
**A NATIONAL
COMMUNICATION STRATEGY
FOR HIV/AIDS IN BELIZE**

**DEVELOPED BY THE NATIONAL
AIDS COMMISSION OF BELIZE**

APRIL, 2006

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BACKGROUND

The Problem: HIV/AIDS in Belize

Belize, with an estimated adult HIV prevalence of 2.4% at the end of 2005, has the unwanted distinction of having the third highest frequency of infection in the Caribbean region and the highest in Central America.

According to a study by Nicholls et al. (1997), it was estimated that by the year 2005, the gross national product of Belize will be at least 4.2% lower than it would have been in the absence of HIV&AIDS, with a consequential fall in employment in such key sectors as agriculture and manufacturing by 20% if the disease is left unchecked. This study also estimated that in the absence of a national response, national savings stand to fall by as much as 10.3%. HIV&AIDS therefore harbors the real potential of crippling the level of national investment, which is a key variable in the determination of long-term economic growth.

A situation and response analysis was conducted in Belize 2003 and further elaborated and updated during 2004. It showed that HIV/AIDS in Belize is highlighted by the following factors: -

- Population mobility, due to an open immigration policy, emigration, and immigration of seasonal agricultural workers;
- 60% of the population is under the age of 25 — the demographic sector with the highest infection rate;
- A high fatality rate (85%) despite the availability of ARV treatment;
- Stigma and discrimination as a major factor inhibiting access to VCT, treatment, care, and support;
- Feminization of the epidemic, particularly among young women aged 15–24;
- A lack of strong central coordination in monitoring and evaluation standards and information dissemination;
- High levels of poverty (33%);
- limited capacity to coordinate and implement a national HIV/AIDS strategy.

Transmission

Conclusions on the major mode of HIV transmission in Belize are difficult to make due to incomplete reporting of information. However, some information on mode of infection among persons with HIV who have developed AIDS is available. Existing information from these AIDS cases indicate the primary mode of infection between 1986 and 1994 to be heterosexual sex, with 71% of AIDS cases associated with heterosexual activity. While 22% of AIDS cases were among men who have sex with men, 6% were perinatal, and 2% were associated with blood transfusions. In 1998-2000, the majority of AIDS cases were again associated with heterosexual transmission (47.5%), followed by homosexual activity (9.2%). The epidemic in Belize thus appears to be similar to the Caribbean and Central American regions, where transmission of the virus is largely heterosexual, with same sex activity also playing a significant, although largely unacknowledged role.

Vulnerable Populations

Several groups in Belize have been identified as being particularly vulnerable to HIV infection, including persons living in poverty, mobile and migrant populations, commercial sex workers, persons living with STIs, youth, men who have sex with men, members of the uniformed services and incarcerated populations.

The 1995 Poverty Assessment Report indicated 33 % of Belize's population to be living in poverty. Globally, persons of low socio-economic status are most affected by HIV, and Belize is no exception. Poverty limits the ability to make safe choices regarding HIV when unsafe lifestyles and behaviours (e.g. commercial sex work) become necessary for income generation. In addition, persons of low socio-economic status are those with least access to health services and information, and with lower educational levels, experience an increased level of vulnerability.

Commercial Sex Workers (CSWs) are a group particularly affected in the Central American region. The Central American HIV/AIDS Prevention Project (PASCA) found CSWs in Central American cities and ports to be at high risk of acquiring and transmitting HIV, particularly "freelance" street-based workers. In Belize, data from clients of the Ministry of Health VCT program show transactional sex to be a major factor contributing to HIV infection in this country. However, the extent of HIV infection in Belize's CSW population is unknown. The

PASCA survey is currently being completed in Belize to gather this information.

Youth are also at particular risk in Belize. Twenty-two percent of new HIV infections reported by the CML in 2004 occurred in Belize's 15-24 year age group, the population defined as youth. Poverty, child abuse, and early sexual initiation contribute to the vulnerability of this group, particularly Belize's young women. In a survey of 150 adolescent students conducted in six schools in Belize City in 2003, 35% of respondents reported being sexually active, of which 75% had sexual intercourse for the first time between ages 12 and 14 years, and 44% reported not always using condoms. Poverty among Belize's youth also creates a situation that encourages young women to engage in relationships with older men for financial support, where adult men are more likely HIV infected due to their older age and longer period of sexual activity. Data from among VCT attendees in Belize indicate the prevalence of HIV among men 40 years of age and older to be as high as 12.5%.

HIV&AIDS Policy Development in Belize

In the early stages of the response, the Ministry of Health consistent with most countries initially led the national response. In an effort however, to engage the wider community, the MOH held a special session in which concerned citizens led to the establishment of a National AIDS Task Force (NATF). This group was charged with facilitating a situational analysis that would guide future planning. The NATF recognized from the onset the significance of promoting a multi-sectoral response and proposed that a formal body be established in this regard. By 1999, it was obvious from Belize's first strategic plan that a broader based approach would be required.

