

THE KINGDOM OF SWAZILAND

**NATIONAL HIV/AIDS COMMUNICATION STRATEGY FOR
SWAZILAND**

A DRAFT

A RESPONSE BEYOND AWARENESS

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS - Acquired Immunodeficiency Syndrome
ART - Anti-Retroviral Therapy
ARVs - Anti-Retroviral Drugs
BCC - Behaviour Change Communication
BSS - Behavioural Sentinel Surveillance
CANGO - Coordinating Assembly of Non-Governmental Organisations
CBOs - Community-Based Organisations
CEO - Chief Executive Officer
CSWs - Commercial Sex Workers
CHWs - Community Health Workers
CMTCT - Crisis Management and Technical Committee
FBOs - Faith-Based Organisations
FHI - Family Health International
GFATM - Global Fund for HIV/AIDS, TB & Malaria
GIPA - Greater Involvement of People living with HIV/AIDS
HBC - Home-Based Care
HICDARM - Hear, Inform, Convince, Decide, Action, Reconfirm, and Maintain
HIV - Human Immunodeficiency Virus
IEC - Information, Education and Communication
LDDs - Long Distant Drivers
MISA - Media Institute of Southern Africa
M& E - Monitoring and Evaluation
NADPP - National Association for Development Programme Producers
NCS - National Communication Strategy
NERCHA - National Emergency Response Council on HIV/AIDS
NGOs - Non-Governmental Organisations
OVC - Orphans and Vulnerable Children
PLWHA - People Living with HIV/AIDS
PSI - Population Services International
PPTCT - Prevention of Parent to Child Transmission
PRASO - Parents and Relatives of People living with HIV/AIDS Organisation
RHMs - Rural Health Motivators
SADC - Southern African Development Community
SHAPE - Schools Health Population Education
SNA - Swaziland Nurses Association
SNAP - Swaziland National Aids Programme
SNAT - Swaziland National Association of Teachers
SNC - Swaziland National Council
SFL - Swaziland Federation of Labour
SFTU - Swaziland Federation of Trade Unions
STIs - Sexually Transmitted Infections
TA - Technical Assistance
TB - Tuberculosis
THO - Traditional Healers Organisation

UNAIDS - Joint United Nations Programme on AIDS

UNFPA - United Nations Population Assistance

UNICEF - United Nations Children Fund

UNISWA - University of Swaziland

USAID - United States Agency for International Development

VCT - Voluntary Testing and Counselling

WHO - World Health Organisation

FOREWORD

Since the first AIDS case was reported in 1987, the HIV/AIDS programs in the country concentrated almost all their efforts on awareness creation through information, education and communication (IEC). Available data have indicated positive results that awareness is very high, but with very little behaviour change.

After the declaration of HIV/AIDS as a national disaster by His Majesty King Mswati III in February 1999, there was a realization that HIV/AIDS was becoming a developmental issue cutting across all sectors thus a multi-sectoral approach was adopted. The Crisis Management and Technical Committee (CMTCT) was developed to provide leadership, mobilize resources and coordinate the multi sectoral response. A National Strategic Plan for HIV/AIDS (2000-2005) was developed. The CMTCT in 2001 was replaced by the National Emergency Response Committee on HIV/AIDS (NERCHA) that was created under the Prime Minister's Office.

The country therefore has adopted a multi-sectoral approach to HIV/AIDS and has put high importance behavioural change communication which will be in line with the National Strategic Plan for HIV/AIDS. Thus this strategy will have to be reviewed in 2005 together with the national strategic plan.

I would like to take this opportunity to thank NERCHA for making funds available and being instrumental in the development of the communication strategy. We also extend our thanks to partners and different sectors including NGOs and CBOs and individuals who have assisted in HIV/AIDS communication for having supported our efforts in the absence of a national plan. The revised communication strategy has included new intervention areas like Voluntary Counselling and Testing (VCT), Prevention of Parent to Child Transmission (PPTCT), Anti-Retroviral Therapy (ART), and Home-based Care including Palliative Care and Policy issues.

The implementation of this plan is meant for all partners from national level to family/individual level. It is also meant to guide communications on issues of HIV/AIDS with focussed targeted groups aimed at improving behavioural change. Behaviour change communication requires a multi-sectoral and multidisciplinary approach, thus the involvement of all stakeholders in the development of this strategy has enriched the document.

Finally, I wish all our partners, implementers and the different targeted groups a success in their efforts to implement the plan. Despite the break through with Anti-Retroviral Therapy, communicating HIV/AIDS will remain a key. Each and every person has a role to play in curbing the spread of HIV/AIDS in the country. On behalf of His Majesty's Government and the Swazi Nation, I wish you success throughout the implementation of the national communication strategy.

Thank you.

Chief Siphon Shongwe
Minister of Health and Social Welfare
July 2004

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A document of this nature cannot be the product of one organisation. We therefore owe an incalculable debt of gratitude to all those who have tirelessly contributed to its final completion. This communication strategy on HIV/AIDS is a fundamental instrument whose time is long overdue.

There are so many people and organisations that contributed to the conceptualisation, development and finalisation of this strategy. We would like to extend our profound gratitude to the IEC Select Committee, namely Mr. Jerome Shongwe- Chief Facilitator; Mr. Anson Zwane – Assistant Facilitator and Editor in Chief; Mrs Busi Dlamini – Assistant Facilitator and Co-ordinator. We would also like to thank the following individuals for their profound contributions: Ms Philile Mlotshwa, Mr Muhle Dlamini, Mrs Beatrice Dlamini, Mrs Mary Ndlela, Mrs Fortunate Thwala, Mrs Babazile Dlamini, Hon. MP Ms Hlobisile Ndlovu, Mr. Nhlanhla Ntini M Nhlabatsi, Mr. Khanyakwezwe Mabuza, Ms Patricia Dlamini, Africa Magongo.

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The strategy was developed through a participatory and consultative process involving many organisations. Special attention and contributions received from the National Emergency Response Council for HIV/AIDS (NERCHA), World Health Organisation (WHO), UNAIDS, UNFPA, World Bank, PSI-Swaziland, MISA, SHAPE, HAPAC Ministry of Health and Social Welfare (MOHSW), FLAS, and the National IEC Action Group.

We have this deep-seated belief that through the multi-sectoral approach, decentralisation, active community involvement and individual participation, this communication strategy will make a difference in turning the tide of HIV/AIDS. Together we will overcome HIV/AIDS in this country and move the response beyond awareness.

MISSION/RATIONALE OF THE COMMUNICATION STRATEGY

It is the burden of every individual in this country to protect himself/herself and others from HIV/AIDS. This strategy inculcates and promotes a spirit of caring for one another. It seeks to prevent new infections and re-infections. The main thrust of the strategy focuses on both the sexually active and non-active youth. Therefore, its niche is underpinned by the concepts of abstinence, fidelity and the promotion of safeguards to prevent infections to unborn and newly born babies. This will be achieved through interactive community participation – the concept of ‘capacitating the messenger’.

The implementation of the strategy will take cognisance of the following factors:

- *Respect for cultural norms and values*
- *Patriarchal position of the country*
- *Country’s poverty situation*
- *Promiscuous behaviour of youth*
- *High level of denial, stigma and discrimination*
- *High level intake of alcohol and drugs*

EXECUTIVE SUMMARY

HIV/AIDS in Swaziland is an unprecedented development challenge, which has already caused too much hardships, illnesses and deaths. Over 250 000 Swazis in the reproductive age group are now living with HIV/AIDS.

HIV infection and AIDS death rates continue to rise. Consequently, human security is being threatened as the virus destabilises society in various ways. The economy is succumbing to AIDS related illnesses. Families, households, workplaces and the income levels are reduced. As a result, the whole social fabric is undermined.

There are fundamental social, cultural, economical and legal factors that are exacerbating the spread of HIV in the country. As a result, the impact of HIV/AIDS is heightened. In almost all cases the poor and the socially marginalized people are disproportionately vulnerable to HIV/AIDS. Studies indicate that the overwhelming burden of the epidemic lies with the youth, children and women. These are the most affected by the scourge and are highly vulnerable.

In recent years there has been growing national actions to address HIV/AIDS crisis. Interventions have been greater than at any other time in the course of the pandemic. All these efforts notwithstanding, the HIV infections continued to rise. Realizing the devastating impact of the disease, His Majesty declared HIV/AIDS as a national crisis and emergency in 1999. Subsequently, the National Emergency Response Council to HIV/AIDS (NERCHA) was established.

The magnitude of the pandemic has inevitably necessitated an aggressive mobilization of financial resources in order to effectively respond to the HIV/AIDS challenge. The Global fund is one such initiative in this regard. Through government support and the global fund, ARVs are being made available to people already infected. There are, however, quite a number of challenges in providing HIV treatment to large numbers of people. The infrastructure, coordination and support require sustained strengthening.

In the past 18 years since HIV was first reported, research and practice have generated an impressive body of knowledge and tools about how to reduce the transmission of HIV. This knowledge has also informed the different dimensions of providing quality treatment, care and support.

The National Communication Strategy will harness the current momentum and make concerted efforts to apply what is currently known to scale up services and programmes. The strategy will concentrate its resources where it will make the most difference in order to mitigate the spread of the pandemic. This requires focused, coordinated, supported efforts, and meaningful involvement of all people in this country.

The implementation of the strategy will recognize that HIV/AIDS issues are multi-sectoral. As such, there can be no one organisation or institution that can respond to HIV/AIDS in isolation, given the diversity and complexity of needs that HIV/AIDS create.

The epidemic demands mobilization and collaboration at individual, community and national levels: government, civil society, private sector and public sectors all have vital roles to play. There will be need to ensure that strategies and activities complement each other through active collaboration. Such complementarities will have to be embedded in the principle of respecting each other's independence by acknowledging differences, transparency and critical thinking. Learning and sharing between and among each other will be essential elements of successful partnerships.

This communication strategy supports the view that NGOs, CBOs, FBOs and indeed all partners must have credibility with the communities with whom they work. After all, credibility is a vehicle for effective communication.

PLWHAs involvement in the fight against the pandemic should rise beyond sheer ethical commitment to a level of genuine partnership. Communities themselves will have to take up the challenge and work to find solutions that appropriately suit their environments and settings.

It is conceived that this strategy will run for a period of five (5) years and will concurrently be monitored and evaluated annually.

The National Communication Strategy aims to:

- Increase individual, community and national commitment, involvement and participation in preventing new and further spread of HIV.
- Advocate for policies and structures in order to create a conducive environment for both behaviour change continuum and sustained support.
- Reverse the current rate of growth and impact of the HIV/AIDS epidemic.
- Increase coordination and collaboration of resources, programs and support.

The vision of this communication strategy lies in realizing timely and drastic reduction of the HIV transmission and improved quality of life for all people

Areas of intervention shall encompass program areas such as:

- **Prevention** - Condoms, STIs, safe blood, PPTCT and abstinence
- **Care and support** - VCT, ART, HBC, Palliative Care and rehabilitation
- **Impact mitigation** - OVC, legal response and government response

The communication strategy suggests a number of innovations and approaches in the implementation of efforts to scale up preventive and supportive interventions. These strategies include, among others:

- Advocacy/Social mobilization
- Information Education and Communication (IEC)
- Social marketing

Finally, the strategy examines issues and methods to be employed in the monitoring and evaluation of its implementation.

The implementation of the strategies will be monitored and evaluated against set indicators such as:

- Reduced number of new HIV infections among the age group 15 – 24 years;
- Increased financial support received from government; and
- Increased community support/involvement, partnership leverages, coalitions and coordination.

CHAPTER ONE

1.1 INTRODUCTION

This communication strategy provides a plan for communicating and promoting HIV/AIDS responses in Swaziland. It seeks to address the current high levels of infection, which cuts across all population groups. The increase in the prevalence rate of HIV/AIDS is not a reflection of lack of response by government and all stakeholders. Soon after the first HIV case was diagnosed in 1986, government established the Swaziland National Aids Programme (SNAP) as a special unit within the Ministry of Health and Social Welfare to address the problem of HIV/AIDS. The functions of this unit were mainly focused on the following:

- i) Raising awareness through IEC
- ii) Providing counselling support for PLWHA
- iii) Providing clinical services
- iv) Compiling statistical information through surveillance

His Majesty King Mswati III, in February 1999 declared HIV/AIDS as a national disaster. Further, in 2004 the King emphasised and reinforced that poverty, HIV/AIDS and food security were emergency issues. Following this declaration, government took measures to accelerate responses to this crisis. In 1999, a Cabinet Committee on HIV/AIDS, chaired by the Deputy Prime Minister was instituted. In the same year, cabinet established the Crisis Management and Technical Committee, which developed the National HIV/AIDS Strategic Plan 2000 – 2005.

The recognition of the multi-sectoral response necessitated a serious plan to address three essential areas in the intervention. These are risk reduction, response management and impact mitigation. All these interventions culminated in the establishment of the National Emergency Response Committee to HIV/AIDS (NERCHA) in 2001. In 2003 NERCHA was granted the status of council, giving it more powers and mandate to establish, among other things, committees to ensure an effective response to HIV/AIDS in the country.

The national response to HIV/AIDS is in line with the SADC/Maseru Declaration of 2003-2007. The declaration identified priority areas including prevention and social mobilization; improving care; access to counselling and testing services; treatment and support; and accelerating development and mitigating the impact of HIV/AIDS through intensifying resource mobilization and strengthening institutional monitoring and evaluation mechanisms.

There are a variety of donors with interest in HIV/AIDS issues in the region. Swaziland is a beneficiary of the Global Fund for AIDS, TB and Malaria (GFATM). Despite all these structures put in place, an increase in the prevalence rate is unabated. The drivers of the epidemic in Swaziland remain low usage of condoms, unfavourable cultural practices, low status of women, poverty, gender inequality, high substance abuse, mobility of the

population and the wide spread of STIs. The need to address issues of behaviour change communication is becoming even more critical.

1.2 BASELINE DATA

According to the 1997 census, the population of Swaziland is estimated at 980 722. The HIV/AIDS prevalence rate is at 38.6% among the reproductive age group of 15 – 49 years old. HIV/AIDS prevalence between the ages of 15 – 24 males is 15.2 % and for females between ages 15 - 24 it is 39.5 %. The prevalence rate among ANC clients is at 37.9%. The prevalence of STIs among urban males is 48.9%. AIDS related deaths among the adult population are 9,300 per year. Children dying of HIV/AIDS below the age of 15 are 2,500. New AIDS cases among adult is 20 000. Children who have been orphaned by AIDS are 35 000. The mid-age for sexual debut for males and females is 16 years.

The statistics show that the HIV prevalence rate in the country has reached the highest peak and the death rate has ballooned. It further reveals that the HIV/AIDS prevalence rate is high among the youth between the ages of 15 – 24. Although the situation is apparently bleak among this population group, there is hope that about 70% of the in-school youth is not yet sexually active.

Available data indicate that awareness and knowledge on HIV/AIDS issues has increased since the first HIV case was reported in 1986. More than 90% of the total population is aware of HIV/AIDS issues.

1.3 COMMUNICATION SITUATION

The high level of knowledge and awareness of HIV/AIDS issues does not match the desired behaviour change. A large proportion of the youth and adult population still engage in unsafe and risky sexual relationships.

According to the BSS 2002 about 54.8% of the military, 49.1% of watchmen and 30.7% of seasonal workers reported having had unprotected sex in the last twelve months. Multiple sexual relationships were common across all groups that were surveyed. The majority of police, watchmen, and seasonal workers who reported having unprotected sex in the last twelve months had one such partner in that period with the remainder having two or more partners. One half of the military reported to have one non-regular sexual partner while the other half reported having two or more of such partners. Married men reporting non-regular sexual relationships were common across all surveyed adult populations.

Condoms are still not consistently used in the country. The BSS 2002 showed that consistent use of condoms in every sexual encounter with a non-regular sexual partner in the last twelve months was 67.6% for police, 51.7% for military, 29.6% for watchmen and 23.6% for seasonal workers. On the other hand, the Ministry of Health and Social

Welfare Report of 1998 states that the major reasons for not using condoms is that partners are refusing and some do not like it.

Knowledge of the symptoms of STIs is relatively high. The BSS 2002 indicate that during the surveyed period a majority of respondents spontaneously identified genital ulcers/sores and genital discharge as symptoms of male STIs. Reported incidences of STIs in the last twelve months were rather high in all surveyed adult populations. The Biological Sentinel Surveillance of STI s in Swaziland 2004 shows that the best factors and predictors were behavioural risk factors like having recently new partner or reporting multiple partners.

A baseline study of home-based care coverage conducted in 2003 shows that there is a confluence of knowledge and attitudes of HIV/AIDS amongst care givers. About 30% still believe that sharing a meal could transmit HIV and about 19% believe that a healthy looking person could not be infected with HIV. What was more worrying was that about 42% of them could not continue employing someone who is HIV positive. 30% reported they could not continue to entrust their children with an HIV positive teacher. The findings indicate that knowledge on caring is still very limited and HIV/AIDS is still highly stigmatised. There is still a need to educate people on modes of HIV transmission. More activities and education need to be undertaken to reduce stigma and discrimination of people living with HIV/AIDS. Over and above that, sustaining that knowledge still remains critical.

