

PREVENTION OF PARENT TO CHILD HIV TRANSMISSION



A COMMUNICATION STRATEGY FOR ZIMBABWE



AIDS & TB Programme

**Prevention of Parent to Child Transmission
of HIV (PPTCT) Communication Strategy
for Zimbabwe**

2001 - 2005

ACKNOWLEDGEMENTS

Special thanks are extended to individuals and representatives of various organisations who participated in the meetings and made invaluable contribution to the development of the Prevention of Parent-to-Child Transmission of HIV Communication Strategy.

Acknowledgements also go to all those who made written submissions to this strategy.

Special recognition is due to the multidisiplinary team which led the communication strategy development process and provided necessary technical and logistic support to this important exercise.

We are grateful to the United Nations Children Fund (UNICEF) whose financial support made the development of Zimbabwe Prevention of Parent-to-Child Communication Strategy a reality.

Finally we thank all the people who worked on this document.

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV INFECTION

COMMUNICATION STRATEGY

FOREWORD

The HIV/AIDS pandemic continues to cause untold suffering to individuals, families and communities the world over. Over 70% of the people infected and affected by the pandemic live in the sub-Saharan Africa. In 2000 Zimbabwe 25% of the population and 30% of pregnant women are estimated to be HIV positive. 30% of the infected pregnant women will pass on the HIV infection to their babies during pregnancy, delivery and through breastfeeding.

As a strategy to prevent parent to Child HIV transmission Zimbabwe has adopted the new public health initiative that is designed to help pregnant women who are HIV positive (and their families) to increase their chances of having a HIV uninfected baby. The project, initially piloted at three sites, namely Pelandaba Clinic in Bulawayo, Zengeza Clinic in Chitungwiza and Highfield Clinic in Harare offers voluntary and confidential HIV counseling and testing to pregnant women and provide those who learn they are infected with anti-viral drugs, birth care and information on safe infant feeding options.

Implementation of the PPTCT intervention packages can reduce mother to child transmission and complement primary prevention of HIV transmission through appropriate behaviour change.

The challenge for the prevention of parent to child HIV transmission is therefore to create awareness, mobilise and commit an array of stakeholders and communities to create a supportive and enabling environment that facilitate the adoption of appropriate behaviours in the context of the prevention of parent to child HIV transmission.

This document therefore provides a comprehensive communication plan required to mobilise support and participation in the programme for the prevention of parent to child HIV transmission.

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PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV INFECTION

COMMUNICATION STRATEGY

INTRODUCTION AND BACKGROUND

The HIV/AIDS epidemic continues to cause untold suffering to individuals, families and communities around the whole world. Over 70 percent of people infected and affected by this epidemic live in the Sub-Saharan Africa. Women constitute 50% of the HIV infected population in this region.

In Zimbabwe the human toll due to HIV/AIDS is a tragic reality. Conservative estimates indicate that 25 percent of Zimbabweans between the ages of 15 to 49 years are HIV infected. Another dimension regarding the whole issue of HIV/AIDS is that of vertical transmission from parent to their babies (PTCT). In ANC survey of 2000, 35 percent of pregnant women in Zimbabwe were found to be HIV positive and prevalence between the sites ranged from 25% to 70%. This translates into 9% of babies being born with HIV infection annually. Vertical transmission is responsible for over 90% of child HIV infection. This situation makes HIV/AIDS the greatest threat to child survival.

As a means of response to the epidemic Zimbabwe has put in place a national policy framework for the control and prevention of HIV/AIDS. The framework addresses both primary and secondary prevention of HIV/AIDS.

The guiding principle and strategies for the prevention of parent to child HIV transmission are laid out in the AIDS policy document and they are as follows.

Guiding Principle

- ◆ Individuals and couples considering marriage or bearing children should have access to accurate information about HIV infection and pregnancy and voluntary counselling and testing.

Strategies

- ◆ Encourage the women and couples considering pregnancy to seek voluntary counselling and testing.
- ◆ Increase the availability and accessibility of VCT services throughout the country.
- ◆ Give information and offer counselling to HIV positive women and their partners in order to enable them make informed decisions when planning pregnancy.

- ◆ Increase the general public's access to information, education and communication about options for HIV positive women to reduce the risk of PTCT.
- ◆ Adopt interventions to reduce the risk of PTCT based on results of research considering accessibility, affordability and sustainability of such initiatives.
- ◆ Emphasize the importance of primary prevention of HIV transmission among all young people through appropriate behaviour change.
- ◆ Ensure full information is available to all couples contemplating pregnancy.

