ZIMBABWE COMMUNICATIONS STRATEGY:

Supporting the elimination of new HIV infections in children, and keeping mothers and their children alive

2011 - 2015

Ministry of Health and Child Welfare

Contents

Unless otherwise stated, it is not implied or to be inferred that any individuals appearing in this book are living with HIV.

Acronyms

ANC	Ante-Natal Care
ARV	Antiretroviral
BBC	Behaviour Change Communications
CBC	Community Behaviour Change
CHWs	Community Health Workers
DAAC	District AIDS Action Co-ordinator
DFPs	District Focal Persons
DMOs	District Medical Officers
DNOs	District Nursing Officers
HPU	Health Promotion Unit
MCH	Maternal and Child Health
MOHCW	Ministry of Health and Child Welfare
M&E	Monitoring and Evaluation
NAC	National Aids Council
NGO	Non Governmental Organisation
PSI	Population Services International
PMTCT	Prevention of Mother to Child Transmission
ZDHS	Zimbabwe Demographic and Health Survey

Foreword

Zimbabwe has a great opportunity to ensure that its next generation of children are born free from HIV and AIDS. This is a challenge which the government views with utmost seriousness - and is something that we in the Ministry of Health and Child Welfare believe is possible.

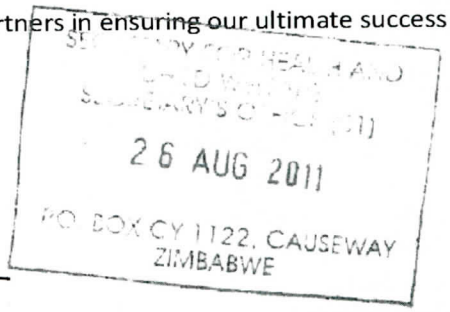
The Ministry of Health and Child Welfare is wholly committed to meeting this challenge. We have given high priority in our National Health Plan to meternal and child health; and to tackling HIV in women, children, and families. Additionally, the National Health Investment Case makes the argument for increased resources to help us achieve our goals for mothers, children and families as a fundamental part of supporting our health care system.

Achieving our goal of eliminating new HIV infections in children and keeping mothers and children alive will have positive impact for Zimbabwe. Children will have more chances of growing up healthy, becoming involved in education and ultimately contributing to our economic prosperity. Women will enjoy healthier lives , better pregnancies and nurture stronger families. And men , as partners, husbands and fathers, will play an active role in maintaining and supporting healthy families with hope for the future. Indeed, all our efforts will help the country to attain MDGs 4, 5 and 6 by 2015.

Meeting the challenge will take the combined and co-ordinated efforts of government, ministries, departments and parastatals, as well as communities, civil society, private sector and our co-operating partners. Providing facilities for HIV testing and for ante-natal care and PMTCT are a major part of our commitments, as is an ongoing drive to improve facilities and services for women before and after child birth. Active support and participation of individual women, men and wider families will also be required: to ensure that women and men know their HIV status, and that there is mutual disclosure of HIV status; that they visit clinics early in pregnancy, and continue to repeatedly attend for ante-natal services; that they take the drugs prescribed if they need them; and follow the guidance of health professionals in feeding and caring for their children.

Raising awareness and changing behaviour are going to be critical aspects of our work; in addition to engaging with stakeholders and ensuring that efforts are co-ordinated and understood. Getting communication right will be paramount to delivering these things. It is for this very reason that I have great pleasure in presenting to you this Communications Strategy to support the elimination of new HIV infections in children, and keeping mothers and children alive. The Communications Strategy sets out a roadmap for helping turn our vision of an HIV free generation inot reality.

I look forward to working with all of you and our partners in ensuring our ultimate success in this endeavour.



Brigadier General (Dr) Gerald Gwinji
Permanent Secretary
Ministry of Health and Child Welfare
September 2011

Executive summary

This is a critical moment for Zimbabwe. Significant progress has been made toward tackling HIV and AIDS, and reducing numbers of new HIV infections and deaths from HIV disease. But there still remains an enormous challenge if we are to ensure that future generations are given the best chance of a healthy life.

Communications activity, aimed at awareness-raising and behaviour-change, has played a major part in what has been achieved so far. A previous Communications Strategy which the MOHCW and its partners developed and followed helped ensure that advocacy and messaging worked hand in hand with delivery of services within communities, and this next Strategy aims to build on what has been achieved.

Zimbabwe has a unique opportunity: the elimination of new HIV infections in children and keeping their mothers alive. The government has made clear that this is its objective, and has embarked on an ambitious partnership based approach to meet that goal.

It has given strong leadership, nationally and internationally on the issue – most recently at the March 2011 regional summit in Nairobi – reflecting how the Zimbabwe government has defined elimination as a major strategic priority.

This Communications Strategy demonstrates how information dissemination, engagement, clear messaging and co-ordinated activity will be essential elements in meeting the overall objective of the elimination of new HIV infections in children by 2015.

And because so much of the elimination agenda crosses over into the broader HIV prevention and maternal and child health agendas, the Communications Strategy sets out a roadmap for change that will have far reaching positive consequences across Zimbabwe's health landscape.

The Communications Strategy seeks to set a strong leadership tone for elimination and to co-ordinate activity across a very wide range of partners and agendas. It sets the context for integration of activities and messages with training programmes, distribution networks, and specialist policy areas – focused on men, rural and hard to reach communities, children and others.

The Communications Strategy sets a challenge to engage and facilitate dialogue and decision making with other departments and areas of policy. And it seeks to use and strengthen existing communication networks of state and Non Governmental Organisation (NGO) operators.

At its heart remains a strong focus on setting out a programme of activities aimed at reaching and creating positive outcomes for core target audiences: women and men planning families; pregnant women; mothers and their partners. Other key audiences are to be influenced and informed either as crucial gatekeepers or as contributors to the aims of elimination in its broadest sense, which is at the heart of a wider prevention and health improvement strategy for women, men and children. The Communications Strategy sets out a very wide programme of activities which include:

- **New information for key audiences –** simple, clear messages supported by tools and guidance so it is delivered effectively.
- **Enhanced training and support –** for health service workers, NGOs, community leaders, volunteers, families and people living with HIV who can be strong advocates.
- **Stronger networks –** at national, provincial, district and community level, to ensure joined up messaging, prioritisation, efficient use of resources and a strong core focus.
- **A much higher public profile for elimination of new HIV infections in children –** through a

refreshed public mass media campaign; through sustained engagement with and capacity building of the media; in communities, in schools and communicated through policy development across departments and agencies.

The Communications Strategy sets out three objectives covering the following core areas:

Objective 1: demand creation and mobilisation

Objective 2: using health service infrastructure for communication

Objective 3: setting a national lead and policy framework

The detail underpinning these objectives is set out in the following pages of this Communications Strategy.

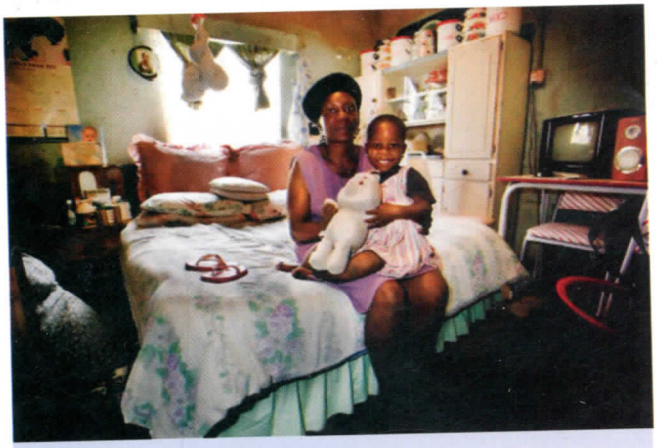
It is deliberate that the objectives are structured from the bottom up. The focus is on the end user, with activities in communities and at district level crucial. But these cannot be effective without the active support of the health service – set out under Objective 2 – and the leadership and commitment of the policy making community, addressed under Objective 3.

Under each objective a monitoring framework is established. In many areas baselines are imperfect if they exist at all, and a crucial challenge will be continuous data gathering and monitoring to assess progress.

The Communications Strategy sets out a robust framework for governance and implementation, with responsibility and accountability clearly and firmly resting with the MOHCW, but with the active involvement of a huge range of partners who will create and deliver their own strategies within this framework.

Finally, in terms of language, the Communications Strategy is about eliminating new HIV infections in children. Many technical terms are used, but one of the essentials of communication is that it makes things simple to understand. Everyone understands the idea behind ending HIV infection in children.

The elimination of new HIV infections in children in 2015 is possible. This Communications Strategy will help make it deliverable.



Healthy mothers and healthy children are the outcomes that this strategy will support

Section 1: Context

On 17 March 2011, representatives of the Zimbabwe government, NGOs and other partners met in Nairobi, Kenya with other regional representatives to agree a **'Conceptual Framework for the Elimination of New Paediatric HIV Infections in Africa'**.

This meeting followed up a previous PMTCT conference in May 2010, also in Nairobi, at which the Zimbabwean delegation indicated the need to have a Communications Strategy for attaining the goal of elimination of new HIV infections in children.

Building on this, the 2011 Conference agreed four high level objectives – or prongs – within the framework. These prongs are described in the table below:

Prong 1	50% reduction of HIV incidence among women 15-49 years OR 50% reduction of HIV incidence among women 15-24 years
Prong 2	Reduce unmet need for family planning to ZERO among all women
Prong 3	Reduce vertical transmission rate to <5%
Prong 4	90% reduction in HIV-related maternal deaths up to 12 months post-partum AND 90% reduction in HIV attributable deaths among infants & children <5 yrs

Prongs 1 and 2 describe core prevention goals essential to reducing HIV and stopping new adult infections. Prongs 3 and 4 are aimed specifically at women and families planning or having children. All are essential to elimination. This Communications Strategy shows how activity focused on women and families can dovetail with and complement broader prevention activity.

Each country has agreed a draft set of actions for implementation of this programme within the overall context of this draft regional framework, to meet the objectives expressed in the four prongs. This framework itemizes seven building blocks or key principles:

1. Ensure *commitment* to achieve goals
2. Improve *coverage*, *access* and *utilization* of services
3. Strengthen *quality* of interventions
4. Enhance provision of *integrated*, *linked services* between HIV and Maternal and Child Health (MCH) programmes
5. Promote *health systems development* to achieve MCH and HIV outcomes
6. Improve *measurement* of programme performance and impact
7. Engage *community* involvement

Clearly there is a very strong role for communication in supporting these principles, in particular for the first, second (around utilisation, where demand creation is essential) and of course the seventh principle as listed above. But it can also play a part in supporting the others, by promoting good practice, shared knowledge and strengthening links between partners.