This strategy recognises that media exposure plays a vital role in influencing beliefs, attitudes and behaviours of individuals. In Swaziland, studies show that radio is the most accessed medium of communication. Other media currently available in the country include television, print media, and outdoor advertising. Exposure to television is considered lower in rural, informal urban areas and within poorer household communities. Print media attracts youth in specific sections, such as sports.

The levels of education and geographic location have an influence on media exposure. Though the literacy level in Swaziland is high there is still a bulk of the population who rather prefer messages to be communicated in siSwati.

Interactive approaches such as participatory methods including dramatisation, folk media, picture codes and community meetings are regarded as important methods in rural communities. The oral tradition, passing information through word of mouth, still plays a significant role in the socialisation of the people. This adds value to the notion that interpersonal communication is a key component in communicating behaviour change messages.

When people experience health related problems, studies show that they consult indigenous, religious/faith-based and spiritual/fortune tellers.

One other very important issue, which must be considered by the implementers of this communication strategy, is communication networks and infrastructure of the country.

Telephone/mobile phone systems are in place. This necessitates a formulation of a plan of how we can utilise and access them for a major communication effect, especially because their role in influencing behaviour that leads to infection has still not been measured.

1.4 COMMUNICATION GAPS

- Low exposure to television by rural and poor households.
- Low level of education makes it difficult to reach rural population with uniform messages.
- Low utilisation of health facilities, especially by the youth.
- Lack of a regulatory body for IEC in the country.
- Lack of evidence based IEC.
- Lack of skilled personnel in communication.
- Lack of authority at government to respond to information.
- Children below 10 years old and out of school are not usually catered for the current IEC material.
- Lack of structured partnership with the media.
- Reluctance and fear of using ARVs.
- Lack of uniform utility and use of M&E frameworks.
- Prevailing myths and misconceptions on HIV/AIDS are sometimes supported by religious beliefs.
- Insufficient government financial commitment and support to HIV/AIDS.
- Absence of a government multi-sectoral coordinating body.
- Absence of a media policy.
- Low utilisation of free service/products.
- No role models for the youth on national level to influence positive behaviour change.

1.5 PROBLEMS IDENTIFICATION

- Behaviour change is lacking despite the high level of awareness of HIV/AIDS.
- Cultural norms and values that encourage the spread of HIV/AIDS.
- Lack of clearly packaged information that address HIV/AIDS.
- Lack of appropriate role models.
- Sensitivity and ostensible negative bias in media reporting of HIV/AIDS messages.
- Information package for HIV/AIDS seems to have a bias in favour of urban communities.
- No central and controlling wing of government to clear controversial HIV/AIDS messages in the media.
- No link between development and poverty eradication strategies and HIV/AIDS.
- HIV/AIDS is still very highly stigmatised.
- Failure to give timely response to arising misconceptions and ignorant practices and misinformation.
- Some impact mitigation interventions may be susceptible to abuse and thus indirectly promote stigma and discrimination.
- Lack of communication materials for people with different disabilities.
- Lack of peer education for cultural/traditional groups i.e. *emajaha*, *tintfombi* etc.
- Gender roles orientation at family level most of the time skew children behaviour towards HIV/AIDS prone practices.
- Lack of sexual reproductive cycle information for both the young and ageing populations.
- Economic dependency of women on men.
- Lack of proper targeting of high-risk groups fuels the spread of HIV/AIDS.
- No communication messages targeted at the elderly despite their critical role in providing care and support.

- The available communication tools do not cater for the varying levels of education of our society to enable people to fully conceptualise issues on HIV/AIDS.
- People with different sexual orientations are discriminated against and are considered outcasts of society, leading them to retraction.
- Lack of partnership with the religious sector to facilitate their rigorous participation in HIV/AIDS interventions.
- Lack of coordination of major stakeholders, especially in developing messages which contributes to the dissemination of conflicting and contradicting messages.
- Lack of coordination between and among donor and implementers leads to unsustainable HIV/AIDS programs.
- Lack of evidence-based information for conducting appropriate campaigns.
- Lack of regular and updated information for health workers to effectively address new initiatives on HIV/AIDS.
- Lack of National Communication Guidelines on HIV/AIDS.
- Insufficient involvement of PLWHA.
- Lack of communication strategy as an integral part of HIV/AIDS response.

1.6 SUGGESTED COMMUNICATION ACTIONS

- Collate and evaluate various studies on HIV/AIDS prevention and behavioural change in order to inform communication action.
- Form a systematic engagement and partnership with the mass media.
- Up scale promotions for intake of anti-retroviral drugs.
- Launch purposive campaigns using mass media. These responses to HIV in the news media should be oriented towards:
 - Creating a culture of delaying sexual debut and abstinence among the youth.
 - Understanding and addressing HIV/AIDS information needs.
 - Addressing myths and misconceptions with regard to virginity and chastity.
 -
- Carry out periodic monitoring and evaluation for all interventions.

- Investment in community level communication approaches.
- Set up a national IEC Coordination Body for quality assurance.
- Establish a post of a national HIV/AIDS spokesperson which shall constitute the secretarial desk of the IEC Coordination Body.
- All IEC messages, materials and behaviour change interventions must be supported by research - pre and post testing of materials.
- Build capacity for human resource at government and NGOs, CBO, and FBOs.
- Fostering linkages and partnerships with faith-based organisations, business community, schools and health facilities.
- Intensify awareness campaigns using multimedia that will establish a basis for the new direction.
- Establish a special youth brand with a slogan that will determine active youth involvement with the strategy.
- Organise community events and activities to promote behaviour change.
- Utilise education/entertainment to attract the youth.
- Conduct advocacy campaigns for pertinent HIV/AIDS legislation and policies.
- Operationalise all declarations and political will and orient them towards tangible outcomes.
- Employ social marketing strategies in the three program areas for HIV/AIDS intervention.

1.7 JUSTIFICATION OF NATIONAL COMMUNICATION STRATEGY

Since the emergence of the epidemic, communication on HIV/AIDS in the country was mainly focussed on awareness creation. As a result, awareness amongst the population on HIV/AIDS issues has been raised to more than 90% (ninety percent). Therefore, a strategy that goes beyond awareness becomes even more vital. With so many players involved in various activities on HIV/AIDS issues, and with the increase in the financial resource base, there is a need to strategically position our communication to achieve the maximum impact.

This communication strategy, therefore, seeks to support the National HIV/AIDS Strategic Plan of Swaziland whose mission statement is, *“to ensure that appropriate and comprehensive services in the areas of Prevention, Care, Support and Impact Mitigation of HIV/AIDS, are delivered to the people who need them at all levels.”* Previous communication strategies for HIV/AIDS would still guide the implementation of various communication initiatives. The key justification for this strategy would include the following:

- New programs such as Prevention of Parent to Child Transmission (PPTCT), VCT and Anti Retro Viral Therapy (ART).
- An urgent need for sectors, as the multi-sectoral approach has been adopted for HIV/AIDS - especially the health sector to respond multi-sectorally thus ensuring that all stakeholders find a common and concerted ground for coordinated and collaborated HIV/AIDS messages and initiatives.
- Motivation of community members to respond to the challenges and impacts of HIV and AIDS, fostering compassion, mutual reliance, common values and social cohesion. These aspects bring people together and compel them to care for and or assist each other.
- Resource mobilization is a critical factor to ensure sustainability. Resources include physical, financial, human and institutional elements.
- Empowerment and skills will strengthen capacity of the community to generate and maintain sustainable response systems characterised by a high level of self-reliance, development of own resources and ability to mobilize external resources and capacity to assess own needs and problems.
- Inclusiveness of vulnerable and marginalized groups such as women and girls, PLWHA, children and young people, men who have sex with men, commercial sex workers and their clients, people who inject drugs, etc.
- Identification and harmonisation of the national response strategy, logistic strategy and this communication strategy.
- Guidance of all players towards designing targets and interventions that will promote specific behaviour change initiatives such as delaying onset of sex, reduction of sexual partners and prevention of sexually transmitted infections.
- Involvement of private sector to support HIV/AIDS control initiatives.
- Practical operationalisation and review of all policies to put them in line with the multi-sectoral approach to HIV/AIDS interventions.

1.8 CRITICAL ASSUMPTIONS

- Good collaboration with stakeholders.
- Adequate resources.
- No civil conflict.
- No political instability.
- Donor interest.

- NERCHA is playing its coordinating role.
- Government waives the zero-growth policy in matters of health and HIV/AIDS funding.

1.9 SWOT ANALYSIS

1.9.1 Strengths

Media

Radio: The population has very good access to THE radio. The listener-ship stands at about 90%. This communication channel is critical for mass communication messages and implementation of this strategy.

Television: Television coverage is predominately concentrated around urban and peri-urban areas. This media channel has a great appeal to the elite and literate members of society.

Print media: There are two daily newspapers: the Times of Swaziland and the Swazi Observer. The Times of Swaziland has a daily newspaper in the local language—siSwati (*Tikhatsi*) that has some readership in some rural areas. There are several locally produced magazines that have segmented readership predominately circulated in the cities and towns.

Country Size

The size of the country is relatively small, about 17364 square kilometres. It is politically divided into four regions. There are fifty-five (55) constituencies (Tinkhundla) centres. The country's size and its political and geographical divisions are an advantage in terms of information dissemination because they enable easier access to reach a great majority of the population.

Language

The country has two official languages - siSwati and English. Siswati is the vernacular and has an advantage of pervasive use at all levels of the social stratum. The literate members of society predominately use English and English has an overriding advantage in that many written documents are in this language. The use of these two official languages plays a significant role in facilitating ease of communication throughout the country.

Culture

Swaziland has a very rich cultural heritage. The people have a distinct level of commitment to all national cultural activities. The king is a very strong epitome of cultural linkages in the nation. There are cultural activities that bring together people belonging to the same age group (*libutfo*). e.g. Lutsango, Emajaha, Tingatja, Imbali etc. There are also cultural events, which bring people together on yearly basis. (i.e. Umhlanga, Incwala, Lusekwane, cultivating, weeding and harvesting of the king's

fields). There are some similar cultural activities and events observed at chiefdom levels. These cultural events provide a forum to increase knowledge and awareness on HIV/AIDS.

Stakeholders involved in HIV/AIDS communication

There are many organisations working on HIV/AIDS issues in Swaziland. The public, private sectors and civic society have all assumed varying levels of commitment in the fight against the pandemic.

1.9.2 Weaknesses

Media

The electronic media is owned and controlled by government, thus limiting the establishment of alternative media. As a result, communicating messages through the only existing stations becomes expensive. Content and time allocation for HIV/AIDS communication becomes compromised as targeted audiences might not receive messages as planned. Journalists and their associations have a very weak conceptual appreciation of HIV/AIDS issues. This is demonstrated by their lack of sensitivity and often misleading information on HIV/AIDS related issues.

Sex Education

By its very nature, HIV/AIDS issues require explicit description and definitions of sexual terms. The Swazi culture and language is very conservative and does not take kindly to explicit sexual language in public health education and mass media communication.

Social Class

As in all modern developing economies, Swaziland has a distinct stratification of society into classes based on economical, social, and political considerations. For any effective communication to prevail, it is important that this issue is recognised and that communication messages targeted at all levels are appropriate and relevant to the targeted class.

Religion

Religion has, unfortunately, been used divisively in the area of HIV/AIDS, especially with regard to condom use. As a result, different religious groups and church affiliations have experienced discrimination and acrimony at a time when religion should play a major role in the fight against HIV/AIDS. The Swazi society is religious. Division perpetuated by religion encourages segregation. In some instances, HIV/AIDS messages targeted at religious groups are misinterpreted, unaccepted, blocked and changed because of religious values and beliefs.

Political Will

The level of political will and commitment among politicians to HIV/AIDS issues in the country is weak. There is no adequate financial support to stakeholders working on HIV/AIDS. The Swaziland Government has not yet allocated the 15% of the

governments' total budget towards HIV/AIDS programs, as agreed by Southern African Development Community (SADC).

Family Structure

The family structure in Swaziland allows for inherent influences of extended family members whose demands and expectations on women could perpetuate negative implications for HIV infection. Men, in-laws and children influence decision-making within a family. This has serious implications in communication as the same family members could compel another family member into decisions that could put their lives in danger through deliberate action and neglect.

Central Operation of Communication

Most of the implementing organisations are centralised and based in urban areas. Those targeting rural areas are also based in urban areas. Frequency of reaching their target groups is compromised.

1.9.3 Opportunities

Coordination Of Information

The Coordination of HIV/AIDS information has to be anchored in the MOHSW. It is important that this ministry, through the Health Education Unit, plays an active role in this regard as it has a responsibility to show leadership while it executes its health education and communication mandate. NERCHA has an important coordinating role to play. The Health facility model of health promotion and communication is in place.

Mass Media Campaign

Generally mass media is a conduit for influencing public opinion and it engenders perspectives on topical issues. The existence of NADPP within SBIS facilitates a cost-effective means for placing HIV/AIDS programs and messages on the radio. This association is an important link with the radio station to promote uniformity of knowledge, skills and deployment of its members.

PLWHA

People living with HIV are a resource to be tapped in various ways regarding behaviour change initiatives.

Peer Education

It is embedded in the Swazi culture that important information is shared and disseminated by peers. Therefore, consideration for peer communication strategies is critical for the success of this strategy.

Availability Of Donor Funding

HIV/AIDS is a priority area among donor agencies. Thus it becomes easier to access funding.

Availability Of Implementing Organisations

There are a number of organisations involved in implementing HIV/AIDS programs. They are supplementing and complementing the efforts of the MOHSW.

Availability Of ART

Availability of ART provides benefit and increases the demand and use of VCT services.

1.9.4 Threats

Prevailing Diseases

Diseases that are related as well as those not related to HIV/AIDS are undermining the efforts made to fight the scourge of HIV/AIDS. Development of messages are compromised by the fact that people tends to listens to messages touching on visible issues affecting them.

Donor Fatigue

Almost all HIV/AIDS programs are donor funded, thus sustainability of such programs is not guaranteed.

National and International Disasters

Emergencies and disasters tend to divert attention from HIV/AIDS funding and responsibilities. An increase in the number of OVC may result in severe reduction in funds and responsibilities, and could also include a shift in focus.

The Human Resource Crisis

Government has adopted a zero growth policy. As a result, the lack of human resources for health compromises the implementation of HIV/AIDS programs.

CHAPTER TWO

2.1 GUIDING PRINCIPLES OF THE NATIONAL COMMUNICATION STRATEGY

The proceedings of this strategy will be governed by all the principles as undersigned in international conventions: respecting human rights and dignity, respecting gender equality and equity, realising diversification of sexual orientations, respecting the rights of children and women and allowing the participation and involvement of all people in the design, implementation and evaluation of the HIV/AIDS response interventions.

The strategy has taken full cognisance of Swaziland's serious and widespread HIV/AIDS epidemic. It has realised that for the country to respond effectively to this challenge there is need to direct efforts to the prevention of new infections, especially among the children and youth who are not yet sexually active and to further provide care and support to those who are already living with HIV/AIDS.

It also recognises that the Government Of Swaziland (GOS) as well as the community leadership in this country has an essential role to play in curbing the HIV/AIDS situation. Efforts by government should be complemented by a full and active participation of civil society, the business community and private sector. This is considered essential for the country to mount credible national responses to the HIV/AIDS epidemic. Political commitment will be measured through public recognition, allocation of sufficient resources and policy/legislation formulation.

This communication strategy focuses on three (3) thematic areas namely: prevention; care and support; and impact mitigation, which are critical areas for the national intervention. The process of implementation is based on changing the status core with specific results to achieving individual behaviour change. Achieving this and maintaining the behaviour will require community support as well as a conducive environment. A strong Monitoring and Evaluation mechanism will need to be put in place in order to monitor and assess the achievement of goals.

The success of the strategy will be highly dependent on the availability of funds to launch massive and repetitive vigorous campaigns that will have to be supported and promoted by all stake holders and individuals to influence behaviour change.

Effective implementation of the strategy will be based on a full recognition of cultural norms and values, observance of community protocols, proper identification of behavioural attributes, establishing a strong niche within the identified consumers and receiving full participation and involvement of both political and community leaders. Efforts need be made to ensure full participation and consultation of all stakeholders in order to bring on board all groups and people, including high risk groups, the marginalized, the vulnerable and people with a different sexual orientation.

This strategy will embrace the principles of mainstreaming HIV/AIDS, Gender and Human Rights issues in order to holistically and effectively respond to the pandemic. The strategy will, over and above this, observe the approach of the Greater Involvement of People Living with HIV/AIDS (GIPA).

The strategy will employ proactive and reactive approaches in adopting and integrating change of behaviour. It takes considerations of the level of literacy for the various target groups in the placement of the product, service and information. Stronger emphasis of the strategy will be to prevent new infections to both children and the youth. This will be done through promoting abstinence and delaying the onset of sex. This would be influenced by the promotion of cultural and moral norms and values. In support of preventing new infections among youth and children, the strategy will advocate that all children of school going age be enrolled in schools and that policies to protect sexual abuse of children be reinforced. Sporting facilities should be supported and training of life skills implemented. The strategy will thrive to prioritise the prevention of all forms of abuse levelled against children and adults, such as rape, incest and sexual harassment.