When the National AIDS Commission (NAC) replaced the NATF in 2000, it was located in the Ministry of Human Development, Women and Civil Society under the chairmanship of the minister. Since its establishment the NAC in 2004 has since been legislated as a statutory body in accordance to the act and placed under the office of the prime Minister. The NAC is mandated by Cabinet to facilitate, coordinate, and monitor the prevention and control of HIV&AIDS in Belize. In addition, the NAC has the responsibility to advocate for policies and programs in support of the response and to mobilize resources for the

implementation of the activities proposed within the National Strategic Plan.

Regional and International Agencies and Partnerships

Belize is a member of the Pan Caribbean Partnership against HIV&AIDS (PANCAP). Like other members, it has committed to a regional approach to addressing the problem, both as a contributor (especially to the knowledge base) and as a consumer of information, services, and technical assistance from regional institutions and programs. Some of the added benefits from this membership include

- reduced prices for ARV;
- laboratory support through CAREC for HIV-related tests and surveillance systems, e.g., the Public Health Laboratory Information System (PHLIS);
- technical assistance, training, e.g., the Caribbean HIV&AIDS Resource Training (CHART) Initiative, and funding from regional projects; and
- access to the donor community through advocacy, attendance at critical regional meetings, and mediation.

The country is also a member of the Regional Initiative on HIV&AIDS for Latin America and the Caribbean (SIDALAC) and should be in a position to receive technical assistance and share information in the field of HIV&AIDS.

Belize has ongoing relations with a large number of donor agencies. In the field of HIV&AIDS, it has significant relations with the United Nations agencies through the local United Nations Theme Group on HIV&AIDS and in some instances, through bilateral projects, e.g., the OPEC/UNFPA project on HIV prevention and the special UNICEF project for OVC, the Global Fund, the International Labour Organization, and the diplomatic core.

There is a need for these agencies however to recognize Belize's national AIDS coordinating authority and establish closer links with this local counterpart. This would facilitate better joint planning and coordination of efforts. In this regard, the UN Theme Group has made a commitment to meet regularly with the National AIDS Commission and its Secretariat in order to strengthen this area of communication and support.

The National AIDS Commission of Belize

The expanded response is led by the National AIDS Commission (NAC), the statutory body in Belize charged with the responsibility for coordinating and overseeing the national response. The NAC through its Chairperson, reports directly to the Office of the Prime Minister. The act has granted this body the necessary authority to ensure a sustained and broad-based response where resource mobilization efforts should promote a common basket approach for the effective utilization of these resources.

The NAC is therefore expected to promote inter-sectoral collaboration and resource mobilization for the implementation of the national strategic plan, advocating for the establishment and strengthening of relevant programs and services in support of PLWAs, development of relevant HIV&AIDS policies and legislation for the prevention of stigma and discrimination, and finally, creating the necessary mechanism for monitoring and evaluation of the overall response.

Composition of the NAC

The NAC comprises of representatives from all key stakeholder groups, i.e., representatives of government departments that include the Ministries of Health, Education, Labor, Human Development and Tourism, PLWHA, the business sector, youth, other nongovernmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), and representatives of district AIDS committees. The UN agencies and other such entities serve as technical partners to the national counterparts.

Role of the NAC Secretariat

The Secretariat of the NAC has been established to support the work of the commission. The NAC Secretariat falls under the Office of the Prime Minister with its administrative functions overseen by the Ministry of Human Development. The Secretariat reports to the NAC. The NAC Secretariat will be responsible for facilitating the overall coordination, monitoring, and evaluation role of the commission and ensures the effective implementation of the National Strategic Plan.

The NAC Secretariat, while not an implementing agency, is the operational arm of the NAC and will be expected to have the following responsibilities:

- Have a lead role in guiding policy development, strategic planning, and management of the national response to the epidemic, ensuring that the response is effective and efficient and in keeping with national, regional, and international HIV&AIDS and development goals and/or indicators.
- Within the framework of the national HIV&AIDS strategic plan, facilitate a coordinated and effective response to the epidemic across and within all sectors of society, from high-level government and administrative leadership to effective community organization and district-level involvement.
- Lead the efforts for the mobilization of financial and technical resources for the national HIV&AIDS response.
- Monitor the allocation and use of all resources assigned to the HIV&AIDS response and report to the NAC on status of the same.
- Monitor and evaluate the implementation of national HIV&AIDS strategies and programmes to assess the achieved results against targets set for reducing the impact of the epidemic on Belize in order to guide future planning.
- Keep the NAC abreast of current and relevant information to facilitate informed, evidenced-based decision-making and actions. Such strategic information will encompass but not necessarily be limited to:
 1. reporting on the status of national HIV&AIDS planning and implementation of activities;
 2. reporting on the progress of the epidemic within the country and worldwide;
 3. informing the NAC and other relevant partners on the impact of the national response on the progress of the epidemic, with attention to its strengths and areas for program and service improvement, acceleration, and expansion of interventions; and documentation of best practices.

The Mission and Goal of National Strategic Plan

“To effectively coordinate multi-sectoral programs which strategically address the prevention, and/or intervention of HIV&AIDS in Belize in order to promote healthy sexual behavior, reduce discrimination, against PLWHAs and provide

easily accessible services to those in need and reduce the incidence of the epidemic”.

To this end, the overall goal of the national response to HIV&AIDS is to reduce its impact on the economic, social, and cultural context in Belize.

