



**NATIONAL AIDS/STI Control Programme (NAS COP)**  
Ministry of Health, Government of Kenya



# **NATIONAL HIV TESTING SERVICES COMMUNICATION STRATEGY 2015 - 2019**

NATIONAL AIDS / STI Control Programme (NAS COP)  
Kenyatta National Hospital Grounds  
P.O. Box 19362 - 0020 Nairobi, Kenya

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National AIDS and STD Control Programme (NASCOP)  
Ministry of Health, Kenya  
PO Box 19361-00200  
Nairobi, Kenya

Tel: +254 20 272 9549 or +254 20 272 9502 or 0775 597 297  
Email: [head@nascop.or.ke](mailto:head@nascop.or.ke)

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# ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CBHTS</b>	Community Based HIV Testing Services
<b>CDC</b>	Centre for Disease Control
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTS</b>	HIV Testing Services
<b>IEC</b>	Information Education and Communication
<b>KAIS</b>	Kenya AIDS Indicator Survey
<b>KDHS</b>	Kenya Demographic Health Survey
<b>KNASP</b>	Kenya National AIDS Strategic Plan
<b>KNH</b>	Kenyatta National Hospital
<b>KPs</b>	Key Populations at Higher Risk of acquiring or transmitting HIV
<b>LSM</b>	Living Standards Measure
<b>LVCT</b>	Liverpool Voluntary Counselling and Testing
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men having Sex with Men
<b>NASCOP</b>	National AIDS and STD Control Programme
<b>NHRL</b>	National HIV and Retrovirology Laboratories
<b>CASCO</b>	County AIDS and STD Coordinator
<b>PSI</b>	Population Services International
<b>PWIDs</b>	People Who Inject Drugs
<b>PWP</b>	Prevention with Positives
<b>QA</b>	Quality Assurance
<b>SW</b>	Sex Worker
<b>SMS</b>	Short text Message
<b>SP</b>	Strategic Plan
<b>TWG</b>	Technical Working Group
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization

# FOREWORD

Strategic communication is used to raise awareness of issues among specific target populations. It aims to provide timely, evidence-based, authoritative information and guidance needed for public health action. Proper implementation of strategic communication leads to sustained behaviour change and is essential in overcoming barriers to access to services or generating demand for such services. Within the context of HIV Testing Services, strategic communication is used to raise levels of public knowledge on HIV and promote positive attitudes towards preventive behaviours that minimise the risks of HIV infection.



This HTS Communication Strategy seeks to increase awareness and the level of knowledge of HIV status among persons living in Kenya and to provide information on available services with a view to achieve the universal access to HIV testing. Over the years, the Ministry of Health through the National AIDS and STI Control Program (NASCOP) has implemented national HTS campaigns using various communication channels. This has contributed to an increase in knowledge of HIV status from 36% in 2007 to 72 % in 2012 (KAIS 2007, 2012). This strategy aims to maintain this momentum through sustained messaging.

The Strategy further provides a framework that aligns communication with the goals and vision of the Kenya AIDS Strategic Framework and the Kenya HIV Prevention Revolution Roadmap. It aims to provide strategic direction and to guide actions on those components within the scope of HIV Testing Services in Kenya that can be influenced by communication at the policy, programmatic and social level. The strategy defines target audiences and describes the best way to reach each of them.

It recognizes that in order for communities and individuals to derive maximum benefit from HTS, sufficient information should be disseminated countrywide through appropriate channels so that every man, woman or child gets an opportunity to know their HIV status. I urge all partners to support dissemination and implementation of this strategy.

I encourage all stakeholders to adhere to the principles and guidelines outlined in this document in order to create sustained demand for HTC services and eventually achieve the desired behaviour change to reduce HIV incidence.

A handwritten signature in black ink, appearing to read 'Muraguri'.

**Dr. Nicholas Muraguri**  
**Director of Medical Services**

# ACKNOWLEDGEMENT

The National HIV Testing Services (HTS) Communication Strategy is a result of concerted efforts of various key stakeholders and partners working in the HIV/AIDS sector. The Strategy will provide a road map on communication approaches to be used in reaching out specific target groups so as to increase the uptake of HIV Testing Services.

The National AIDS and STI Control Program would like to acknowledge individuals and organisations who contributed to the development of this document. Special mention goes out to the National HTS Technical Working Group members (TWG) and the Communication subcommittee for their contribution during the various stages of developing this strategy.

A special appreciation and thank you goes to the groups who were involved in the information gathering that informed the content and focus of this strategy. Their invaluable contribution through the immersion exercises provided key insights on how best to engage with various groups. PSI Kenya provided technical and financial support towards the development process of this strategy and the consulting firm Apex Porter Novelli.

## ***Others who participated in the development process are;***

Anne Nganga, NASCOP	Lucy Maikweki, PS Kenya
Betty Chepkwony, NASCOP	Michael Owigar, PS Kenya
Caroline Ngare, NASCOP	Patricia Oluoch, CDC
Edward Musau, NASCOP	Winnie Mutsoso, CDC
Joyce Wamicwe, NASCOP	James Ngechu, CHS
Merina Lekore, NASCOP	Jackline Achieng, HFG
Pauline Mwololo, NASCOP	Peter Maingi, KNH

To all the others who tirelessly put in their contributions in the development of this document but may not have been mentioned here, I say a big 'Thank You!' to all of you



**Dr. Martin Sirengo**

**Head, National AIDS and STI Control Program**



# Executive Summary

This Communication Strategy provides the broad framework that will guide communication on HIV Testing Services (HTS) in Kenya for the next few years. The objectives of the Strategy are to address needs and gaps related to communication programming identified in the areas of knowledge, skills and self-efficacy, capacity, coordination, policy support and utilization of services. These issues were identified through a need assessment conducted at the initial stages of the process of developing this strategy and consultations with stakeholders implementing HTS programmes.

## ***Some of these issues include:***

- **Need to brand and position the HTS testing service:** Previously, the branding and promotion of VCT service centres helped people identify where they were, and what services they provide. Interviews with health workers noted the need to rebrand VCT centres, especially in health centres, so as to drive traffic to the service.
- **Correct misconceptions and close knowledge gaps:** The findings point out some fundamental problem areas that need to be addressed. For example, among the MSMs, there was a shared misconception that HIV is more common among heterosexual couples and it is difficult for MSMs to get it.
- **Working with Faith based organisations:** Faith based organisations can make influential partners in taking the HTS message to the community. For example, this could be through running testing campaigns with churches and mosques around the World AIDS Day.
- **Peer to peer programmes should be expanded:** MSMs, PWIDs and Sex Workers peer to peer programmes have been very successful. The Government needs to strengthen HIV prevention interventions targeting these groups. There is also need to extend the peer to peer programmes among regular couples in the population. This can be rolled out successfully with religious based organisations.
- **HTS and other preventive care services:** As part of its preventive health strategy, the government should conduct campaigns encouraging people to go for annual medical tests. HIV testing should not be singled out as the only test the public need to take, and this way, it will be easier to encourage annual HIV testing services among couples. Therefore, HIV messaging will be mainstreamed with other key messages to bring out the benefits of testing, who should test, frequency of testing, when to test etc.

- **Regional, religious and cultural differences and needs:** There is need for thematic campaigns targeting specific groups in specific regions, in a way and language they understand. Such campaigns can be carried out with County governments and regional NGOs and CBOs.
- **Programmes targeting healthcare providers:** Provider bias and negative attitude towards special groups and lack of regular updates on HIV testing and care point to the need to implement communication programmes targeting health care workers.

The **Objective** of this strategy is to develop a framework that guides all stakeholders in the development of communication interventions in HTS programming for the next 5 years.

***The specific objectives are:***

- **Objective 1:** To increase uptake of HTS services among all population groups in Kenya
- **Objective 2:** To outline strategic approaches to be pursued by stakeholders in developing communication to increase uptake of HTS
- **Objective 3:** To increase policy level support the HTS programmes
- **Objective 4:** To increase the proportion of health care providers with correct knowledge and skills to provide and communicate on available HTS services among all population groups

***These objectives will be achieved through the following strategies:***

- **Strategy 1:** Targeted and themed strategic communication campaigns to improve knowledge, correct misconceptions, build support, acceptance and utilization of HTS services
- **Strategy 2:** Media advocacy to promote accurate and analytical coverage of HIV Testing Services
- **Strategy 3:** Peer to peer and inter-personal communication to be leveraged as strategic approaches for HTS communication programmes
- **Strategy 4:** Coordination and integration of HTS communication messaging for increased coherence and synergy
- **Strategy 5:** Advocacy among decision makers and influential leaders to generate support and raise the profile of HTS at the local, regional and national level.
- **Strategy 6:** Capacity strengthening for partners and HTS service providers to design, plan and implement communication programmes.