The policy framework and other international conventions states in clear terms the rights and obligations of the health service consumers and providers in the context of PPTCT.

International Conventions

The following conventions support the PPTCT initiatives. The convention on the rights of the child (CRC)

Article 24 states that state parties shall take appropriate action

- A) "to diminish infant and child mortality
- B) "to ensure provision of necessary medical assistance and health care to all children with emphasis on the development of Primary Health care"
- C) "to ensure appropriate pre-natal and post-natal health care for mothers"

The convention on the elimination of all forms of discrimination against women.

Article 12 stipulates that:

- 12.1 "States parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on basis of equality of men and women, access to health care services including those related to family planning.
- 12.2 Notwithstanding the provisions of paragraph 1 of this article State parties shall ensure women appropriate services in connection with pregnancy, confinement and post natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Initiatives for control and prevention of parent to child HIV transmission

- ◆ In 1997 Zimbabwe initiated implementation of interventions for the prevention of parent in Child HIV transmission on a pilot basis, at three clinic sites in the three large cities of Harare, Bulawayo and Chitungwiza.

The strategic components of the pilot project included:-

- ◆ Promoting primary prevention of HIV infection among girls young women and men,
- ◆ Making VCT accessible to young women and men, pregnant mothers and their partners,
- ◆ Distribution of female and male condoms at ANC/PNC clinics,
- ◆ Administering AZT to willing HIV positive mothers/couples
- ◆ Modifying obstetric practices (reducing episiotomies, amniocentesis etc)
Cleansing the birth canal with chlorhexidine
- ◆ Counselling mothers/couples on HIV and infant feeding options.

Lessons learnt from the PPTCT Pilot Project

In implementing the PPTCT pilot programme the following observations were made:

- (i) High HIV/AIDS stigma contributed to the slow uptake of the project.
- (ii) Health service providers lacked adequate information/skills on the different components of PPTCT.
- (iii) Counselling of mothers/couples on HIV and infant feeding options was very limited.
- (iv) Lack of male / partner community support for pregnant mothers was also a major contributor to the slow uptake of the project.
- (v) Pregnant mothers feared reprisals from their partners especially if they tested HIV positive.
- (vi) Very few men came forward for couple counselling.

Define what we intend to do to address the above, and make PPTCT acceptable and accessible. It is our hope that by strengthening community capacity to respond to the AIDS epidemic, parents will be able to access this intervention in an environment, which is supportive.

I. STATEMENT OF THE PROBLEM

The issue of PPTCT of HIV is not just a medical one that begins with women infecting their babies and ends with the time babies dying. It is a more complex one of social proportions that begins with a range of attitudes, perceptions, values, preferences and opinions regarding the status of women in their families, their husbands' families, the communities in which they live and in Zimbabwean society as a whole. PPTCT of HIV is a complex issue that ends, tragically, with women being unable to make decisions, regarding HIV/AIDS, that are in the best interests of both their babies and themselves due to the pressures exerted, and the stigmas imposed, upon them, by the forces surrounding them.

Under such circumstances efforts must be made to create an enabling environment that facilitates the promotion of the wellbeing of women and their babies. To do this requires changing people's existing attitudes, perceptions, values, preferences and opinions. Thus the rationale for formulating a comprehensive Communication Strategy is to address the social issues that pertain to PPTCT of HIV.

II. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT) COMMUNICATION STRATEGY

The importance of Communication, as a strategic initiative to be implemented at operational level in PPTCT, cannot be underestimated. Communication is the most essential component of any program-related approach. Communication strategies seek to initiate overt behaviour change amongst target groups through the process of informing, educating, persuading, and then, mobilizing them. Programme Communication, is the operational discipline embodied within the PPTCT Communication Strategy. It is a research based consultative process of addressing knowledge, attitudes and practices through identifying, analysing and segmenting audiences and by providing them with relevant information through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods.

The Communication Intervention that has arisen as a result of the PPTCT of HIV Communication Strategy Development process will seek to elicit behavioural responses from the identified target audiences that are aimed at changing current 'mindsets' regarding the issue of HIV/AIDS and the status of women in Zimbabwe.

The PPTCT of HIV Communication strategy was developed using the Assessment Communication Analysis Design and Action (ACADA) Communication Planning Framework, which was developed by UNICEF.