The strategy will be all embracing in its scope by providing leverage opportunities to form partnerships with the business sector to promote the drive of products, services and information. Everybody from grass root level to high authority will share in the success of the strategy. It will also seek to forge partnerships with the media in order to influence responsible and sensitive media coverage on HIV/AIDS issues. The collaboration and involvement of NGOs, CBOs and the PLWHA will enhance the theme and assist in the accomplishment of the goals of the strategy.

The strategy will suggest appropriate collation of studies that have been conducted so that their utilisation could be employed in the design and dissemination of messages.

Cultural norms, religious beliefs and language will be given precedence in the implementation of the strategy. The needs and aspirations of the people shall be known through baseline information. Priority for Local AIDS Control Efforts (PLACE) studies will be undertaken regularly. In this way the HIV/AIDS intervention will become a peoples' response, rather than a foreign intervention.

2.2 EXECUTION PLAN

The National Communication Strategy will be housed in the Health Education Unit within the Ministry of Health and Social Welfare. It will be overseen by the Multisectoral Technical Communication Committee. Various stakeholders, facilitated through the National Emergency Response Council to HIV/AIDS (NERCHA), will implement the National Communication Strategy.

2.2.1 Multisectoral Technical Communication Committee

The communication committee is very important in the implementation of this strategy. Its role will be to facilitate the execution, monitoring and guide evaluation of the strategy through:

- Sensitising potential implementers about the role they can play in the implementation of the NCS.
- Assist key stakeholders to develop communication strategies that are drawn from the NCS.
- Convene initial meetings for all potential parties involved in the implementation of NCS activities.
- Assist implementing organisations in developing work plans derived from NCS.
- Ensure that the proposal to access funding is submitted on time by the implementing party.
- Ensure that activities are implemented within the set time frame.
- Provide technical advice and guidance to the implementing stakeholders.
- Ensure that a rapid assessment is undertaken prior to conducting a campaign.
- Prepare and present quarterly reports to stakeholders on the progress made in the implementation of the NCS.
- Provide periodic briefings to NERCHA Directorate on the progress made in the implementation of the strategy.

The role of the committee will primarily be to:

- Be gatekeepers of accurate information, content, structure, layout and design.
- Assess, monitor and advise implementation of NCS.
- Review and advise on project proposals submitted to the committee.
- To continually review, guide, identify gaps, and inform the HIV/AIDS communication agenda at national level.

2.2.2 Behaviour Change Committee

We recommend that the role and terms of reference of the behaviour change and the IEC committees need to be reviewed to avoid conflict of operation.

2.2.3 The Clearing House

The role of the clearinghouse will include the following:

- Checking the quality and control of IEC and other training materials.
- Approving execution of IEC materials.
- Check distribution and dissemination of IEC materials.
- Liaise with other institutions in the control of contradicting and inaccurate information.

2.3 ASSESSING PARTNERSHIP EFFECTIVENESS

ASSESSING PARTNERSHIP EFFECTIVENESS	
QUESTION	RESPONSE CODE
1. To what extent has a functioning partnership with NGO, Government, CBO, FBO been established?	1. Neither planned nor established 2. Planned but not established 3. Being implemented, but not fully functioning 4. Fully functioning
2. How do stakeholders participate in the implementation of action?	1. Not at all 2. As recipients of information only 3. As providers of information and advice 4. As implementers of decisions
3. Who implement activities of:-	
a. Children	
b. Young adolescents (10 – 16)	
c. Older adolescents (17 – 24)	
d. Parents	
e. Extended Families	
f. School teachers and administrators	
g. The business community	
h. Representatives of organisations	
i. Health Care Providers	
j. News media	

2.4 GOAL

This strategy aims to strengthen the national response to the HIV/AIDS pandemic and encourage positive behaviour change so as to contribute to the reduction of the prevalence rate of HIV/AIDS in the country.

2.5 COMMUNICATION OBJECTIVES

- To increase youth abstinence to sex and delay sexual debut.
- To encourage the reduction of sexual partners of youth, men and women.
- To increase patronage of health centres and treatment and management of STIs by youth, men and women.
- To increase the consistency and correct use of both male and female condoms by youth, men and women.
- To increase referrals to the health facilities of youth, women and men.
- To encourage a positive outlook towards responsible sex by youth, men and women.
- To promote the spirit of supporting and caring for one another by youth, men and women.
- To increase the utilisation of all services including VCT, PPTCT, ART etc by youth, men and women.
- To encourage a conducive environment for sustained behaviour change and effective HIV/AIDS control at both community and national level.
- To increase care and management of OVC.

2.6 TARGET SEGMENTATION

Children

- Urban, peri-urban and rural
- Ages: 4 - 9 years old
- Girls and boys
- At home, school, pre-school, primary
- At OVC centres
- Children living on the street
- At establishments
- Abused and other vulnerable children

Youth

- Urban, peri-urban and rural
- Ages: 10 – 24 years
- Males and females
- At school – primary, secondary and high and tertiary
- Employment sector
- Out of school
- Single, married and cohabitating
- Clubs – soccer, youth centres, etc.
- Correctional and juvenile rehabilitation centres
- Bars, *sheebins*, disco
- Dipping tanks
- Upgrading day and night schools
- National and community cultural festivals e.g. *imimemo*, *umhlanga lusekwane*, etc.
- Shopping malls and complexes

Women

- Urban, peri-urban and rural
- Ages 25 – 49 years
- At home
- Churches
- Employment sector
- Correctional centres
- Bars, *sheebins*, disco
- Single, Married, widowed, cohabitating
- Entrepreneurs
- Handicraft and market centres
- Universities/colleges
- Upgrading institutions
- Uniformed employment
- Mid – high paying employment

CHECK LIST FOR FRIENDLY SERVICES

CHARACTERISTICS	YES	NO
1. Services are provided at convenient times for clients		
2. Décor and surroundings are inviting to clients		
3. Counselling and examination room provide privacy for clients		
4. Separate space is used for clients		
5. Facilities are conveniently located		
6. Education materials are displayed and made easily available		
7. Reception of clients is with a favourable mood		

Men

- Urban, peri-urban and rural
- Ages 25 - 49 years
- Unemployed
- Churches
- Employment
- Correctional Centres
- Bars, *sheebins*, discos
- Single, Married, widowed, cohabitating
- Entrepreneurs – small and medium scale
- Handicraft centres
- Market places
- Universities/colleges
- Upgrading institutions
- Mid - high paying employment

High risk/mobile populations:

Commercial Sex Workers (CSWs)

- Males and females
- Ages 14 - 28 years
- Bars and night clubs
- Sheebins
- Correctional Services Centres
- Street – strategic areas
- Hotels

Long Distance Drivers (LDDs)

- Males
- Ages 18 – 35 years
- Bus rank
- Border gates
- Home during holidays
- Car wash
- Roads

Uniformed employees

- Males and females
- Ages 18 – 45 years
- Work stations
- Bars, sheebins, night clubs
- Churches
- Royal Swaziland Police (RSP)
- *Umbutfo* Swaziland Defence Force (USDF)
- His Majesty's Correctional Services (HMCS)

- Fire and Emergency Services (FES)
- Security companies

Elderly

- Males and female
- Ages 50 + years
- At home
- Market centres
- Churches
- Entrepreneurs
- Through Philani, Umtfunti, pensioners

Traditional groups

- Lutsango - married, widowed, single and cohabiting
- Emajaha - married, widowed, single and cohabiting
- Tingaja - single, married and cohabiting
- Imbali - single

CHAPTER THREE

3.1 OPERATIONAL PLAN

The Communication Plan will operationalise a number of innovations and communication methods to achieve maximum and urgent behaviour change attributes.

3.1.1 The Communication Framework

The strategy will utilize a HICDARM model as a vigorous approach in communicating HIV/AIDS interventions. This model will be able to affect a shift from the unaware stage where the behaviour is negative and unacceptable to a level of positive and permanent behaviour change attributes.

3.1.2 The Behaviour Change Model – HICDARM

HICDARM is a global communication acronym meaning the following:

Hear – At this stage an individual is unaware and is not very well informed. This individual will be targeted with repetitive specific messages. The intention will be to increase awareness of the HIV/AIDS pandemic and actions to prevent and protect oneself from infection. Efforts will be made to motivate people to read more on HIV/AIDS issues by staging competitions and other incentives that will create a culture of people who ‘read’.

Informed – These are individuals who will seek more information from trained staff such as nurses, doctors, teachers, peer educators, etc. The strategy will ensure that everyone becomes a credible and reliable source of information by equipping them with updated information and skills. Efforts will be made to identify and address information and behaviour change barriers such as myths and misconceptions. The strategy will flag benefits and other positive attributes in influencing behaviour change.

Convinced – By strengthening community support and marketing drives individuals shall be convinced that HIV/AIDS is real, that it is affecting them and that behaviour change would prevent infection, re-infection and infecting others. More vigorous and conventional advertising drives will be used that will be grab an individual’s Attention, passing messages that are Interesting, moving people to make prompt Decision and generate Actions (AIDA). Individuals will be consistently assured and reminded of the benefits of sustaining behaviour.

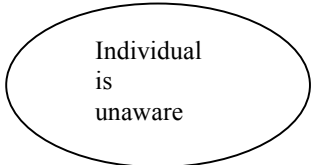
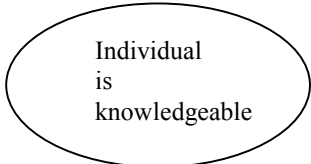
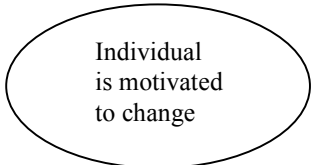
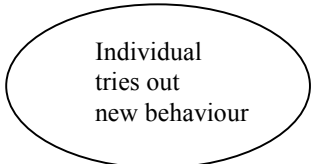

Decision (Making Prompt Decision) – There will be repeated flooding of messages supported by interpersonal contacts to influence decision making for individuals to adopt new positive behaviour. With support of political and community utterances and a conducive environment, people will make informed decisions to change. Multimedia lighting of messages for the targeted individuals will appeal to their emotions.

Action – Everyone being reached by the multimedia will be motivated to take positive behavioural actions. The flighting of the media messages and interpersonal contacts will be strategic and target oriented. The service points will be adequately staffed and equipped to respond to the expected demand. While M & E plans will be put in place, more behavioural studies will be undertaken to learn more on consumer behaviour.

Reconfirm – A cadre of national and community peer educators shall deal with person to person communication to reconfirm positive behaviour. More third party endorsers such as testimonials will be used.

Maintain – The strategy will utilise interventions that will ensure that once behaviour change is adopted, it is maintained. This shall be achieved through repeated reconfirmation, public utterances and public testimonies, give aways and awards. The whole community will be moved to support the new culture adopted.

3.1.3 HICDARM Process

Stages	Skills	- perform demonstration on use
	- Ability to read	Provide information
	Support	<ul style="list-style-type: none"> - identify perceived barriers - emphasize benefits - influence attitudes, beliefs - values clarification
	<ul style="list-style-type: none"> - Encouragement to seek for more information - Convince individual of personal risk perception 	<p>Remind individual of benefits of the new behaviour</p> <ul style="list-style-type: none"> - Assure of ability to sustain behaviour - Provide social support - Provide logistics.
	Support	<p>Remind the individual that the new behaviour is a societal norm</p> <ul style="list-style-type: none"> - Assurance of benefits
	Possible intervention	<p>Link with social support groups</p>
Problem	<p>Provide information</p> <ul style="list-style-type: none"> - raise awareness - propose solution - recommend solutions - reconfirms good behaviour 	<p>Link with social support groups</p>
Knowledge	<p>Provide information</p> <ul style="list-style-type: none"> - identify perceived barriers - emphasise benefits - influence attitudes, beliefs - values clarification 	Enabling factors
Attitude, beliefs values	<p>Provide logistics</p> <ul style="list-style-type: none"> - use community groups to counsel and motivate - use role models 	<ul style="list-style-type: none"> - Community support and commitment - Policy and legislation - Funding

The communication strategy will be implemented over a period of five years and evaluated on a yearly basis. It will employ a multi media approach including: mass media, interpersonal, public relations, advocacy, outdoor and IEC.

The ultimate goal of the communication strategy is to convince Swazi youth and sexually active populations of the urgent need to adopt positive behaviour of abstinence to sex, delayed sexual debut and practising safer sex methods. The strategy will focus on five behaviour attributes: abstinence, faithfulness, proper and regular use of condoms, delayed sexual debut and early treatment of Sexually Transmitted Infections.

3.1.4 Capacitating the Messenger

A key strategy to effectively communicating for behaviour change is by capacitating the messenger. While current BCC focuses on the individual, capacitating the messenger empowers the community to which the individual belongs to not only provide support, but to reinforce message sharing with the individual, thus fostering behaviour change. “The messenger” is that person who has both the opportunity and influence to effectively share a message with a certain group of people in such a way that it provoked attitude and behaviour change.

Concept

The strategy aims to target the credible and appropriate messengers to identified target audiences and to provide them with the capacity and tools to enable them to communicate more effectively. The trusting relationship between messenger and audience provides strength and credibility to the message.

The process

While a messenger can be easily identified, it is also essential to capacitate the messenger in such a way that they are in a better position to share the desired/accurate information.

- i) Identify the audience to be reached.
- ii) Identify a credible/appropriate messenger for that audience.
- iii) Provide the tools and capacity to the messenger to continually and effectively deliver the message.

3.1.5 Behaviour Change Communication

Behaviour Change Communication (BCC) is a broader designation that includes several types of interventions. The BCC strategy shall be audience centred where partnership between the communication institution and the public will be created. It will be centred on respect for the target audience and broader understanding of the audience's point of view and addressing the audience's central concerns.

3.1.6 Major areas to be tackled by the BCC strategy

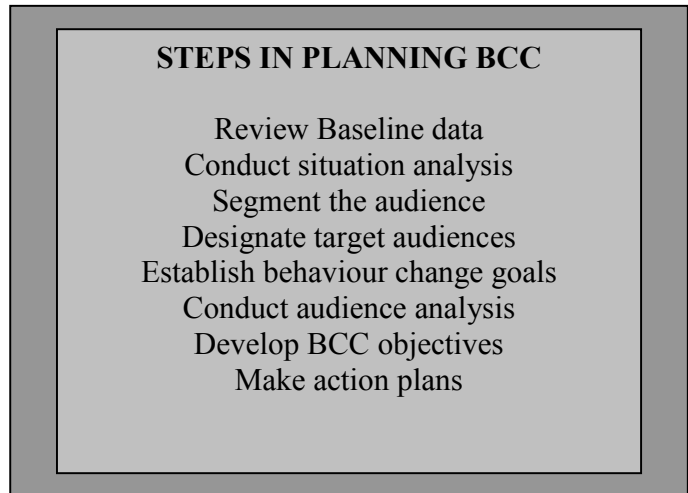
- This will be determined by undertaking a series of researches and planning activities. It will look at existing research and if necessary will carry out two types of formative researches: situation analysis and audience analysis.
- Develop a communication concept and messages based on the formative research findings, drafting materials and pre-testing them among target audiences.
- Implementing BCC activities and include monitoring communication activities, checking comprehension and assessing communication effects.

Monitoring and Evaluation will be an integral part of the BCC interventions. This will offer the need to generate immediate feedback, verify comprehension and develop awareness of effects.

3.1.7 BCC Determinants

1. Demographic Environment

- Population size
- Population density
- Location
- Age
- Gender
- Occupation
- Education
- Income
- Family composition

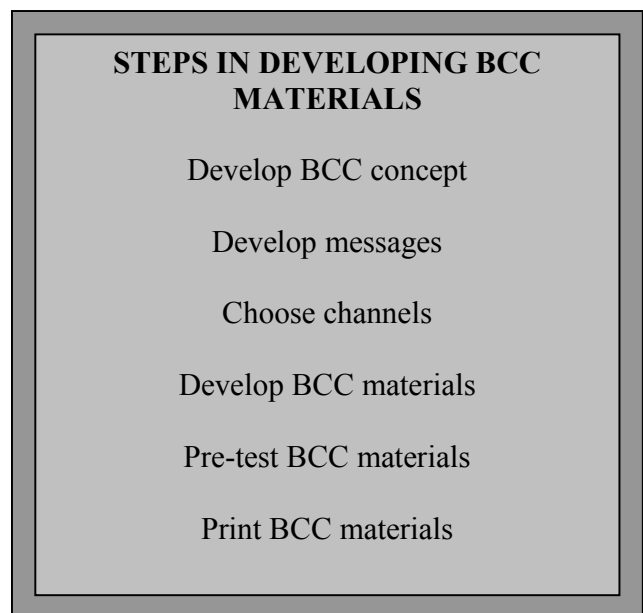


2. Epidemiological Environment

- Incidence and prevalence

3. Economic environment

- Discretionary and disposable income



3.2 MAJOR BCC OBJECTIVES

The BCC strategy intends to achieve five major BCC objectives: Abstinence from sex, Faithfulness, Condom use, Delayed sexual debut, and early treatment of STIs.

3.2.1 Abstinence from sex and delaying sexual debut

Concept

Abstinence from sex and delaying sexual debut by youth will be achieved through flagging the virtues of virginity and the benefits associated to it, such as completing education, pride, being in control of self and maintaining a cultural heritage.