At the launch of the national agenda for the elimination of new HIV infections in children in January 2011, partnerships were emphasised as critical. At the Regional Conference the Zimbabwe delegation composed of the MOHCW and a number of its partners outlined the priorities for the country's own programme to eliminate new HIV infections in children.

These priorities included commitments to:

1. High level advocacy for continued commitment to and prioritising of the elimination agenda by Government and its partners.

2. An increased focus on the broader prevention agenda, expressed in Prongs 1 and 2.

3. Improve integration and decentralization of services including community outreach for hard to reach populations.

4. Strengthen monitoring and evaluation systems for maternal and child health.

5. Strengthen community systems and build capacity of community health cadres to create demand and mobilize communities for the utilisation of and provision of integrated health services, and to offer follow up services.

Again, these priorities demand a co-ordinated and effective approach to communication if they are to succeed.

This document outlines a Communications Strategy to support all aspects of delivery of this vital programme, and of helping Zimbabwe achieve its vision of the elimination of new HIV infections in children by 2015.

The Minister of Heath and Child Welfare launches the Elimination Campaign for Zimbabwe in January 2011

Section 2: Process of development of the Communications Strategy

The Communications Strategy has been developed using a partnership based approach, designed to secure maximum engagement and support from partners and to ensure the best possible use of all resources and available capacity. The Communications Strategy was commissioned by the MOHCW's Prevention of Mother to Child Transmission (PMTCT) programme partnership forum (PPF) in January 2011. A process of stakeholder engagement took place during that month to shape objectives, and identify key partners, priorities and resources.

Health professionals and partner organisations played a major part in shaping this Communications Strategy

A framework for the Communications Strategy was then circulated to a small group of partners at the end of January for discussion, development and further consultation through February and March. At the beginning of April the task of drawing the collective inputs to the Communications Strategy began, along with a further round of consultation and discussion. A task team was established, led by the MOHCW and made up of key communication and advocacy partners. Annex 6 shows a full list of all partners involved and consulted with during the development of this Communications Strategy.

Section 3: Situation analysis

3.1 Strengths and weaknesses of communication capacity and activity currently

This Communications Strategy is developed in the context of a substantial effort made over recent years to reduce HIV infections through co-ordinated activities. As a result, there are a number of positives on which the Communications Strategy seeks to build. These include:

The range of channels available: Zimbabwe has a developed media, there are strong health and communication networks at district and community level and there are many partners involved.

The commitment of a broad range of partners: as well as being conduits of information, the wide range of partners with a stake in the elimination strategy bring a whole range of expertise, experience and resource which this Communications Strategy aims to lever.

The MOHCW led PPF on PMTCT is an effective avenue for monitoring and implementation – and this Communications Strategy proposes that the PPF take an oversight role in implementation.

And importantly, the ***Minister of Health and Child Welfare*** has set out his public backing for the goal of elimination of new HIV infections in children, and it is a clear national and regional priority. This makes the environment for communication a much more enabling one.

Additionally ***Zimbabwe has a large educated population*** (relative to many other African countries) and has maintained a consistency of messaging around HIV and AIDS prevention over a period of years which has been shown to have had an impact on awareness, attitudes and behaviour. Some of this activity has helped embed some messaging around elimination with some of the population.

A number of challenges exist, however, and the Communications Strategy must acknowledge and deal with these. With the range of partners and channels, there is a clear danger of ***fragmentation and mixed messages***. This can be exacerbated by the range of ***different funding programmes and cycles*** which mean that partners are not necessarily working toward the same outcomes or same schedule. Annex 2 sets out a table of potential communication partners including NGOs and the health services. This highlights the positive fact that there are many ways of communicating, but also illustrates the potential for mixed messaging and duplication.

There are ***finite – limited - resources***, and it is not immediately clear where 'new' resources for communication around elimination will come from. There is also a lack of local evidence about what communication activities are most successful (though it is known that taken together they have had an impact on reducing HIV).

Finally, however enthusiastic the partners and however strong the political leadership there are still ***risks of delivery failure*** which might impact on communication. Similarly while the MOHCW is extremely vocal in its support for elimination of new HIV infections in children, the ***lack of resource and personnel devoted to communication*** presents a challenge.

The Communications Strategy seeks to put activities and structures in place to build on the strengths and address or compensate for those challenges.

3.2 Baseline attitude and awareness information

While there has not been a specific study on knowledge and attitudes toward or understanding of messaging related to PMTCT/elimination of HIV in children, from existing data from other surveys a picture emerges of the current knowledge and attitudes to some key issues.

In 2009, the National Aids Council (NAC) commissioned an Interim Survey of the impact of its 2006-2010 Behaviour Change strategy for HIV and Aids[1].

A selection of the results focuses directly or indirectly on elimination issues:

- In terms of knowledge of transmission, 86%[2] say they are aware that breastfeeding can transmit HIV. This is useful knowledge, but implies that messaging for elimination of new HIV infections in children – which stresses the need for HIV positive mothers to breastfeed – must focus on the reassurance about what is and what is not 'risky' as far as infant feeding is concerned and on the new WHO guidelines which now include Antiretroviral (ARV) prophylaxis during breast feeding.

It is important that communication information on breast feeding makes clear how people can ensure they do it safely and eliminate risk of transmission.

- Encouragingly, 81%[3] of people believed that a woman could do something positive before, during or after pregnancy so as not to infect her baby, although the options were not discussed in detail.

Communications activities will be aimed at setting out what women and families need to do, and raising awareness of the detailed options.

In terms of HIV testing, which is a critical part of Elimination strategy, again, the baseline data indicates some positives and some challenges in terms of attitudes with the Survey finding that:

"89% of the participants in the interim survey who reported being HIV positive told at least one person about the results of their HIV test...Of these, 44% told their spouse, 56% their family members, 24% other relatives, 23% friends and 18% health workers." [4]

Communications activities set out in the plan will seek to increase the percentages in each of these cases.

Similarly, there needs to be a strong focus on reassurance, privacy, availability of testing and of course about the consequences and treatment options for those testing positive. This is evidenced by the fact that:

- 73% think that "most people in (their) community who want to get tested are afraid to"[5], notwithstanding the fact that 71% agree with the statement that "in this community, people think you should be tested before marriage."[6] This does indicate a level of community support for the idea of testing which the communication efforts must tap into.

- 35% of people who had been tested had done so because they were having a baby[7]. This is important, not as much because it need necessarily be the reason people get tested (that they have the test at all is the crucial thing), but the fact that they want to get tested because of pregnancy indicates an opportunity to interact with them about broader aspects of maternal and child health and safe pregnancies.

[1]NAC National Behaviour Change Strategy, interim survey 2009

- 48% of people asked knew their partner's status, and 25% had been tested with their partner[8]. Again, communications success should be measured in part by the extent to which these figures increase.

Finally, in terms of impact of interventions, the NAC survey is cautiously optimistic. It notes that "between 2007-2009 there (was) an increase in knowledge about HIV transmission, attitudes about HIV/AIDS, various community norms, support from community leaders, safer sexual behaviour and HIV testing".[9]

This is a short time period over which to measure true attitude change, and is not particularly definitive but does indicate the scope for using BCC to influence people's behaviour.

This Communications Strategy contains plans to feed into future BCC and other surveys, to ensure that the effectiveness of messaging is tested and can be adapted as necessary. However, there is certainly the case for establishing a formal programme of elimination communication evaluation. Funding would be required for this, but the importance of establishing a baseline, a midpoint review (in 2013) and a final evaluation (2015) are essential parts of delivery.

[1] National Aids Council (NAC) National Behaviour Change Strategy, interim survey 2009
[2] NAC interim survey, Table 3.1
[3] NAC interim survey, Table 3.1
[4] NAC interim survey p49
[5] NAC interim survey Table 3.7
[6] NAC interim survey Table 3.7
[7] NAC interim survey Table 4.2
[8] NAC interim survey Table 4.2
[9] NAC interim survey p52

Section 4: The Strategy

A draft work plan for year 1 is attached as Annex 1.

4.1 Approach and underlying principles

There is little new funding for communication activity – although it is hoped that this Communications Strategy should set a framework for future bids for additional resources, having made the case for the importance of communication and advocacy to delivering against the vision. Nevertheless, the underlying principles of this Communications Strategy wherever possible seek to utilise and improve effectiveness of existing resources, channels and structures. This is supplemented by some strategic key initiatives or proposals to boost impact in particular areas or for particular audiences. So some of the key principles underlying the Communications Strategy are:

Coordination: elimination communication do not exist in isolation. This is true at national, provincial and local level. Messaging on HIV testing, women's health and infant feeding and the importance of men and a whole family approach are all concepts which are central to elimination communication, but are important across much broader health and prevention agendas. The section of the Communications Strategy on governance and implementation shows how it will be joined up with other programmes and initiatives.

Branding: related to this is the question of branding. It will be important that all activity feels like it is part of one co-ordinated effort. However, there is a risk in simply creating an 'elimination' brand, if the public are not clear what it stands for. The Communications Strategy describes a variety of different materials. Those developed by the MOHCW should be in a clear related style and those developed by partners should have some labelling on to acknowledge they are part of this wider agenda.

Alignment with other Programme activities aimed at delivering the elimination of new HIV infections in children: this is vital. The communication effort needs to create demand where it can be fulfilled. It would be a backward step if many people in a particular community were encouraged to have testing, but then the centres did not have the capacity to help them. Planning, logistical and operational management must work hand in hand with communication. Hence the importance of the Communications Strategy being owned by the MOHCW PMTCT PPF in the same way as the other planks of policy implementation.

Leadership: there should be clear political leadership at all levels for communication as demonstrated at the national launch in January by the Minister of Health and Child Welfare. This was highlighted at the Nairobi regional elimination meeting in March 2011, but needs to keep being reiterated. Hence the section of the Communications Strategy focusing on policy makers.

Setting a framework: there are many partners and many overlapping strategies around elimination and related issues. This Communications Strategy does not aim to create a strait jacket, more a framework within which all activities can be co-ordinated and it can be ensured that they together are contributing to the wider goal. Annex 2 illustrates the range of partners and the operating landscape.

Use existing structures: related to the point on co-ordination, and given the short time horizon (four years) for success, there is a necessity to use existing structures. The Communications Strategy seeks to build on the activity already happening at community and health service level wherever possible, only proposing new resources where necessary.

Focus on key audiences, but try and influence others: the focus of the Communications Strategy should primarily be aimed at women and men planning children, women during pregnancy and at and after birth. Nevertheless, particularly with reference to Prongs 1 and 2 of the broader elimination aims, there will be a need to share and co-ordinate messaging and activity aimed at wider audiences (eg school children and students). This is highlighted in the Communications Strategy.