# RATIONALE FOR HTS COMMUNICATION STRATEGY

This Communication strategy is designed to engage all stakeholders involved in the provision of HTS services and the beneficiaries of the same. It seeks to ensure that appropriate target-specific information is disseminated to the target groups to encourage uptake of HTS services. This in turn should lead to behaviour change.

The strategy identifies HIV transmission hotspots and targets. It provides response mechanisms aimed at delivering appropriate health messages to individuals, households and communities that will lead to an increase in health seeking behaviour.

The strategy envisages creating positive and sustainable behaviour change by utilizing a variety of approaches that are appropriate within the Kenyan context and that are considered to have high impact.

Given the low levels of uptake of HTS amongst certain sub populations, it is imperative that innovative ways are designed to reach out to them. These outreach strategies should shape their beliefs, perceptions and in the end influence their behaviour. This will form the basis for providing effective health communication messages for each target group.

This communication strategy seeks to provide a road map to implement communication activities for the HTS projects in Kenya targeting the general and vulnerable populations.

**The HTS Communication Strategy Development Process**

This strategy was developed through a consultative and participatory process with stakeholders as a fundamental avenue to successful and sustainable HIV responses.

The strategy herewith is informed by existing evidence obtained from a literature review of documents, reports, and existing communication materials. As part of the communication strategy development process, a need assessment was conducted

to add on to the information already gleaned through the desk review. The communication needs assessment included review of relevant policy documents as guided by NASCOP.

The method used in developing this communication strategy is an adaptation of a process for developing communication strategies created by Johns Hopkins University that involves conducting a situation analysis; designing the strategy; and describing aspects of managing, monitoring, and evaluation.

## Objective of the Needs Assessment

### General Objective

The general objective assignment was to develop a communication strategy that will guide the development of HIV Counselling and testing related communication across all service delivery models.

### Needs Assessment Specific Objectives

- Conduct an environmental scan on the services models for HTS and communication developed to create demand for HTS in Kenya, and summarise the findings into a situation and gap analysis.
- Align the Communication strategy to National priorities as outlined in the HTS documents and guidelines as well as the national health sector communication strategy.

To gather key insights that would inform development of the HTS National Communication Strategy in Kenya, the assessment was done in two phases:

1. Interviews with key stakeholders in the HTS sector
2. An immersion exercise with HTS Communication target groups

The overall aim of the assessment was to provide a strong foundation of knowledge on the issues around HTS and how communication can be used to address them. The analysis is central to the efforts for the effective development of the communication strategy.

Consultative meetings and interviews with key representatives from NASCOP and other partners/stakeholders were held. The consultative meetings/discussions helped increase understanding on key need areas and tested knowledge gaps that need to be addressed through communication. The communication needs assessment helped build a firm foundation for the communication strategy by documenting the following:

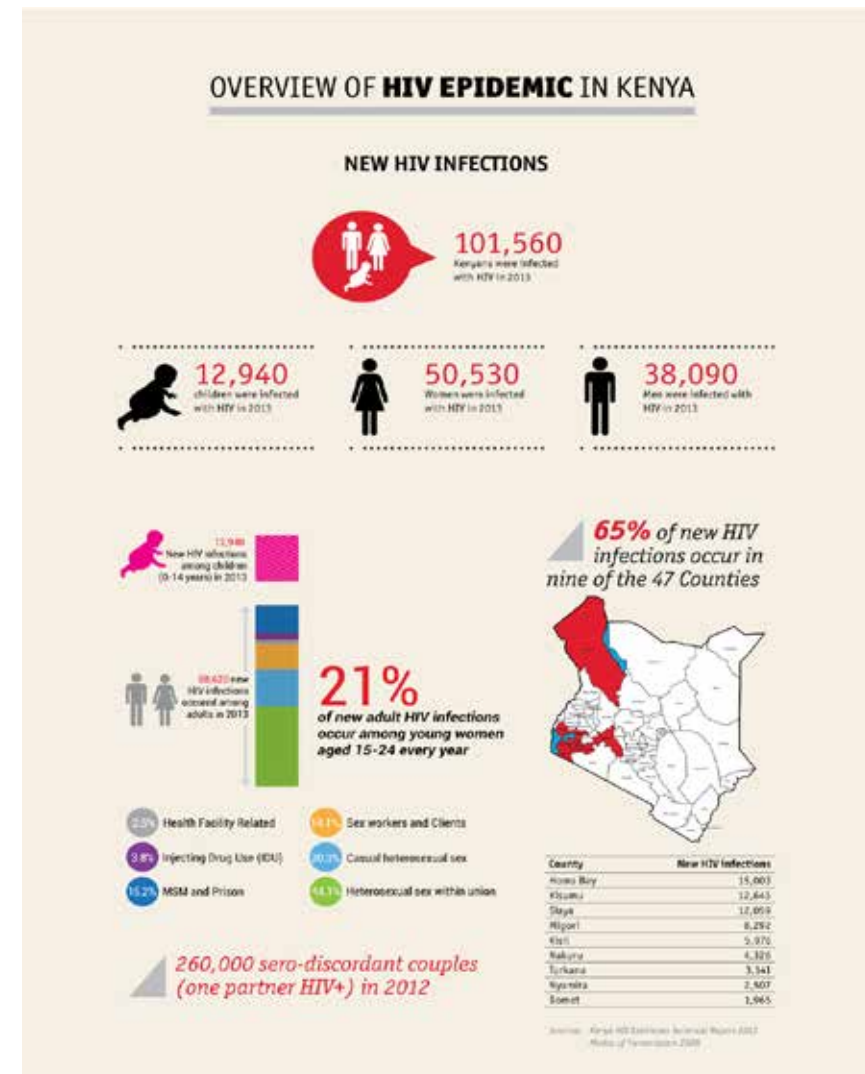
- **Key Target groups Segments:** Establishment of characteristics of different groups. This has helped the strategy develop key message themes for each target group.
- **Partners/Leading Organizations:** Identification of organisations and key partners that have the competence to work with NASCOP. They will provide the muscle need at the national, regional and community levels, in reaching out to the targeted groups. Of key importance were Faith Based Organisations (FBOs).
- **Communication Resources:** A review of existing resources and how recommendations documented that are being applied and documenting existing opportunities that communication efforts can piggy back on. Review of the latest media reach data from research firm Ipsos Synovate to identify media trends in the country and use this to recommend appropriate media channels to use to reach our target groups.
- **Communication Strengthening Capacity Needs:** Assessment of the capacity of the stakeholders and allies at the national, regional and local level to undertake communication activities and establish how they can add on new ideas to communication in their work.





# SECTION 01

## INTRODUCTION



## Background and Context

Kenya has a population of approximately 42 million, of whom 60% are under 35 years of age and 52% are women. According to the KAIS 2012 report, the national HIV prevalence is 5.6% among Kenyan adults aged 15–64 which represents a drop from 7.2% in 2007. HIV prevalence among adults is highest in Nyanza and lowest prevalence in the Eastern region.

According to the KAIS 2012 report, 72% of adults aged 15-64 years have ever been tested for HIV; 56% of whom had been tested in the past 12 months. In addition, the report shows that 67% of those tested had tested more than once while 35% were tested for HIV with a sexual partner. Only 47% of HIV positive individuals knew their status.

This indicates that 53% of persons infected did not know their HIV status thus did not have access to testing and Counselling services. Of concern is the consistency of condom use by the sexually active. The KAIS 2012 report indicates that condoms use is at a low of 5% amongst women aged 25-64 years and 14% amongst men aged 25-64 years.

There is a renewed emphasis to ensure that the changing environment is closely monitored and its demands for new and innovative ways of reaching out to the target groups are quickly embraced. Gender disparities in HIV prevalence are also a significant pattern of the local epidemic women at 6.9% and men 4.4% of those aged 15–64 years according to KAIS 2012.

According to the KAIS 2012, women aged 15-64 years were more likely to be infected with HIV than men in both urban and rural areas, with 8.0% of urban females infected compared to 5.1% of urban males, and 6.2% of rural women infected compared to 3.9% of rural men.

There were differences in the proportion tested by sex, with women more likely to have ever been tested than men (80% vs. 63%). Among sexually-active persons aged 25-64 years, 3% of women and 17% of men reported having more than one sexual

partner in the past 12 months; 48% of women and 61% of men were aware of the HIV status of their partners, and 5% of women and 14% of men reported using condoms consistently with partners of unknown or discordant HIV status.

Of the 4,224 couples married or cohabiting in KAIS 2012, 2,032 (47%) had HIV test results from National HIV and Retrovirology Laboratories (NHRL) for both partners, 1,473(35%) had HIV test results for only one partner and 721(18%) did not have HIV results for either partner. Of those couple where both partners had HIV test results, 92% were concordantly HIV-uninfected (both partners HIV uninfected), 3% were concordantly HIV-infected (both partners HIV infected).

