly basis, which the capital-city headquarters shared with the donor agency. These interim reports, as well as this mid-term case study, constitute strategies that strengthen internal relationships among the various NGO-affiliated offices. These include offices and staff at the local field level and in three countries, with plans to extend this sharing of information to affiliated offices in other nations as well.

Case study results

Midway through the project's activities, numerous accomplishments had been realised. Most significantly, in less than a year, the project had been able to bring about considerable changes in a number of deeply ingrained harmful traditional practices, including a decrease in early marriage and polygamy, and increased acceptance of the use of condoms. Tackling these harmful traditional practices in conjunction with all of the HIV/AIDS prevention efforts was found to be a crucial part of the effort's success. NGO project officials had expected changing these entrenched attitudes and practices would be an extremely difficult and time-consuming task, and were pleasantly surprised that the community and religious leaders in the area were receptive to the project's initiatives, and that they recognised early on that these customs were significantly affecting their youth, particularly girls.

Information about HIV/AIDS transmission and prevention had been widely disseminated, and community leaders and students indicated this knowledge had successfully replaced among many community members the misconceptions and lack of knowledge that was pervasive. Where they once denied its existence locally, community leaders said this awareness had resulted in people becoming highly conscious about the disease and convinced about the seriousness of its threat, and realised their behaviours must change to halt its spread. In addition, frank and open discussions about HIV/AIDS and other sexual matters that were once unthinkable had become common in families.

An estimated 75,000 condoms were distributed in the first year. Designated condom outlet sites were hotels, health offices and all government offices, school anti-HIV/AIDS clubs, and other readily accessible locations. NGO officials planned to assess who was using the condoms, i.e. whether they were being requested by community members or by transitory road-construction labourers working in the area at the time.

Many of the specific outcomes established initially had been achieved, including the reorganisation of five existing school anti-HIV/AIDS clubs and the establishment of five new ones. Religious and idir leaders and anti-HIV/AIDS youth club members had been mobilised to become involved in the HIV/AIDS prevention and control efforts. Thirty-five percent of community leaders were women, but working to equalise that number was a continuing goal. Idir leaders had been trained and had begun discussing with their constituencies the disease, harmful traditional practices, and reproductive health. About 1,000 households – the total number targeted by the project – had already been provided with IEC materials.

The NGO also provided to the government-run VCT office a TV/video set to assist its health education programme and other capacity support to expand and improve its services. Demand increased, but a deficiency in the number of testing kits and a single counsellor to run the centre hampered the effort, resulting in

many people being placed on a waiting list to receive them. At the half-way point, 2,500 people had requested the service, with 500 tested.

The government justice office had provided technical assistance to 64 targeted idirs to revise their constitutions to ban harmful traditional practices and incorporate HIV/AIDS prevention and care. Efforts to convince these groups to tie the financial backing they provide to newlyweds to obtaining VCT had also been well received, and idir leaders indicated they were considering making VCT mandatory before marriage. The NGO also worked to persuade the idirs to expand the traditional support they provide at death for funeral and other expenses by providing at least part of this support to orphans and PLWHA during their lives. As a result, the idirs had donated 2,000 birr to pay for school uniforms and supplies for 48 orphans, and another 800 birr to aid PLWHA. Endeavours to decrease the stigmatisation faced by PLWHA had also been successful, with community leaders saying discrimination of these residents was decreasing and that community support of them had increased as a result of the distribution of accurate information about how the disease is spread.

Training and mobilising youth in all the kebeles to achieve wide community reach created broad awareness about harmful traditional practices, HIV/AIDS awareness, reproductive health, and contraception and family planning. Utilising youth as peer educators was also central to influencing the group of 15- to 24-year-olds. This group is not only the hardest hit by HIV/AIDS in Ethiopia, but they are also at the early stages of their sexual lives, providing an ideal time at which to establish safe sexual and reproductive practices to be exercised for a lifetime and which can be taught to their children.

From the start, the project succeeded in convincing community members that HIV/AIDS was their own problem, as evidenced by elders and community leaders pinpointing risk factors that predisposed their communities to the disease. Education included all the prevention messages of condom use, VCT, and following precautions when dealing with blood and other body fluids. Broad awareness and education was accomplished through in-home visits and at neighbourhood coffee ceremonies, at which as many as a dozen women gather to chat about family and community issues.

Traditional coffee ceremonies, the only real opportunities women had to socialise with each other and discuss issues, were determined to be the best medium for transmitting word-of-mouth messages in the community, and the NGO found this avenue could successfully change attitudes and behaviours. These occasions are used to disseminate information and to clear up misconceptions about HIV/AIDS, reproductive health, and harmful traditional practices among women, who typically are more isolated than men and have little access to radio and other forms of information. In turn, this increased knowledge was expected to build the capacity of women to have dialogues with their partners about these issues, including negotiating safe sex and condom use. Additionally, in its next phase, the project expected to train some of the women who attended these educational coffee ceremonies so they could impart the message more broadly at other ceremonies they attend, making the effort sustainable.

The NGO was diligent in its efforts to obtain informational materials that were culturally appropriate for the Silti communities, without having to expend the time and expense necessary to create and test entirely new items. As a result, they reviewed materials already in use, and adapted them to be characteristic of the area and meaningful to local residents. The NGO also was trying to adapt to teach community-based organisations and communities appropriate IEC and BCC techniques, such as pictorial displays, dramas, and jokes that have a message. Youth anti-HIV/AIDS clubs were using these tactics to attract the attention of audiences, particularly in the form of dramatic plays presented at large public gatherings. Also valuable for generating awareness among mass audiences were

educational presentations at schools and public gatherings given by health professionals and other sources.