The actual process of developing the strategy took place, consultatively, over a period of five days during which participants from MOH&CW Health Education,

Nutrition Unit, Provincial Medical Directors' Offices, City and District Hospitals, Municipalities and UNICEF went through both the Analysis and Design stages as a cohesive group. The Assessment stage was taken as having been already completed. Voluntary Testing and Counselling-based activities that are taking place, on a pilot basis, in the urban areas of Bulawayo, Chitungwiza and Harare as well as on the basis of the collective experiences, in the area of HIV/AIDS programming activities, on the part of the participants.

III. THE PMTCT COMMUNICATION CHALLENGES

Reducing PPTCT is a complex issue. It involves expanding HIV counselling and testing so that individuals and couples who wish to know their status can do so, with full confidentiality. It calls for improving antenatal and delivery care. Prevention of Parent to Child Transmission (PPTCT) demands protection against possible stigma and rejection for women who find they are infected, and decide not to breastfeed after counselling. Given the importance of breastfeeding to infant health, but recognising the part breast milk plays in PPTCT, UNICEF, UNAIDS, and WHO recommend that appropriate alternatives to breastfeeding be made available and affordable to HIV positive mothers, while efforts continue to promote breastfeeding for HIV negative women and women of unknown HIV status. In terms of communication, some issues such as infant feeding, stigmatisation, partner, family, and community participation are, specific to PPTCT. The issues surrounding infant feeding for PPTCT are complex and emotional. Enormous strides have been made globally in promoting breastfeeding and local health workers feel often uneasy about offering advice on formula feeding or other alternatives to HIV positive mothers. It is important to explore those infant-feeding options that make the most sense to local context and customs. Communication materials and activities must tread a fine line in trying to destigmatise formula feeding as proof of one's HIV status, without being seen as promoting formula over breastfeeding for the general public. PPTCT communicators must be extremely aware of and explore with the community, all aspects of stigmatisation surrounding breastfeeding and formula feeding, and develop appropriate communication interventions and solutions that promote formula feeding or other alternatives as acceptable means of infant feeding within an HIV positive context, while not losing sight of continuous promotion of exclusive breastfeeding for HIV negative mothers.

The issue of stigmatisation, both in infant feeding and in knowing and making known one's HIV status, is a key point in the success of any PPTCT programme.

The health services providers, who constitute the key facilitators in this programme delivery, need to be oriented/trained and their interpersonal communication skills enhanced to enable them to deal and cope with the problems and issues regarding PPTCT.

IV. PROGRAMME PARTICIPATION IN PMTCT

The critical participants who need to be sensitised and mobilised for the process of implementing the PPTCT programme include an array of partners, who are the government, health care managers, UN Agencies, NGOs, the private sector, individuals, men, women youths, families and communities.

Community participation is a key element in the process of PPTCT programme given the highly sensitive nature of the issue surrounding PPTCT. Communities can and should be included in the planning process from the programme design phase, and can, provide, a rich resource from which to build communication strategies and activities. Continued dialogue with participating communities will provide a constant pool of information from which communication specialists can refine and redefine communication activities and support materials.

PPTCT is a complex programme, from a communication perspective, not because of the actual service package, but rather, because of the social and cultural issues that surround the suggested behaviour changes required of HIV positive mothers and the communities in which they live. PPTCT teams can develop communication strategies that provide more targeted community appropriate and dynamic communication solutions that are tailored to the needs of local communities. This can be achieved by engaging the community as a full partner in the development of communication activities, and by utilising evidence-based research information

V. PPTCT PROGRAMME RESOURCES

Implementing a PPTCT programme entails utilisation of considerable resources in terms of materials, human, money and time hence communication, liaison and co-ordination at all levels is critical for the purpose of resource mobilisation.

In this programme, UNICEF is playing a major role at country level in assisting government and other partners to carryout this initiative. WHO is providing, technical support and assisting in developing standards that such services should meet in order to improve antenatal, delivery and post delivery care. UNAIDS is playing the overall role in policy strategy development and resource mobilisation.

UN Agencies are playing a major role in Zimbabwe to provide technical and material support to implement the PPTCT initiative.

The following metric is the detailed PPTCT Communication Strategy for Zimbabwe:

**INTEGRATED PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV
COMMUNICATION STRATEGY FOR ZIMBABWE (PPTCT) 2001 - 2005**

Problem statement: Inadequate resource allocation to the prevention of parent to child transmission of HIV in Zimbabwe.