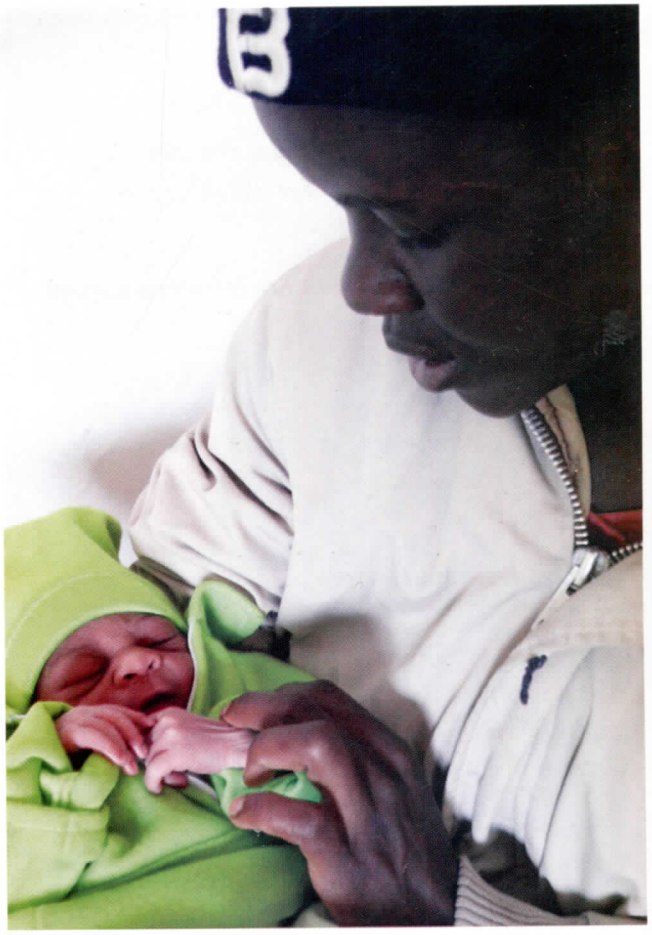
Galvanise new resources – especially for mass media and research: finally the Communications Strategy seeks to be a means to bring in additional resources where they are needed. Given the scale of the challenge and the need to reach large numbers of families, mass media needs to play some role. The Communications Strategy sets out how this will work in practice and it is essential that funders are prepared to invest in this activity to help ensure it can happen.

Setting a framework: there are many partners and many overlapping strategies around elimination and related issues. This Communications Strategy does not aim to create a strait jacket, more a framework within which all activities can be co-ordinated and it can be ensured that they together are contributing to the wider goal. Annex 2 illustrates the range of partners and the operating landscape.

Use existing structures: related to the point on co-ordination, and given the short time horizon (four years) for success, there is a necessity to use existing structures. The Communications Strategy seeks to build on the activity already happening at community and health service level wherever possible, only proposing new resources where necessary.

Focus on key audiences, but try and influence others: the focus of the Communications Strategy should primarily be aimed at women and men planning children, women during pregnancy and at and after birth. Nevertheless, particularly with reference to Prongs 1 and 2 of the broader elimination aims, there will be a need to share and co-ordinate messaging and activity aimed at wider audiences (eg school children and students). This is highlighted in the Communications Strategy.

Galvanise new resources – especially for mass media and research: finally the Communications Strategy seeks to be a means to bring in additional resources where they are needed. Given the scale of the challenge and the need to reach large numbers of families, mass media needs to play some role. The Communications Strategy sets out how this will work in practice and it is essential that funders are prepared to invest in this activity to help ensure it can happen.



4.2 Strategic objectives

The Communications Strategy is organised under three core objectives:

Objective 1, demand creation and mobilisation

(a) To mobilise and motivate women and their male partners, their families and broader communities to engage with and use the services available, and to take the appropriate action to ensure they have healthy babies.

(b) To build public understanding and increase support for elimination of new HIV infections in children.

Objective 2, using health service infrastructure for communication

To ensure health service delivery partners including community health workers have the skills, capacity and tools to deliver effective HIV prevention and treatment of family oriented services, and to stimulate demand.

Objective 3, setting a national lead and policy framework

(a) To effectively influence policy makers at national level to prioritise policy and practice aimed at supporting the vision of eliminating new HIV infections in children.

(b) To put elimination of new HIV infections in children at the heart of the wider policy framework around maternal and child health, and more broad public health strategy.

(c) To reduce some of the barriers to implementing policies aimed at elimination of new HIV infections in children.

4.3 Key audiences

The end users are the ultimate audience for the Communications Strategy. Primarily this includes:

- Couples considering having children
- Women of child bearing age
- Pregnant women
- Partners of pregnant women

Of course there are many other important audiences, both as direct recipients of information to help change their behaviour, but also as influencers on some of the audiences above.

These include:

- School children and young people: part of elimination, as expressed in Prongs one and two, must be about stopping new cases of HIV developing. Therefore sexual and reproductive health education and promotion of messages about broader prevention from a young age is essential.
- Broader family members: although husbands / male partners are identified as key primary audience, the role of mothers, mothers in law, grand parents, children and siblings are all important, as influencers of women and men in particular.
- Community leaders, churches, social networks etc: these are major influencers on people's values, attitudes and behaviours.

The Communications Strategy's main focus is on the identified primary audiences in terms of the direct messaging activities proposed. Nevertheless many of the proposed actions will support preventative work aimed at these other audiences but delivered by other partners.

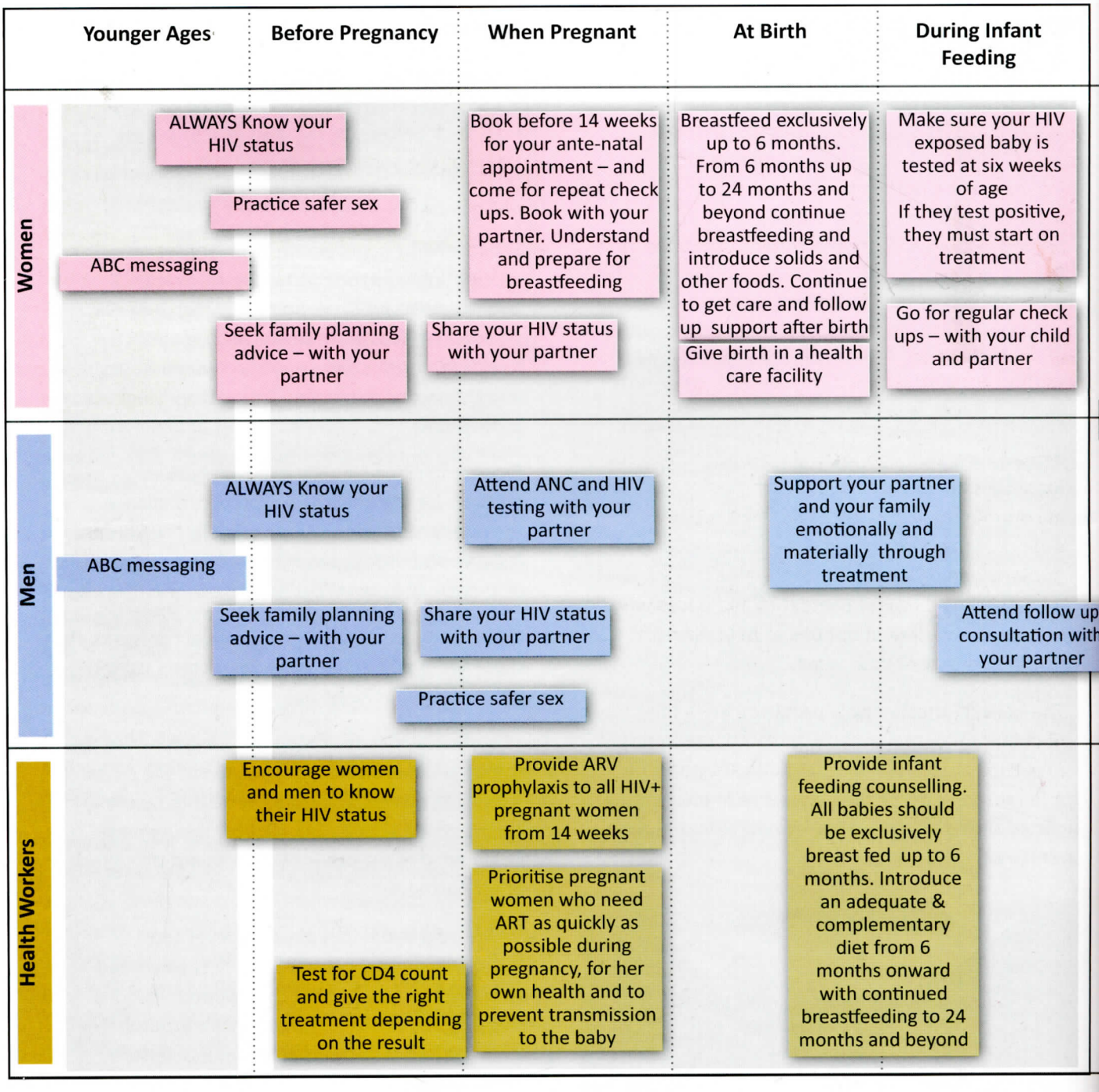
There are also audiences at policy level and operationally in provinces and districts who need to be engaged in supporting the Communications Strategy. Again, many of the proposals around governance and implementation seek to ensure these audiences are engaged, and activities are designed to include the widest range of partners.

Annex 3 sets out the key audiences for elimination and some of the channels to reach them.

4.4 Key messages

The diagram below proposes the high level key messages for the key end user audiences at the different stages.

Elimination messages across audiences



Section 5: The plan

Under each objective there is a brief outline of key outcomes, a look at existing structures, and a proposal of key activities designed to enhance those structures, deliver the key messages to the relevant audiences and to deliver the outcomes identified.

5.1 Objective 1: demand creation and mobilisation

(a) To mobilise and motivate women and their male partners, their families and broader communities to engage with and use the services available, and to take the appropriate action to ensure they have healthy babies.

(b) To build public understanding and increase support for elimination of HIV in children.

This objective is principally about motivation, demand creation and the right public environment for successful interventions. Communication activity at community and 'public' level supports all the prongs of the overarching Communications Strategy outlined above because it offers the chance to put messages in a broader context to audiences who may need a variety of options to help maintain their health and that of their family.

The delivery mechanisms proposed are a mix of community level activity, targeted interventions in particular communities, enhanced by appropriate mass media campaigns.

5.1.1 Outcomes

As noted in Section 3.2, there is an absence of much specific baseline data for some of the key awareness and attitude shifts. However, the data which does exist does give some baselines against which concerted activity should aim to make improvements – and which can be measured later. Behaviour is easier to measure, as it is captured by the Monitoring and Evaluation (M&E) framework (ie numbers of people being tested etc), though it is harder to make the link between communication activity and outcome.