Discussion and lessons learned

This case study provides evidence that relationship building is an important aspect of health public relations conducted by international NGOs. According to all constituents, this was the single crucial reason behind the significant and early success of the organisation's programme objectives. Relationship management requires conducting the research necessary to identify the key stakeholders as well as the opinion leaders who will have the have the most significant influence in the community, involving them from the beginning, and continually working to enhance and maintain those relationships using a variety of formal and informal communication and other tactics. Working within existing community-based structures and tapping influential leaders increased acceptance by the broader community and significantly facilitated the project's activities.

It also is important to recognise and take advantage of opportunities to enhance existing relationships that may come about unexpectedly. For example, the community leaders in the focus group remarked favourably on the fact that the organisation cared enough to send someone to interview them in such a manner. Surprising was that despite their stature in the region, these community leaders felt especially honoured that an American would be interested enough to be so closely involved. Several of them, the women in particular, spent time after the focus group concluded asking questions through the interpreter. Therefore, this focus group, and the attendance of an official from the NGO's national office and an unexpected foreign worker, likely also worked to enhance the relationship between the NGO and these community leaders by increasing their perceptions of the one or all of the previously mentioned dimensions of trust, openness, involvement, investment, and commitment.

Secondly, cultural, religious, and other external factors must be taken into account. This enhances participation in a programme's activities, which in turn helps ensure a greater likelihood of success, but also increases opportunities to establish relationships with new and larger publics, which is mutually beneficial. In this case, the programme was able to simultaneously tackle broader underlying issues, including gender bias, harmful traditional practices, and social stigma.

Recognising these broader considerations also allows greater understanding of potential issues that may not have become apparent during an organisation's initial research. For example, comments during the focus group surfaced that had not been previously uncovered. Participants related that many people in the districts' outlying communities and/or who had no prior knowledge of or association with the NGO believed the organisation would not serve Muslims and that HIV/AIDS afflicted only Christians. Had this information remained undisclosed, the NGO's ability to achieve its desired outcomes among these publics may have been significantly diminished, and they and their communities would not have benefitted from the programme.

It is likewise important to appreciate and take advantage of social and cultural practices that can be leveraged to solicit awareness of and involvement in an organisation's programme efforts. For example, the NGO recognised the significance the traditional coffee ceremonies played and their value in transmitting messages among women.

Also crucial is ensuring that the resources and capacity of the organisation as well as its partners are adequate to meet the objectives that have been identified, and to have contingency plans in place from the beginning. For example, in this case, the government did not have adequate resources to meet the demand for HIV/AIDS testing and counselling, nor was there sufficient staff to assist in the revisions needed to the idir constitutions. Although the programme was only at its mid-point, continued delays and an inability to provide the services being promoted could have resulted in long-

term negative consequences on the satisfaction, support and loyalty of multiple publics.

Conclusion

There was widespread agreement by NGO officials at the local and national level, as well as among religious, community and youth leaders in the Silti community, that at its midway point the programme had already accomplished many of its objectives. In addition, perceptions were that it would be beneficial to expand these initiatives to more remote areas in Silti, as well to other areas of Ethiopia and other countries facing similar concerns. Endeavours were underway that needed to be completed, and additional enterprises were to be undertaken in the second year. The success of the initiative at its mid-point was largely due to early realisation by the NGO that the project's goals could only be successful with the cooperation of many parties, and the intense efforts subsequently made to establish and build these critical relationships. Also crucial were the persistent efforts by these consequently established partnerships to abolish the long-standing harmful traditional practices as components of all the project's HIV/AIDS prevention endeavours. Equally important was the ongoing dialogue between the NGO and individuals in the broader community that was made possible by these stakeholder-NGO collaborations. These associations resulted in overall acceptance and support by the broader community. These relationships required constant nurturing and stewardship throughout the first year of the project, and this needed to continue in the second year and into the future.

Finally, despite the physical separation and lack of technology at the Silti field office, the NGO and its affiliated offices worldwide involved with the project communicated and coordinated routinely through the regular reporting process it had instituted. In addition, the results of the evaluation of this NGO programme (and three other projects) were shared through a special afternoon presentation in the capital city, which all organisation staff throughout the country were invited to attend. Anecdotally, this sharing of information worked to help bring together a physically separate group, further strengthening the NGO's internal relationships by showing the national office's support and appreciation for its employees, and reinforcing the field staff's commitment to the organisation and its mission.

As mentioned, the programme described in this case did not consider relationship management in the formal sense in which it has been described in the literature; however, this case study shows the NGO followed a process that has been described there. It worked with multiple stakeholders to identify the community's needs, developed initiatives that responded to those needs, and then disseminated information to community members through a planned communication programme (Ledingham & Bruning, 2001).

Although this case study cannot be generalised to other groups or countries, it suggests that the use of relational strategies by non-profits/NGOs in health public relations and health communication endeavours is mutually beneficial. Thus, formal consideration in these contexts of relationship management theory and relationship-building approaches aimed at increasing the dimensions of trust, openness, investment, commitment, and involvement is warranted, as is additional research in this area.

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