In order to achieve this overarching goal, three priority areas were identified to guide the HIV/AIDS response: **Harmonization, Prevention and Mitigation.**

A National Communication Strategy for HIV/AIDS in Belize

On the initiative of the NAC Secretariat, with specific involvement of the Information, Education and Communication Committee, and in consultation with the broad-based membership of the NAC, a National Communication Strategy on HIV/AIDS in Belize was developed to support the overall policy and strategic priority areas of Belize’s response to this epidemic.

This National Communication Strategy for HIV/AIDS in Belize was developed through the initiative of the NAC Secretariat, with the active involvement of members of the IEC Committee of NAC, and broad-based consultations with members Of NAC. The process was facilitated by Dr. Rovin Deodat, Communication Consultant.

**THE NATIONAL
COMMUNICATION STRATEGY
FOR HIV/AIDS IN BELIZE**

OVERALL GOALS
FOR NAC'S STRATEGIC PRIORITY AREAS

1. PREVENTION: The Reduction of the Incidences of HIV Infection & Stigma and Discrimination by through increased Knowledge and Improved Attitudes, Practices, and Behaviour

2. MITIGATION: The Integration and Efficient Delivery of Services to Persons Infected and Affected by HIV & AIDS

3. HARMONIZATION: Improved coordination and mobilization of resources through Sustained Networking and Collaboration

PRIORITY PROGRAM AREAS FOR THE COMMUNICATION STRATEGY

1. PREVENTION

- (a) IEC for vulnerable populations
- (b) Blood Products
- (c) PMTCT – Prevention of Mother to Child Transmission
- (d) Condoms Use
- (e) PEP - Post Exposure Prophylaxis
- (f) VCT services – Voluntary Counselling and Testing
- (g) Gender Issues
- (h) Stigma and Discrimination (also relevant in “Mitigation”)

2. MITIGATION

- (a) OVC - Orphans and Vulnerable Children
- (b) Support services
- (c) Clinical Management
- (d) PLWHA – People Living With HIV and AID

3. HARMONIZATION

- (a) Policy
- (b) Leadership and coordination
- (c) Monitoring and Evaluation

PRIORITY TARGET GROUPS

Youth

Commercial Sex Workers (CSW)

Men who have Sex with Men (MSM)

Women

Uniformed services

Prison population

Blood donors

Blood transfusion recipients

Health Care providers

Mothers and partners

Health care workers and other service providers

Sexual assault victims and rape survivors

Orphans and Vulnerable Children (OVC) and OVC Care givers

People Living With HIV/AIDS (PLWHA) and those affected by HIV and AIDS

Government leaders and Policy and Decision Makers

NAC Secretariat

NAC Commissioners

NAC Partners and Stakeholders

GOALS AND GENERAL OBJECTIVES **IN NAC'S STRATEGIC PRIORITY AREAS**

1. Reduction of vulnerability through awareness and education

- (a). Increase knowledge of STI's including HIV & AIDS transmission and prevention among vulnerable groups (include potential clients of CSW)
- (b). Advocate for increase resources to expand programmes and activities (rural communities)
- (c). Strengthen communication skills of service providers
- (d). Increase coordination of services to vulnerable populations
- (e). Promote access to health services and adherence to treatment (perception of confidentiality)
- (f). reduce stigma and discrimination

2. Availability and Provision of Safe Blood Supplies

- (a). Reduce perception of contracting HIV through blood donation
- (b). Increase awareness of procedure for safeguarding blood transfusion
- (c). Increase voluntary blood donation
- (d). Capacity building for pre and post test counselling

3. Reduction of HIV transmission from mother to child and the incidence of future pregnancy among HIV positive partners

- (a). Promote early access to ante-natal services
- (b). advocate for and promote increase participation of male partners in ante-natal care
- (c). advocate for and promote HIV testing for male partner of pregnant mother
- (d). strengthen family planning education among HIV positive partners
- (e). Increase awareness among Traditional Birth Attendance (TBA) of the importance of HIV testing during pregnancy

4. Increased accessibility and consistent & proper use of condoms

- (a). Increase education and awareness of proper and consistent male and female condom use (decrease myths and perception of condoms)
- (b). Promote the use of lubricants among the general population
- (c). Promote the increase access and affordability of male and female condoms (include safe storage and outreach)
- (d). Increase negotiation skills for condom use

5. Provision of PEP (Post Exposure Prophylaxis) for persons at risk

- (a). Advocate for provision of PEP to rural communities and utilization by private health sector
- (b). Advocate for a multi-sectoral response for the development and enforcement of PEP protocol
- (c). Increase public awareness of PEP protocol and accessibility in relation to sexual assault

6. Increased knowledge and access to VCT services

- (a). Increase awareness of the benefits of HIV testing
- (b). Promote voluntary counseling and testing
- (c). Increase awareness of location of VCT sites
- (d). Decrease stigma associated with HIV testing

7. Incorporation of gender awareness into HIV policies and programmes

- (a). Increase awareness of the link between gender- based violence and HIV & AIDS.
- (b). Increase awareness of situations that make women and men vulnerable to HIV in the context of sexual relationships (including female condom use)
- (c). Build capacity of support groups
- (d). Increase awareness of referral services
- (e). advocate for gender mainstreaming in new and existing policies