	Specific outcome	How measured
Awareness	Of key messages for each target group: • Need for testing • Sharing results with partner • Importance of early Ante-Natal Care (ANC) • Importance of repeat ANC visits • Importance of post partum birth care and support etc • Risky and safe behaviour • Availability of drugs, counselling • Existence of services (NB NOT specific knowledge of drug regimen)	• National Aids Council (NAC) BCC surveys (final evaluation due in 2012 / 13) • Bespoke baseline survey and follow up surveys (subject to funding) • Demographic survey 2010 will set some baselines (and be repeated in 2015 giving an opportunity to assess change), though it is not a specific communication measuring survey • Monitoring of specific campaigns – through partner driven activities and mass media • Evaluations of drama delivery etc • Journalists / media coverage (proxy)
Attitudes	Target audiences and wider public agree with: • Importance of early testing (no baseline) • Going as partners to be tested (increase from baseline of 25% - 2009 BCC survey) • Increase numbers who would tell their spouse • of test result (from 57%) • Decrease proportion of people who think others are scared to be tested (78%) – a decrease would imply "normalising" of testing – a good thing	• NAC BCC surveys • Partner surveys • Population survey: 2010/11 • Bespoke baseline survey and follow up surveys (subject to funding) • Demographic survey 2010 will set some baselines (and be repeated in 2015 giving an opportunity to assess change), though it is not a specific communication measuring survey
Behaviour	• More women coming for early antenatal checks • More women having repeat visits to antenatal services • More men / women tested for HIV • Women / children on correct Antiretroviral (ARV) drugs • Post natal follow up • More men attending ANC with their partner • More couples sharing their HIV status with each other	• Programme monitoring (national and local) • NAC BCC surveys • Multiple indicator survey 2013 • Demographic survey 2010 will set some baselines (and be repeated in 2015 giving an opportunity to assess change), though it is not a specific communication measuring survey

5.1.1 Outcomes

As noted in Section 3.2, there is an absence of much specific baseline data for some of the key awareness and attitude shifts. However, the data which does exist does give some baselines against which concerted activity should aim to make improvements – and which can be measured later. Behaviour is easier to measure, as it is captured by the Monitoring and Evaluation (M&E) framework (ie numbers of people being tested etc), though it is harder to make the link between communication activity and outcome.

	Specific outcome	How measured
Awareness	Of key messages for each target group: • Need for testing • Sharing results with partner • Importance of early Ante-Natal Care (ANC) • Importance of repeat ANC visits • Importance of post partum birth care and support etc • Risky and safe behaviour • Availability of drugs, counselling • Existence of services (NB NOT specific knowledge of drug regimen)	• National Aids Council (NAC) BCC surveys (final evaluation due in 2012 / 13) • Bespoke baseline survey and follow up surveys (subject to funding) • Demographic survey 2010 will set some baselines (and be repeated in 2015 giving an opportunity to assess change), though it is not a specific communication measuring survey • Monitoring of specific campaigns – through partner driven activities and mass media • Evaluations of drama delivery etc • Journalists / media coverage (proxy)
Attitudes	Target audiences and wider public agree with: • Importance of early testing (no baseline) • Going as partners to be tested (increase from baseline of 25% - 2009 BCC survey) • Increase numbers who would tell their spouse • of test result (from 57%) • Decrease proportion of people who think others are scared to be tested (78%) – a decrease would imply "normalising" of testing – a good thing	• NAC BCC surveys • Partner surveys • Population survey: 2010/11 • Bespoke baseline survey and follow up surveys (subject to funding) • Demographic survey 2010 will set some baselines (and be repeated in 2015 giving an opportunity to assess change), though it is not a specific communication measuring survey
Behaviour	• More women coming for early antenatal checks • More women having repeat visits to antenatal services • More men / women tested for HIV • Women / children on correct Antiretroviral (ARV) drugs • Post natal follow up • More men attending ANC with their partner • More couples sharing their HIV status with each other	• Programme monitoring (national and local) • NAC BCC surveys • Multiple indicator survey 2013 • Demographic survey 2010 will set some baselines (and be repeated in 2015 giving an opportunity to assess change), though it is not a specific communication measuring survey

5.1.2 Provincial level

At provincial level different players have different reporting lines – the Behaviour Change Co-ordinators (BCCs - see 5.1.3 below) and District Focal Persons **(DFPs)** through (separate) provincial co-ordinators, the District Medical Officers **(DMOs)** and District Nursing Officers **(DNOs)** through the provincial health service structures etc. There is a need for co-ordination and oversight at this level.

The MOHCW's ***Health Promotion Unit (HPU)*** co-ordinates a network of Provincial Health Promotion Officers. These officers will provide an assurance of co-ordination between elimination -based communication activity and other MOHCW – endorsed health campaigns.

It is essential that these provincial level partners come together quarterly and communication should be a standing item with reports from each district. This may take the form of adapting or expanding an existing meeting. The important thing is that the right people attend and that communication is a standing item.

5.1.3 District level structures and opportunities for communication

At district level there is an emerging strong network of health service and NGO funded providers. This has the possibility both to co-ordinate and deliver messaging to the community level, and to ensure that other stakeholders are engaged as necessary. PMTCT/elimination DFPs, working on behalf of the MOHCW, are now in every district. DFPs will be working very much as part of the district health executive, part of a strong team of experts at district level.

At this level, the key people are DMOs and DNOs. Of course their responsibilities extend far beyond elimination, but in order that communication and advocacy are successfully linked with operational activity, it is essential that there is a close link with these officers, and that they know what communication activities are scheduled and can input to them.

The DMOs, DNOs and DFPS are a vital channel for messaging to health workers and communities. Initial sensitisation has included training on advocacy. Part of the DFP role will be to attend and facilitate community meetings and to assist Community Health Workers (CHWs - including village health workers) and other frontline personnel to raise awareness and create demand.

Also in 61 districts, is a cohort of ***Behaviour change co-ordinators (BCCs)***. These are funded by NAC, as part of a programme managed by United Nations Population Fund (UNFPA) and delivered in communities by local NGOs. The BCCs are an essential structure for changing attitudes and behaviour and for engaging communities. Their principle tool is the 'Loving with Respect' training package which they use to train and support workers within communities. They also provide and disseminate a range of BCC information across HIV issues to a large number of stakeholders, and liaise with NGOs and other partners. They are almost all workers within local NGOs. They support – and are supported by – a network of 8000 Community volunteers (see 5.1.6 below).

Other players at district level include ***local education focal people*** (whose remit is to work with local schools on behalf of the Ministry of Education, and therefore are a great conduit for information to teachers and children), people living with HIV where appropriate and of course ***local NGOs***.

Finally at district level action across HIV and AIDS programmes is coordinated by a ***District AIDS Action Co-ordinator (DAAC)*** under the auspices of NAC.

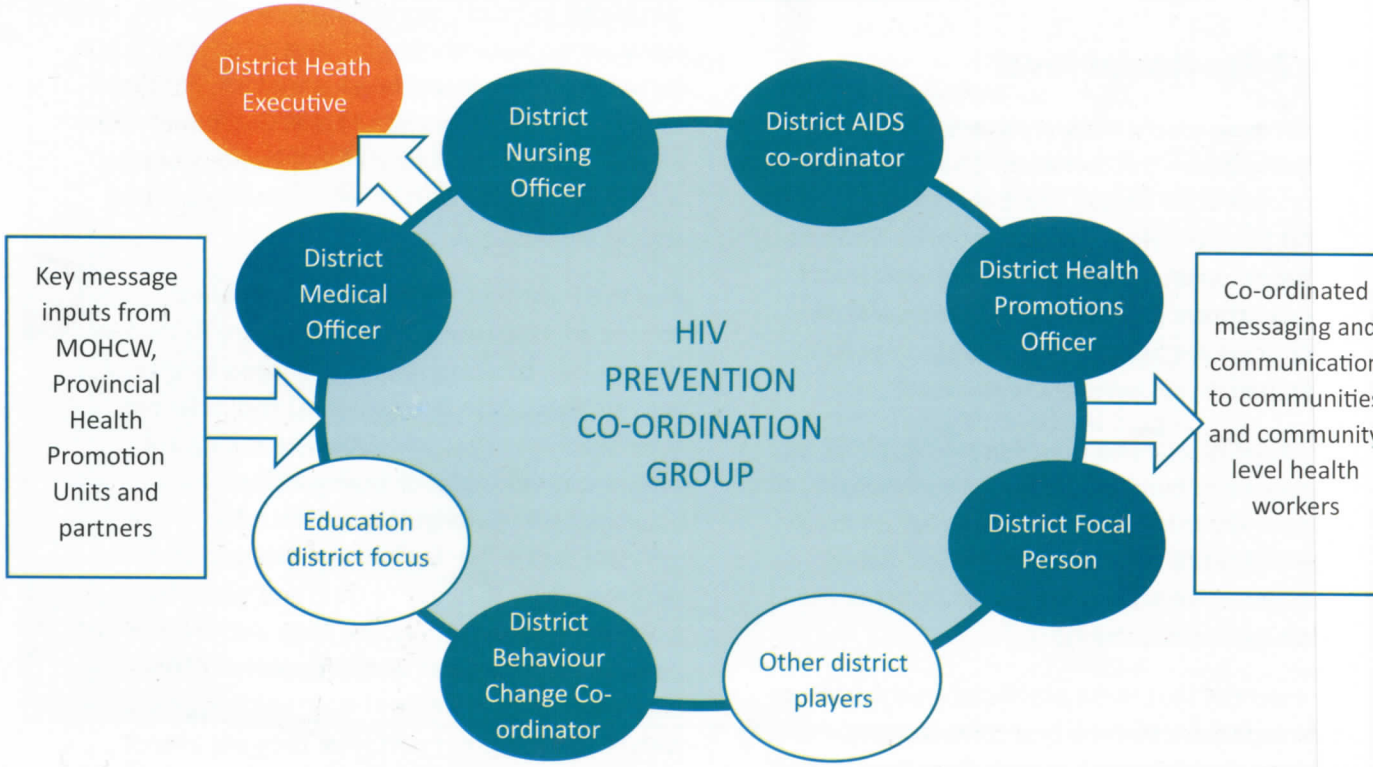
5.1.4 Co-ordination at District level

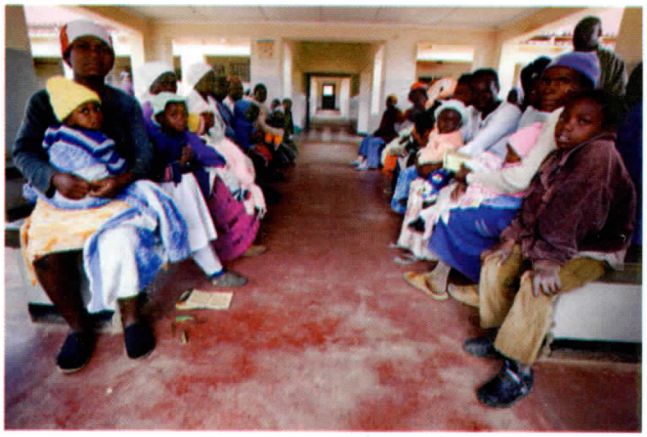
The Communications Strategy requires a regular quarterly meeting in every district involving all of these partners to discuss and review messaging and communication activity. This would also be the opportunity to engage with other partners. It is possible that existing BCC or DFP co-ordination meetings in districts could be adapted to fulfil this function. The key thing is that the right people are brought together.