These data are comparable to KAIS 2007 which showed that among couples where both partners had NHRL HIV test results, 90% were concordantly negative, 4% were concordantly positive, and 6% were discordant. In couples where at least one partner was HIV-infected, 39% were concordantly infected and 61% were discordant.

Kenya's goal for HTS was knowledge of correct HIV status by 80% of the general population by 2011. Achieving Universal Access for response to HIV implies achieving and maintaining universal knowledge of correct HIV status and linking one to treatment and care. Indeed Kenya's main agenda is to break the trajectory by having fewer infections as compared to having fewer avenues through which HIV positive patients can access treatment and care.

## History of HTS Communication in Kenya

Right from the beginning demand creation efforts for HIV Testing Services were centred on achieving uptake of VCT services. The initial communication addressed barriers to uptake of VCT and promoted the benefits of knowing one's sero-status.

Over and above building correct knowledge on HIV and confidence in VCT centres, the initial campaigns further improved the perceived availability of testing and Counselling services, creating links between clients and VCT centres. This was accomplished through the design and promotion of the VCT logo, which was made available to all registered VCT centres through strategically placed wall plaques and



signboards. The VCT logo was a resounding success, easily recognizable across the country and provided a primary framework for scaling up testing and counselling.

Mass media campaigns in response to epidemiological trends soon followed. Targeted campaigns have and still continue to build momentum for HTS. One of the initial campaigns targeting youth aged 15–24 years was launched, aimed at encouraging youth to know their HIV status and get control of their lives. The campaign *Chanuka*, with a tag line “*chukua control wewe mwenyewe*” (take control of your life), was developed and widely advertised.

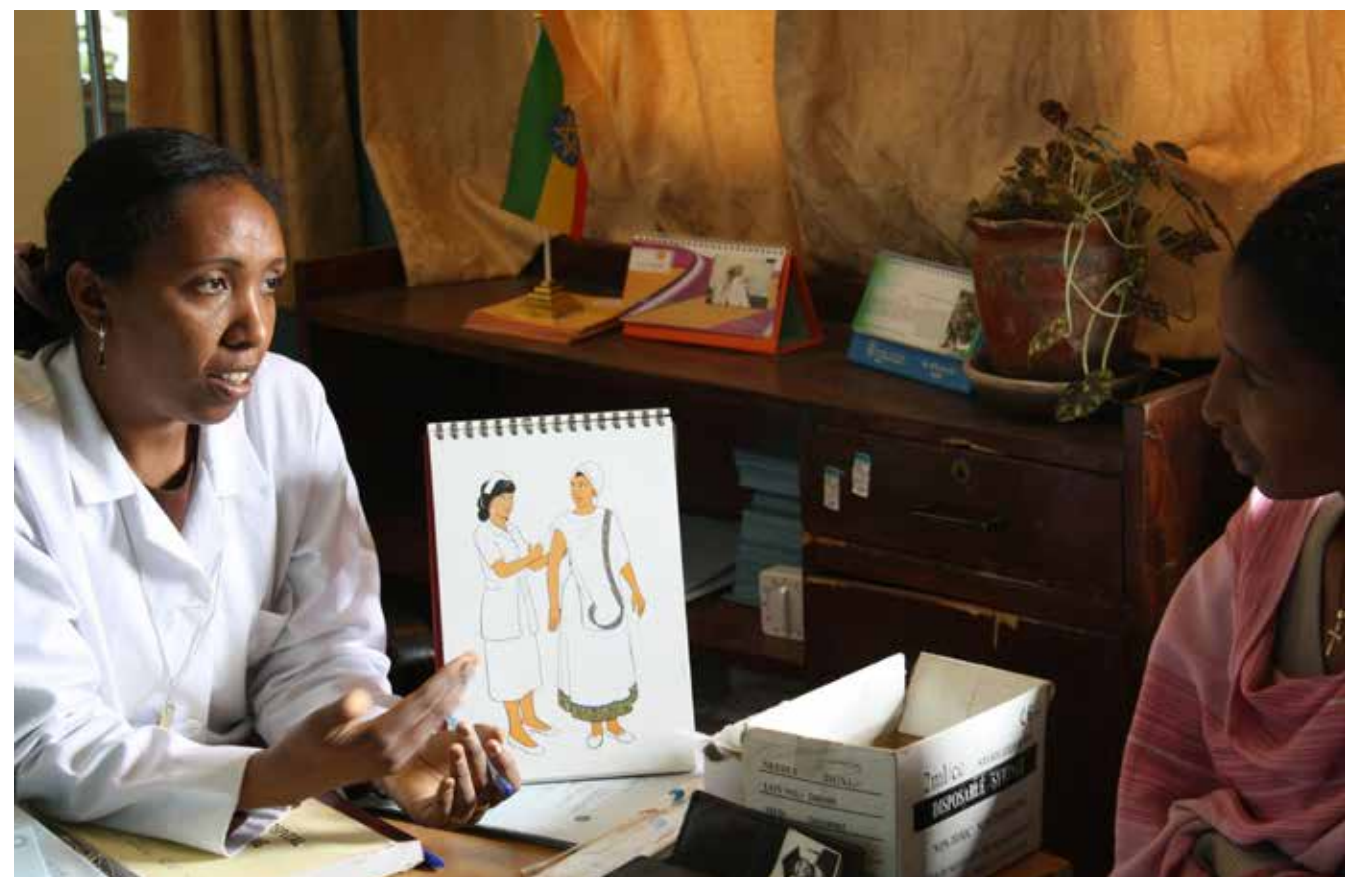
The success seen in youth uptake of VCT led to develop a subsequent campaign aimed at couples, dubbed *Chanukeni pamoja* (take control together) with the tagline *Onyeshwa mapenzi yako* (show your love). In recent times the *G-JUE One Million* was implemented, targeted the youth and promoting a healthy lifestyle encouraging them to know their HIV status and that of their partner. Most recently to support the rapid results initiatives, campaigns have been conducted under the *Jitambue* and *Jitambueni Leo* brand names, targeting individuals and couples respectively. Jointly with Partners NASCOP also developed the *Kata Shauri* campaign to drive demand for PMTCT services.

The HTS programme has made huge strides since inception of VCT in 2000. Communication development has mainly been targeted at populations that were felt to be at risk. However, since the expansion of HTS beyond VCT, there is no strategy to guide stakeholders on communications required for the various HTS channels as well as messages for the various target groups.



## SECTION 02

### SUMMARY OF KEY FINDINGS FROM THE INTERVIEWS AND IMMERSIONS ON HIV TESTING COUNSELLING (HTS)



Information to guide the development of this strategy was collected through review of relevant documents, interviews with HTS programme implementers and managers, and interviews with other key stakeholder groups such as health workers and religious leaders.

In addition, an immersion exercise was carried out in Nairobi, Mombasa, Kisumu, Eldoret, and Garissa through interviews with some key target groups for HTS Communication to gain insights on how we can reach them better.

The key findings relevant to the development of this strategy are summarized under the topical areas below.

**From the interviews, HTS service providers, human resource managers in leading firms, insurance agents, and church leaders said that:**

- Generally, most people readily accept to take the test; and even want to be given their test results.
- HIV testing is voluntary, but for the sake of the family setup, it should be mandatory, and should be initiated by the head of the household.
- In general, people are responsive when offered HIV test (e.g. in instances when provider initiates). Most clients are willing since the services offered are on a voluntary basis; however, some clinics get referrals from other departments in the hospital.
- There are some clients who for personal or religious affiliations, do not readily accept to take the HIV test.
- Others have a negative attitude towards the service and therefore decline;
- For others, they don't view an HIV test as a matter of urgency, or, they may be in a hurry and do not have the time at that point in time.
- HIV Testing Services is not mandatory but on some occasions it is. For example:
  - ◆ If a client is unconscious and treatment requires a test first, then HIV testing is mandatory.
  - ◆ For insurability purposes and as an employment requirement, it is considered a mandatory requirement e.g. for the military.

- When one has engaged in risky behaviour which they perceive exposes them to HIV infection (especially if it's during or after the window period after getting tested).
- If it is a HIV-partner in a discordant relationship, one may seek retesting to reconfirm their HIV status again and again.
- There are those who are HIV+, and after being prayed for and told they've turned HIV-, they then want to confirm for themselves if that's truly the case.
- Seeking to reconfirm their HIV status from time to time depending on the behaviour one has been engaging especially if it involves unprotected sex, in the recent past. This is despite there being a lot of knowledge that has been passed on to the public but behaviour change is slow.
- To re-confirm one's status especially when they turn out to be HIV positive and are in denial.
- Some want to re-confirm their HIV status as a result of mistrust of results given in a VCT centre; they have been on ARVs for a long time and want to find out whether their HIV status could have reverted to negative.
- Others go for re-testing because of fear of having been exposed to infection; Key Populations come for re-test as the guidelines state they should be tested every year.
- The practice of mandatory testing of employees was stopped and is therefore on a voluntary basis.
- For the firms interviewed, it is not compulsory to take a HIV test for one to be employed. On employment, the company requires all employees to undergo a medical check-up (and lists all tests required). However, if one is positive, they are encouraged to disclose so that the organisation can plan for the insurance cover to give them.
- Before getting a HIV test, one is required to sign a consent form to indicate your agreement to be tested for HIV; the results are treated confidentially between the doctor and the insurer.