8. Reduction of S&D related to HIV/AIDS in Belize

- (a) Increase awareness on the nature, incidents and affects of S&D both on PLWHA and prevention and testing among the general population
- (b) Increase Capacity building activities among various sectors, including workplace, schools, medical institutions, to recognize and deal with S&D in its various forms
- (c) Advocate for the strengthening and enforcing of existing laws promoting basic human rights for all regardless of their HIV status
- (d) To advocate for new laws and policies ensuring equal rights for PLWHA

9. Reduction of the vulnerability of OVC to HIV & AIDS

- (a). advocate for improved safety net for OVC including psychosocial support
- (b). Increase research and awareness of the situation of OVC
- (c). Increase awareness of the services available to OVC
- (d). Decrease stigma and discrimination against OVC
- (e). Increase capacity of care givers
- (f). Advocate for rights of children made vulnerable by HIV & AIDS

10. Availability and access to support services for PLWHA

- (a). Advocate for comprehensive support system for PLWHAs
- (b). Advocate and promote long term counseling including spiritual and psychological support
- (c). Advocate for a continuum of care for PLWHA
- (d). Decrease stigma and discrimination by service providers

11. Improved quality of life of PLWHA

- (a) Increased dissemination of information on treatment and care
- (b) Advocate for the integration of HIV VCT services into primary health system and private sector
- (c) Increase capacity of health care providers
- (d) Promote benefits of healthy lifestyle including good nutrition, and adherence to medication
- (e) Promote availability & access to free medication

12. Improved Leadership and empowerment of PLWHA

- (a). advocate for and promote greater involvement of PLWHA in decision making
- (b). Increase capacity of PLWHA for self sustainability
- (c). Advocate for enabling environment including job creation and job security, for economic sustainability

13. Improved policies and legislation for HIV/AIDS

- (a). Promote awareness of existence of policies related to HIV & AIDS
- (b). Advocate for enforcement of policies
- (c). Advocate for amendment to legislation to facilitate the enforcement of new and existing policies.
- (d). Advocate for development of new policies and legislation where necessary

14. Improved coordination and mobilization of resources for HIV/AIDS Programs

- (a). Promote the use of the communication strategy for development of individual action plans
- (b). increase awareness of the role of the National AIDS commission and the secretariat
- (c). Promote adherence to defined roles of commission and secretariat
- (d). advocate for increased coordination and resources for programme implementation.
- (e). Improve mechanisms for information sharing (from secretariat to commission and vice versa)
- (f). Promote continuous monitoring and evaluation

15. Improved system of Monitoring and Evaluation (M&E)

- (a). Advocate for establishment of and promote utilization of M& E system
- (b). Timely generation and dissemination of data from M& E system
- (c). Promote evidence based planning and research

THE MATRIX WHICH FOLLOWS PROVIDES A SINGLE TABLE IN THE WHICH THE VARIOUS ELEMENTS DETAILED ABOVE ARE MERGED AND LINKED TO PROVIDE AN OVERALL SENSE OF THE NATIONAL COMMUNICATION STRATEGY

MATRIX

A National Communication Strategy for HIV/AIDS in Belize

Overall goal of the strategy: Goal: Reduction of the incidence of HIV infection & stigma and discrimination by influencing knowledge, attitudes, practices, and behavior

Priority Area 1: Prevention

Overall Goal: Reduction of infection of HIV & AIDS

Priority Programme Area	Priority Target Groups		Goals	Objectives
	Primary	Secondary		
a. IEC for vulnerable populations	Youth CSW MSM Women Uniformed services Prison population		Reduction of vulnerability through awareness and education	a. increase knowledge of STI's including HIV & AIDS transmission and prevention among vulnerable groups (include potential clients of CSW) b. Advocate for increase resources to expand programmes and activities (rural communities) c. Strengthen communication skills of service providers d. Increase coordination of services to vulnerable populations e. Promote access to health services and adherence to treatment (perception of confidentiality) f. reduce stigma and discrimination

Priority Programme Area	Priority Target Groups		Goals	Objectives
b. Blood Products	Blood donors Blood recipients Health Care providers	Nurse/doctors/ blood bank/lab staff (blood donating protocol)	Availability of safe blood supplies	<ul style="list-style-type: none"> a. decrease perception of contracting HIV through blood donation b. Increase awareness of procedure for safeguarding blood transfusion c. Increase voluntary blood donation d. Capacity building for pre and post test counselling
c PMTCT	Mothers and partners	Health care providers to include all private sectors	Reduction of HIV transmission from mother to child and the incidence of future pregnancy among HIV positive partners	<ul style="list-style-type: none"> a. Promote early access to ante-natal services b. advocate for and promote increase participation of male partners in ante-natal care c. advocate for and promote HIV testing for male partner of pregnant mother d. strengthen family planning education among HIV positive partners e. Increase awareness among Traditional Birth Attendance (TBA) of the importance of HIV testing during pregnancy
d. condoms use	sexually active adolescents and adults especially those with limited access	Health sector, youth service providers that are youth friendly, GOB, NGO's, private sector, media houses	Increased accessibility and consistent & proper use of condoms	<ul style="list-style-type: none"> a. Increase education and awareness of proper and consistent male and female condom use (decrease myths and perception of condoms) b. Promote the use of lubricants among the general population c. Promote the increase access and affordability of male and female condoms (include safe storage and outreach) d. Increase negotiation skills for condom use d. Increase social marketing of condoms