Broad objective 1: To create an enabling environment for the prevention of parent to child transmission of HIV by soliciting and mobilisation support for the PPTCT programme by June 2001.

1	Target Audience	Specific Objectives	Outcome/Output Indicators	Message Concept	Channels of Communication	Activities	Communication Materials	Inputs/Budgets	Funding
A D V O C A C Y	<ul style="list-style-type: none"> - Parliamentarians - Sector Ministry representatives - Councillors - Chiefs and Headmen - Donors. - NGOs - Women's groups Zimbabwe - Congress of Trade Unions. - Policy makers - Zimbabwe Council of Churches - Confederation of Zimbabwe Industries - Youths groups - Men's group policy makers - UN Agencies (development organisations) - ZINATHA - National AIDS Council - Commercial Farmers Union 	<ol style="list-style-type: none"> 1. To increase awareness amongst policy-makers and politicians on issues pertaining to PPTCT by January 2001. 2. To advocate for clear fiscal and resource mobilisation policies by January 2001. 3. To involve stakeholders in the planning process for PPTCT by April 2001 	<ul style="list-style-type: none"> • Number of sensitisation meetings for politicians. • Proportion of policy makers and stakeholders sensitised in a given area. • Proportion of stakeholders participation PPTCT • Proportion of available resources allocated for PPTCT activities. 	<ul style="list-style-type: none"> • Your support and commitment to the PPTCT programme will enhance child survival growth and development in your constituency, demonstrates your leadership capabilities. 	<ul style="list-style-type: none"> • Print media • Electronic media • Interpersonal communication 	<ul style="list-style-type: none"> • Meetings. • Seminars • Site visits • Development / dissemination of advocacy materials • Lobbying parliamentarians/policy makers and Stakeholders. • Press conferences 	<ul style="list-style-type: none"> • Information packages including Statistics • Fact sheets • Slides • Video clips • Promotional materials • Documentary • Case studies 	<ul style="list-style-type: none"> • Stationery • Accommodation • Transport • Subsistence • Materials development cost • Time manpower.. 	<p>G.O.Z & UNICEF NAC Private sector</p>

Advocacy Level Implementation Framework:

Stage 1

1. Finalisation of the draft communication x one month of October 2000.
2. Presentation of the corrected version at the PMDs meeting x 1 month i.e November 2000.
3. Circulate to Heads of Departments and Units
 - Harare City Health Medical Director
 - Zimbabwe National Network of People living with HIV/AIDS
4. Polish the document incorporating adjustments as indicated in 2 and 3 above
5. Presentation of the polished document to Ministry of Health and Child Welfare Top Management.
6. Polish the document as is identified by TMT
7. Present to Planning Pool meeting.

Stage II

1. Finalise the document as need be
2. Develop advocacy materials
3. Launch the draft strategy
 - Distribute strategy document
 - Distribute materials as developed.
 - Radio and television campaign

Stage III

1. Advocacy Activities at National level

- 1.1 Meeting with Parliamentarian (scheduled time) with subcommittee on Health and Stakeholders.
 - Book time when parliament meets for this meeting
 - Prepare for a presentation on PPTCT.
 - Distribute IEC materials package.Minister of Health to present to Parliamentarian.
(Technical officer on PPTCT to action.)

2. Stakeholders meetings

- 2.1 Present package on PPTCT during scheduled existing meetings of stakeholders.
- 2.2 Schedule own regular meetings for the stakeholders in groups.
- 2.3 Seminar
 - Organise sensitisation/orientation seminar on PPTCT conduct presentations to these stakeholder groups.

INTERGRATED PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV (PPTCT) COMMUNICATION STRATEGY FOR ZIMBABWE (2001 - 2005)

BROAD OBJECTIVE 2: To initiate mobilisation of support for PPTCT programme from allies in all provinces by March 2001