And by bringing these partners together, of course the benefits will be felt much more widely than simply in terms of communication – there will be opportunities to address strategic and operational issues, and links between elimination and wider health issues if such forums operate successfully.

Through the involvement of the DMO and DNO this co-ordination will directly feed into existing District wide health structures. Health policy and practice at District level is overseen by the District Health Executive, co-ordinated by the DMO. All Elimination based co-ordination at District level will be under the remit of the DHE. The diagram below illustrates how District level co-ordination for Elimination should work.

District level co-ordination of messaging





5.1.5 Proposed communication activities at District level

An audit of communication materials has indicated gaps in availability, quality and focus. The Communications Strategy therefore proposes:

- The development of a **core information sheet on elimination** for community level workers within NGOs and the health sector (see section 5.2 for specific information on health workers).
- A series of **key message sheets** with key information for pregnant women, men / partners, youths, teenage girls and families. These would be branded as elimination focused materials and would both be distributed as standalone documents for health workers and community operators and simply adapted for inclusion in existing materials and manuals. These should be *deliberately* non-technical, and not talk about WHO guidelines, PMTCT or anything likely to confuse. They should simply be about ensuring people understand what they need to do, and why.
- Subject to final evaluation and adaptation, over the course of the Communications Strategy every district should have a **drama** based roadshow highlighting key elimination messaging and behaviours.

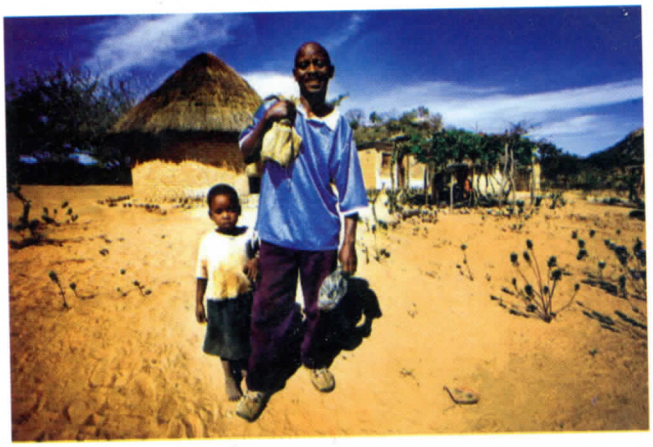
As part of their initial training DFPs have received guidance on their role in terms of messaging and advocacy. This will be an ongoing part of their professional development.

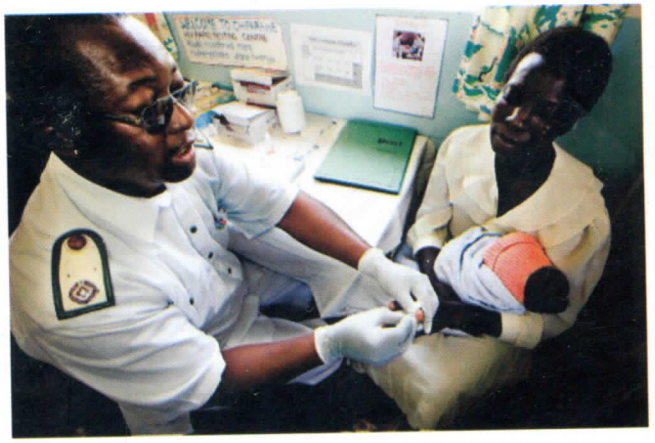
As part of the Communications Strategy:

- District health workers will be provided with an **advocacy toolkit** to help them support communication work across the district.
- District health workers will work with District Aids Action Co-ordinators and BCCs to regularly review and plan communication (as shown in the diagram on page 17).
- The DFPs will ensure that demand creation activities are co-ordinated with availability of services and drugs in districts.
- Partners will **adapt key training materials** for those with behaviour change and other advocacy responsibility within communities (UNFPA's 'Loving with Respect' manual) in time for the next reprint to include focus on core elimination messaging.

Other district players

- NAC/ UNFPA BBCs will be issued with the new **elimination leaflets** and other materials with accompanying guidance and toolkits in order to train and support community level agents.
- District education focal persons should be included in district level discussions on communication so that they can develop and use key information for teachers and schools.
- District level activity should be planned into the proposed **Elimination Week** of activities (see 5.1.9 on page 21) to take place annually.





- All district players should be sources of **good news and success stories** which can be gathered at provincial level and fed back through partners.

  These can be used in news and other coverage.

5.1.6 Community level structures

A cadre of community volunteers work alongside CHWs - including village health workers - creating demand as the CHWs deliver to the health needs of the community, delivering a ratio of support to the local populations of 1:550 in rural areas, 1:1200 in urban settings. These co-ordinators will be taking an increasingly personalised approach within communities.

CHWs - including village health workers are covered in more detail in section 5.2 under the health service objective.

Many NGOs and other partners also have community level teams and channels which can be mobilised for example Poulation Services International (PSI) has trained female hair stylists from more than 1,500 salons in low-income areas to promote correct and consistent use of the care female condoms, and maintains contact with a network of over 12,500 retail outlets.

These and other channels present clear opportunities for messaging men about the importance of testing and also accompanying their partner to antenatal checks, as well as broader sexual health and family planning messaging.

5.1.7 Community level actions

- Provide core leaflets and key messaging guides to Community Behaviour Change (CBC) volunteers and other community networks.
- **Local NGOs** are clearly active partners in many districts. Key message sheets and other materials should be issued to them locally where appropriate.
- **Rural or traditional communities.** The infrastructure of community BCC volunteers and CHWs - including village health workers will be an essential route to reach traditional and isolated communities. Messaging and mechanisms in these areas will be tailored to reflect their needs.

5.1.8 Mass media activities

This Communications Strategy is built on the premise that there is not currently significant resource available for mass media activity. However, in terms of meeting Objective 1a - creating demand and motivating women, men and families – and also supporting the wider goal, Objective 1b ,of increasing public understanding and support there is no doubt that mass media needs to play a role.

There are plans already amongst partners for mass media activity which will be tailored toward elimination, and there is the scope for significant additional work should funds be available.

Broadcast and news media

- TV: although this is an expensive medium, there are some planned activities eg the **'positive talk' programme** which will be co-ordinated by two prominent NGOs who have teamed up to create a series of 13 programmes which will be aired later in 2011. This will be a very important opportunity to target broad based messaging and explore real human stories in detail. Subject to funding, further series will follow with plans for two series each year.
- There will also be a need for **regular briefings for journalists** and a steady release of news by MOHCW, supported by partner comment and activity.
- **Radio:** there could also be opportunities for more use of radio (eg some stations have offered half hour public education slots each week). A series of programmes on elimination will be commissioned and produced each year focusing on particular topics. Subject to resources, additional radio drama and other programmes can be considered.
- **News releases:** related to this the MOHCW will scale up media operations to ensure a regular flow of news stories highlighting progress against the elimination strategy. The MOHCW should aim to develop at least one positive story per month and release it to the media. This might focus on success in a particular district or region; the opening or development of a new facility; a training session; a series of successful community meetings etc. The ambition should be to create at least one positive major news story each month nationally, with district and provincial structures also creating local news.

- **Journalists' sensitisation:** The MOHCW is proposing a journalists' sensitisation programme, beginning toward the end of 2011 to improve reporting and public understanding of health issues. At the same time, a number of NGOs are working in this area, with the goal of improving the media's capacity to carry messages on the elimination of new HIV infections in children.

Advertising and paid media

In 2007 a **nationwide advertising campaign**, 'Positive Steps', focused on messaging around the elimination of new HIV infections in children. The messaging was very relevant, and the campaign was done in partnership with MOHCW. Recall and impact of the messaging was evaluated and was very high. Given the pressure of time and the large number of people needing to be reached with elimination messages, a refreshed version of this campaign should be a priority for new funding.

5.1.8 Mass media activities

This Communications Strategy is built on the premise that there is not currently significant resource available for mass media activity. However, in terms of meeting Objective 1a - creating demand and motivating women, men and families – and also supporting the wider goal, Objective 1b ,of increasing public understanding and support there is no doubt that mass media needs to play a role.

There are plans already amongst partners for mass media activity which will be tailored toward elimination, and there is the scope for significant additional work should funds be available.

Broadcast and news media

- TV: although this is an expensive medium, there are some planned activities eg the **'positive talk' programme** which will be co-ordinated by two prominent NGOs who have teamed up to create a series of 13 programmes which will be aired later in 2011. This will be a very important opportunity to target broad based messaging and explore real human stories in detail. Subject to funding, further series will follow with plans for two series each year.
- There will also be a need for **regular briefings for journalists** and a steady release of news by MOHCW, supported by partner comment and activity.
- **Radio:** there could also be opportunities for more use of radio (eg some stations have offered half hour public education slots each week). A series of programmes on elimination will be commissioned and produced each year focusing on particular topics. Subject to resources, additional radio drama and other programmes can be considered.
- **News releases:** related to this the MOHCW will scale up media operations to ensure a regular flow of news stories highlighting progress against the elimination strategy. The MOHCW should aim to develop at least one positive story per month and release it to the media. This might focus on success in a particular district or region; the opening or development of a new facility; a training session; a series of successful community meetings etc. The ambition should be to create at least one positive major news story each month nationally, with district and provincial structures also creating local news.

- **Journalists' sensitisation:** The MOHCW is proposing a journalists' sensitisation programme, beginning toward the end of 2011 to improve reporting and public understanding of health issues. At the same time, a number of NGOs are working in this area, with the goal of improving the media's capacity to carry messages on the elimination of new HIV infections in children.

Advertising and paid media

In 2007 a **nationwide advertising campaign**, 'Positive Steps', focused on messaging around the elimination of new HIV infections in children. The messaging was very relevant, and the campaign was done in partnership with MOHCW. Recall and impact of the messaging was evaluated and was very high. Given the pressure of time and the large number of people needing to be reached with elimination messages, a refreshed version of this campaign should be a priority for new funding.

5.1.9 Elimination Week

While as described already there is mass media activity, and the Communications Strategy gives it a framework of messaging and audiences, it does not currently take the form of an intensive mass media campaign. One solution will be to create a national vehicle in order to promote messaging to all audiences at all levels in a concentrated period. This should take the form of a branded 'Elimination Week' in which all partners can take part.