- Reduction of stigma and increasing the support systems for persons who test positive would encourage testing whose long term benefits to the country are immense as they would help fight the spread of the virus.
- Educating employees on HIV prevention as well as offer referral mechanisms to care and treatment for those who are infected is encourage and such programmes should be spearheaded by the human resource department.
- Insurance companies do conduct HTS for individuals seeking personal insurance. For any life insurance cover, a client has to go for medical tests which include a HIV test.
- Any insurer who fails to issue a policy to an applicant on the basis of testing positive for HIV shall notify the applicant in writing of an adverse underwriting decision based upon the results of such applicant's medical examination and testing but shall not disclose the specific results of such medical examination and testing to the applicant.
- The insurer always gives feedback on what is happening and what the current practices are and the new revisions/guidelines/packages/SAT etc. so the organization is updated and aware.
- The consenting process is handled by the doctor and it is a legal requirement that the client is taken through this process, and that they understand it fully since an HIV test among the tests that one is required to undergo. The informed consent is written, and a copy of it comes back with the medical results from the doctor's office.
- To increase demand for HIV screening and testing there should be dissemination of information and sensitization that encourages people to know their status so that they can take the necessary measures.
- The HR departments in all organisations should spearhead schemes that offer referral mechanisms to care and treatment for those who are infected and educate employees on HIV prevention.

### **On seeking consent before carrying out a HIV test, the key informants said:**

- Health service providers and lay counsellors should always seek consent from the client for HTS except in cases where the test is being done for diagnostic purposes (DTC).
- One can only conduct an HIV test after the client has given his/her consent; it's also illegal test those with psychiatric disorders as well as anyone who at the time of the test is under the influence of alcohol/drugs.
- Consent is verbal or written. Most providers asses the awareness level, and ask whether the client wants a written or verbal consent, then ask whether they can go ahead with the testing.
- Once the provider has done the pre-test counselling, the client has to consent as well as willingly agree to be tested.
- For those who are below 16 years, consent is sought from their parents/guardians but for mature minors, we do not get any consent as they're already sexually active (this is also in accordance with the guidelines).

### **On disclosure, the interviewees said:**

- A service provider can guide/assist a client if they are unable to disclose to their partner. Clients are requested to come back accompanied by the partner, and then test them together as a couple. After that, the provider acts in a supportive role to assist with the disclosure.
- "Disclosure belongs to the client." A provider can only support the client to disclose in cases where they (provider) feel there is need for disclosure.
- As a provider, it is illegal to discuss anybody's test results with a third party.
- Most clients fear discrimination/ stigmatization; some are made outcasts in their communities. Clients are fearful of how partner will receive the news/ community members' reaction. There is also the fear of rejection by partner/ separation.
- The clients are offered supported disclosure.
- Providers can disclose the HIV status of the client if it threatens the life of the partner.

### **On fear of infection and workplace safety, the health service providers and lay counsellors noted that:**

- Some situations at work cause concern of fear of infection e.g. disposal of used sharps. There should be safe management system of used sharps before they are disposed.
- There should be regular sensitization sessions. The staff need to continuously be trained on what steps they need to take when/if exposed, the use of PEP, how to counsel colleagues on sudden exposure and the emergency services available.
- Most of the providers are not trained on providing HTS services
- There are no enough Counselling rooms
- The heavy client load at VCT centres has given rise to complaints about the waiting time taken for one to be attended to.
- They fear of exposure to communicable diseases
- Lay counsellors who are actually volunteers should be recognized and compensated by NASCOP

### **The religious leaders shared the following views on HIV and the facilities available for testing:**

- Some of their facilities run fully fledged VCT centres.
- There are also those facilities that carry out research and others that are dealing with HIV prevention.
- The Christian religious leaders encourage their congregants to go for HIV testing to know their status.
- It is also a requirement for couples intending to get married in church to get a HIV test. This is done during the pre-marital counselling.
- The Christian religious leaders especially pastors from all regions are educated on HIV prevention and care, a reproductive health programme. The priests have taken the initiative to include it in their sermons and to talk about it

freely in church. Through the pastors' sermons and medical camps organized through the church.

- Most churches do not have a problem with the condom as long as it is used for the right purpose. It should not be used for family planning but for HIV prevention and amongst married partners only and specifically those who are HIV positive/discordant.
- Amongst the Islamic religion, HIV AIDs remains an issue that is not openly talked about.
- Through outreach events for a period of four hours daily, during prayers in the mosque, through use of local dialects and radio programs, Supkem encourage their faithful to take up HTS services.
- However, some respondents indicated that some of those who go for HIV testing are viewed in a manner that suggests they are promiscuous and are often shut out of the community.
- People have not fully understood why it's necessary to know their status, the importance of getting tested and the link between the two
- Before producing IEC materials, the government should involve the religious community on how best to tailor them to suit the various religious sects in an effective way.
- Stigma hinders testing and disclosure, thus increasing chances of infection.
- Social support for those who are infected, promotion of ART in and development of hope messages is important.
- The government needs to cut its dependence on donor funding, rather, it should allocate more funding to HIV prevention and care through collaboration between schools and the Ministry of Health to test those who are ready to be counselled and tested and other pocket-friendly initiatives.

### **People living with HIV and AIDS shared the following on Stigmatization:**

- Generally, if you are not infected, then you are affected in one way or another so the level of stigma is reducing.

# SECTION 03

## IMPLICATIONS OF FINDINGS FROM DESK REVIEW, INTERVIEWS AND IMMERSIONS ON COMMUNICATION STRATEGY

- When people know that you are HIV+, they start treating you differently and as a result of this, stigma is still a big concern today.
- One can be mistreated by the partner or disowned by your family and so stigma is a big concern.
- Level of awareness that's been created in the community about HIV has contributed to people being more accepting of PLWHA in the community, without discriminating against them.
- Clients are given Septrin before being introduced to ARV's. Drugs are always available in health facilities even for treating opportunistic infections.
- Facilities serve PLWHA free of charge and there are quality services in most facilities. In most of the facilities as reported, PLWHA are given the same standard of treatment based on the type of illness that you're suffering from.
- The current practices are good as they cater for all aspects of the testing and treatment for those who turn HIV.
- Today there are also feeding programmes - through the area chiefs - for those who are infected.
- Persons living with HIV are taken care of well because the treatment is free, unlike other diseases like cancer that are very expensive to manage.



The recommendations for the communication strategy were informed by an immersion exercise conducted among key stakeholder groups and review sessions with NASCOP and other key stakeholders.

The following is a summary of the recommendations from our review:

- **Build on the existing positive levels of understanding:** Most people know about the need to test, but it stops at that. There is need to educate people on other elements tied to testing such as after how long one should test, and also educate people on how testing works.
- **Correct misconceptions and close knowledge gaps:** The findings point out some fundamental problem areas that need to be addressed. For example, among the MSMs, there was a shared misconception that HIV is more common among heterosexual couples and it is difficult for MSMs to get it.
- **Focus on key stakeholder concerns and fears:** Communication should be strategic in the sense that it should address concerns and fears that have been raised.
- **Tailor communications to the specific needs of each group:** The findings indicate that although there are some common information needs, there are also significant differences in the concerns of the various target groups
- **Build communication capacity among partners:** There appears to be a definite need to build communication capacity of partners for them to deliver, especially to special needs groups
- **Working with Faith based organisations:** Religious leaders noted that they encourage HIV testing among their members, especially before marriage. Some religious leaders said they hold periodic medical camps where HIV Testing Services is provided by HIV counsellors attached to each church/mosque.

There is an opportunity for partnership with churches and mosques so as to deal with ethical issues around HIV testing and also reach normal families in an environment they find friendly. Faith based organisations can make influential partners in taking the HTS message to the community. For

example, this could be through running testing campaigns with churches and mosques around the World AIDS Day.