Objectives

- To overcome the belief that losing one's virginity is a sign of manhood/womanhood and build the culture of abstinence.
- To increase youth abstinence to sex and delay sexual debut.
- To increase the virtue for maintaining virginity and create self-esteem in saying no to sex.

Primary target

- Children: 4 - 10 years old
- Youth: 11 - 19 years old
- Youth: 20 - 24 years old

Campaign theme

Abstinence from sex – the smart thing to do!

Timing

Forty weeks, commencing when schools open in January 2005 and run at similar times each year for the next five years.

CHECKLIST FOR QUALITY PEER EDUCATION

CHARACTERISTICS	YES	NO
1. Curriculum has specific smart learning objectives		
2. Methodology used is interactive		
3. Methodology is competency-based		
4. Topics cover all information in the information checklist		
5. Facilitators trained as trainers		
6. Facilitators knowledgeable of HIV/AIDS issues		
7. Facilitators skilled with a variety of training techniques		
8. Duration of training not less than one week		

Module one - *Mass media*

Times of Swaziland, Tikhatsi, The Swazi Observer, Swaziland Television, Channel S, Swaziland Broadcasting and Information Services, Trans World Radio,

Preparation of a press kit that will contain press releases, role model endorsement, a full brief on the benefits and how to abstain from sex as well as IEC material and books on abstinence. A multisectoral committee to manage the media campaign needs to be established to monitor the execution of this plan.

A press briefing has to be made to ensure full distribution of kit to all media houses. Following will be the editorial coverage in the press and interviews on TV and radio.

Module two – *In and out of school abstinence education campaign*

Audiovisual materials need to be produced in bulk to support the education plan. Youth serving organisations need to select members of staff who will undergo a training of trainers' workshop who will in turn train a cadre of peer educators. These peer educators will do the step down training to their peers and will use similar training modules and audio visuals emphasising abstinence to sex. Career Guidance teachers from all schools in Swaziland shall receive sensitisation on the programme so that they would support the in-school programme and the leaders of youth regiments from the 55 *Tinkhundla* to support the out of school programme.

Module three – *Edutainment*

- SNAT will be encouraged to buy into the abstinence campaign and have songs on abstinence composed and have schools competitions.
- Sibhaca and Ummiso to compose songs on abstinence and have competitions for schools and Tinkhundla/communities.
- Organise school drama groups to dramatise about abstinence.

- Run an in-school art competition with drawings depicting abstinence.
- Open abstinence clubs and offer prizes, hook in business sponsorships.
- Support sporting activities in schools and communities and brand abstinence.
- Run community road shows - hook the business community and brand abstinence.
- Support religious groups to offer gospel music road shows and brand abstinence.

Module four - IEC

- Book stores to buy into the concept and print abstinence messages and illustrations on notebooks.
- Produce and place pamphlets, posters and booklets and distribute in schools and communities.

Module five – *Out Door Advertising*

- Produce and place billboards about abstinence.
- Paint Tinkhundla buildings, shops etc. and brand abstinence.

Advocacy

- Advocate policies to protect children and youth from all manners of abuse.
- Advocate for adolescent SRH policy.

3.2.2 Faithfulness and fidelity

Concept

The success of the strategy is dependent on the tenets of fidelity and faithfulness. These are confining sexual activities within the bounds of marriage, those who are not married to stick to one faithful partner and reduction of multiple sexual partners to a manageable number.

Objective

- To increase the number of youth, women and men who would stick to one faithful sexual partner.
- To increase the number of youth, women and men who will reduce sexual partners to a manageable number.

Primary target

- Men
- Women
- Sexually active youth
- LDDs
- Uniformed employees
- Physically challenged /disabled

Campaign Theme

Be faithful to your partner and live happily.

Timing

Fluctuated throughout the year.

Module one – *Church based meetings*

The various church groups such as the Council of Churches, Conference of Churches and League of Church will undergo a series of sensitisation meetings on the tenets of fidelity and faithfulness. During the church meetings there will be distribution and dissemination of IEC materials. Church meetings will target churchgoing youth, men and women.

Module two – *Community Outreach*

There will be sensitisation of sexually active youth, men and women in the community. This would be done through peer education contacts. The major part of this activity will be to conduct road shows held in public places, shopping malls and complexes that would draw crowds into activities that will be interactive and participatory, injecting the concept of fidelity and faithfulness.

Module three – *Mass Media Campaign*

Flighting of adverts, slogans and spots will be in print, electronic, and outdoor media. Develop press pack and IEC materials that would include visual videos to promote fidelity and faithfulness.

Advocacy

Remove barriers that promote unfaithfulness.

3.2.3 Consistent and correct use of condoms

Concept

The correct and consistent use of condoms is one effective way to prevent HIV. This campaign will be directed to the sexually active adult population. It will encourage condom use by both sporadic sexual encounters and trusted relationship unless both partners are aware of their HIV status.

Objective

- To increase consistent and correct use of condoms.
- To clear myths and misconceptions surrounding condoms.
- To address cultural and belief based barriers to using condoms.

Framework for Condom Use

The ‘OPRAH’ method for using male condoms will be employed:

O – Open condom by checking the expiry date, checking if there is compressed air and breaking it at the zigzag.

P- Pinch condom at the tip to remove air

R – Role condom all the way while at the same time still holding the tip

A – Action

H – Hold condom while pulling out and use a cloth or toilet paper to remove it and dispose it correctly.

Primary target

- Men
- Women
- CSWs
- LDDs
- Uniformed employees

Campaign theme

- Use a condom - be free from worries.
- Use a condom - be protected from unwanted pregnancies, STIs, and HIV.
- Use a condom - live longer for your children.

Timing

Schedules and flighting will depend on target group and media used.

Module one – *Mass media*

Times of Swaziland, Tikhatsi, The Swazi Observer, Swaziland Television, Channel S, Swaziland Broadcasting and Information Services, Trans World Radio, Nation Magazine, Youth Connexion, The Voice

The media will flight radio ads spots, slogans and programs to market/promote consistent and appropriate condom use. There will be use of third party endorsement to voice over the ads and also to appear in call in help-lines.

Module two – *community education*

A vigorous community education will be undertaken to educate men and women on the correct use of condoms by employing the OPRAH framework. More participatory and interactive methodology will be utilised in order to learn, raise awareness and create demand for condom use.

Module three –*Campaigns using sport*

Condom use will be marketed through soccer entertainment activities where messages will be placed on billboards, T-shirts, placards, car stickers and other soccer regalia. Soccer competitions will be held on a national scale to draw popular acceptance of consistent condom use.

Module four – *Motorists*

Contact all motor oil companies: Engen, Shell, BP, Caltex, and Total. Get endorsements from companies to support competitions of condoms with motorists. The petroleum companies will be encouraged to buy into and support the campaign.

Module six – *Company based campaign*

Companies will be encouraged to conduct condom demonstrations using the OPRAH model. Pamphlets, stickers, posters etc. promoting correct and consistent use of condoms will be developed and distributed.

3.3 ADVOCACY PLAN

This strategy will employ advocacy strategies in order to urgently address the issue of creating an enabling environment to support individual behaviour change both at community and national level. Advocacy would amongst other things address the issues of stigma, denial, policy & legislation reviewing and formulation and financial support of HIV/AIDS interventions.

Advocacy Campaign Model

What is the issue?

Will identify the issue.

Will explain why tackle the issue?

Why prioritise this issue?

Brief analysis of the issue.

How can we find out more about the issue?

- Gather information on the issue in local, regional or international context.
- Be familiar with relevant policies, principles, etc.

Goals of the campaign

- Identify your goals.
- In light of the research, do you still hold the same position on this issue?

Identification of players

- Who are we targeting?
- Who has power?
- Who are your allies and opponents?

What strategies will be employed to achieve the goals?

- Formulate an action plan.
- Form a campaign committee.
- Build alliances with other interest groups.
- Raise funds.
- Develop and distribute information.
- Appoint spokesperson and charismatic individuals who will associate themselves with campaign.
- Media coverage.
- Get public's attention.
- Identify key players and develop strategies to lobby government and other sectors.
- Consider how to engage with opponents.

How to monitor and evaluate the success of the campaign

- Document the process of the campaign.
- Record any responses to the campaign.
- Consider mechanisms for changing tactics where necessary.
- Assess your success and failures relative to your goals.
- How will you strengthen your campaign and take it further?

The following are issues that need to be advocated for:

- Reviewing, formulation and endorsement of the following legislation and National Policies:
 - Sexual & Reproductive Health Policy
 - HIV/AIDS National Policy
 - National Policy on Sexual & Reproductive Health for Adolescents
 - National policy for children including OVC
 - Media policy
 - Public Health Act
 - Sexual Offences Laws – Criminal & Procedure & Evidence Act
 - Domestic Violence Legislation
 - Marriage Act
 - Administration of Estates Act
 - Deeds Registry Act
- Change of cultural and religious norms, values and practices that encourage the spread of HIV/AIDS.
- Increase in Government's financial support of HIV/AIDS interventions.

Advocacy will be done on three (3) levels, that is community, private sector and nationally.

At community level

At this level advocacy campaigns will be characterised by social mobilisation.

Social mobilisation assists in raising awareness and demanding of information, products and services and strengthening community participation to sustain HIV/AIDS interventions. This will be achieved through massive communication, consultations, meetings and collaboration with community leaders and members in key community structures.

Objectives

- To mobilise community leaders and members to support activities of reviewing and formulating legislation.
- To identify norms, values and practices that fuels the spread of HIV/AIDS.

Activities

- Contribute and support the development and implementation of policies and laws relating to reducing the impact of HIV/AIDS.
- Facilitate the process of identifying cultural and religious norms, values and practices that influence behaviour change.

Target Audience

Constituency headman, *bucopho*, chiefs, *tigodzi* leaders, church leaders, community opinion leaders.

Key Message

Community support and commitment will yield positive behaviour change.

CHECKLIST FOR CONDUCTING COMMUNITY MEETINGS		
CHARACTERISTICS	YES	NO
1. Was the meeting place comfortable?		
2. Were the people sitting in a horseshoe , within 5 meters of the presenter?		
3. Did the presenter take not more than 30 minutes?		
4. Did the presenter talk loud enough for the audience to hear?		
5. Did the presenter deal promptly with disruptions?		
6. Did the presenter ensure that all information presented was factual?		
7. Did at least 40 % of the audience join in the discussions?		
8. Did the presenter listen to issues raised by the audience?		

The Private Sector

Since the business community is expected to buy into the concept of the strategy it will be vital that advocacy be conducted in the following areas: formulation of company policies on HIV/AIDS, partnerships with trade unions in rolling out HIV/AIDS programs and responses as well as management of care and support of their employees.

Objectives

- To increase the participation of the business community in the fight against HIV/AIDS.
- To use the business sector as a conduit for marketing HIV/AIDS information, products and services.

Activities

- Sensitisation of entrepreneurs on the NCS and HIV/AIDS responses.
- Produce IEC materials on HIV/AIDS program areas.

Target Audience

- Entrepreneurs
- Trade unions
- FSE & CC
- Business coalition against HIV/AIDS
- Works council

Key message

Preventing HIV/AIDS increases productivity in the work place.

At National level

The absence of policies and legislation that are responsive to HIV/AIDS interventions hinder a supportive and conducive environment for positive and sustained behaviour change. There is also a need to advocate for increased government financial support to HIV/AIDS responses.

Objectives

- To increase government support and commitment in the fight against HIV/AIDS through enacting policies and legislation.
- To increase government's financial support and commitment in responding to the HIV/AIDS pandemic.

Activities

- Review, formulate and enact policies and legislation that respond to HIV/AIDS.
- Lobby Prime Minister and Ministry of Economic Planning and Development for increase in HIV/AIDS financial support.
- Develop IEC materials to promote the support and commitment.
- Hold meetings with policy makers on their support to HIV/AIDS responses.
- Conduct mass media campaigns.

Target Audience

- Policy makers:** Head of State, Cabinet, Academic Institutions, Private Sector, SNSC, CEO, Principal Secretaries.
- Opinion Leaders:** Traditional leaders, SNALA, Church Leaders, Heads of regiments.
- Media:** Publishers, Editors, Journalists, Directors (media owners).
- Stakeholders:** Technocrats working on HIV/AIDS, NGOs, CBOs, FBOs, THOs.
- Civic Organisations:** SFTU, SNAT, SNACS, SNA, SFL, EHA.
- Partners/Donors:** Forms international.

Key message

Creating a conducive environment for the adoption of positive behaviour change will reduce HIV/AIDS infection.

3.4 INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Information is needed for the following:

- Creating awareness of new concept: that is HIV/AIDS, ARVs, VCT, PMTCT, etc.)
- Empower target groups with knowledge to make informed decisions.
- Create enabling environment for behaviour change.
- Inform people on what to do for positive behavioural change, which would lead to the reduction of HIV/AIDS prevalence and other related issues.

INFORMATION CHECKLIST

This information checklist contains the most important facts about HIV/AIDS. Each peer educator should learn each fact and explanation for each fact and should ensure that the information they provide agrees with these facts. They should review the checklist before and after the meeting, to plan and review the factual information they present.

NO	FACT
1.	Acquired Immune Deficiency Syndrome (AIDS) is caused by an invisible virus called Human Immuno deficiency Virus (HIV).
2.	The HIV hides in the body until it attacks, causing the AIDS disease and a cure is unlikely to be discovered for many years.
3.	Neither western nor traditional medicine can cure the AIDS disease and a cure is unlikely to be discovered for many years.
4.	The HIV virus is spread mainly by sexual intercourse.
5.	People who have more than one sexual partner, or have a partner , who has more than one partner, are likely to contract the HIV virus.
6.	A mother who has the HIV virus may transmit it to her baby during pregnancy.
7.	Since most people with the HIV virus look healthy, it is impossible to tell by looking whether a person has the HIV virus.
8.	The best way to avoid HIV infection is either complete abstinence, in which one abstains completely from sexual relations, or strict mutual faithfulness, in which two people who have never had sex before, remain completely faithful to each other for their entire lives.
9.	After abstinence and mutual faithfulness, the next best way to avoid an HIV infection is to use a condom every single time during sexual intercourse.
10.	People who have a sexual transmitted disease/infections (STD/STI) should not have sexual intercourse, as they are much more likely to contract or transmit an HIV infection.
11.	The HIV infection is not transmitted by mosquitoes or other biting insects.
12.	HIV is not transmitted by social contact, so it is safe to live and work next to people who have AIDS and to care for those who are sick.

Primary target

Policy makers: MPs, Cabinet Ministers, Government ministries.

High risks groups: Long distance travellers, CSW, seasonal workers, migrant workers, factory workers.

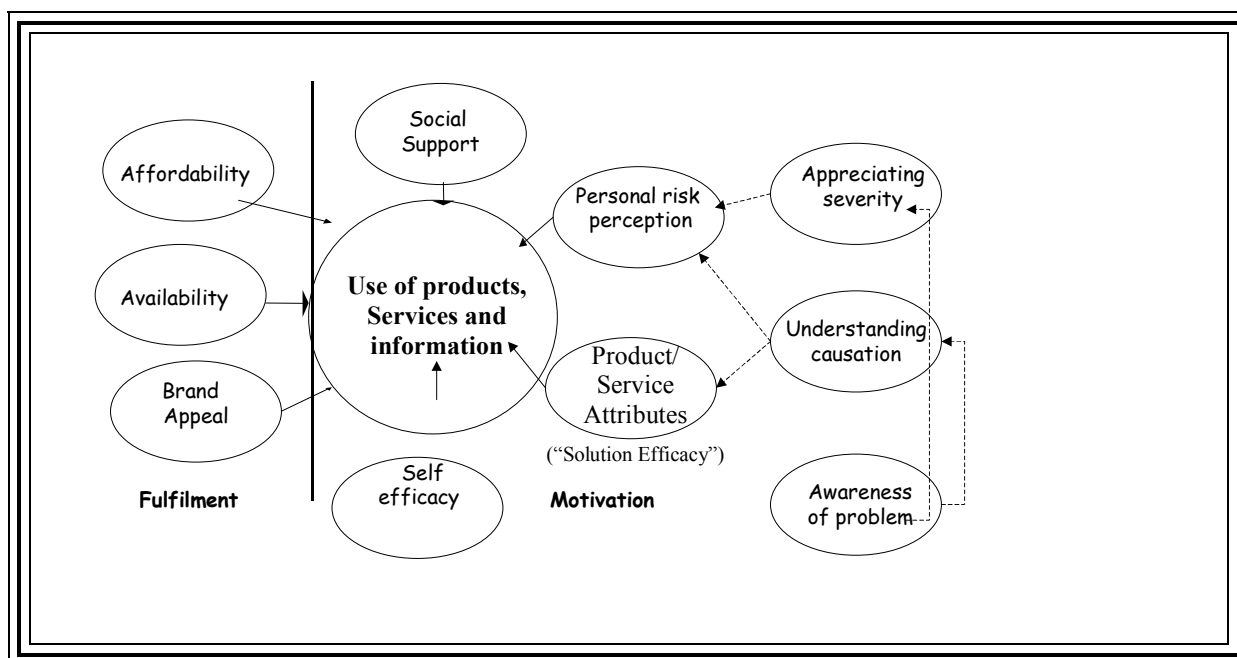
Youth: In and out of school.