Elimination Week: A major focus should be the development of a national campaigning hook where a series of activities can be co-ordinated. 'Elimination Week' will be an opportunity for all partners to highlight advocacy activity, and for clear political and other stakeholder leadership. It could be timed to co-ordinate with some existing hooks – world AIDS Day, International Women's Day, hook around healthy children - or a specific time could be carved out separately. There could even be an opportunity to co-ordinate regionally.

One of the key considerations is that the week must have some tangible activities or goals to be achieved during that week upon which the communication activity can focus. These might include:

- Publishing a major report on progress or survey of attitudes
- Launching a new piece of work or campaign
- Setting a specific target for the week (eg 50,000 new couples agreeing to be tested)
- Co-ordinated local level activities eg open days at clinics
- Branding opportunities, such as issuing Community Health Workers (CHWs - including village health workers) with special badges, T shirts
- Co-ordinating with the Ministry of Education to have special lessons in schools on elimination
- Running competitions in the media alongside authored pieces from the Minister and others
- Partnering with role models – music, football (for young men) and other key people talking about the importance of the key messages

There are many possibilities. They do not necessarily have to be part of one week, but it would give them a focus. And partnerships and activities could be sustained into the future.

5.1.10 Initiatives targeting other audiences

As well as core elimination messages to the key primary audiences, it is important also to reflect communication aimed at other groups. The four prongs of the Framework agreed in Nairobi illustrate that while women, men and families considering or having children are key (prongs 3 and 4) broader prevention (eg amongst young women and men) is still important to the overall goal – as reflected in prongs 1 and 2. Some of the activities listed below are being developed with a central focus on elimination. Others have a different particular focus (eg circumcision campaigns, family planning). These are important vehicles nevertheless for reaching certain audiences and the PMTCT Programme Communications Task Team will work with the partners leading these activities to ensure PMTCT messaging is reflected.

The Communications Strategy commits to the MOHCW establishing lead partner agencies who will co-ordinate in these areas, and provide bespoke messaging, materials and toolkits.

- **People living with HIV:** The elimination agenda clearly includes people living with HIV, whether they are parents of children who are HIV positive, mothers conceiving while positive or men needing to be tested.
- **School children:** The Ministry of Education is developing a strategy for HIV education in schools. While sexual and HIV specific education is widespread, quality of provision may vary, and the drive on elimination provides an opportunity to refresh messaging and materials.
- **Young men:** As well as the generic and widespread networks provided by Community Health CHWs - including village health workers - and volunteer behaviour change community facilitators specific opportunities for engaging with and giving messages to 'harder to reach' men exist through a range of NGOs and others.

5.1.11 Measuring community impact

As noted above there are a mix of baselines and proxy measures, and a range of organisations doing or planning different evaluations of communication activity.

To know whether the Communications Strategy is successful – in terms of changing attitudes and behaviour – it should be a priority to commission baseline, interim and final evaluation of knowledge attitudes and behaviours in relation to elimination across at least the key primary audiences (men, women, families, pregnant women etc).

This would be an opportunity to test the broad range of messaging, and also to identify which communication interventions had the most impact and why.

Although not currently funded this Communications Strategy proposes commissioning such research, and seeking funding to do this.

5.2 Objective 2: Using health service infrastructure for communication

To ensure health service delivery partners have the skills, capacity and tools to deliver effective HIV prevention and treatment in a family centred manner, and to stimulate demand.

This objective is about ensuring that the health service is aware of elimination messaging and the consequences for services, and contributes to communication, mobilisation and engagement mechanisms as part of day to day work. It is appreciated that there are many calls on health workers, particularly at community level. So the focus must be on assisting them to make elimination a central part of their day to day work.

5.2.1 Outcomes

As with Objective 1, there is limited comprehensive baseline data about paediatric HIV elimination services, health workers' knowledge and attitudes. Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) plan a major baseline situation analysis in all districts in May 2011 soon after the introduction of DFPs to look at services and some infrastructure for elimination in each local area. This will involve surveying health workers. This survey should set some baselines for services and some knowledge and attitudes.

	Specific outcome	How measured
Awareness	• Increased numbers of health workers are clear about their role in creating demand and providing information	• DFP Situation Analysis will assess conditions in each district. This can then be repeated in future years. • A planned survey via the Health Matters magazine will be important in collecting awareness data
Attitudes	• Increased proportions of health workers see demand creation and mobilization as important parts of their job	• DFP Situation Analysis will assess conditions in each district. This can then be repeated in future years. • Health matters survey
Behaviour	• Facilities are regularly using and displaying materials • Health workers are regularly facilitating and attending community and partner meetings; and • Using interaction with the public to promote key messages on elimination	• DFP monitoring following visits • Regular updates at District level forums from DMOs and DNOs highlighting successes and challenges

5.2 Objective 2: Using health service infrastructure for communication

To ensure health service delivery partners have the skills, capacity and tools to deliver effective HIV prevention and treatment in a family centred manner, and to stimulate demand.

This objective is about ensuring that the health service is aware of elimination messaging and the consequences for services, and contributes to communication, mobilisation and engagement mechanisms as part of day to day work. It is appreciated that there are many calls on health workers, particularly at community level. So the focus must be on assisting them to make elimination a central part of their day to day work.

5.2.1 Outcomes

As with Objective 1, there is limited comprehensive baseline data about paediatric HIV elimination services, health workers' knowledge and attitudes. Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) plan a major baseline situation analysis in all districts in May 2011 soon after the introduction of DFPs to look at services and some infrastructure for elimination in each local area. This will involve surveying health workers. This survey should set some baselines for services and some knowledge and attitudes.

	Specific outcome	How measured
Awareness	• Increased numbers of health workers are clear about their role in creating demand and providing information	• DFP Situation Analysis will assess conditions in each district. This can then be repeated in future years. • A planned survey via the Health Matters magazine will be important in collecting awareness data
Attitudes	• Increased proportions of health workers see demand creation and mobilization as important parts of their job	• DFP Situation Analysis will assess conditions in each district. This can then be repeated in future years. • Health matters survey
Behaviour	• Facilities are regularly using and displaying materials • Health workers are regularly facilitating and attending community and partner meetings; and • Using interaction with the public to promote key messages on elimination	• DFP monitoring following visits • Regular updates at District level forums from DMOs and DNOs highlighting successes and challenges

5.2.2 Activity summary

Much of the previous section under Objective 1 focuses on building capacity of parts of the health service – particularly CHWs - including village health workers – to engage with communities. Clearly their role is at least as much about 'supply' (of essential services) as demand creation.

- At a strategic level, the ***Nursing Directorate of the MOHCW has responsibility for training and setting standards for CHWs***. The communication task team will provide information to the responsible technical committee on elimination and advocacy to ensure these concepts are included in the training manuals and courses.
- Village and community level volunteers and health workers are increasingly taking a ***'personalised' approach to working with families***. This will evolve to cover and reflect key elimination messaging through briefings, training and dissemination of information from district level co-ordinators.
- CHW ***leaflets and information***: A leaflet for CHWs is under development. Subject to funding this leaflet can be used in all districts.
- The ***key message sheets*** described in section 5.1.5 will be an essential tool for CHWs to remind them of the key messages for the different audiences.
- Nurses within antenatal clinics and other facilities will also be essential targets for messaging. They will be provided at district level with key message sheets on elimination, and other materials such as flowcharts for their facilities
- The ***Communications Task Force of the PPF*** will monitor the portfolio of leaflets and recommend either to produce new ones or to use existing materials as appropriate.
- There are many materials available to health service workers and more in production. Critical to this Communications Strategy is the need to assist the community workers, NGOs and CHWs - including village health workers, DFPs, etc are expected to distribute them.

Therefore the development of a ***'Demand Creation Toolkit'*** which accompanies the leaflets, posters and other materials is an essential early product.

- CHWs - including village health workers - and other health service personnel shall be part of ***elimination demand generation***, holding open days, community campaigns, engaging with the media and community groups.

A *toolkit* would be a simple guide which would accompany supplies of materials, and would include:

- How and where to distribute the leaflets and posters
- Key facts and messages
- How to get the most out of community meetings
- Where else to hold meetings
- Engaging with traditional and tribal leaders, churches etc
- Gathering evidence and feedback at community level
- Where to order more supplies and get more information

- ***Training:*** many organisations and NGOs provide training and information for different parts of the health service. The announcement of the 2010 WHO guidelines has meant the review of a number of existing documents has been necessary, and new technical guidance has also been developed.

5.2.3 Specialist clinical / medical information

Health service workers also receive a wide range of clinical and medical related information including on elimination (eg the PMTCT manual, PSS manuals etc). While these have a clear purpose it is important that they also are used as a reminder of core high level messaging. Partners providing training will be issued with the national training manuals with the agreed key messages.

- ***Health matters:*** the magazine of the MOHCW has a print run of 15,000 and reaches substantially more readers. In April 2011 a special issue on elimination was circulated across the MOHCW and the wider health service. The magazine will be used to promote regular features on elimination – though it is recognised that it has a broader remit.
- ***Policy briefings:*** a series of policy briefings is being developed to cover different aspects of the elimination agenda. It is important that policy and delivery partners all understand the operating context and what is expected of them. While designed primarily for those with policy or resourcing responsibilities at local or national level, the Policy Briefings will also be a useful tool for health care managers. Currently two briefs have been written, on the WHO guidelines and on access to services. The Communications Strategy proposes more policy briefs covering PMTCT core issues. At the same time the MOHCW is considering extending the principle to cover other health policy areas.

- As part of the need to demonstrate leadership of communication, the Communications Strategy proposes a series of ***Managers' briefing conferences***. These might be part of the existing Provincial Review meetings which already take place. This would be the opportunity for stakeholders health, professionals and government officials to come together to update on best practice and unveil new communication materials.
- Other possible routes to workers may be through Unions and professional associations.

5.3 Objective 3: Setting a national lead and policy framework

(a) To effectively influence policy makers at national level to prioritise policy and practice aimed at supporting the vision of eliminating HIV in children.

(b) To put elimination at the heart of the wider policy framework around maternal and child health, and more broad public health strategy.

(c) To reduce some of the barriers to implementing policies aimed at elimination of HIV in children.

5.3.1 Outcomes

In some ways, the evidence of the government's commitment to elimination will be seen in the outcomes – the extent to which elimination is prioritised in the budget, the extent to which it plays a part in other departments' priorities (eg in education, are elimination issues central to sexual and reproductive health education in schools etc) and the extent to which political senior leaders make positive statements about the importance of elimination beyond the area of maternal and child health. So the measures are less likely to be monitored using surveys, rather by analysis of policy and politics.