- **Peer to peer programmes should be expanded:** MSM, PWID and Sex Worker peer to peer programmes have been very successful. The Government needs to strengthen HIV prevention interventions targeting these groups. There is also need to extend the peer to peer programmes among regular couples in the population. This can be rolled out successfully with religious based organisations.
- **Need to brand and position the HTS testing service:** Previously, the branding and promotion of VCT service centres helped people identify where they were, and what services they provide. Interviews with health workers noted the need to rebrand VCT centres, especially in health centres, so as to drive traffic to the service.
- **HTS and other preventive care services:** As part of its preventive medicine strategy, the government should conduct campaigns encouraging people to go for annual medical tests. HIV testing should not be singled out as the only test the public need to take, and this way, it will be easier to encourage annual HIV testing services among couples. This way, HIV testing messaging will be mainstreamed with other key messages such as the benefits of testing, who should test, frequency of testing, when to test etc.
- **Regional, religious and cultural differences and needs:** There is need for thematic campaigns targeting specific groups in specific regions, in a way and language they understand. Such campaigns can be carried out with County governments and regional NGOs and CBOs.
- **Programmes targeting healthcare providers:** Provider bias and negative attitude towards special groups and lack of regular updates on HIV testing and care points to the need to implement communication programmes targeting health care workers.

# SECTION 04

## SWOT ANALYSIS FOR COMMUNICATION ON HTS



The Strength, Weaknesses, Opportunities and Threats (SWOT) framework below analyses the strengths, weaknesses, opportunities and threats that will affect the success of the communication strategy.

**Strengths** are the existing resources or capabilities within the NASCOP and its partners that the strategy will build on. **Opportunities** are positive factors external to the NASCOP that will favourably affect its success.

**Weaknesses** comprise the internal negative forces that will hinder the success of the programme while **Threats** are the external factors or situations that will also adversely affect the programme's success.

The objective of the communication strategy is to maximize on the strengths and opportunities and minimize or avoid the effects of weaknesses and threats to the programme.

*Below is the SWOT framework:*

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>HIV/AIDS is still a national disaster, so it gets high level support and attention from leaders in Government Availability of MoH facilities offering HTS services in most parts of the country;</li> <li>Provision of HTS services using trained lay counsellors;</li> <li>Synergy built through public and private partnership;</li> </ul>	<ul style="list-style-type: none"> <li>Long distances between potential clients and health facilities in some parts of the country;</li> <li>Infrastructural challenges such as lack of space in health facilities;</li> <li>Variation in availability of HTS services between urban and rural population;</li> <li>Weak link to care and treatment;</li> <li>Shortage of staff;</li> <li>HTS is not prioritized in the spectrum of public health issues and its viewed to be in the domain of nurses and no other health workers;</li> </ul>

## Opportunities

- Faith based organisations present a clear window for partnership to reach large target groups with testing campaigns every year
- Many practical approaches to provide HTS in Kenya;
- Expansion of policy to include self-testing;
- People willing to work on HTS in a voluntary manner;
- High levels of awareness has led people to appreciate the benefits of knowing their HIV status;
- Support from media;
- Existence of government and public goodwill and support for HTS initiatives

## Threats

- Stigma and discrimination associated with HIV and AIDS;
- Belief among some people that HIV and AIDS are a preserve of certain people in the population and certain geographic regions in the country;
- Lack of awareness among members of the general public on what to expect in Counselling sessions;
- Lack of social support system for people who turn HIV positive;
- Despite high levels of testing, 53% of people living with HIV are not aware about it (Interim KAIS report 2012);
- Religious beliefs hinder some people from accessing HTS services;
- Language barrier in places where people do not understand Kiswahili or English;



# SECTION 05

## TARGET GROUP ANALYSIS





The following are the primary and secondary target groups for this communication strategy and the change we seek to achieve through communication. The list is not exhaustive:

Target Group	Desired Change
<b>Young People – 18 to 25 years</b>	<ul style="list-style-type: none"> <li>• Increase in number of young people who understand HIV testing</li> <li>• Increase in number of young people who access HIV prevention services (e.g. HIV testing)</li> <li>• Increase in those who are able to discuss HIV testing with their partners</li> <li>• Increased percentage of those who use condoms (with all partners who are not trying to get pregnant)</li> <li>• Increase knowledge on self-testing and the window period</li> </ul>
<b>Men having Sex with Men (MSM)</b>	<ul style="list-style-type: none"> <li>• Increase in number of MSMs who disclose their HIV status to their partners through support systems that aid in this process</li> <li>• Increase in number of MSMs who use protection to avoid increase in HIV infections(encourage condom use)</li> <li>• Increased information on reproductive health, anatomy, HIV and STI prevention</li> </ul>
<b>People Who Inject Drugs (PWIDs)</b>	<ul style="list-style-type: none"> <li>• Increase in number of PWIDs who have more information on reproductive health, anatomy, HIV and STI prevention</li> <li>• Increase in number of PWIDs who use protection to avoid increase in HIV infections(encourage condom use)</li> <li>• Increased information on misconceptions of drug use (masking effect) and HIV</li> <li>• Increased disclosure on their HIV status.</li> <li>• Caregivers who knowingly and unknowingly may push their children into drug usage</li> </ul>
<b>Truck Drivers</b>	<ul style="list-style-type: none"> <li>• Increase in number of peers who positively influence truck drivers to abstain or use protection</li> <li>• To increase proportion of truck drivers who abstain or use condoms</li> </ul>

Target Group	Desired Change
<b>Health Workers</b>	<ul style="list-style-type: none"> <li>• Reduce misuse of Post-exposure prophylaxis</li> <li>• Increase positive attitude amongst these providers</li> <li>• Promote integration of services when administering care services</li> <li>• Increase the number of safe disposal equipment of sharps</li> <li>• Increased training opportunities for Health Workers</li> <li>• Provide other mechanisms for health workers to provide disclosure opportunities</li> <li>• Handling key populations – MSMs, sex workers, etc.</li> </ul>
<b>Fisher Folk</b>	<ul style="list-style-type: none"> <li>• Increase in awareness on HIV</li> <li>• Increase in number of fishermen who access HIV prevention services (e.g. HIV testing)</li> <li>• Increase in number those who are able to discuss HIV testing with their partners</li> <li>• Increased percentage of those who use condoms</li> </ul>
<b>Elite</b>	<ul style="list-style-type: none"> <li>• Encourage testing through reach out using local programmes</li> <li>• Increase in awareness on HIV and available testing centres</li> <li>• Increase in number those who are able to discuss HIV testing with their children</li> </ul>
<b>Sex Workers</b>	<ul style="list-style-type: none"> <li>• Increase those who actively seek information about HIV Testing</li> <li>• Increase those who HIV prevention services (e.g. HIV testing)</li> <li>• Increased FSW who feel confident in obtaining regular HIV tests.</li> <li>• Increased confidence in disclosing frequency of sexual encounters with providers.</li> <li>• Increased FSW with personal strategies for overcoming health worker discrimination (e.g. knowledge of rights related to health care)</li> <li>• Increase FSW who bring/refer their steady partners to a credible information source to learn more about HIV.</li> <li>• Increase in FSW who support each other in negotiating a no condom, no sex policy with clients.</li> </ul>

Target Group	Desired Change
<b>Elderly and Guardians</b>	<ul style="list-style-type: none"> <li>• Increase the number of those seeking HIV Testing Services</li> <li>• Expand the number of information sources for the elderly</li> <li>• Increase the number of those who discuss HIV issues amongst the elderly</li> <li>• Act as guardians and community leaders</li> </ul>
<b>Couples</b>	<ul style="list-style-type: none"> <li>• Increased proportion of couples who seek HIV tests</li> <li>• Increased basic HIV and STI knowledge (prevention, transmission, etc.).</li> <li>• Increase HIV risk perception among couples</li> <li>• Expand the number of information sources for couples</li> <li>• Increased ability of young women to broach the topic of condoms with both casual and regular partners at the onset of a relationship</li> <li>• Increased ability to negotiate condom use with resistant partners</li> <li>• Increased HIV risk perception within steady relationships.</li> </ul>
<b>Married men</b>	<ul style="list-style-type: none"> <li>• Increased percentage who know where to go for more information about HIV</li> <li>• Increased HIV risk perception.</li> <li>• Increased proportion who relate HIV testing to trust or love</li> <li>• Increased proportions who see their partners as equal decision-makers related their sexual relationship.</li> <li>• Increased proportion of men who are motivated to protect their partner's health.</li> </ul>
<b>Orphaned and Vulnerable Children (OVCs)</b>	<ul style="list-style-type: none"> <li>• Increased testing</li> <li>• Link to care and treatment</li> </ul>

# SECTION 06

## KEY MESSAGE FRAMEWORK FOR THE HTS COMMUNICATION



Below is a broad message framework with the key messages that need to go out to different target groups on HIV Testing Services.