Opinion leaders Church leaders, Traditional healers, Chiefs, *Bagijimi*.

Strategies

- Pamphlets, posters, stickers, training manuals, brochures, leaflets and billboards, printed T-shirts, (printed material with message for behavioural change).
- Radio programs and advertisements.
- Traditional media that communicate behavioural change such as drama, dance, and songs e.g. Sibhaca, Ummiso, Lutsango, Kutsamba, Umgubho etc.

3.5 SOCIAL MARKETING



This Social Marketing Strategy encompasses a two-phase programme of fulfilment and motivation. It targets individual behaviour change.

3.5.1 Fulfilment

Under fulfilment there are three categories or areas that will be addressed: affordability, availability and brand appeal.

- **Availability**

- Efforts will be made to make products, services and information available to the people.
- People will be informed about the location of services, information and products.
- Barriers to availability will be handled promptly.
- Partnering with the business sector to make products and service available will be employed.

- **Affordability**

- People attach value to something that has a price which extends to chances of use of the product or service.
- Ensure that both discretionary and disposable income will be considered in working on the pricing strategy.
- Services and products will be at close contact/range with the consumer.
- Reduces the burden and costs of national decentralisation of services and products.

- **Brand Appeal**

- Brand unveils inherent emotions and life style thus increases use of the product and service.
- Third party endorsement will be used to influence product use.
- This will in turn use a variety of appeals/motivational attributes to ensure loyalty.
- This social marketing strategy will introduce a new brand that will ingratiate highlights of hope and normalise the product, service and information.

3.5.2 Accessibility

Accessibility is a cross-cutting issue in the above-mentioned components of social marketing that will somewhat break the barriers attributed to the use of those Products, Services and Information.

3.5.3 Motivation

The motivational domain contains issues of awareness of the problem, understanding causation, appreciating severity, self-efficacy, social support and personal risk perception, product/service/information attributes (solution efficacy). Self-efficacy expresses the perceived ability that individuals have to implement the new behaviour. Social support represents the role that social norms, the community and an enabling environment play in an individual's decisions, and the ability of social norms to influence individuals in a positive or negative way.

This Strategy will take cognisance of the fact that these various factors do not influence all target groups in the same way, nor do they have the same importance from one group to another, even within the same community. The Social Marketing Strategy is therefore behaviour and target population specific.

The behaviour change framework approach is thus based on the assumption that to change an individual's behaviour, such as encouraging a consumer to use a product, service and information, one must address a complex combination of material, cultural, individual, community and environmental factors as summarised in the diagram above.

For the different target groups the strategy hopes to encourage access to products, services and information. It will address pertinent issues of attitude, personality, and lifestyles.

Target Groups

Intermediaries: supermarkets, wholesalers, workplaces, groceries, spaza, cafes, restaurants, colleges, universities, schools, cultural events, social events and church groups.

Individuals: youth, men, women, the disabled, LDDs, CSWs, vulnerable women, high risk groups, elderly men and women, uniformed forces, young children and traditional healers.

Policy-makers: parliamentarians, judiciary, cabinet, ministries and departments, traditional community leaders and local government authorities.

Donors: local companies, national and international donors.

3.5.4 Positioning Statement

For the implementers of HIV/AIDS interventions the Social Marketing Strategy is a day-to-day working/guiding instrument for the development of advertising, and communication of products, services and information in a dynamic and effective manner.

3.5.5 Communication Objectives for the Social Marketing Strategy

- To increase usage of the product, patronage of services and consumption of information.
- To adopt a positive life style that will be sustained in the prevention of HIV/AIDS.
- To form lasting partnerships with the commercial sector to increase accessibility and availability of products, services and information.

3.5.6 Implementation of Social Marketing Strategy

- Conduct a baseline study for products, services and information to ascertain behaviour attributes.
- Develop a pricing strategy for products, services and information.
- Develop a message content strategy around products, services and information.
- Develop a logistics strategy for the distribution of products, services and information.
- Develop a mass media strategy.
- Develop Monitoring and Evaluation systems and strategies.
- Build sustainability in the social marketing strategy.

CHAPTER FOUR

PROGRAM AREAS

4.1 PREVENTION

The strategy will employ primary, secondary and tertiary modes/methods of preventing HIV/AIDS infection namely condom use, safe blood, PPTCT and STIs.

4.1.1 PPTCT

Prevention of parent to child transmission (PPTCT) is one of the most powerful methods available to reduce the global impact of HIV/AIDS. There are very successful strategies for PPTCT. These include behavioural non-pharmacological interventions and anti-retroviral treatment. The PPTCT services have been introduced to prevent HIV infection to newborn babies in utero, during child birth and breastfeeding. The PPTCT programme also promotes healthy sexual behaviour to both childbearing women and men so that they can have long, productive and healthy lives. It is vital that these services are supported and promoted at individual, community and environmental levels.

Goal:

Target Groups:

Primary Target

- Women of childbearing age: 14 - 49 years
- Pregnant and lactating women
- Sexually active young men and women
- Husbands of pregnant women
- CSWs and LDDs
- Children with disabilities

Secondary Target

- Health workers and extension officers
- Traditional birth attendants and traditional healers
- Community carers

Tertiary Target

- Community leaders
- Influential members of the society
- Policy makers
- Development partners and other stakeholders

Key Promise

PPTCT programme ensures long healthy productive lives and newborn babies free of HIV.

Communication Objectives

- To increase awareness of PPTCT services among the childbearing age population.
- To motivate women and men of childbearing age to appreciate and utilise PPTCT services.
- To increase the number of men and women of childbearing age to utilise VCT services.
- To increase the number of health workers, community leaders and sexually active men participating in PPTCT programmes.
- To increase the number of political and social leaders who advocate for PPTCT services.
- To provide an enabling environment for PPTCT services.

Communication Activities

- Mobilize adequate support from political, civic, religious and cultural leaders to promote PPTCT services.
- Educate sexually active men and women to be involved in the PPTCT programmes.
- Educate sexually active men and women on the importance of VCT services.
- Educate women on the importance of exclusive breastfeeding by infected mothers.
- Review and formulate laws and policies that support PPTCT service delivery.
- Lobby for the decentralisation of PPTCT services.

4.1.2 Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections increase the chances of HIV infection. It is important that they are treated with urgency through initiation of vigorous programmes which would aim at prevention, early diagnoses and treatment. Sexually Transmitted Infection prevention and control remains an important intervention in HIV/AIDS programmes and is addressed appropriately in the Swaziland STI guidelines. STI communication would enable a reduction of reproductive health complications, including sexual incompetence and HIV prevention. It is important that individuals, communities and key stakeholders take a leading role in controlling the prevalence of STIs.

Goal: to increase the number of people who will come for early treatment and management of STIs.

Target Groups:

Primary

- Household members
- Sexually active youth (15 -25 years)
- Sexually active adult population
- High risk groups i.e. commercial sex workers, LDD and intravenous drug users
- Vulnerable groups i.e. OVC and street kids
- Disabled people
- Seasonal workers
- New-born babies and infants

Secondary

- Health workers
- NGOs
- Community leaders
- Partners and donors
- Peer educators
- Private sector

Tertiary

- Policy makers
- FBOs
- NGOs
- Donors
- FBOs

Key Promise

Adherence to complete STI treatment reduces your chances of infertility, HIV infection and leads to a healthy and fulfilling sex life.

Communication Objectives

- To increase knowledge and awareness of STI conditions.
- Promote abstinence and delay sex among the youth.
- Increase utilisation of STI services.
- Increase partner notification.
- Promote early diagnosis of STI and treatment.
- Promote adherence to complete STI treatment.
- Increase number of community groups that advocate for STI treatment.
- Increase number of policy makers supporting increased allocation of resources for STI services.

Communication Activities

- Develop and disseminate IEC material on STIs among different target groups.
- Integrate sensitisation and education of STIs into existing health programmes.
- Conduct mass media campaigns on STIs and HIV/AIDS.
- Train health workers and peer educators on STIs.
- Develop and update management protocols and guidelines on STIs.
- Sensitise primary target groups on the prevention, treatment and management of STIs.
- Advocate and lobby for the review and enactment of policies and laws that support the treatment and management of STIs.

4.1.3 Condoms

Individuals and communities need to take responsibility for controlling the spread of HIV and STIs through the use of condoms. Condom promotion remains an important intervention in the HIV/AIDS programs and is addressed in the strategy in the form of brands, types, availability etc. Government, NGOs, pharmacies and shops supply condoms. The government supplies are free for the purposes of affordability, accessibility and availability to individuals and communities.

Goal:

Target Groups:

Primary

- Commercial sex workers
- Men
- LDDs
- Household members
- Youth (15 - 24 years)
- Sexually active adults (25+ years)

Secondary

- HWs and CHWs
- Traditional healers
- Traditional leaders
- Schools
- Private sector
- Clinics
- Tertiary institutions
- Unions
- Women's groups and organisations

Tertiary

- National policy makers
- Church organisations
- Government and NGOs

Communication Objectives

1. To expand educational awareness about condoms as an effective prevention product.
2. To increase the appropriate and current condom use by all sexually active groups.
3. To promote advocacy of the appropriate and current condom use among health workers, traditional leaders and organisations.
4. To increase the appropriate and current condom use among health workers, traditional leaders and members of organisations.
5. To advocate for resource mobilisation by the national policy makers, church organisations, government and NGOs.
6. To enhance condom distribution at the national retail level.
7. To promote dual contraceptives.
8. To promote quality control of condoms.

Key Promise

The use of condoms guarantees a long, enjoyable and healthy life free from HIV/AIDS, STIs and unwanted pregnancies.

Communication Activities

- Conduct extensive research within different populations about their level of awareness of condoms as a preventive product, and the attitudes and behaviours of new audiences-to-be-reached with this product.
- Design appropriate packaging, point of purchase materials, merchandising, distribution systems and communications strategies, to effectively position and distribute the product within the priority audiences.
- Elaborate a highly targeted female condom campaign. Reintroduce the female condom through effective community-based communication interventions.
- Align with private sector marketing groups in the distribution and retailing of condoms in the rural areas.

- Produce community-based interventions to train rural health motivators (RHMs), peer educators and high risk groups on the appropriate use of condoms.
- Develop a mapping strategy for the distribution of condoms for high risk behaviour groups as well as other targeted groups.
- Establish partnerships with an NGO, in the education and distribution of condoms to high-risk behaviour groups.
- Conduct vigorous mass media campaigns to advocate for change of policies that would affect the availability and use of condoms across all age groups.
- Develop guidelines or checklists for the quality control of condoms.

4.1.4 Safe Blood

Blood is a life saving fluid. The screening of HIV antibodies along with serological tests for syphilis and hepatitis in blood prevents the transmission of these pathogenic organisms during its transfusion to that in need. The strategy will promote precaution and services to enable safe blood transfusion.

Goal:

Target Groups:

Primary

- Youth 16 - 18 years
- Adults 18 - 40 years

Secondary

- Health workers

Tertiary

- SNAT
- Ministry of Education

Key message

Safe blood guarantees or ensures a healthier productive life.

Communication Objectives

- To educate men and women to prevent STIs and HIV transmission.
- To sensitise different target groups on the importance of blood transfusion.
- To motivate young people to donate blood and avoid activities that could contaminate their blood.

Communication Activities

- Review and improve blood screening standards, guidelines and practices.
- Develop and distribute effective IEC material on blood safety.
- Encourage youth participation in giving safe blood.
- Encourage the community to donate blood.
- Promote abstinence from sex.
- Advocate for legislation to promote blood donation and management.

4.2 CARE AND SUPPORT

Overall Goal: To improve the quality of health care services for infected and affected people.

The strength of the response necessitates an effective programme to provide care and support. PLWHA and infection control for core communication interventions/activities (therefore) focus on providing/promoting positive living and observing universal care. Activities/interventions are carried out in the following areas:

- i) VCT
- ii) ART
- iii) HBC and palliative care
- iv) Rehabilitation

4.2.1 VCT

VCT is the first step towards the response for behaviour change. While VCT seem to focus primarily on individuals, it is critical that there is an “enabling environment to provide support (in community and environment) and enable sustained behaviour change”.

Goal: To significantly increase the utilisation of quality VCT services.

Target groups:

Primary

- Sexually active youth
- Men and women.
- CSWs
- LDDs
- Fire and Emergency
- Traffic police
- Soldiers
-

Secondary

- Health workers

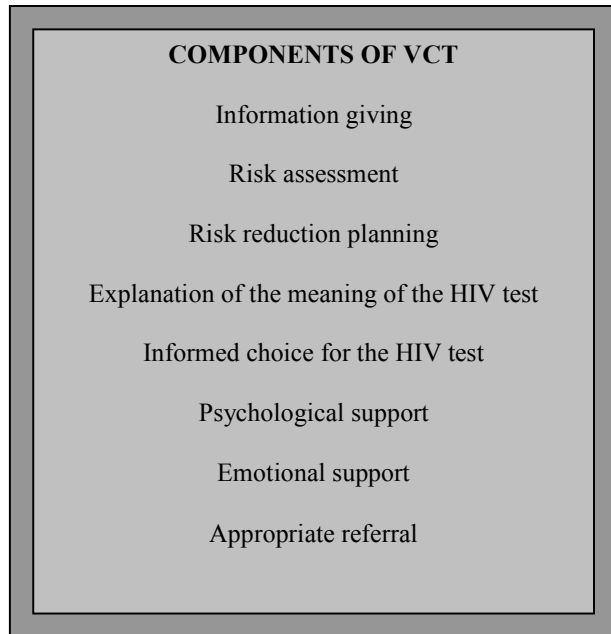
Tertiary

Key Promise

Taking an HIV test enables you to gain access to quality care and management of infection.

Communication Objectives

- To increase the number of people utilising VCT services.
- To increase the educational level of knowledge on VCT.
- To introduce the concept of personal risk assessment.
- To increase knowledge on the link between VCT and the relevant services of ART and PPTCT.
- To increase the number of policy makers and opinion leaders supporting VCT services.



Communication Activities

- Production, pre-test and distribution of IEC material on VCT.
- Conduct sensitisation meetings on VCT.
- Conduct promotional shows to market VCT.
- Educate health workers about running and maintaining the VCT centres.
- Conduct orientation workshops for policy makers and opinion leaders.
- Brand and market VCT services.
- Develop and disseminate personal risk assessment tools.
- Conduct promotional shows to market VCT.
- Develop and produce IEC material on VCT.
 - Conduct training workshops for health workers on VCT.
 - Conduct a mass media campaign on VCT.
 - Establish a telephone help line.
 - Lobby policy makers on improving the quality of service provision of VCT.

4.2.2 ART

Goal: To ensure the appropriate use of ART.

Anti-retroviral drugs are part of the initiative introduced by the MOHSW to minimise and alleviate the suffering of the HIV/AIDS infected people in community. To coordinate the implementation of this initiative, it requires the involvement and participation of the following:

- The infected people (PLWHA) who needs knowledge to change their attitudes towards using ARVs.
- VCT clients.
- PRASO.

Secondary target

- Chiefs
- Religious leaders
- Counsellors
- Community police
- RHMs
- CHWs
- Health workers

Tertiary target

- Parliamentarians
- Local government
- Head of state
- Cabinet

Communication objectives

- To increase knowledge on ARVs.
- To reduce stigma and discrimination to encourage compliance of ART.
- To equip health workers with information on ARVs.
- To increase qualifying users of ARVs.
- To promote appropriate compliance to ART.

Communication Activities

4.2.3 HBC and Palliative Care

Home Based Care is the provision of health in a home setting with the backing of health facilities, relatives and the community. Palliative Care is a service that takes care of the health of individuals suffering from a chronic illness. Both of these services are made available in the community. This strategy will promote the demand of assessing them.

Target Audiences:

Primary

- PLWHA
- Carers
- PLWHA Relatives

Secondary

Community leaders: - chiefs, *bucopho*, *bandlancane uMgijimi*

Religious leaders: - Pastors, Evangelists, Reverends, *bakhokheli*

Traditional Healers:

Health workers: CHWs, RHMs, Peer educators, NGOs

Tertiary

- Head of State
- Cabinet
- Local Authority
- MPs

Communication Objectives

- To increase the efficient and appropriate management and care of terminally sick patients utilising the HBC services.
- To promote proper handling of patients by health workers.
- To reduce stigma and discrimination towards the terminally ill.

- To promote adherence to universal precautions to HBC among care-givers.
- To equip care-givers with skills to manage stress.
- to increase knowledge, support and commitment on HBC Services among community leaders, traditional leaders, traditional healers, church leaders and policy makers.
- To provide standardised HBC training.
- To provide a conducive end supportive environment for the provision of HBC services.

Communication Activities

- Develop and distribute IEC material on HBC services.
- Conduct media campaigns.
- Conduct training for health workers.
- Conduct stress management retreat for the care-givers.
- Conduct sensitisation workshops for policy makers, community leaders, traditional leaders, traditional healers and church leaders.

4.3 IMPACT MITIGATION

Impact mitigation focuses on the mitigation management of the impact of the pandemic. This will be done at/in four levels namely:

- OVC
- Food security
- Legal security
- Legal response

Since the response is done at community level, this communication strategy will engage in social mobilisation (advocacy to) mobilise the community to take ownership and play an active role in mitigating the impact. It also involves engaging in advocacy to ensure the legal structures are in place that will provide support.