	Specific outcome	How measured
Awareness	• All programme teams in MOHCW are aware of the elimination agenda and its impact on their programme • All parastatals in MOHCW and other departments are aware of elimination goals and activities • All other relevant departments are clear about elimination strategy	• Evaluation of programme plans and ministerial work plans as they are refreshed through the period 2011-2015
Attitudes	• Ministers and senior officials believe elimination is a key policy objective	• Analysis of plans, speeches, resource allocation 2011-2015
Behaviour	• Ministers and officials prioritise elimination related activity	• Analysis of budgets and planned activity 2011-2015

5.3.2 Activity summary

- The **Policy Briefings** (as described in 5.2.2) will be essential tools for policy makers at national and local level. These will be distributed across MOHCW and other relevant ministries (education and finance amongst them). They will also be distributed to local government, ensuring a basic level of awareness of key elimination issues.
- One of the initial Policy Briefings focuses on access and user fees. Generating wider understanding of the policy and creating consensus will be a part of overcoming this particular operational barrier.
- **Health Matters** is a MOHCW and health service wide magazine with a print run of 15,000 (and much higher circulation). The communication task team will provide the editorial board with a regular flow of news, information and updates on elimination to demonstrate its importance in the wider health policy context.
- **Breakfast briefings:** the national co-ordinator for AIDS and TB will conduct a series of breakfast meetings with colleagues within and outside the MOHCW to brief them on the agenda.
- **Regular updates** will be produced each quarter on progress against elimination plans and circulated to senior managers.
- **Health promotion unit (HPU):** the HPU will play a crucial co-ordination role in ensuring that messaging on elimination of new paediatric HIV in children is consistent with other messaging. The Unit will also be a vital link to the Provincial Health Promotion teams identified in section 5.2. Resource constraints will limit the extent to which the HPU can be directly involved in delivering the Communications Strategy, but the Unit's involvement is vital. See section 6 for more detail on governance arrangements.
- The **MOHCW Top Management Team** will receive a presentation on the elimination strategy, including the role of communication, from the Director of Prevention.
- The **PMTCT Partnership Forum** will discuss communication at each meeting, including an update on policy level impacts.
- An annual **National Conference** on elimination will be held for all partners to galvanise activity, identify gaps and secure new support.
- And to kick off all this activity, a **launch of the Communications Strategy** will be held in 2011 and the Communications Strategy distributed throughout the network of partners. The launch will be an opportunity to engage new partners and showcase the elimination work in the media. It will be important to actively invite other partners who have not previously been involved.

Finally in terms of resource mobilization to deal with limited funding, partners will be encouraged to use this Communications Strategy as a basis to create **funding bids to support additional communication activity.**

Section 6: Governance and implementation

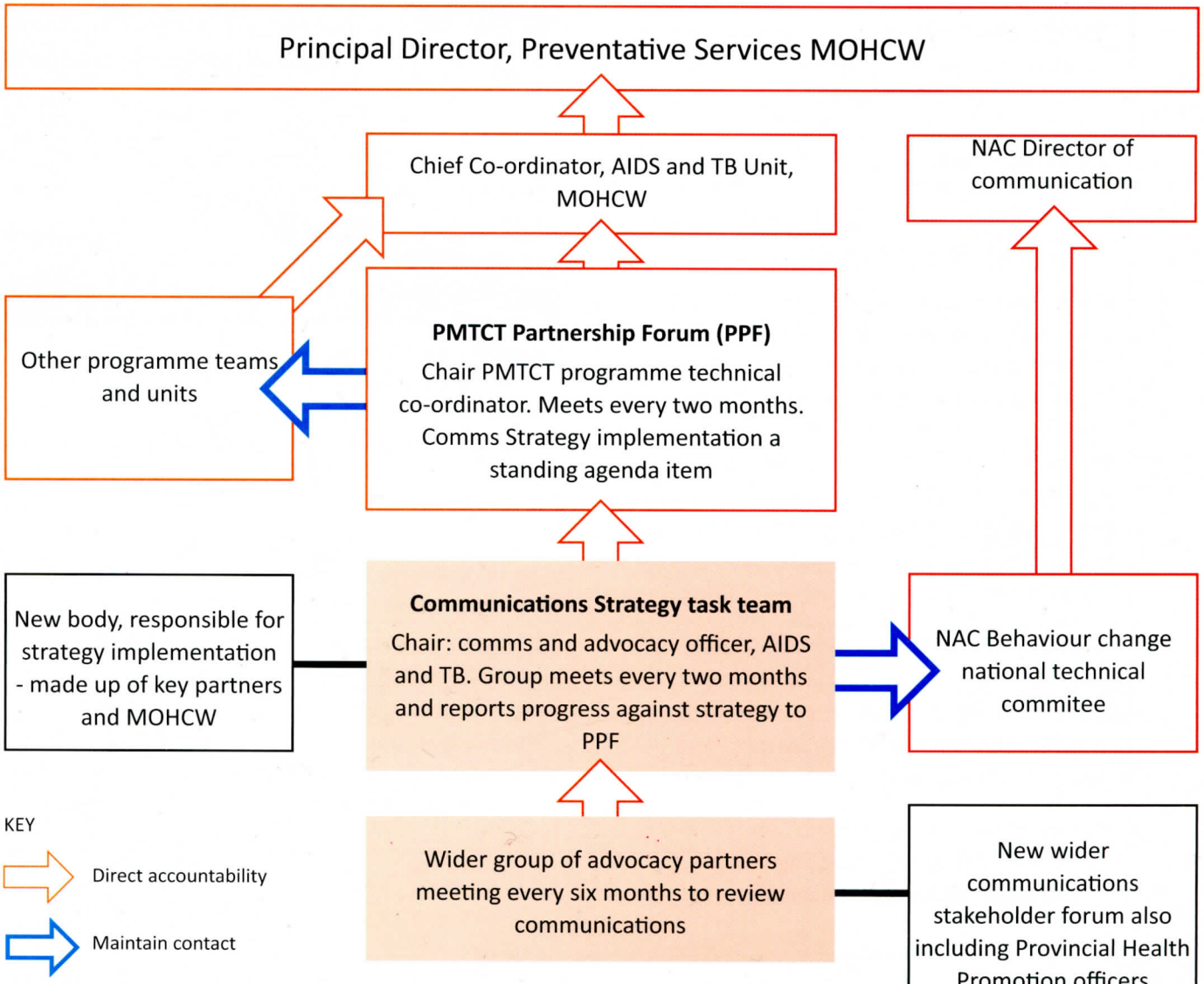
6.1 An elimination communications task team

The Communications Strategy is owned by the MOHCW and overseen by the MOHCW PMTCT Partnership Forum. A task team of communication experts drawn from the MOHCW's PMTCT Partnership Form (PPF) partners has been formed. The task team will report every two months to the PPF using the monitoring form attached at Annex 4. This shows current and planned activity under each objective and highlights any gaps and issues. The task team will meet in advance of each PPF and it is proposed that every six months a wider group of partners should meet specifically to review and plan communication outcomes and activity.

The elimination communication task team should also update the NAC led BCC technical committee which monitors all communication across HIV and AIDS and meets quarterly. This will ensure high level co-ordination across programmes.

The diagram below indicates the proposed governance structure for Communications Strategy implementation and monitoring.

6.1.1 Elimination Communications Strategy leadership



6.1.2 Membership of the Elimination Communications Task Team

The Task Team is a crucial piece of infrastructure to ensure effective delivery. The membership will be formally agreed by the PPF, but the membership should include:

- Key MOHCW officials.
- The Health Promotion Unit.
- Communications and advocacy officers from key partners.

An initial meeting of the Task Team was held in April 2011 to begin the process of agreeing governance structures.

The draft terms of reference for the Task Team are attached as Annex 5.