<p><b>Core Message</b></p>	<ul style="list-style-type: none"> <li>Getting tested for HIV will make you stronger because you will have the information you need to make good decisions about your sexual health and your future.</li> </ul>
<p><b>Primary message pillars</b></p>	<ul style="list-style-type: none"> <li>The first step in protecting your health and the health of your partners is to make sure you know your HIV status.</li> <li>Getting an HIV test is the <b>only way</b> to know if you have HIV or not.</li> <li>When you know your status, you can take care of yourself, and you are less likely to give the virus to others.</li> </ul>
<p><b>Secondary message pillars</b></p>	<ul style="list-style-type: none"> <li>Knowing your HIV status can give you peace of mind—and testing is the only way you can know your HIV status for sure.</li> <li>When you and your partner know each other’s HIV status, you can make informed decisions about your sexual behaviours and how to stay safe.</li> <li>If you are pregnant, or planning to get pregnant, knowing your status can help protect your baby from becoming infected.</li> <li>If you find out you are HIV-positive, you can start taking medicine for your HIV. Getting treated for HIV improves your health, prolongs your life, and greatly lowers your chance of spreading HIV to others.</li> <li>If you know you are HIV-positive, you can take steps to protect your sex partners from becoming infected.</li> <li>Even if you have been in a long-term relationship with one person, you should find out for sure whether you or your partner has HIV. If you are both HIV-negative and you both stay faithful (monogamous) and do not have other risks for HIV infection, then you probably won’t need another HIV test unless your situation changes.</li> </ul>

<p><b>Support points</b></p>	<ul style="list-style-type: none"> <li>Unprotected sex is still the number one way that people get HIV.</li> <li>He or she might be good-looking and educated. He/she might be someone you’ve known for years. But a good way to truly look after yourself is to avoid risky sex and get an HIV test.</li> <li>Research has shown that if people know they have HIV, they often take steps to protect their partners.</li> <li>Finding out early can help you live a longer, healthier life.</li> <li>You can’t tell if a person has HIV just by looking at him or her. Many gay and bisexual men may think they do not have HIV because they feel fine. But if they don’t get tested there is no way to know for sure, and they may unknowingly give HIV to their next partner.</li> <li>To be fully in charge of your health, you need to understand the window period. This is a period right after someone gets infected but before infection shows up on an HIV test.</li> <li><b>Remember, if you test positive, medical care can help you live a longer, healthier life.</b> You can protect your partners by using condoms every time you have sex and asking them to do the same.</li> <li>If you test negative for HIV, remember that <b>if you have unprotected sex or share needles for drug use after your test, you need to get tested again to ensure you are still HIV negative. YOUR HIV TEST RESULT EXPIRES EVERY TIME YOU HAVE RISKY SEX.</b></li> <li>A general rule is to get tested at least annually.</li> </ul>
<p><b>Call to Action</b></p>	<ul style="list-style-type: none"> <li>Get tested for HIV today</li> </ul>

# SECTION 07

## THE COMMUNICATION STRATEGY



The HTS programme has made huge strides since inception of VCT in 2000. However, since the expansion of HTS beyond VCT, there is no strategy to guide stakeholders on communications required for the various HTS channels as well as messages for the various target groups. This means that different stakeholders develop messages to address their specific programme needs and these messages may not be harmonized across board which potentially leaves room for misconceptions to thrive.

This Communication strategy is designed to engage all stakeholders involved in provision of HTS services and the beneficiaries of the same to ensure that appropriate information is disseminated that targets people to change their behaviours and seek HTS services.

The strategy aims at delivering appropriate health messages to individuals, households and communities that will lead to an increase in health seeking behaviour. The strategy envisages creating positive and sustainable behaviour change, utilizing a variety of approaches with high impact and appropriate within the context of Kenya.

In providing a framework for action, the strategy will connect and mobilize people around the issues affecting them and empower them to be advocates for change.

### 8.1 Goal

The goal of this strategy is to provide a road map for communications to be followed by programmes that are addressing HTS in Kenya.

### 8.2 General Objective

To develop a framework that guides all stakeholders in the development of communication interventions in HTS programming for the next 5 years

### 8.3 Specific Objectives

**Objective 1:** To increase uptake of HTS services among all population groups in Kenya

**Objective 2:** To outline strategic approaches to be pursued by stakeholders in developing communication to increase uptake of HTS;

**Objective 3:** To increase policy level support the HTS programmes

**Objective 4:** To increase the proportion of health care providers with correct knowledge and skills to provide and communicate on HTS services among all population groups.

The table below presents communication strategies for achieving the specific objectives. The strategies are elaborated in detail below the table:

Objective	Strategy to Achieve the Objective
<p><b>Objective 1:</b> To increase uptake of HTS services among all population groups in Kenya</p>	<ol style="list-style-type: none"> <li>1. Targeted and themed strategic communication campaigns to improve knowledge, correct misconceptions, build support, acceptance and utilization of HTS services</li> <li>2. Media advocacy to promote accurate and analytical coverage of HIV Testing Services</li> <li>3. Peer to peer and inter-personal communication to be leveraged as strategic approaches for HTS communication programmes.</li> </ol>
<p><b>Objective 2:</b> To outline strategic approaches to be pursued by stakeholders in developing communication to increase uptake of HTS</p>	<ol style="list-style-type: none"> <li>4. Coordination and integration for increased coherence and synergy.</li> </ol>
<p><b>Objective 3:</b> To increase policy level support the HTS programmes</p>	<ol style="list-style-type: none"> <li>5. Advocacy among decision makers and influential leaders to generate support and raise the profile of HTS at the local, regional and national level.</li> </ol>
<p><b>Objective 4:</b> To increase the proportion of health care providers with correct knowledge and skills to provide and communicate on available HTS services among all population groups</p>	<ol style="list-style-type: none"> <li>6. Capacity strengthening for partners and HTS service providers to design, plan and implement communication programmes</li> </ol>

The strategies are elaborated in detail in the pages that follow.

# SECTION 08

## COMMUNICATION STRATEGIES TO BE EMPLOYED



The following strategies will ensure we reach our target groups effectively to achieve the communication objectives of the HTS communication strategy. The communication objectives are addressed by the broad strategies outlined below.

- 1. Targeted and themed strategic communication campaigns to improve knowledge, correct misconceptions, build support, acceptance and utilization of HTS services:** Under this strategy, tactical messages will be packed to effectively reach the diverse groups to clear misconceptions and enhance knowledge levels to build their capacity to make informed decisions. These messages will also assist the target groups to understand their individual specific vulnerability to HIV infection. In addition, the themed communication will encourage them to seek testing and treatment services, discuss HIV/AIDS prevention, care and treatment, and increase their capacity in sexual negotiations.

#### Themed Annual communication campaigns championed by NASCOP

NASCOP will act as a champion for HIV testing and mobilize partners around key events to encourage HIV testing, and also reward health workers, NGOs, FBOs, and CSOs who have excelled in their role over the past one year. The communication campaigns can be themed around World AIDS Day and National HIV Testing Day.

- **Implement leadership awards for HTS service providers, journalists, and county leaders who promote HTS tied to World AIDS Day:** The annual World AIDS Day presents an opportunity for NASCOP to develop quick win communication interventions that can promote HTS. These could include one week campaigns to promote testing and a leadership awards programme where partners who excel are rewarded as part of the World AIDS Day event.
- **National HIV Testing Day:** Themed around the global National HIV Testing Day observed globally on June 27<sup>th</sup>, NASCOP will actively promote this day for HIV testing among different target groups.



It could be themed around families, youth, the workplace, with the theme changing each year to ensure the targets for the day are met. Workplaces will be encouraged to have activities that will encourage HIV testing.

In addition, NASCOP and partners will develop targeted information tools and materials to provide quick reference on key information related to HTS. The materials will also facilitate discussion among different target groups – for example; between couples, religious leaders and their faithful, young people and their guardians, opinion leaders and policy makers.

- 2. Media advocacy to promote accurate and analytical coverage of HIV Testing Services:** The mass media will be leveraged as a strategic partner through a proactive media relations programme. Under this strategy, the media will be used as one of the avenues of increasing knowledge and building support on the need to test, when to test, and where to access the services. NASCOP and partner organisations will proactively engage mass media organizations by providing them with information and tools that will facilitate accurate and analytical reporting on HTS. Individual journalist and media houses will be motivated to cover HIV/AIDS more deeply and analytically through frequent interactions during the implementation process. Journalists re-orienting workshops will be utilized to meet this objective.
- 3. Peer to peer and inter-personal communication to be leveraged as strategic approaches for HTS communication programmes:** The role of Faith based organisations, peers and other groups to promote role modelling will be highly encouraged to go beyond special groups where this is the norm. Peers education has been shown to be an effective strategy in promoting desired behaviours in the implementation of behaviour change interventions on HIV and AIDS.
- 4. Coordination and integration of HTS communication messaging for increased coherence and synergy:** The needs assessment and the terms of reference recognize the absence of harmony in the way messages on HTS have been designed by different organizations and communicated. Additionally, messages are only effective at the regional level but not universally (nationally)

effective. Hence creating coordination and building synergy will increase the impact of communication approaches.

This strategy proposes ways and means of integrating communication as an important function in the NASCOP's system. This will involve strengthening the capacity of the NASCOP as the coordinator of HTS related communication.