2	Target Audience	Specific Objectives	Outcome Indicators	Message Concept	Channels of Communication	Activities	Communication Materials	Inputs/Budgets	Funding/Resources
S O C I A L M O B I L I S A T I O N	<ul style="list-style-type: none"> • NGOs. • HIV Support groups • Government Ministries • Churches • Youth Groups • Men's groups • Women's Groups. • Private Sector • Community based organisations • ZINATHA • The media • Zimbabwe AIDS Network. 	1. To sensitise at least 50% allies to be actively participating in PPTCT activities by December 2001.	Proportion of organisations sensitised on all levels and actively participating in PPTCT integrated activities.	Your support and commitment in PPTCT will enhance your current stance on improving child survival.	<ul style="list-style-type: none"> • Interpersonal Communication • Print media • Folk media • Electronic media** 	<ul style="list-style-type: none"> • Relevant training • Meetings • Role play • Distribution of IEC Materials • Displays/Exhibitions • Seminars • Workshops • Interview • Press conference • Radio/TV programme • Drama • Music. • Puppetry 	<ul style="list-style-type: none"> • Information packages • Slides/films • Videos • Promotional materials 	<ul style="list-style-type: none"> - Stationery - Transport - Accommodation - Subsistence - Material Production costs - Time - Manpower 	GOZ & Allies NAC UN Agencies International and Local NGOs

**-Only if deemed necessary as secondary media

Social mobilisation implementation framework

Sensitisation stage

1. Identify the allies
 - ZAN structure/AIDS Service Organisations.
2. Arrange and carry out meetings with Allies
3. Orient Allies on PPTCT programme and communication strategy through meetings, seminars or workshops.
4. Mount Exhibition/displays on PPTCT.
5. Media training on PPTCT
 - Press releases.
 - Site visits

INTERGRATED PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV (PPTCT) COMMUNICATION STRATEGY FOR ZIMBABWE (2001 - 2005)

Broad Objective 3: To increase participation of new ANC bookings in PPTCT programmes to at least 50% by 2005.

3	Target Audience	Specific Objectives	Outcome/Output Indicators	Message Concept	Channels of Communication	Activities	Communication Materials	Inputs/Budgets	Funding
P R O G R A M M E C O M M U N I C A T I O N	Pregnant Women and partners Adolescents	<ol style="list-style-type: none"> 1. To increase the level of knowledge amongst ANC mothers and partners on PPTCT of HIV. 2. To increase the level of knowledge among adolescents on PPTCT of HIV. 3. To increase men's participation on PPTCT activities. 	<ul style="list-style-type: none"> • Proportion of ANC mothers and partners seeking PPTCT information. • Proportion of women being tested for HIV. • Proportion of women returning for HIV results. • Proportion of HIV and pregnancy of women on anti-retroviral drug therapy. • Proportion of parents adopting PPTCT feeding practices. • Level of knowledge in adolescence on PPTCT of HIV. • Proportion of partners cancelled on PPTCT of HIV. 	Your participation and commitment to PPTCT of HIV programme enhances your chances of having a healthy baby, reduces childcare costs and provides you with psychological support.	<ul style="list-style-type: none"> • Interpersonal communication • Print and • Electronic media • Folk media 	<ul style="list-style-type: none"> • Training • House to house visits • Meetings • Group discussion • Forming support groups • Exhibitions/ displays • Developing IEC Materials With community participation • Screening pregnant women for HIV status. 	<ul style="list-style-type: none"> - Booklets - Pamphlets - Fliers - Posters (limited) - Radio and TV specific programmes. - PPTCT Promotional Materials - Documentaries. 	<ul style="list-style-type: none"> - Stationery - Transport - Subsistence - Material development costs - Human resources - Time 	<ul style="list-style-type: none"> GOZ NAC UN Agencies Private Sectors

Implementation Framework:

1. Needs assessment by March 2001 with target group.
2. Call meetings with pregnant mothers and their partners and adolescence
3. Design and develop IEC materials/messages with target by June 2001.
4. Call meetings and conduct training starting July 2001. On going.
5. Insert Radio and Television adverts by July 2001. Keep updating.
6. Screening of mothers (ANC) and their partners by July 2001
7. Formation of support groups for infected and affected.
8. Exhibition at the Harare Agricultural Show & Trade fair from 2001.

INTERGRATED PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV (PPTCT) COMMUNICATION STRATEGY FOR ZIMBABWE (2001 - 2005)

Broad Objective 4: To increase men/family and community members' participation and support on PPTCT activities by 2005