4.3.1 Orphans and Vulnerable Children

One of the effects of the pandemic is the increase of orphans and vulnerable children as a result of the death of parents. This results in child-headed households. The life of OVC are characterised by lack of food, protection life skills and other resources needed in the growing of the child. Hence the thrust of impact mitigation is to mobilise community participation in the provision of the above to the OVC.

Target Audience

Primary: OVC, women (*Lutsango*), vulnerable youth, caregivers, guardians, HIV/AIDS committee, grand parents.

Secondary: Teachers, Public sector, Agricultural sector (Agriculture Extension staff), donors, community leaders, churches, opinion leaders.

Tertiary: Policy makers (MP, Cabinet), International Donors, SNALA, Head of State, Queen Mother.

Communication Objectives

- To reposition traditional roles in securing grass-root basic welfare.
- To incorporate in the chiefdoms focal points for community level mitigation.
- Training for food production and early childhood development of orphans education and socialisation, home based care/treatment/adherence for people with HIV/AIDS.
- Management of food schemes and educational grants for OVC as well as feedback mechanisms to project design.
- Formulation appropriate legislation and investments (school grants and food), stigma reduction and removal, human rights and social protection.

Activities

- Train community leaders and caregivers on OVC issues.
- Development of the toolkits for rapid training of caregivers at the community level.
- Presentations e.g. meetings, testimonials of successful stories.
- Elections e.g. mass media campaigns.

Key Promise

- Providing security for OVC today is securing the future for our nation tomorrow
(*umntfwana ulikusasa lemndeni, lemango, lelive*).

4.3.2 Food Security

Food security is a vital component of the response especially in the light of the poverty that has hit the country. Communication therefore will focus on mobilising the community to take ownership in the production and distribution of food at community level.

Target Audience

- Primary:** OVC, women (Lutsango), vulnerable youth, caregivers, guardians, HIV/AIDS committees, grand parents.
- Secondary:** Teachers, Public sector, Agricultural sector (Agriculture Extension staff), donors, community leaders, churches, opinion leaders.
- Tertiary:** Policy makers (MP, Cabinet), International Donors, SNALA, Head of State, Queen Mother.

Communication Objectives

- To revamp traditional structures in the community that will provide food security.
- To mobilise all members of the community to participate in the production and distribution of food.
- To eradicate stigma toward OVC.
- To promote harmonious relationships between the social centres and other structures.
- To promote honest management of food schemes.

Communication Activities

- Community meetings to discuss role of communication in food production, and to exchange ideas on how the community feels this should be done.
- Community dialogue/exchange on success stories.
- Conduct mass media campaign advocating for prioritising food security and school fees for OVC.
- Presentations/workshop for MPs, Cabinet etc. advocating for prioritising of food for OVC.

Key Promise

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4.3.3 Legal Response

Target Audience

Primary: Legislators (MPs) Cabinet, Head of State, Queen Mother, International Organisations, Donors.

Secondary: Regional Administrators, Church leaders, Community leaders, Regiments, Teachers, Health Sector, Public Sector.

Tertiary: OVC, Vulnerable Youth, Women, HIV/AIDS Committee, Caregivers, Guardians, Grandparents.

Communication Objectives

- To review, formulate and enact policies and legal frameworks that would facilitate an enabling environment for implementing HIV/AIDS responses/interventions.
- To protect PLWHA and those affected by HIV/AIDS.

CHAPTER FIVE

5.1 EDUCATIONAL/TRAINING MODALITIES

Education and training is an integral part of the strategy. There is need for information dissemination across the various age groups to empower them with information and skills on dealing with issues on HIV/AIDS.

It is critical that the population, across all age groups, be educated and informed about the disease and empowered to serve as advocates at individual, community and environmental/national level.

Education is necessary to provide health workers with information they need to understand to combat HIV so that they may offer the highest standard of prevention measures, care and support for HIV infected and affected people. Education on HIV/AIDS is also intended to complement the broader efforts of governments to identify relevant and sustainable programs for the management of HIV/AIDS.

This education must be staggered and be proportioned according to age.

Curriculum on HIV/AIDS across All Age Groups

	PREVENTION	CARE/SUPPORT	MITIGATION	ADVOCACY
Birth - 2 years	<ul style="list-style-type: none"> ▪ Personal hygiene ▪ Toilet training ▪ Relating with others (e.g. respect for other people, siblings, parents, friends etc.) ▪ Teach golden words i.e. thank you, I am sorry etc. ▪ Eating habits ▪ Basic religions i.e. information and nutrition ▪ Teach about "touch" ▪ Assertiveness 	<ul style="list-style-type: none"> ▪ Relating with others 	<ul style="list-style-type: none"> ▪ Personal hygiene ▪ Toilet training ▪ Relationship with others (e.g. respect for other people, siblings, parents, friends etc.) ▪ Teach golden words i.e. thank you, I am sorry etc. ▪ Eating habits ▪ Basic religions i.e. information and nutrition ▪ Teach about "touch" ▪ Assertiveness 	<p>Advocate for investment in children's food, stigma, child's rights and social protection.</p>
3 – 5 years	<ul style="list-style-type: none"> ▪ Life skills e.g. relationship with strangers ▪ Personal hygiene ▪ Relationships ▪ Body parts i.e. their function ▪ Mannerisms ▪ Social norms, religion, culture etc. ▪ Nutrition ▪ Teach about "touch" ▪ Exposure to culture of reading ▪ Expose them to gender equality. 	<ul style="list-style-type: none"> ▪ Care for siblings e.g. feeding others ▪ Household responsibilities ▪ Comes in handy for other community members 	<ul style="list-style-type: none"> ▪ Child's rights ▪ Gardening skills ▪ Basic nutrition 	<p>Advocate for legislation and investment (schools grants and food) stigma, human rights and social protection.</p> <p>Investment in children and youth appropriate legislation and protection against child abuse.</p>
6 – 12 years	<ul style="list-style-type: none"> ▪ Life skills ▪ Personal hygiene ▪ Relationships with others ▪ Basic facts on HIV/AIDS and STIs ▪ Nutrition ▪ Teach negotiation skills ▪ Emphasise assertiveness and self esteem ▪ Good/bad ▪ Health hazards ▪ Social norms, culture and religion ▪ Instil reading culture i.e. register him/her with the library 	<ul style="list-style-type: none"> ▪ Caring for siblings ▪ Caring for sick parent and other community members ▪ Teach household duties ▪ Teach about grieving, death and dying ▪ Teach about parent disclosure and how to deal with it 	<ul style="list-style-type: none"> ▪ Child's rights ▪ Gardening skills ▪ Basic nutrition ▪ Labour skills ▪ Maternal care 	<p>Legislation against child abuse, investing in children and youth.</p>

<p>13 – 17 years</p>	<ul style="list-style-type: none"> ▪ Encourage abstinence ▪ Teach traditional events/rituals ▪ Puberty changes ▪ Signs of rape; abuse and incest ▪ Personal hygiene i.e. during menses ▪ How to handle relationships with family and other members of community ▪ Condoms i.e. where it can be accessed, how it is used ▪ Teach about future life ▪ Gender equality i.e. respect your brother/sister ▪ Teach on avoiding substance abuse ▪ Issues on voluntary counselling and testing ▪ Importance of caring for others ▪ Prevention of pregnancy ▪ Encourage reading ▪ Encourage having discussions with parents on HIV/AIDS and STIs 	<ul style="list-style-type: none"> ▪ Taking care/be custodian of household properties ▪ Risk awareness (rape, incest, abuse) ▪ Make him/her aware of available health facilities ▪ Aware of available grants ▪ Treatment literacy on ARVs 	<ul style="list-style-type: none"> ▪ Sensitise on issues of community support of programs that deal with food and agriculture ▪ Care giving ▪ Ensure support of programs of VCT ▪ Promote PPTCT ▪ Child's rights ▪ Symptoms and signs of abuse ▪ Income generating 	<p>Gender issues, investing in youth strategies, supportive legislation and programs to produce social and financial incentives.</p> <p>Empowerment to take control and make informed decisions about their lives.</p>
	<ul style="list-style-type: none"> ▪ How to relate to opposite sex ▪ Physiology and body parts i.e. physiological changes –puberty ▪ Importance of hygiene ▪ Emphasize abstinence ▪ How to cope with body changes ▪ Choosing friends. ▪ Encourage blood transfusions ▪ Taking informed decisions ▪ Ability to say “no” ▪ Nutrition ▪ Cultural norms, beliefs and religions values ▪ Abstinence ▪ Condom use ▪ Basic facts of HIV/AIDS and STIs ▪ Responsible decision making and own actions ▪ Responsible for others ▪ Substance abuse ▪ Encourage a reading culture 	<ul style="list-style-type: none"> ▪ Care for self when sick ▪ Belong to health promotion and support organisations i.e. young, Girl guides, Boy scouts, SYNABA, PLWHA ▪ Learn self employment skills ▪ Rehabilitation centres ▪ ARVs ▪ Engage in community programmes ▪ Enrol to self-help programs ▪ Educate on VCT and HBC ▪ Care for family and community members when sick 		

<p>18 – 25 years</p>	<ul style="list-style-type: none"> ▪ Encourage involvement on community events ▪ Assist them to make an informed decision on VCT ▪ Stress, behaviour changes 	<ul style="list-style-type: none"> ▪ Empower with information on grieving, death and dying of a loved one ▪ Means of dealing with poverty and resource mobilisation ▪ Handling disclosure on HIV/AIDS Status 	<ul style="list-style-type: none"> ▪ Psychosocial support ▪ Food security & nutrition ▪ Educate on food production gardening projects, intensive farming ▪ Seek help from other organisations that deal with food production and provision i.e. WFP ▪ Be aware of assisting partner organisation within the community. ▪ Support programs that deal with orphan care and street kids so that they receive ethical opportunities ▪ Ensure welfare of the elderly and needy ▪ Provision of ARVs and treatment literacy ▪ Ensure disabled get the necessary support and care available in the country ▪ Belong to health promotion and support organisations available 	<ul style="list-style-type: none"> ▪ Counselling, rehabilitation, home-based care and ART ▪ Gender and human rights ▪ Raise economic – social expectations. ▪ Symptoms & Signs of abuse ▪ Early childhood development ▪ Food security & nutrition ▪ Psychosocial support ▪ Child's rights ▪ Training on care giving 	<p>Women's rights, gender issues, increased social mobilisations.</p>
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	<ul style="list-style-type: none"> ▪ Stress behaviour change ▪ Encourage belonging to groups that promote life, encourage blood transfusion 	<ul style="list-style-type: none"> ▪ Empower them with information on home-based care ▪ Access VCT services available ▪ Discourage unhealthy/hazardous/risky cultural and religious practices e.g. <i>Kungenwa, Kwendzisa</i> and Polygamy 		
<p>26 and above</p> <ul style="list-style-type: none"> Assumption of counselling roles. Stick to healthy sexual practices i.e. avoid multiple partners. Role modelling. Strengthen their leadership skills. Nutrition. Prevention of stresses and frustrations. Teach about getting old and sexuality. Importance of imparting knowledge to others. Belonging to healthy groups. Coping mechanisms and dealing with situations they cannot change. Financial management to improve the economic status. Prepare for pension. 	<ul style="list-style-type: none"> ▪ Create awareness of the inherent legal and ethical issues in caring for people infected with HIV/AIDS ▪ Psychosocial support ▪ Food security ▪ Promote and advocate for community services that support the disabled, affected and infected ▪ Advocate for policies and legislations that deal with issues of abuse and rape, OVC, women etc. ▪ Ensure welfare of elderly and needy ▪ Taught on leadership and administration 	<ul style="list-style-type: none"> ▪ Set policies that would provide grants for OVC and widowed ▪ Child's rights ▪ ARV treatment and adherence ▪ Teach about VCT in the workplace ▪ Symptoms & Signs of abuse ▪ Training on care giving 	<p>Invest in country's workforce.</p> <p>Stigma and discrimination, harm and reduction policies.</p> <p>Sustainability of ARVs.</p> <p>Provision of funding and food and education grants for the vulnerable in society.</p>	

	<p>Empower them with problem solving skills at individual, community and environmental (national) level.</p>	<ul style="list-style-type: none"> ▪ Welfare of families that have lost their relatives i.e. that they are not ripped off (lose their property) by other members of community ▪ Community leaders to ensure that they put policies in place that with discourage spending in funerals ▪ Provide a framework for addressing the legal and ethical problems in health care regarding HIV/AIDS patients ▪ Educate and empower other community members on home-based care ▪ Enforce laws on HIV on the workforce ▪ Empower the infected/affected people be aware of their rights ▪ Provide a framework for health professionals to maximise their advocacy role in caring for and protecting the human rights of people infected and affected with HIV/AIDS 		
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5.2 MEDIA STRATEGIES

Media Strategy

This media strategy is in support of the entire National Communication Strategy on HIV/AIDS. Media Campaigns will place a strong emphasis on sexual behaviours such as abstinence and other indirect responses of stigma reduction and social mobilization.

Activity	Mediums	Products	Cost (E)
1. Promoting virtue of boys/girls virginity	TV, radio, newspapers, magazines, out door advertising (billboards, mobile media-buses, taxis)	<ul style="list-style-type: none"> ▪ Short duration adverts or inserts, once-off programs, documentary series ▪ News, opinion and feature articles, regular columns, current affairs ▪ Public relations activities ▪ Outdoor advertisements ▪ Print stickers, posters, leaflets, booklets, flipbooks ▪ Audio tapes, videos, slides ▪ Murals, signs, graffiti ▪ T-shirts, caps, badges, pens, rulers, key holders ▪ Internet 	
2. Social Mobilization	TV, radio, newspapers, magazine, brochures, leaflets, posters, community meeting/events	<ul style="list-style-type: none"> ▪ Structured and purposeful community dialogue ▪ Cultural events ▪ Road shows ▪ Educational events ▪ T-shirts, badges, pins, caps, <i>emahiya</i>, bandanas ▪ Counselling services ▪ Telephone help-line ▪ Community theatre/drama/poetry ▪ Events ▪ Folk Media Workshops 	
3. Advocacy	Radio, TV, newspapers, magazine, fact sheets, fliers, posters, brochure	<ul style="list-style-type: none"> ▪ News, current affairs, opinion and feature articles ▪ Community events ▪ Leaflets, pamphlets brochures, posters 	

Dealing With Stigma and Discrimination

GROUP	ACTION
1. Faith-based	<ul style="list-style-type: none"> • Mainstream HIV/AIDS training at theological institutions. • Instil knowledge and appreciation of other factors which contribute to the spread of the epidemic beyond sexual promiscuity and drug use. • Introduce faith-based support groups for HIV infected and affected people. • Identify religious language and doctrines that are stigmatising and promote alternative language that is caring and non-judgmental. • Promote humanitarian and spiritual values of compassion for marginalized and stigmatised groups. • Secure political and economic support for faith-based institutions as they champion the needs of the marginalized and HIV/AIDS infected and affected persons.
2. Homosexual and Bisexual people	<ul style="list-style-type: none"> • Mainstream the needs of people with varied sexual preferences in national and organisational HIV/AIDS programming. • Design specific campaigns, materials and support systems for access by persons of varied sexual preferences. • Convince policy makers and opinion leaders on the need to address homosexuality and bisexuality in the view of the HIV/AIDS epidemic. • Orientate service providers to be sensitive to medical needs of clients and not dwell on their personal lives and sexual choices. • Ensure that human rights of all are upheld irrespective of their sexual preference.
3. Media	<ul style="list-style-type: none"> • Train and encourage media to report professionally and responsibly on HIV/AIDS issues. • Encourage media to use responsible language in materials produced for mass dissemination. • Promote the use of supportive and sensitive language in socio-cultural and political environments. • Increase involvement of PLWHA to give testimonies on positive things that have happened in their lives so as to enable the media to give a human face when reporting about HIV/AIDS stories.

	<ul style="list-style-type: none"> ● Encourage health providers and AIDS activists to help media on topical issues. ● Encourage media to use innovative ways of reporting HIV/AIDS stories. ● Assist media houses to have HIV/AIDS policies in the work place.
<p>4. Health Personnel/Workers</p>	<ul style="list-style-type: none"> ● Integrate HIV/AIDS related human rights and ethics in the training curriculum of all health personnel. ● Establish systems of regular updated refresher training around HIV/AIDS related issues. ● Empower health personnel/workers with assertive and counselling skills to enable them to face the epidemic. ● Avail necessary resources to health facilities to facilitate application of skills and knowledge. ● Equip health facilities to provide a holistic service to clients. ● Address health workers' insecurities regarding transmission and infection by encouraging testing and normalising a positive HIV status. ● Address fears of being HIV positive by health workers themselves through availing specific services, which offer support, counselling and assurance that their careers are not jeopardized by their HIV status. ● Support health personnel/workers by developing an HIV/AIDS policy in the work place
<p>5. Commercial Sex Workers</p>	<ul style="list-style-type: none"> ● Increase their knowledge and skills on preventing infection with STIs and HIV. ● Encourage them to do personal risk perception exercises. ● Allow them to openly talk about their plight and sexual preference. ● Arrange activities that will allow interaction with the community.