**5. Advocacy among decision makers and influential leaders to generate support and raise the profile of HTS at the local, regional and national level:**

Decision makers in government, county leaders, the private sector, civil society, development organizations, the media and professional bodies play an influential role in matters of national importance. Advocacy efforts will be directed at raising decision makers' awareness on the socio-economic cost of HIV/AIDS to the country and the challenges and opportunities available. County leaders will be motivated to place HTS high in their agenda through an award scheme that will be linked to the World AIDS Day.

**6. Capacity strengthening for partners and HTS service providers to design, plan and implement communication programmes:**

This programmatic strategy will be undertaken through the development and dissemination of an integrated guidelines/toolkit to strengthen the capacity of partners and service providers to develop and implement communication activities to support their programmes. This strategy will be undertaken through the development and dissemination of an integrated curriculum to strengthen the capacity of HTS service providers to be able to provide services to different target groups, at the same level. The confidence of the public in the HTS service providers will be built by promoting and raising the profile of competent service providers within the community that they serve. This strategy will also explore the possibility of branding service outlets managed by competent providers. The strategy will also support development of interpersonal skills among health care providers.

# SECTION 09

## COMMUNICATION STRATEGY MATRIX



The communication strategy matrix summarizes the key aspects of each specific strategy. It integrates all aspects of the strategy indicating the logical link between target groups, key message themes, methodology, channels and tools, expected outcomes and implementing partners. Key message themes are based on the objective of the communication to each target group and the findings from the situation analysis. The recommended channels are based on the data on media use in Kenya. The strategy matches target groups with specific channels depending on accessibility of the channel to the specific target groups.

**Strategy 1: Targeted and themed strategic communication campaigns to improve knowledge, correct misconceptions, build support, acceptance and utilization of HTS services**

Target groups	Key Message Themes	Methodologies	Tools and Channels	Output Indicators	Outcome Indicators
Young People – 18 to 25 years Couples Elderly	<p>You may assume taking a HIV test is a sign of weakness and shows one as being promiscuous. However, knowing your status and use of protection is of great importance.</p> <p>You can show your love to your partner by being faithful and going for a HIV test today.</p> <p>If your partner wants you to go for a HIV test, it is a sign that he or she cares for you and for your future together.</p> <p>Visit X website today. Ask a health worker about HIV prevention and testing. Visit the nearest clinic for information. Visit the nearest clinic to get an HIV test. Tell your boyfriend/ girlfriend why HIV testing is important.</p>	<p>Raise awareness nationally through branded multi-media campaigns delivered utilizing both paid for advertisement and earned media</p>	<p>Print advertorials</p> <p>Radio infomercials</p> <p>Posters, brochures, bumper stickers – some in Braille</p> <p>Billboards and TV</p> <p>Internet</p> <p>Social media</p> <p>Murals</p> <p>Comic book inclusive of those with sign language</p> <p>Mitigated Interpersonal communication in terms of peer Counselling</p>	<p>Increase in levels of awareness on the HTS among the Kenyans</p> <p>Increase in quality of knowledge on HTS</p> <p>Increased number of youth and couples accessing the available services.</p> <p>Increased number of courses mounted for in service teacher's training.</p>	<p>Improved awareness and knowledge of HIV/AIDS</p> <p>Improved access to/ availability of quality services for infected and affected youth</p> <p>Improved parent-child communication</p> <p>Improved access to/ availability of quality services for infected and affected people</p> <p>Improved awareness and knowledge of HIV/AIDS</p> <p>Improved processes/ services</p> <p>Improved processes/ service</p>
Young People – 18 to 25 Men having Sex with Men (MSM) PWIDs Truck Drivers Fisher folk Elite Sex Workers Elderly Married women Married men	<p>You can show your love to your partner by being faithful and going for a HIV test today.</p> <p>If your partner wants you to go for a HIV test, it is a sign that he or she cares for you and for your future together.</p>	<p>Mobilizing NGOs, CSOs, FBOs, and government departments to disseminate information materials to communities within their reach</p> <p>Mainstreaming of HIV and AIDS into lessons</p>	<p>Folk and community media</p> <p>Community meetings and barazas</p> <p>Interpersonal Communication</p> <p>Group discussions</p> <p>Consultative forum for health service providers</p>	<p>Increase in levels of awareness on the HIV and AIDS among the public</p> <p>Increase in quality of knowledge on HIV and AIDS</p> <p>Increase in condom use</p>	<p>Improved awareness and knowledge of HIV/AIDS</p> <p>HIV prevalence rate reduction among specific target group</p> <p>Improved access to/ availability of quality services for infected and affected target group</p>



## Strategy 2: Media advocacy to promote accurate and analytical coverage of HIV Testing Services

Target groups	Key Message Themes	Methodologies	Tools and Channels	Output Indicators	Outcome Indicators
<p><b>Primary:</b> Editors of national and regional media bodies</p>	<p>Availability of NASCOP and key partners to support the development of media programmes and articles so as to enhance accuracy</p>	<p>Increase knowledge on HIV and AIDS Strategic priorities among editors/reporters Facilitate accurate coverage of HIV and AIDS by developing and disseminating a media kit</p>	<p>Sensitization Workshops and editorial briefings. Information and educational materials Media kits</p>	<p>Increased quantitative and qualitative stories in the media on HTS Increased quantitative and qualitative stories in the media on HTS</p>	<p>Improved processes/services</p>
<p>Journalists in national and regional media organizations</p>	<p>Availability of NASCOP and key partners to support the development of media programmes and articles so as to enhance accuracy Impact of the media on mitigating HIV and AIDS Regional progress and challenges in the HIV and AIDS fight</p>	<p>Facilitate accurate coverage of HTS by developing and disseminating a media kit Proactively manage the media by establishing a function to engage within the NASCOP to engage the media in HTS coverage and related issues Increase the breadth and depth of media coverage on youth and HIV and AIDS through on award schemes</p>	<p>Sensitization workshops and editorial briefings. Information and educational materials Media kits TV/Radio programmes and activities Media Call in programmes Media Awards Scheme on coverage on HIV/AIDS</p>	<p>Increased quantitative and qualitative stories in the media on HIV and AIDS Percentage increase of media programmes on youth and HIV and AIDS</p>	<p>Improved awareness and knowledge on HIV/AIDS communication Improved processes/services</p>
<p><b>Secondary:</b> Key divisions of MOH, NASCOP</p>	<p>Roles and responsibilities of different institutions in relation to educating the public on HTS Regional progress and challenges in HIV and AIDS</p>	<p>Facilitate accurate coverage of HTS by developing and disseminating an information kit Proactively manage the media by establishing a function to engage within the NASCOP to engage the media in HIV and AIDS coverage and related issues Increase the breadth and depth of media coverage on youth and HIV and AIDS through award schemes</p>	<p>Sensitization workshops and briefings Information and educational materials TV/Radio programmes and activities Media Call in programmes</p>	<p>Increased quantitative and qualitative stories in the media on HIV and AIDS Percentage increase of media programmes on HIV and AIDS</p>	<p>Improved awareness and knowledge on HIV/AIDS communication Improved processes/services</p>

## Strategy 3: Peer to peer and inter-personal communication to be leveraged as strategic approaches for HTS communication programmes

Task Area	Activities	Outputs	Output Indicators	Outcome Indicators
<p>Promote the mainstreaming of peer-to-peer approach</p>	<p>Develop and disseminate guidelines on the peer to peer approach Develop toolkits and materials on peer to peer communication for use by implementors Standardize training of the peer to peer approach (based on internationally agreed ones) Advocate for inclusion of peer to peer approach in pre-service training Create an enabling environment for community leaders, health workers, peer educators, teachers, religious leaders and politicians to communicate effectively to their target groups on HIV and AIDS issues</p>	<p>HIV and AIDS communication programmes report increased utilization of peer to peer communication approach to reach other groups such as couples Increased reports from the target groups receiving effective information from community leaders, health workers, peer educators, teachers, religious leaders and politicians</p>	<p>Number of guidelines developed and disseminated Number of toolkits and materials developed and disseminated Number of standardized peer to peer in-service curriculum Number of peer leaders trained Percentage of people reporting communication from community leaders, health workers, peer educators, teachers, religious leaders and politicians</p>	<p>Improved processes/services Improved peer to peer and inter-personal communication Strengthened capacity of resource persons</p>

### Strategy 4: Coordination and integration for increased coherence and synergy

Task Area	Activities	Outputs	Output Indicators	Outcome Indicators
Improve cohesion in the development of communication tools in line with KNASP	<p>Dissemination of communication strategy</p> <p>Establish advisory and review committees (national and regional level) coordinated by NASCOP</p> <p>Support NASCOP</p> <p>Develop guidelines and toolkit for implementers</p>	Agreed standards for HTS communication programmes	<p>Number of programmes using the communication strategy</p> <p>Increased dissemination of synchronized HTS messages through available modes of communication</p> <p>Increased joint participation in communication intervention</p> <p>Established framework for coordination of communication messages</p>	<p>Improved awareness and knowledge on HIV/AIDS communication</p> <p>Improved processes and services</p> <p>Partnerships and linkages with stakeholders</p>