4	Target Audience	Specific Objectives	Outcome Indicators	Message Concept	Channels of Communication	Activities	Communication Materials	Inputs/Budget	Funding/Resources
P R O G R A M M E C O M M U N I C A T I O N	<ul style="list-style-type: none"> - Family members - Support groups - Care givers. - Mother - in-law - Grandmothers/ fathers - Sister-in-laws - Brothers-in-law 	<ul style="list-style-type: none"> • To increase family and community knowledge on PPTCT by at least 50% by 2002. • To facilitate formation/ strengthen support groups in each village by end of 2003. • To strengthen life skills education on reproductive health programme 50% by the end of 2005. • To increase peer counselling skills for adults and adolescence on by 50% by 2005. • To increase health centres offering Voluntary Counselling Testing services by at least 50% by 2005. 	<ul style="list-style-type: none"> - Number of men participating ANC activities. - Level of knowledge on PPTCT programme among ANC mothers - No. of support groups formed. - No. of existing support groups strengthened. - Percentage of satisfied clients (men, family member and community members) - Proportion of HIV mothers and families benefiting from support groups. - Proportion of adolescents participating in life skills and reproductive health programme. - Proportion of centres offering VCT services. 	Your participation and commitment to PPTCT enhances your family chances of healthy babies and reduces childcare costs.	<ul style="list-style-type: none"> - Inter-personal Communication - Print and Electronic - Folk media. 	<ul style="list-style-type: none"> - Campaign - Role play - Drama - Peer Training - Developing of IEC materials with communities - Group discussion - Forming support groups - Screening pregnant women for HIV infection. 	<ul style="list-style-type: none"> - Booklets - Billboards - Films - Videos - Pamphlets - Posters - PPTCT promotional materials 	<ul style="list-style-type: none"> - Transport - Stationery - Accommodation - Subsistence - Production costs - Time - Manpower 	<ul style="list-style-type: none"> GOZ United Nations Agencies NAC All other allies

Implementation Framework Objective 4 on programme communication :

To increase family and community members participation and support for PMTCT activities.

1. Meetings

- Community leaders
- Needs assessment/ACADA
- Explore areas of co-operation
- Identify focal person in each group.
- Participatory Research Methods (PRA) (Assessment analysis Action)

2. Needs assessment

3. Group discussions on PPTCT

4. Materials development on PPTCT

5. Training of group as per programme needs.

6. Formation of support groups.

INTERGRATED PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV (PPTCT) COMMUNICATION STRATEGY FOR ZIMBABWE (2001 - 2005)

Broad Objective 5: To equip all frontline health services providers with knowledge and skills to implement PMTCT programmes in Zimbabwe by 2005.

5	Target Audience	Specific Objectives	Outcome Indicators	Message Concept	Channels of Communication	Activities	Communication Materials	Inputs/Budget	Funding/Resources
P R O G R A M M E C O M M U N I C A T I O N	Health Workers TBAs VH workers Professional health workers Farm Health Workers	<ol style="list-style-type: none"> To train all frontline health workers on PPTCT by December 2005. <ul style="list-style-type: none"> To create an enabling environment for implementing PPTCT activities by 2005 Health workers places of work. To increase frontline health workers knowledge and skills on PPTCT by December 2005. To improve client friendly health services using the client charter programme by December 2005. 	<ul style="list-style-type: none"> Proportion of frontline of health workers trained on PPTCT throughout the country. The proportion increase in the level of knowledge and skills of frontline health workers on PPTCT Proportion of health facilities with health worker trained on PPTCT of HIV Proportion of health workers disseminating accurate information on PPTCT of HIV. Proportion of clients counselled. Proportion of mothers who are tested for HIV infection. Percentage of satisfied clients with service delivery Percentage of facilities with support/reference materials on PPTCT of HIV. 	Your participation in the PPTCT programme will enhance your professional competence, and appreciation from the community.	Print and electronic media Folk media	<ul style="list-style-type: none"> Training Meetings Site visits Formation of health workers Counselling support groups. Study Tours Operational baseline research Production of PPTCT manuals. Development of monitoring and evaluating tools. 	<ul style="list-style-type: none"> Manuals Guidelines Charts Documentaries Video Slides Fact Sheets 	<ul style="list-style-type: none"> Stationery Transport Accommodation Subsistence. Material development costs Time Manpower 	<ul style="list-style-type: none"> GOZ UN Agencies NAC NGOs Private Sector Local authority

Implementation Schedule; Objective 5:

1. Baseline study a must before starting the programme.
 - What is on the ground, Programmes on or not on in an area.
 - Materials available for PPTCT of HIV
 - People trained on PPTCT of HIV
2. Monitoring and evaluation protocols for PPTCT programme
3. Develop training materials for PPTCT
 - Manuals } for professionals and service providers e.g.
 - Guidelines } health workers, farm health workers.
4. Training of trainer training (TOT)
 - Service providers at operational level.

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