CHAPTER SIX

6.1 MONITORING AND EVALUATION

The key components for the implementation of the national communication strategy will be monitoring and evaluation. Both the process and impact indicators will be identified and presented, thus serving as a mechanism to closely assess the strengths and weaknesses of the strategy. These will be separated at operational level. Implementation of activities of the component program areas, which are prevention, care and support and impact mitigation, includes policies that need to be formulated and reviewed. Monitoring will be part of the ongoing management of communication activities. Key issues to be monitored will be the proportion of audiences being reached, coordination and integration of services in relation to the supplies delivered.

Monitoring and evaluation will be the routine tracking of the program activities by measuring on a regular ongoing basis whether planned activities are being carried out. Results will reveal whether program activities are being implemented according to plan, and assess the extent to which program services are being used.

Process evaluation will be done along with monitoring. Information that will measure how well the program activities are performing will be collected from time to time. Process evaluation will be used to measure the quality of program implementation.

Outcome and impact evaluation will measure the extent to which program outcomes are achieved, and assess the impact of the program in the target population by measuring changes in knowledge, attitudes, behaviour, skills, community norms, utilisation of health services and or health status.

Behaviour change will be assessed by a project's implementation and its success in achieving the predetermined communication objective. Behaviour change will also be assessed by conducting qualitative and quantitative research into target group responses to different interventions including changes in audience behaviour.

All the identified indicators will be linked to the program’s overall monitoring and evaluation system of the national coordinating unit at NERCHA. A pool of indicators will be collected for local, regional, national and global level. It is worth mentioning that data collectors should appreciate that the information is not only collected for national use but for program use at their level. Communication activities from components coordinators, partners, programmers and channels will be coordinated by the communication unit and be forwarded to the M&E coordinating unit at NERCHA. Coordination committees of the three national program areas should keep others informed of their progress and activities. Program coordinators should ensure that communication is timely and appropriate.

Monitoring and evaluation of the communication strategy will assist in the modification of the strategy goal, strategies, messages and different approaches. All key players and target populations will be periodically reassessed and given feedback on changes over time. Implementers will develop short-term work plans thus making it easy for making adjustments. In-depth program progress will be assessed through periodic program reviews thus assisting in making adjustments and redesigns of the communication strategy.

6.2 TYPES OF EVALUATIONS TO BE EMPLOYED IN THE STRATEGY

- | | |
|------------------------------------|--|
| Formative Evaluation | <ul style="list-style-type: none"> - Is the intervention needed? - Who needs the intervention? - How should the interventions be carried out? |
| Process Evaluation | <ul style="list-style-type: none"> - To what extent are planned activities actually realised? - How well are the services provided? |
| Effective Evaluation | <ul style="list-style-type: none"> - What outcomes are observed? - What does the outcome mean? - Does the programme make a difference? |
| Cost-Effectiveness Analysis | <ul style="list-style-type: none"> - Should the programme be changed or expanded? - To what extent should resources be reallocated? |

6.3 M&E FOR PROGRAMME AREAS

6.3.1 Condoms

Level	Target(s)	Problems	Communication Objective	Strategies	Activities	Channel	Key Promise/Benefit
Individual	-Youth	-Unavailability -Inaccessibility -Inconsistence use	-Always carry a condom -Use a condom correctly every time	-IEC material	-Develop IEC material -Mass media campaign & IPC -Group Meeting -Bash	TV, Radio, Print	-Protection from HIV -Risk free sexual life
	-Sexual active man and women	-Importance -Attitude -Interruption -Misconception	-Use female condom as an option	-Social marketing			
	Community	-Unavailability -Lack of social support -Target audience will not believe/accept message unless it is given by a credible source	-Ensure availability and accessibility of condoms in the community -Endorse condom use as an acceptable behaviour in the community - Identify and capacitate a credible messenger to communicate accurate messages to target audience		Procure and distribute condoms Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication	TV, Radio, Print	- Protection of the community's survival - Future of community guaranteed
Environmental	MOHSW MPs Media	-Lack of social support -Lack of policies and legislation	Endorse condom use as an acceptable behaviour in the society. Ensure constant availability of condoms through provision of enough funds in the national budget.	Quarterly meetings Advocacy	Quarterly meetings	TV, Radio, Print	-Nation's future and survival protected

6.3.2 Blood Safety

Level	Target(s)	Problems	Communication Objective	Strategies	Activities	Channel	Key Promise/ Benefit
Individual	Youth (16-18)	Low blood donation Myths around HIV/AIDS Early sexual activity	To promote safe blood donation Delay sexual behaviour	IEC	IPC Discussions Media communication	Posters, Radio	- Help save a life
Community	Parents Teachers Opinion Leaders	Lack of social support Target audience will not believe/accept message unless it is given by a credible source	Support and endorse blood donation. Clear myths, religious and traditional beliefs around donating blood. Identify and capacitate a credible messenger to communicate accurate messages to target audience.	Social mobilization	Develop IEC Material Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication	Radio, Posters, Leaflets, Stickers	- Save endangered lives of relatives and friends in the community.
Environment	Church Media Policy Makers MOHSW	Discourage Blood donation. Lack of social support	-Promote Abstinence -Encourage community to donate blood -Ensure legislation to encourage blood donation is in place	Advocacy	Interpersonal Communication	Meetings	- Nation helping each other - Secure the future

6.3.3 STIs

Level	Target(s)	Problems	Communication Objective	Strategies	Activities	Channel	Key Promise/ Benefit
Individual	<ul style="list-style-type: none"> - Sexually active population - High risk behaviour group - Vulnerable groups - Pregnant women - Partners 	<ul style="list-style-type: none"> - Late diagnosis and treatment of STIs - Unprotected sex - Multiple sexual partners - Non-compliance to treatment 	<ul style="list-style-type: none"> - Promote early diagnosis and treatment of STIs - Promote safe sex - To discourage multiple sexual partners - To inform about the consequences of untreated STIs/ incomplete treatment - Promote correct use and consistent use of condoms - To refer for VCT - To promote the CCC 	<ul style="list-style-type: none"> - Interpersonal Communication - Entertainment - Mass media - Outdoors advertising - Print media - Peer education 	<ul style="list-style-type: none"> Mass Media Communication 	<ul style="list-style-type: none"> Posters Radio Meetings Educational Materials Billboards 	<ul style="list-style-type: none"> Prompt treatment of STIs will help prevent HIV
Community	<ul style="list-style-type: none"> - Clinic - Nurses - RHMs - Peer educators - Carers - Traditional Healers 	<ul style="list-style-type: none"> - Inadequate constant supply of drugs - Myths and misconceptions on STIs - Target audience will not believe/accept message unless it is given by a credible source 	<ul style="list-style-type: none"> Increased number of community support groups promoting treatment of STIs. To develop and review guidelines protocols for STIs management Identify and capacitate a credible messenger to communicate accurate messages to target audience 	<ul style="list-style-type: none"> - Training workshops - Sensitisation meetings 	<ul style="list-style-type: none"> Fact sheets Free training books Training manuals Posters Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication 	<ul style="list-style-type: none"> - IEC materials - Workshops - Meetings 	<ul style="list-style-type: none"> Unified efforts in prevention of STIs will reduce spread of HIV/AIDS.
Environment	<ul style="list-style-type: none"> - MPs - Ministers - NGOs - FBOs - MOHSW 	<ul style="list-style-type: none"> Limited allocation of resources for STIs services. 	<ul style="list-style-type: none"> To increase a number of policy makers supporting increased allocation of resources for STI services. 	<ul style="list-style-type: none"> Advocacy Sensitisation meetings. 	<ul style="list-style-type: none"> - Meetings with policy makers - Development of IEC materials - Mass media 	<ul style="list-style-type: none"> - Media houses - Printing press - Meetings 	<ul style="list-style-type: none"> Increased funds for STI treatment will reduce the burden and impact of HIV/AIDS.

6.3.4 PPTCT

Level	Target(s)	Problems	Communication Objective	Strategies	Activities	Channel	Key Promise/ Benefit
Individual	Youth Men Women CSWs LDDs Disabled Children	Inadequate information on PPTCT Low utilisation of VCT centres and services. High transmission of HIV/AIDS to newly born	To create awareness on PPTCT To Increased number of health workers conducting quality-counselling service. Reduce transmission of HIV/AIDS from mother to baby.	Social mobilization IEC	Staffing IEC materials Training	VCT centres Brochures and handbooks	Proper utilization of PMTCT services ensures healthy baby.
Community	-Committee leaders -Community careers -RHMs -TBAs -Family members -In-laws -Traditional Healers	Inadequate knowledge on PPTCT Stigma and discrimination surrounding use of PPTCT services Cultural beliefs and norms surrounding breastfeeding Target audience will not believe/accept message unless it is given by a credible source	To create awareness on PPTCT Increased number of community members participating and supporting PPTCT activities. Identify and capacitate a credible messenger to communicate accurate messages to target audience	Social mobilization	Sensitisation meetings Integrating PPTCT in development plans Orientation workshops Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication	Committee meetings Distribution of IEC materials	Increased utilization of PMTCT services will secure a healthy future for our children.
Environment	-MPs -MOHSW -NGOs -Traditional Healers Association	Lack of policy and legislative guidelines on PPTCT Inadequate support for PPTCT by decision-makers	Increased of support for PPTCT by policy makers	Advocacy	-Conduct consensus meetings -Produce press releases -Run phone-in programs -Develop IEC materials -Develop information kit	Parliamentary standing committee	Increased legal/policy support for PMTCT will reduce economic impact on HIV/AIDS.

6.3.5 ARTs

Levels	Target	Problem	Communication Objective	Strategies	Activities	Channel	Key Benefit
Individual	PLWHA Family/ relatives	Lack of knowledge on ART Poor compliance to ART Stigmatisation of PLWHA.	To create knowledge on ARTs. To appropriate compliance to ART To reduce stigma and discrimination on PLWHA. To equip HW with information on ARTs.	Media campaign IEC Community Mobilization	Develop IEC material Conduct /run educative program on media Conduct mass media campaign	Meetings and focus group discussions Print & electronic media Folk media IEC material	Know facts on HIV/AIDS Stigma reduction
	Community Community leaders Chiefs Religious leaders Carers of PLWHA Counsellors Community Police RHMs	Stigmatisation of PLWHA. Lack of knowledge on ART. Lack of knowledge on universal precautions. Target audience will not believe/accept message unless it is given by a credible source.	To increase support for PLWHA To educate community health workers and RHMs on universal precaution & ARTs Identify and capacitate a credible messenger to communicate accurate messages to target audience	Media campaign IEC Community Mobilization	Develop IEC material Conduct /run educative program on media Conduct mass media campaign Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication	Meetings and focus group discussions Print & electronic media Folk media IEC material	
Environment	Health providers Policy makers				Standardize training Strengthen communication between health facilities and communities	Interpersonal communication	

6.3.6 Home Based Care

Levels	Target	Problem	Communication Objective	Strategies	Activities	Channel	Key Benefit
Individual	PLWHA Family/relatives	Stigma and discrimination	To reduce stigma and develop a better understanding of HIV/AIDS issues	Advocacy	Train family care givers House to house visit Meetings Group discussion Support groups	Interpersonal communication Print & electronic media Folk media	Know facts on HIV/AIDS Stigma reduction
Community	Community leaders	Stigma and discrimination Lack of HBC supplies Target audience will not believe/accept message unless it is given by a credible source	To sensitise leaders at all levels on reducing stigma and discrimination To improve care and support for people living with AIDS Identify and capacitate a credible messenger to communicate accurate messages to target audience	Advocacy	Community sensitisation Training of community care givers Avail HBC supplies to reduce transmission Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication		
Environment	Caregivers Health providers Policy makers	Stigma and discrimination	To strengthen HBC for chronically ill and stigma reduction	Advocacy	Develop training manuals Develop guidelines Establish communication and referral mechanism	Interpersonal	Standardize training Strengthen communication between health facilities and communities

6.3.7 VCT

Level	Target	Problem	Communication Objective	Strategies	Activities	Channel	Key Promise
Individual		Youth Young adults High risk groups	To reduce transmission rate of HIV	Campaigns Unify brand name	Nation-wide campaigns	Interpersonal Print media Phone-in Folk media	Access to care Anxiety is removed
Community	NGOs HIV support groups Government Sectors Churches CBOs NERCHA Media	Lack of high quality VCT services Demand for VCT services Target audience will not believe/accept message unless it is given by a credible source	To create a network of partners currently offering VCT Identify and capacitate a credible messenger to communicate accurate messages to target audience		Support groups Training Exhibition/displays	Interpersonal Print media Electronic media Folk media Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication	Standardise training manual Caring of carers thus removing stress Continuous technical and back support
Environment	Counsellors Clients Policy makers	Bogus providers of VCT Lack of accreditation	To create an environment that will be non-discriminatory to individual status	Policy formulation	Meetings Seminars Advocacy materials Press conferences	Interpersonal Electronic media Print media	You are protected Assures clients protection Accepting environment

6.3.8 Orphans and Vulnerable Children (OVC)

Level	Target Audience	Problem	Communication Objective	Strategies	Activities	Channel	Key benefit
Individual	<ul style="list-style-type: none"> -OVC -Lutsango -Vulnerable youth -Care givers -Guardians -HIV/AIDS committee -Grand parents 	<ul style="list-style-type: none"> -Inadequate knowledge of OVC perception of their needs -Lack of appropriate care for OVC -Lack of basic life skills -Lack of knowledge of universal precautions guidelines on home based care -Failure to recognize and report abuse -Lack of psycho-social support 	<ul style="list-style-type: none"> -To increase quality of care for OVC -To give/ teach them basic life skills -To train them in food production -To teach them principles of Home Based Care -To educate them on how to identify and deal with abuse 	<ul style="list-style-type: none"> -IEC -Community mobilization 	<ul style="list-style-type: none"> -Conduct rapid assessment -Hold meetings -Conduct art and essay competition and debates (school level) -Hold regular informal/formal meeting with them as they visit the social centres 	<ul style="list-style-type: none"> -Traditional media (song, dance, poetry, drama) -Interviews and focus group discussions -Mass media campaigns 	
Community	<ul style="list-style-type: none"> -Teachers -Public sector -Agriculture sector -Donors -Private sector - community leaders, - churches -Opinion leaders 	<ul style="list-style-type: none"> -Lack of appropriate structures to support OVC -Lack of food -OVC are stigmatised -Lack of knowledge on how to care for OVC -Lack of knowledge of psycho-social support -Lack of provision of education - Target audience will not believe/accept message unless it is given by a credible source 	<ul style="list-style-type: none"> -To reposition traditional roles in securing basic welfare at grass roots level -To de-stigmatise children who are orphans because of HIV/AIDS -To educate them on how to care for OVC - Identify and capacitate a credible messenger to communicate accurate messages to target audience 	<ul style="list-style-type: none"> -Community/Social mobilization -IEC -Advocacy 	<ul style="list-style-type: none"> Conduct workshops, seminars and community based dialogue Identify the credible messenger for target audience Conduct a needs assessment for tools/skills needed to communicate Provide messenger with tools needed for communication 	<ul style="list-style-type: none"> Traditional media (song, dance, poetry, drama) 	<ul style="list-style-type: none"> Providing security for OVC is securing the future for our nation. (Umftwana likusasa lemdeni, lemngo, lelive)
Environment	<ul style="list-style-type: none"> Policy makers, (MP's, Cabinet) International donors, SNALA, Queen Mother, Head of State 	<ul style="list-style-type: none"> Absence of appropriate legislation, school grants, human rights, social protection for OVC 	<ul style="list-style-type: none"> To (advocate) for the formulation of appropriate legislation, school grants, human rights Social protection for OVC 	<ul style="list-style-type: none"> Advocacy IEC 	<ul style="list-style-type: none"> Presentations Conduct media campaigns 	<ul style="list-style-type: none"> Media 	<ul style="list-style-type: none"> Providing security for OVC is securing the future for our nation. (Umftwana likusasa lemdeni, lemngo, lelive)

6.3.9 Legal Response

Level	Target Audience	Problem	Communication Objective	Strategies	Activities	Channel	Key Benefits
Community	<ul style="list-style-type: none"> -Teachers, -Public sector, -Agriculture sector, donors, -Private sector -Community leaders, churches, - Opinion leaders 	<p>Inadequate management of food schemes</p> <p>Inadequate information sharing</p> <p>Absence of legislature and policy supporting HIV/AIDS issues</p> <p>Children out of school</p> <p>Lack of property and inheritance right</p> <p>Target audience will not believe/accept message unless it is given by a credible source</p>	<p>To promote management of food schemes</p> <p>To promote community dialogue</p> <p>To advocate for legislature and policy supporting HIV/AIDS issues</p> <p>Identify and capacitate a credible messenger to communicate accurate messages to target audience</p>	<p>Advocacy</p> <p>IEC</p> <p>Mass media</p>	<p>Hold community meetings</p> <p>Conduct media campaign</p> <p>Conduct focus groups discussions</p> <p>Identify the credible messenger for target audience</p> <p>Conduct a needs assessment for tools/skills needed to communicate</p> <p>Provide messenger with tools needed for communication</p>	<p>Mass media</p> <p>Personal interviews</p>	
Environment	<ul style="list-style-type: none"> -Policy makers,(MP's, Cabinet) - International donors, - SNALA - Queen Mother - Head of State - Heads of homesteads 	<p>Lack of policies & laws that support HIV/AIDS response</p>		<p>Advocacy</p> <p>IEC</p> <p>Mass Media</p>			