Priority Programme Area	Priority Target Groups		Goals	Objectives
e. PEP (Post Exposure Prophylaxis)	Exposed health care workers and other service providers , sexual assault and rape survivors blood transfusion receivers.	Health care providers, policy makers	Provision of PEP for persons at risk	<ul style="list-style-type: none"> a. Advocate for provision of PEP to rural communities and utilization by private health sector b. Advocate for a multi-sectoral response for the development and enforcement of PEP protocol c. Increase public awareness of PEP protocol and accessibility in relation to sexual assault
f. VCT services	General population (youth in particular)	Mass media, health systems, general population, NGO's GOB agencies	Increased knowledge and access to VCT services	<ul style="list-style-type: none"> a. Increase awareness of the benefits of HIV testing b. Promote voluntary counselling and testing c. Increase awareness of location of VCT sites d. Decrease stigma associated with HIV testing
g. Gender Issues	General population Youth Women Men	Policy makers/GOV MOE Faith based organization	Incorporation of gender awareness into HIV policies and programmes	<ul style="list-style-type: none"> a. Increase awareness of the link between gender- based violence and HIV & AIDS. b. Increase awareness of situations that make women and men vulnerable to HIV in the context of sexual relationships (including female condom use) c. Build capacity of support groups d. Increase awareness of referral services e. advocate for gender mainstreaming in new and existing policies

Priority Programme Area	Priority Target Groups		Goals	Objectives
h. Stigma and Discrimination	PLWHA, Family members and friends of PLWHA Community members, the general public, Health Care Providers and Health Sector workers, Health Care Administrators, Employers and Workplace Supervisors,	Government leaders and decision makers, youth religious and community leaders; Trade Union Leaders, Media workers, journalists, producers (print, radio and TV), Popular entertainers – signers, promoters etc	Reduction of S&D related to HIV/AIDS in Belize	(a) Increase awareness on the incidents and affects of S&D both on PLWHA and prevention and testing (b) Capacity building activities among various sectors, including workplace, schools, medical institutions, to recognize and deal with S&D in its various forms (c) To advocate for the strengthening and enforcing of existing laws promoting basic human rights for all regardless of their HIV status (d) To advocate for new laws and policies ensuring equal rights for PLWHA

Priority Area 2: Mitigation

Goal: Integration and efficient delivery of services to persons infected and affected by HIV & AIDS.

Priority program area	Primary	Secondary	Goal	Objectives
a. Orphans and Vulnerable Children	OVC Care givers	Human development Churches NCFC Extended family	Decrease the vulnerability of OVC to HIV & AIDS	a. advocate for improved safety net for OVC including psychosocial support b. Increase research and awareness of the situation of OVC c. Increase awareness of the services available to OVC d. Decrease stigma and discrimination against OVC e. Increase capacity of care givers f. Advocate for rights of children made vulnerable by HIV & AIDS (based on UNICEF research 2005)
b. Support services	PLWHAs and those affected by HIV and AIDS	Health care providers Clergy Counsellors Family members	Availability and access to support services	a. Advocate for comprehensive support system for PLWHAs b. Advocate and promote long term counselling including spiritual and psychological support c. Advocate for a continuum of care for PLWHA d. Decrease stigma and discrimination by service providers
c. Clinical management	a. Health Care providers	Ministry of Health	Improved quality of	a. Increase dissemination of information on treatment and

Priority program area	Primary	Secondary	Goal	Objectives
	b. PLWHA		life of PLWHA	<p>care</p> <ul style="list-style-type: none"> b. Advocate for the integration of HIV VCT services into primary health system and private sector c. Increase capacity of health care providers d. Promote benefits of healthy lifestyle including good nutrition, and adherence to medication e. Promote availability & access to free medication
d. PLWHA	PLWHA	NGO's Family Church Community	Improved Leadership and empowerment of PLWHA	<ul style="list-style-type: none"> a. advocate for and promote greater involvement of PLWHA in decision making b. Increase capacity of PLWHA for self sustainability c. Advocate for enabling environment including job creation and job security, for economic sustainability

Programme Area 3: Harmonization

Goal: Improved coordination and mobilization of resources through networking

Priority Programme Areas	Primary target audience	Secondary target audience	Goals	Objectives
a. Policy	Government leaders	NAC Secretariat National AIDS Commission Implementing partners/District committees	Improved policies and legislation for HIV	<ul style="list-style-type: none"> a. Promote awareness of existence of policies related to HIV & AIDS b. Advocate for enforcement of policies c. Advocate for amendment to legislation to facilitate the enforcement of new and existing policies. d. Advocate for development of new policies and legislation where necessary
b. Leadership and coordination (facilitation of implementation)	NAC secretariat		Improved coordination and mobilization of resources	<ul style="list-style-type: none"> a. Promote the use of the communication strategy for development of individual action plans b. increase awareness of the role of the National AIDS commission and the secretariat c. Promote adherence to defined roles of commission and secretariat d. advocate for increased coordination and resources for programme implementation. e. Improve mechanisms for information sharing (from secretariat to commission and vice versa) f. Promote continuous monitoring and