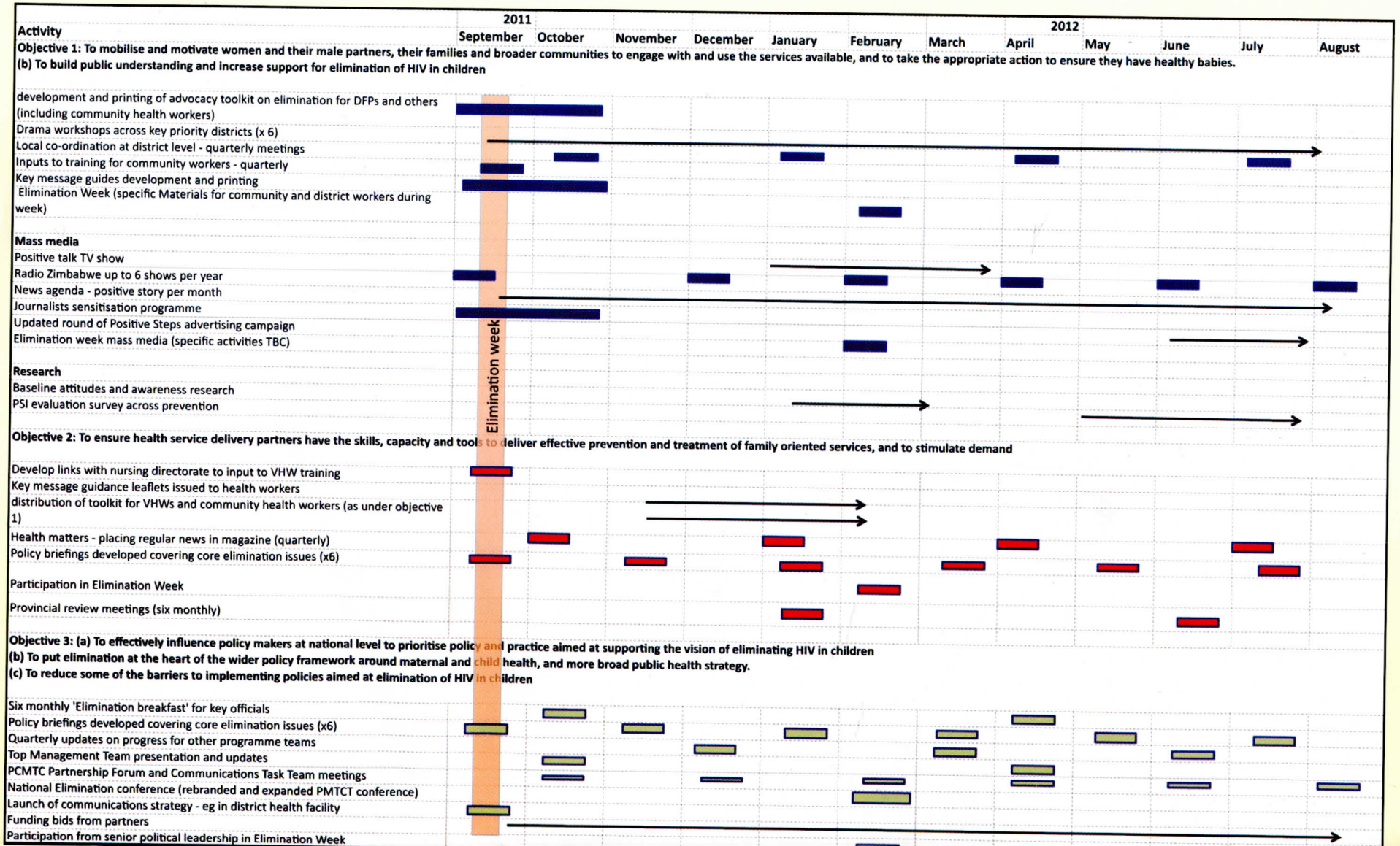
6.2 Challenges and risks

Challenge / risk	Action to be taken to avert / overcome
Funding	1. The Communications Strategy builds wherever possible on existing resource and activity, particularly at district and community level. 2. The communication strategy also sets a framework and makes the case for action which may be useful in persuading funders to commit additional resources for communication.
Lack of co-ordination therefore mixed messages	The Communications Strategy emphasises governance and co-ordination at all levels and close monitoring of activity and outcomes.
Lack of evidence of impact	A number of baseline measures related to knowledge and attitudes are identified in the Communications Strategy. The Communications Strategy seeks to make use of a range of planned and developing tracking tools to measure the impact of communication activity. As noted in section 3 there is a strong case for building in systematic research on impact of communication to this Communications Strategy.
Failure to implement (that it remains simply a document)	The leadership and drive of the MOHCW is crucial. The establishment of the task team to act on implementation will help share this burden.
Communications Strategy goes off course	Reviewing progress regularly at the PPF will allow corrective action to be taken quickly.
Demand is created but not fulfilled (no testing capacity, no medicines etc)	The links at national, provincial, district and community level which the Communications Strategy proposes – between health and operational professionals and communicators – is essential to this.

Section 7: Annexes

1. Year 1 work plan
2. Elimination communication levels
3. Elimination audiences and channels to reach them
4. Draft monitoring form
5. Elimination Communications task team
6. Key partners

Annex 1: Year 1 work plan



Annex 2: Elimination communication levels

Level	MOHCW and health service partners	NGO partners	Other partners
Policy development	Ministers MOHCW Top Management Team MOHCW PMTCT programme team MOHCW including other programme teams, Nursing Directorate, Health Promotion Unit Other departments	PMTCT Programme Partnership Forum Members (PPF) Other NGOs	Funders and international donors Religious authorities Traditional rulers
Provincial level	Provincial AIDS co-ordinators Provincial health promotion Provincial health service managers	Provincial BCC co-ordinators	
District level	District nursing officers District focal persons (DFPs) Clinics and medical facilities	Behaviour change co-ordinators NGO provided facilities eg for testing Local NGOs	
Community level	Community or Village Health Workers Mobile and fixed testing centres	Community mobilisers Community NGOs	Traditional leaders Religious influencers Traditional birthing attendants Mens and womens groups

Annex 2: Elimination communication levels

Level	MOHCW and health service partners	NGO partners	Other partners
Policy development	Ministers MOHCW Top Management Team MOHCW PMTCT programme team MOHCW including other programme teams, Nursing Directorate, Health Promotion Unit Other departments	PMTCT Programme Partnership Forum Members (PPF) Other NGOs	Funders and international donors Religious authorities Traditional rulers
Provincial level	Provincial AIDS co-ordinators Provincial health promotion Provincial health service managers	Provincial BCC co-ordinators	
District level	District nursing officers District focal persons (DFPs) Clinics and medical facilities	Behaviour change co-ordinators NGO provided facilities eg for testing Local NGOs	
Community level	Community or Village Health Workers Mobile and fixed testing centres	Community mobilisers Community NGOs	Traditional leaders Religious influencers Traditional birthing attendants Mens and womens groups

Annex 3: Elimination audiences and channels to reach them

Category of Audience	Specific Audience	Key channels
Policy level	MOHCW senior leadership Other prevention programmes. Wider health programmes. Other Ministries (Finance, Education). Parastatals – NAC and others. National and international NGOs. Donors and strategic partners.	Formal internal reporting / briefing, policy briefings. Intra MOHCW programme monitoring, policy briefings. Policy briefings, updates from PPF, communication task team and through formal reporting.
Health care level	Provincial Medical Directors . District medical officers. District nursing officers. Village and community health workers. Clinics and other facilities. Hospitals. Unions and professional associations. Health education co-ordinators.	Through health MOHCW and via provincial coordinators (of BCC, DPFs etc), policy briefings Nationally via Nursing Directorate, at district level via DFP, DAC etc, toolkits to support advocacy work. As above and key facts sheets. As above. As above. Through the MOHCW. Through DFP / district structures.
Community audiences	Traditional leaders. Religious leaders. Churches. Traditional Birthing attendants. Traditional healers. Men's and women's groups. Journalists / media.	Behaviour change co-ordinators at local level. Through National Forum of Faith organisations. Through district BCCs and DACs. Through CHWs. Through CHWs. The community BCC volunteers. Nationally through MOHCW and partners.
Influences within or around family and other audiences	In-laws, grandparents and other extended family members. Friends and personal networks. School children. Mothers and mother in law. Father. Wider public.	One to one visits from BCC volunteers, CHWs, traditional leaders and churches. Mass media campaigns are also important to discuss wider family role. Mass media and news reporting. Drama, factsheets.
End users of services (PRIORITY AUDIENCES)	Pregnant Women and partners. Women and men considering a family. Women of child bearing age. Mothers and fathers. Sexually active men and women. People living with HIV.	CHWs, clinics, health service, NGOs. Drama and community work. Peer support and guidance. One to one visits. Mass media and news reporting. Factsheets and key messages.
Secondary audiences (general prevention messaging and sex education aimed at Prongs 1 and 2)	In school and out of school.	Specific messaging in schools brokered nationally with Department of Education and locally with Education focal person / coordinator. Community volunteers outreach to out of school youth / girls.

Annex 4: Draft monitoring form

Elimination Communications Strategy Implementation Monitoring Form

Period from: To: Overall Rating: 

Summary: (100 words)

Activities undertaken in this period

Objective 1:

(a) To mobilise and motivate women and their male partners, their families and broader communities to engage with and use the services available, and to take the appropriate action to ensure they have healthy babies.

(b) To build public understanding and increase support for elimination of HIV in children

Activities / lead partner	Audiences targeted	Comments / outputs and evidence	Rating

Objective 2:

To ensure health service delivery partners including community health workers have the skills, capacity and tools to deliver effective prevention and treatment of family oriented services, and to stimulate demand

Activities / lead partner	Audiences targeted	Comments / outputs and evidence	Rating

Objective 3:

(a) To effectively influence policy makers at national level to prioritise policy and practice aimed at supporting the vision of eliminating HIV in children

(b) To put elimination at the heart of the wider policy framework around maternal and child health, and more broad public health strategy.

(c) To reduce some of the barriers to implementing policies aimed at elimination of HIV in children

Activities / lead partner	Audiences targeted	Comments / outputs and evidence	Rating

Key issues / planned activities NOT completed and reasons why:

Action required by PPF / others:

Next period activities:

Objective	Key activities / lead partners	Potential issues / intended outcomes
1		
2		
3		

Annex 5: Elimination communications task team

DRAFT Terms of Reference and initial tasks

The PMTCT Programme Partnership Forum (PPF) has agreed to set up a small, specialist task team to support and finalise the development of the Communications Strategy for elimination of HIV and AIDS in children. The team will be made up of MOHCW officials and communication and advocacy specialists drawn from partner agencies.

The task team's ongoing remit will be to oversee implementation of the Communications Strategy, reporting in to the PPF. This will ensure that the Communications Strategy becomes a part of the monitoring and delivery framework for the overarching PMTCT programme, in the same way as operational and technical issues.

The task team's role will initially focus on helping to complete the draft Communications Strategy in advance of the PPF meeting in May 2011. At the May PPF meeting, the draft Communications Strategy will be presented.

Initial tasks:

- To help finalise the draft Communications Strategy by contributing ideas, insights and guidance to the consultant commissioned by the MOHCW
- To establish the team as a core group with responsibility for overseeing and monitoring progress
- To prepare a presentation outlining the Communications Strategy to the PPF meeting in May 2011
- To agree membership, operating principles and ways of working
- To carry out specific tasks as required in the development of the Communications Strategy (eg auditing existing communication materials etc)

Ongoing tasks:

Subject to initial discussions, ongoing tasks would include:

- Monitoring implementation of the Communications Strategy and making revisions as necessary
- Engaging with other partners as required in the delivery of the Communications Strategy
- Reporting progress at each PMTCT Partnership Forum meeting, highlighting successes, key issues and drawing attention to any significant forthcoming communication activity

Accountable to: PMTCT programme technical co-ordinator, via the PPF.

Membership: A mix of programme team, broader MOHCW, including Health Promotion Unit and broader representatives. The preference is these should be in the main those with communication and advocacy responsibilities.

Date of first and subsequent meetings: First meeting April 12th 2011. Subsequent meetings should take place around one week in advance of each PPF meeting, and at other times as necessary.

Annex 6: Key partners

Zimbabwe Ministry of Health and Child Welfare

PMTCT Programme Partnership Forum (PPF)

PMTCT technical team

Prevention Directorate

AIDS and TB Unit

Directorate of Nursing

Policy Planning Monitoring and Evaluation Directorate

Health Promotion Unit

NGOs and Civil Society Organisations

Elizabeth Glaser Paediatric AIDS Foundation

JF Kapnek Charitable Trust

Liverpool Associates in Tropical Health (LATH)

Médecins sans Frontières (MSF)

National AIDS Council of Zimbabwe

Organisation for Public Health intervention and Development (OPHID)

Population Services International (PSI)

Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS)

United Nations Population Fund (UNFPA)

United Nations Children's Fund (UNICEF)

World Health Organisation

Zimbawe AIDS Network (ZAN)

Zimbabwe AIDS Prevention Project (ZAPP)

Zimbabwe National Family Planning Council (ZNFPC)

Zimbabwe Network of People living Positively with HIV and AIDS (ZNPP+)

Zvitambo

Designed by DHA Communications

Acknowledgements

The Ministry of Health and Child Welfare would like to thank all individuals and representatives of various organizations who made invaluable contributions to the development of this strategy. Special mention goes to the National PMTCT Partnership Forum (PPF) for providing broader technical oversight during the development of the strategy.

We are grateful to Elizabeth Glaser Pediatric AIDS Foundation (EGPAF),Department for International Development (DfID) and Liverpool Associates In Tropical Health (LATH) for their technical and financial assistance that supported the development and printing of this strategy.

Ministry of Health
and Child Welfare

UKaid
from the Department for
International Development

LATH
LIVERPOOL ASSOCIATES
IN TROPICAL HEALTH

Elizabeth Glaser
Pediatric AIDS
Foundation
www.pedaids.org

Technical and financial support for development and printing provided by UKAID, LATH & EGPAF