6.4 KEY BEHAVIOURAL INDICATORS AND EXPECTED ACTIONS

INDICATORS	ACTIONS
1. Ownership of the strategy	Brief the stakeholders about the Communication Strategy
2. Adequate funding for NCS	Develop strategy to obtain funds System for financial management Consideration of built-in sustainability Deciding focus and scope of evaluation
3. Existence of an M&E Plan	Selecting indicators Choosing a research design Conducting Monitoring and Evaluation Communicating evaluation results to stakeholders Reviewing and using evaluation results
4. Existence of organisational structure (NERCHA)	Coordinate institution and stakeholders committed to the mission/objectives of the Communication Strategy Results driven commitment of key players Relationship among key stakeholders clearly defined Roles and responsibility of NERCHA clearly defined
5. Adequate staffing in place (NERCHA)	Number and type of staff positions identified to drive communication strategy Number of staff positions filled and planned Assessment of staff competency and performance at regular periodic intervals
6. Adequate facilities and equipment	Sites have types and quantity of equipment sufficient to provide STI HIV/AIDS services Programme sites where equipment is maintained and functioning at clinics and audio visual for presentation
7. Adequate IEC material and supplies	Materials such as pamphlets, flip charts and videos as well as STI test kits, condoms, HIV tests kits etc. available at all times Systems for maintaining and monitoring materials and supplies put in place Systems to deliver and distribute materials and supplies to programme sites Determining which staff to train, what type of training and timing at training
8. Adequate number of staff trained on specific areas of HIV services	
9. Adequate youth friendly services	Treating youth with respect and dignity, applying IPC skills, comfortable discussing STI/ HIV/AIDS issues with youth, culturally sensitive and respectful of different values, beliefs and practices Local NGOs CBO, FBO, Government and Private Sector who will assist the programme in whatever capacity
10. Number of stakeholders who will support the implementation of the NCS	
11. Number of partnership and coalitions established to support NCS	Strategic sharing of resources, information materials and messages Organisations businesses volunteer their own funds to support the implementation of the NCS Group / organisations communicate regular with one another
12. Facilities conveniently located	Perceptions and needs of targets considered Affordability access and convenience considered Coverage of VCT
13. Adequate quality and number of counselling	Demonstration of appropriate counselling techniques Development of rapport with target groups Availability/use of quality IEC Material
14. Number of communication products that are _____ among the intended population	Radio spots, TV, story boards, slogan, logos, photo novels, adequately tested

INDICATORS	ACTIONS
15. Number of promotional material developed and distributed	Key chains, T-shirts, caps, etc.
16. Number of peer educators trained	Proper execution of peer education programmes to target groups concerned
17. Number of contacts with media policy makers and FBOs	Building consensus and engaging opponents in constructive dialogue
18. Number of target groups served by the facility who report favourable on service	Proportion of service sites offering quality services
19. Number of targets referred to health centre	Multimedia promotions and advertisements
20. Number of targets who received and used condoms	Distribution outlets increased, access barriers reduced
21. Number of target audience who recall message	Fighting of multimedia messages
22. Number of content abstinence messages disseminated for youth	Vigorous and repetitive message distribution
23. Number of youth contacted and counselled by peer educators	Peer education, one to one meetings and referrals to health centres
24. Numbers of youth who report favourably on youth centre activities	Patronage of youth friendly centres providing quality services
25. Number of youth who patronise Health centres for VCT	Usage of VCT and support mechanisms put in place
26. Number of youth who demonstrate knowledge of abstinence messages	Fighting of abstinence messages
27. Number of men and women and youth who can identify risk taking behaviours	Risk taking behaviour include early initiation of sex, multiple sexual partners, unprotected sex and using drugs and alcohol
28. Number of youth, men and women who can articulate options for avoiding risky behaviour	Options include seeking VCT services, staying abstinent, being monogamous, avoiding drugs and alcohol and referring peers to health centres
29. Number of youth who have favourable attitudes, beliefs and values about health related behaviours	Relationships, monogamy, multiple partners, age at first intercourse, abstinence, premarital sex denied, number of children, exchange of money or goods for sex
30. Number of youth who intend to marry later in life	Promoting the value of physical and emotional maturity in marriage
31. Number of youth who intend to have sex in marriage or long stable relationship	Building moral values around issues of sex and marriage
32. Number of youth who have discussed their intentions about key health related behaviour	Increased health seeking behaviours through understanding youth behaviours
33. Number of youth who feel responsible for their own welfare and well-being	Self efficacy and personal risk assessment
34. Number of youth who feel responsible for their own welfare and well being	Building life skills
35. Number of youth who feel responsible for their own actions towards others	Building life skills

INDICATORS	ACTIONS
36. Number of youth who feel they can refuse sex if they did not want it	Building self esteem skills
37. Number of youth who feel they could advocate a healthy behaviour among their peers, friends and partners	Building self supportive and caring spirit
38. Number of youth who feel comfortable discussing STI HIV/AIDS issues with peers	Openness and real life issues
39. Number of target groups diagnosed and treated for STIs	Health centres providing quality care and friendly services
40. Number of youth who have spoken to their peers about sex	Openness and increasing testimonials
41. Number of families who have ever discussed sexuality matters with their children	Open dialogue between parents and their children
42. Number of youth who belong to a religious group	Building moral values
43. Degree of community support for the NCS	Advocating community participation and support
44. Degree of political support for NCS	Levering of political will and support
- Adequate resource	
- Legal minimum age for marriage	
- Adolescent Health policy	
- Legality of condom access to youth	
- Existence of rape laws enforcement	

6.5 MONITORING AND EVALUATION FRAMEWORK PER OBJECTIVE

Objective 1: To increase youth abstinence to sex and delay sexual debut					
Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
<ul style="list-style-type: none"> -Develop press kit -Hold media briefing - Flight messages on media - Produce and place messages on billboards 	<ul style="list-style-type: none"> Secure consultancy service Resources for buying space and time for flighting Resources for placing billboards 	Number of youth who practice abstinence sex and delay sexual debut	<ul style="list-style-type: none"> Decrease in youth premarital sex Decrease in early sex/marriages 	Decrease in HIV prevalence and incidence	<ul style="list-style-type: none"> Behavioural surveys Routine STI/VIV surveillance studies
<ul style="list-style-type: none"> - Develop an educational plan - Train peer educators - Conduct peer educators talk 	<ul style="list-style-type: none"> Resources to conduct training 	Number of youth who delay onset of sex			
<ul style="list-style-type: none"> -Run art competition -Conduct community road shows 		Number of youth who can say no to sex because they do not want to			

Objective 2: To encourage reduction of sexual partners of the community						
Monitoring Process			Evaluation			
Activities	Inputs	Outputs	Outcomes	Impact	Methodology	
<ul style="list-style-type: none"> -Develop press kit -Hold media briefing -Flight messages on media - Produce and place messages on billboards 	<ul style="list-style-type: none"> Secure consultancy service Resources for community meetings Resources for placing billboards 	<ul style="list-style-type: none"> Number of people reporting to have single sexual partner 	<ul style="list-style-type: none"> Increased number of people having monogamous sexual relationships 	<ul style="list-style-type: none"> Decrease in HIV prevalence and incidence 	<ul style="list-style-type: none"> BSS Population based surveys 	
<ul style="list-style-type: none"> - Develop and educational plan - Train peer educators - Conduct peer educators talk 	<ul style="list-style-type: none"> Resources for conducting training 	<ul style="list-style-type: none"> Number of men who will have reduced number of sexual partners to acceptable level 	<ul style="list-style-type: none"> Increased number of men who will have one sexual partner 			
<ul style="list-style-type: none"> -Run art competition -Conduct community road shows 	<ul style="list-style-type: none"> Graphic artist Advertising cost Funds 	<ul style="list-style-type: none"> Number of women who will be happy with one sexual partner 	<ul style="list-style-type: none"> Increased number of women who will have one sexual partner 			

Objective 3: To increase community treatment for STI s					
Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
- Conduct community education	Transport running costs Refreshments Facilitation fee	Number of clients who will identify signs and symptoms of STIs	To increase number of persons with STI symptoms seeking treatment and care	Decrease in STI prevalence and incidence	BSS Facility surveys
-Develop press kit -Hold media briefing - Flight messages on media - Produce and place messages on billboards	Funds for media brief Advertising cost Billboards production cost	Number of clients who will treat STIs at the health centres	To increase number of people who will know where to go to treat STIs		
- Develop an educational manual - Train peer educators - Conduct peer educators talk	IEC materials development cost Training cost	Number of peer educators trained on STI and conducting talks	To increase outflow of information on SSSTI in the community		
-Run art competition -Conduct community road shows	Consultancy fee Advertising cost Road shows fee	Number of people convinced that STIs are a health problem	To increase number of people who will attend road shows on STIs		

Objective 4: To increase consistent and correct use of condoms

Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
- Produce brochure on STI - Produce training materials	IEC materials cost	Number of clients who will follow the OPRAH method of fitting a male condom	Increase correct use of condoms	Decrease in HIV prevalence and incidence	BSS Population based surveys
- Peer education - Community education	Training cost Refreshments for community meetings	Number of trained people who will give factual information	Increase consistency of condom use		

Objective 5: To increase referrals to the health facilities

Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
Developing IEC materials Distribution and dissemination of IEC material	Campaigns programmes - Talk shows - Facts - Benefits Print information (IEC)	Number of people referred to the clinic	Increase number of people who will patronize Health Facilities and utilize services	Decrease in HIV prevalence and incidence	BSS
Procurement of drugs and equipment	Drugs and equipment cost	Availability of drugs and equipment	Increase sustainable constant supply of drugs and equipment		
Training / Workshops/ Meetings			Increase service site care and support		

Objective 6: To encourage a positive outlook towards responsible sex

Monitoring Process		Evaluation			
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
-Develop press kit -Hold media briefing - Flight messages on media - Produce and place messages on billboards	Production cost Advertising cost	Number of men and women who will stick to one faithful sexual relationship	Increased incidences of faithful sexual relationship	Decrease in HIV prevalence and incidence	BSS Programme reports/records
- Conduct a peer education programme	Peer education cost	Number of youth who will know what to do to maintain a faithful relationship	Increase number of men, women and youth who will have faithful monogamous sexual relationships		
-Place advert in the media	Advertising cost	Number of people who will be convinced that having multiple sexual relations put them at a high health risk	Increase incidence of monogamous sexual relationships		
- Conduct call-ins, talk shows	Equipment cost Advertising cost Endorsements/facilitation fee	Number of youth who feel responsible for their own welfare and well being	Increase incidence of monogamous sexual relationships		
- Place adverts on media	Advertising cost	Number of youth who can refuse sex if they don't want it	Increase in positive attitude towards responsible sex		

Objective 7: To promote the spirit of supporting and caring for one another

Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
<ul style="list-style-type: none"> - Develop a video on the “spirit of Ubuntu” instilling community support for PLWHA and OVC -Develop press kit -Hold media briefing - Flight messages on media - Produce and place messages on billboards 	Video production cost	Number of people who will give money and their time to support people with HIV/AIDS	Increased community support for PLWHA	Decrease in HIV prevalence and incidence	Reports BSS
<ul style="list-style-type: none"> -Train peer educators - Conduct peer educators talk -Produce IEC materials on supporting vulnerable children 	<ul style="list-style-type: none"> IEC materials production cost Training cost Refreshments for community meetings ICE materials development cost 	<ul style="list-style-type: none"> Number of people who fight stigma and discrimination against people living with HIV/AIDS Number of people who set up community support centres for children Number of babies protected against being infected at vitro or birth 	<ul style="list-style-type: none"> Reduced incidence of stigma and discrimination Increased safety nets for children at community level Reduced transmission of mother to child 		

Objective 8: To increase the utilization of all services including VCT, PPTCT, ART

Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
<ul style="list-style-type: none"> -Develop press kit -Hold media briefing - Flight messages on media - Produce and place messages on billboards 	Advertising cost	Number of people utilising VCT, PPTCT, ART services	Increase number of people utilizing the services VCT, PPTCT, ART	Decrease in HIV prevalence and incidence	BSS Facility surveys
<ul style="list-style-type: none"> - Conduct community education 	Refreshments for community meetings	Number of people (mothers) who have tested for HIV	Increase number of people who will take VCT		
<ul style="list-style-type: none"> - Produce IEC materials 	IEC materials production and printing cost	Number of pregnant mothers who have received PPTCT services	Increase number of mothers receiving PPTCT		
<ul style="list-style-type: none"> - Conduct peer education 	Training cost	Number of people who will undergo ART	Increase number of people receiving ART		

Objective 9: To encourage a environment for sustained behaviour change and effective HIV/AIDS control					
Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
Develop a audio / visual toolkit at VCT centre on risk perception	<ul style="list-style-type: none"> - Printing cost - Service delivery staff to monitor 	Number of youth men, women, who can identify risk taking behaviour	Increased perception of risk to HIV/AIDS	Reduction of STI and HIV prevalence	Monthly monitoring tools, Clinic services statistics
Conduct community meetings for community leaders	<ul style="list-style-type: none"> - Transport Running Cost - Venue for community meeting - Refreshments - Meeting costs 	Degree of community support	<ul style="list-style-type: none"> - Increased financial support for HIV/AIDS activities - Development of policies and legislature frameworks for HIV/AIDS 		Monthly monitoring tools
Develop flip book and brochure advocacy political support	<ul style="list-style-type: none"> - Workshop cost - Printing cost 	Degree of political support	Increased financial support for HIV/AIDS community projects		Monthly monitoring tools
Develop pamphlet for religious youth on abstinence	<ul style="list-style-type: none"> - Printing costs 	Number of youth who belong to religious groups	Increased favour for moral values		Monthly monitoring tools
Conduct parental education	<ul style="list-style-type: none"> - Printing costs 	Number of families who have discussed sexuality matters with children	Increased communication on sexuality between parents and children		Behavioural Sentinel Survey
Conduct peer education	<ul style="list-style-type: none"> Training costs 	Increased number of youth who have discussed with peers about sex	Reduced incidences of risky behaviours		Monthly monitoring tools

Objective 10: To increase care and support for OVC

Monitoring Process			Evaluation		
Activities	Inputs	Outputs	Outcomes	Impact	Methodology
- Produce IEC materials on OVC	IEC materials production cost	Number of OVC receiving constant help from the community	Increased support and care for OVC	Decrease in HIV prevalence and incidence	Reports
- Community education	Refreshments for community meetings	Number of people who will know what to do to help OVC	Increased support and care for OVC		
- Produce directory for individuals and communities supporting OVC	Consultancy fee Printing cost	Number of directories produced	Increased support and care for OVC		

CHAPTER SEVEN

7.1 ACTION PLAN FOR THE NATIONAL COMMUNICATION HIV/AIDS STRATEGY

Activity	Implementation					Person /Organisation Responsible	
	Year Zero Aug. 2004	Year One	Year Two	Year Three	Year Four		Year Five
1. Briefing Stakeholders on Strategy	Aug 2004					Person / Organisation responsible IEC Committee	
2. Solicit funds to manage strategy	Aug 2004						
3. Finalise binding and distribution of NCS	Aug 2004					IEC Committee	
4. Partners to corporate and draw their strategy from the NCS	Sept 2004					NERCHA	
5. Launch of NCS	Sept/ Oct 2004					PM in conjunction with NERCHA	
6. Development of M&E tools	Oct 2004					NERCHA M&E incorporating IEC committee	
7. Develop TORs & MOU with stakeholders & media	Oct 2004					NERCHA in conjunction with IEC stakeholders	
8. Position, brand & develop the bi-lines for the various campaigns	Jan 2005					NERCHA	
9. Initiate youth abstinence & delaying sexual debut campaign	Feb – October 2004	Feb – Oct 2005	Feb – Oct 2006	Feb – Oct 2007	Feb – Oct 2008	Feb – Oct 2009	Media MOE, SHAPE, SYUAHA, stakeholders
10. Initiate social marketing strategy		Jan – Dec 2005	Jan – Dec 2006	Jan – Dec 2007	Jan – Dec 2008	Jan – Dec 2009	
11. Initiate the training Education program		Jan – Dec 2005	Jan – Dec 2006	Jan – Dec 2007	Jan – Dec 2008	Jan – Dec 2009	
12. Conduct advocacy Campaign		Jan – Dec 2005	Jan – Dec 2006	Jan – Dec 2007	Jan – Dec 2008	Jan – Dec 2009	
13. Implement media strategy		Jan – Dec 2005	Jan – Dec 2006	Jan – Dec 2007	Jan – Dec 2008	Jan – Dec 2009	
14. Develop training and education materials		Jan – Dec 2005	Jan – Dec 2006	Jan – Dec 2007	Jan – Dec 2008	Jan – Dec 2009	
15. Develop of TOT training kit		Jan- Dec 2005	Jan- Dec 2006	Jan- Dec 2007	Jan- Dec 2008	Jan- Dec 2009	
16. Conduct Annual Evaluation and End of strategic year		Dec 2005	Dec 2006	Dec 2007	Dec 2008	Dec 2009	