Priority Programme Areas	Primary target audience	Secondary target audience	Goals	Objectives
				evaluation
c. Monitoring and Evaluation	NAC secretariat	Implementers Government Fundors	Improved system of M& E	<ul style="list-style-type: none"> a. Advocate for establishment of and promote utilization of M& E system b. Timely generation and dissemination of data from M& E system c. Promote evidence based planning and research

THIS NATIONAL COMMUNICATION STRATEGY WAS PRESENTED TO REPRESENTATIVES OF THE NATIONAL AIDS COMMISSION MEMBERSHIP AND STAKEHOLDERS AT A WORKSHOP, ORGANISED AND HOSTED BY THE NAC SECRETARIAT, FOR DISCUSSION AND APPROVAL.

AFTER DISCUSSIONS AND APPROVAL OF THE STRATEGY THE WORKSHOP THEN DEVELOPED FURTHER A SERIES OF ACTION PLANS WHICH WERE PREPARED IN DRAFT FORM BY THE IEC COMMITTEE OF NAC. THESE SAMPLE ACTION PLANS WERE BASED ON SOME OF THE MAJOR TARGET GROUPS IDENTIFIED IN THE STRATEGY.

THE EXERCISE OF FINE-TUNING AND ADDING TO THESE SAMPLE ACTION PLAN WILL BE AN ON-GOING EXERCISE BY NAC AND WILL BE MADE AVAILABLE TO OTHER MEMBERS FOR THEIR CONTRIBUTIONS.

THESE SAMPLE ACTION PLANS DEVELOPED FROM THE NATIONAL COMMUNICATION STRATEGY ARE PROVIDED BELOW.

COMMUNICATION ACTION PLANS

PRIORITY TARGET GROUP: YOUTH

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested activities
Youth (NICH, BFLA, BRC, MOE, NCFC)	Condom use	<ul style="list-style-type: none"> a. Increase social marketing of male and female condoms in rural and urban areas b. Promote condom distribution sites c. Advocate for increase availability of condoms at sites frequented by youth (YFS, barber and beauty shops, and at the community level etc.) d. Increase demand/ accessibility for condoms among youth population e. Increase knowledge and benefits of condom use f. Decrease perceptions and myths associated with condom use. g. Build capacity of service providers to plan and execute innovative outreach to youth h. Increase peer to peer activities i. Improve societal support for condom use among young men and women j. Increase positive media coverage 	<ul style="list-style-type: none"> # of condom distribution sites per geographic area # of condom promotion activities # of persons accessing condoms # of persons using condoms at last sexual intercourse # of persons who know how to use a condom 	<ul style="list-style-type: none"> a. Interpersonal communication (one on one) with condom vendors and distributors to create condom friendly spaces b. Placement of condom logo supported by mass media campaign to increase awareness of logo c. Placement and promotion of condoms in traditional and non traditional settings (barber shops, hair saloon, night clubs, sporting activities) d. Mass media campaigns targeting youth e. Peer to peer educational sessions. f. Training session on behaviour change communication for resource personnel and encourage proper screening of youth workers

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested activities
		of condoms		<ul style="list-style-type: none"> g. IEC materials on condom use h. Advocacy activities with community leaders, church leaders, school leaders and decision makers
	IEC	<ul style="list-style-type: none"> a. Increase awareness of the modes of transmission and prevention of HIV & STIs b. Increase knowledge on safe sexual behaviour and risk behaviours c. Increase communication about safe sexual behaviour and risk behaviour through a variety of channels. d. Strengthen capacity of programme personnel in BCC strategies. e. Promote increased involvement of youth in prevention activities f. Promote life skills education in formal and informal educational settings g. Promote education of parents and guardians on STI's & HIV/AIDS 	<ul style="list-style-type: none"> # of certified peer educators # of youth with increase knowledge on HIV transmission and prevention # of programme personnel skilled in BCC strategies # of prevention activities/programmes targeting youth # of activities/programmes targeting parents # of parents with increased knowledge on HIV transmission and prevention # of youth involved in outreach 	<ul style="list-style-type: none"> a. Peer education training b. Peer education programmes in schools and communities c. Life skills curricula in schools d. Outreach to youth through edutainment e. Interpersonal outreach to youth through satellite tables, education at bases, street corners f. Mass media awareness g. Integration of HIV awareness into sporting activities, health fairs, community activities etc. h. Development and adaptation of IEC materials i. Educational sessions with parents
	VCT services	a. Increase number of young	# of youth accessing VCT services	a. Media Campaigns on

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested activities
		<p>persons aware of and accessing VCT services</p> <p>b. Promote the benefits of testing among youths</p> <p>c. Decrease myths/perceptions/stigma associated with testing</p>		<p>services and location of sites (multi lingual)</p> <p>b. Community outreach</p> <p>c. Mass media and interpersonal communication to decrease perception of lack of confidentiality at VCT sites and stigma associated with testing</p> <p>d. Reintroduce Know your status campaign (mass media and interpersonal)</p> <p>e. On site testing</p> <p>f. IEC materials to promote VCT</p> <p>g. Sustain Know Your Status Campaign</p>
	Gender Issues	<p>a. Increase the number of young women who are able to negotiate use of condoms</p> <p>b. Decrease stigma and discrimination on accessing and condom use by women</p> <p>c. Increases awareness of vulnerability and risk factors among young women</p>	<p># of young women with increased negotiation skills</p> <p># of young women who know how to put on a condom</p> <p># of young women engaging in self risk assessment</p> <p># of young women engaged in life skills programmes</p> <p># of young couples engaging in</p>	<p>a. Training on negotiation skills</p> <p>b. Condom demonstrations (male and female condoms) (one on one)</p> <p>c. Mass media campaign “question your relationship”</p> <p>d. Life skills education</p>

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested activities
		<ul style="list-style-type: none"> d. Increase life skills with emphasis on decision making and assertiveness skills among young women e. Promote increase dialogue about STI's and HIV& AIDS between young men and women in relationships. 	<p>dialogue about safer sex and risk behaviours</p>	<ul style="list-style-type: none"> e. Debates & discussion groups in schools and youth organizations f. Edutainment g. Peer to peer activities h. Campaign on condom holder (e.g lipstick holder, small purse, key chains, cell phone)

Sample Communication Plan of Action

PRIORITY TARGET GROUP: PEOPLE LIVING WITH HIV/AIDS (PLWHA)

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
PLWHA	Support service	a. Increase awareness of existing support services on a continuous basis b. advocate and monitor improvement of existing support systems for PLWHA c. Identify specific resources to provide a continuum of care for PLWHA. d. Strengthen referral network for PLWHA yearly e. decrease stigma and discrimination by service providers and the community at large by using human rights based-response f. identify and lobby for additional resources for PLWHA	# of PLWHA with increased awareness of available services # of PLWHA accessing available services # of decision makers advocating for increased resources for services to PLWHA # of organizations providing services to PLWHA # of service providers with improved attitudes towards PLWHA # of support groups for PLWHA	a. promotion of available services through mass media and existing support groups, and service points b. dissemination of directory of support services c. conduct and disseminate findings of needs assessment to decision makers and service providers d. Utilization of mass media to sensitize decision makers (video featuring prominent leaders of society advocating for increased action and resources for PLWHA) e. Conduct training sessions for referral organizations f. IEC materials for service

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
				<ul style="list-style-type: none"> providers g. Educational sessions for service providers h. Documentation of stories of positive experiences by PLWHA at service points (through print media) i. Testimonials
	Clinical management	<ul style="list-style-type: none"> a. Increase awareness of benefits of healthy lifestyle including good nutrition and adherence to medication b. Advocate for integration of HIV VCT services into primary health system and health sector c. Promote availability and access to free medication 	<ul style="list-style-type: none"> #Average life span of PLWHA # of PLWHA accessing services and medication # of PLWHA adhering to medication # of PLWHA with increased knowledge of healthy lifestyles practices 	<ul style="list-style-type: none"> a. Incorporate communication materials on healthy lifestyles into post test counselling at VCT b. Mass media to promote benefits of healthy lifestyle c. One on one sessions during medical visits or at service points d. Videos / documentaries/leaflets/posters etc. in waiting room at VCT centres, health clinics, doctor's office or other services points e. Mass media campaign to promote free medication for PLWHA
	Leadership and Empowerment	a. advocate for greater	# of PLWHA represented on or	a. Communication materials

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
		<p>involvement of PLWHA in decision making</p> <p>b. Increase capacity and skills of PLWHA support organizations</p> <p>c. Advocate for enabling environment including job creation and job security for economic sustainability</p> <p>d. Promote increased skills development for self sustainability among PLWHA</p>	<p>leading committees</p> <p># of support groups for PLWHA</p> <p># of PLWHA engaged in income generation activities</p> <p># of PLWHA employed</p> <p># of PLWHA with marketable skills</p> <p># of employers with improved attitudes towards PLWHA</p>	<p>targeting decision makers</p> <p>b. Sensitization sessions for decision makers</p> <p>c. Sensitization and capacity building sessions for PLWHA</p> <p>d. Workplace educational activities targeting employers</p> <p>e. Policy education and ownership building sessions</p> <p>f. Mass media awareness targeting decrease of stigma and discrimination and increased opportunities for PLWHA</p> <p>g. Testimonial/success stories shared by PLWHA</p>

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PRIORITY TARGET GROUP: MALE AND FEMALE COMMERCIAL SEX WORKERS

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
Male and Female CSW	IEC	<ul style="list-style-type: none"> a. Increase awareness of the modes of transmission and prevention of HIV & STIs b. Advocate for the expansion of and promote programmes targeting CSW c. Increase capacity of organizations working with CSW d. Increase involvement of CSW in prevention education 	<ul style="list-style-type: none"> # of CSW with increased knowledge of STI/HIV transmission and prevention # of CSW engaging in self risk assessment # of skilled personnel implementing programmes for CSW # of CSW engaged in peer to peer outreach 	<ul style="list-style-type: none"> a. educational small group sessions b. One on one outreach at place of work c. Development and dissemination of communication materials in bars, brothels and other reputable establishments (appropriate language) d. Cross boarder educational activities e. Peer to Peer or buddy system programmes for CSW f. Training sessions for organizations working with CSW
	Condoms	<ul style="list-style-type: none"> a. Increase consistent and proper condom use b. Increase condom 	<ul style="list-style-type: none"> # of CSW reporting use of condom at last sexual encounter # of CSW with increased 	<ul style="list-style-type: none"> a. Condom demonstration (Male & Female) b. Negotiation skills sessions

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
		<ul style="list-style-type: none"> negotiation skills among CSW c. Increase social marketing of condoms d. Promote easy access to condoms 	<ul style="list-style-type: none"> negotiation skills # of communication and materials targeting CSW # of condom outlets 	<ul style="list-style-type: none"> c. Communication materials on condoms(appropriate language) d. Promote condom nights and condom distribution at night clubs ,brothels and special events e. One on one sessions f. Placement of condoms in or near establishments utilized by CSW g. Condom distribution and outreach in parks, street corners etc. targeting CSW who are free lancers.
	VCT	<ul style="list-style-type: none"> a. Promote VCT among CSW b. Advocate for non discriminatory provision of services to CSW c. Increase awareness of VCT sites d. Promote awareness of the benefits of testing 		<ul style="list-style-type: none"> a. Dissemination of information on location of VCT sites b. Sensitization session with VCT personnel c. Promote know your status campaign targeting CSW
	Gender Issues	<ul style="list-style-type: none"> a. Increase awareness of risks and vulnerabilities among CSW 		

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
	Fixed Sites and Ambulatory Care	<ul style="list-style-type: none"> a. Increase awareness of STI & HIV b. Advocate for the expansion of and promote programmes targeting CSW c. Increase capacity of organizations working with CSW d. Increase involvement of CSW in prevention education 		<ul style="list-style-type: none"> a. small group education sessions b. one on one outreach @ fixed & ambulatory sites c. Communication materials in bars, brothels, etc. d. cross border educational activities e. buddy system (peer-peer) f. recruitment and training for organizations in outreach

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PRIORITY TARGET GROUP: WOMEN

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
Women	IEC	<ul style="list-style-type: none"> a. Increase awareness of the modes of transmission and prevention of HIV & STIs b. Expand resources for programming and activities to rural areas c. Public awareness Campaign on service providers and their impacts on the community (impact assessment by participants) d. Needs assessment of rural community linking to funding proposals and media. 		<ul style="list-style-type: none"> a. Mass media awareness targeting women and girls b. Peer counselling training and mentoring training c. Educational sessions in schools (Primary through tertiary and all girl schools) d. Engage corporate entities NGOs, schools and service providers for women and girls in the promotion of messages on HIV (on utility bills, mugs, bottles etc.)
	PMCTC	<ul style="list-style-type: none"> a. Advocate for and promote increased participation of male partners in pre and ante-natal care b. Promote early access to ante-natal services 		<ul style="list-style-type: none"> a. Focus groups with males b. Male friendly service manual for service providers c. Communication materials promoting involving

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
				fathers d. Messages on fatherhood during church ceremonies e. Mini series on TV promoting fatherhood f. Mass media sensitization and awareness g. Capacity building for service providers h. Guidelines for parent friendly services i. PSA encouraging women to bring partners j. Male friendly services- Training and Manual needs to be produced for service providers k. Educational session for expectant parents on clinic days (targeting males)
	Condom Use	a. Promote the proper and consistent use of condoms (male and female) b. Decrease stigma associated with initiation of condom use by females c. Address self esteem issues d. PSA sensitizing males and females including general		a. Educational sessions on condoms (including use of lubricants) b. Condom demonstrations c. Negotiation, decision making and communication skills for women

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
		population e. Promoting condom friendly shops/stores		
	PEP	a. Advocate for the provision of PEP to sexual assault and rape survivors and utilization by private health sector		a. Needs assessment and communication of findings to decision makers b. Training local health service providers c. Training sessions for private health care providers d. Mass media awareness to promote utilization of services by survivors
	Gender Issues	a. Increase awareness of the link between gender based violence and HIV/AIDS.	a. research and disseminate findings on gender based violence and HIV/AIDS. b. Mass media campaigns to increase awareness of gender based violence and HIV/AIDS	

Sample Communication Plan of action

PRIORITY TARGET GROUP: HEALTH CARE WORKERS

Priority target group	Programme Area	Objectives	Illustrative Indicators	Suggested Activities
Health Care Workers	Blood Products	a. Increased knowledge of safety protocols		a. seminars and manuals
	VCT	a. Increase observance of confidentiality among health care workers		a. training sessions in interpersonal communication and guidelines for privacy and confidentiality
	PEP	a. Increase quality of care through training and observance of PEP, and universal precautions		Training of providers in PEP; Universal Precautions; safe injecting and disposal practices