### Strategy 5: Advocacy among decision makers and influential leaders to generate support and raise the profile of HTS at the local, regional and national level

Target groups	Key Message Themes	Methodologies	Tools and Channels	Output Indicators	Outcome Indicators	Partners
<p><b>Primary</b> Decision makers in government, private sector and civil society</p> <p><b>Secondary</b> Mass media and professional bodies</p> <p>Heads of households</p>	<p>Challenges, progress and opportunities for mitigating impact of HIV and AIDS</p> <p>Role HIV Testing plays in HIV management in a country</p> <p>Costs (social, economic and health) to national development of not dealing with HIV and AIDS</p> <p>National health goals that can only be achieved through an effective HTS programme</p>	<p>Forums for the dissemination of key information on progress, opportunities and challenges in managing HIV and AIDS</p> <p>Networks and forums that encourage discussion, planning, implementation, monitoring and evaluation of HTS</p> <p>Leadership award for communal and national efforts, initiatives and progress in encouraging HTS linked to the World AIDS Day</p> <p>Training of communication focal points on advocacy.</p>	<p>Information and education materials</p> <p>Quarterly progress news reports/newsletter</p> <p>Advocacy kit</p> <p>Brochures, periodical on progress and challenges</p> <p>"How to" guides and posters on the implementation of the National HIV/AIDS Strategic Plan</p> <p>Fact sheets</p> <p>Conferences and seminars</p> <p>Piggy-back on meetings of development organizations who focus on HIV/AIDS</p>	<p>Increased percentage in the number of leaders and decision makers integrating HIV/AIDS in their work</p> <p>Increased knowledge among decision makers and leaders on effective HIV/AIDS interventions</p> <p>Increased articulate, informed and in-depth reporting on HIV/AIDS in the mass media</p>	<p>Improved awareness and knowledge on HIV/AIDS communication</p> <p>Improved processes/services</p>	<p>NACC</p> <p>Political leaders</p> <p>County leaders</p> <p>Parliamentarians</p> <p>Media organizations</p> <p>Advertising agencies</p> <p>Development partners</p> <p>Private sector stakeholders</p> <p>Active partners in national and regional levels on youth HIV/AIDS interventions</p> <p>UN agencies</p> <p>Bilateral agencies</p> <p>CSOs</p>

## Strategy 6: Capacity strengthening for HTS service providers to implement communication programmes

Target groups	Key Message Themes	Methodologies	Tools and Channels	Outcome Indicators	Illustrative Partners
<b>Primary</b> Healthcare providers	Current HTS guidelines/ policies	Reinforce HTS service provision through focused programmes and training	Information and educational materials	Increased proportion of healthcare providers who correctly use national HTS guidelines	Key Divisions in the Ministry of Health,
<b>Secondary</b> Key Divisions in Ministry of Health,	New knowledge – improvements in testing, advances in science	Piggy-back on existing forums	Brochures, flip charts, posters on HTS	Increased proportion of health care providers who comfortably provide service to all people in the population	Division of Health Promotion
County Health Officials	Cultural barriers HTS service providers need to overcome	Create a national coordination committee to provide coherence, guidance and monitoring and evaluate of progress, challenges, and practices	Instructional documentary on effective application of guidelines	Number of partners implementing quality communication programmes in line with established guidelines and standards	Division of Reproductive Health
Division of Reproductive Health		Develop an awards scheme that rewards excellence in service provision	Seminars, workshops and guidelines	Guidelines/Standards and Training Toolkit Developed	Division of Child Health
Division of Child Health		Conduct baseline study of on-going communication programmes in every county including training needs assessment	Documented cases of HTS service provision issues and how to deal with them	At least one communication and capacity strengthening workshop held in every region annually for communication focal persons	NACC
Medical training institutions		Develop guidelines, standards in communication and training toolkit	Training manuals	Increased percentage in number of partners at all levels able to implement communication activities within the framework of the HTS Communication Strategy	School of Nursing
		Hold communication skill building workshops for focal persons at implementing CSOs	HTS guidelines		Development partners NGOs dealing with HIV and AIDS Community health centres WHO, UNICEF, DfID, USAID-Kenya

# SECTION 10

## STRATEGY IMPLEMENTATION GENERAL RECOMMENDATIONS



This communication strategy will be implemented over a period of 5 years. Below are general recommendations on key strategy implementation areas:

- **Assign a communications specialist to manage/coordinate the implementation of this strategy:** Implementation of this strategy will require focused efforts and it is recommended that a communication specialist assigned responsibility to specifically manage its implementation.
- **Communication will be delivered from a branded platform:** A theme, logo and slogan to provide a branded platform for all communication materials will be developed at the beginning of the implementation of this strategy. This will enhance coherence of messages and create synergy across different communication activities.
- **Development and implementation of communication materials:** All materials developed will require pre-testing among intended target groups prior to implementation to ensure their technical accuracy and appropriateness.
- **Design and implementation of communication interventions will be guided by a strategic planning framework.**
- **Dissemination of information materials:** materials will be disseminated through a demand-driven network to ensure that materials are distributed efficiently and are used effectively.
- **Monitoring and evaluation:** Implementation of this strategy will be closely monitored to ensure that it remains on track.



# SECTION 11

## STRATEGY IMPLEMENTATION PLAN



ACTIVITIES	TIMEFRAME				
	2015	2016	2017	2018	2019
<b>Targeted and themed strategic communication campaigns to improve knowledge, correct misconceptions, build support, acceptance and utilization of HTS services.</b>					
▪ Identify and engage strategic communication partner organization					
▪ Create campaign iconography (theme, logo, slogan) and produce information materials, radio and TV spots					
▪ Link mass media to community level activities by mobilizing partner bodies at different levels.					
▪ Produce and disseminate materials to community level activities					
<b>Media advocacy to promote accurate and analytical coverage of HIV Testing Services.</b>					
▪ Produce and disseminate a media kit					
▪ Plan and organize media training workshops					
▪ Implement a proactive media relations programme					
▪ Plan and implement a media award scheme					
<b>Peer to peer and inter-personal communication to be leveraged as strategic approaches for HTS communication programmes.</b>					
▪ Identify and engage strategic communication partner organization					
▪ Develop "how to" guides for use by organizations implementing this strategy at different levels.					
<b>Coordination and integration for increased coherence and synergy.</b>					
▪ Recruit communication point person to run programme at NASCOP					
▪ Develop "how to" guides for use by organizations implementing this strategy at different levels.					
▪ Hold an orientation workshop for implementing agencies					
▪ Provide follow-up technical assistance on communication planning at different levels.					
<b>Advocacy among decision makers and influential leaders to generate support and raise the profile of HTS at the local, regional and national level.</b>					
▪ Produce and disseminate information materials to decision makers on challenges and opportunities					
▪ Identify appropriate forums for disseminating information to decision makers					
<b>Capacity strengthening for partners and HTS service providers levels to design, plan and implement communication programmes.</b>					
▪ Orientate health care providers in key communication message themes					
▪ Produce and disseminate updated guidelines to health care providers					
▪ Plan and implement training programme for service providers					



# SECTION 12

## MONITORING AND EVALUATION FRAMEWORK

Assessing the outputs and outcomes of communication activities outlined in this strategy will be achieved through tracking of activities by responsible persons. Findings from process are important for reviewing the project and providing evidence for redesigning the strategy. It is recommended that a review of this strategy be conducted after one year of its implementation.

### Monitoring and Evaluation framework

Outcome: Increase in utilization of HTS services in Kenya			
Output	Output indicators	Means of verification	Risks and assumptions
<p>Health workers trained on mobilization for HTS and provision of quality HTS services.</p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Conduct communication needs assessment for health workers.</li> <li>Evaluate previous training and experience on communication activities for health workers.</li> <li>Develop standard package for training health workers on communication skills for HTS.</li> <li>Training, involvement of groups in mobilization, update trainings and M&amp;E.</li> </ul>	<p>a) Rapid needs assessment conducted.</p> <p>b) Communication training manual developed.</p> <p>c) Number of trainings for target group.</p> <p>d) Number of members of target group trained.</p>	<p>i. Assessment reports.</p> <p>ii. Project periodical reports.</p> <p>iii. Communication training manual.</p>	<p>There will be adequate funding.</p> <p>There will be peace and stability in the Country.</p> <p>People appreciate the need for HTS services.</p>

<p>Increased awareness on the benefits of HTS and how to get the services.</p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Develop and pre-test messages on HTS.</li> <li>Package information on HTS appropriately.</li> <li>Monitoring and evaluation.</li> </ul>	<p>a) Number of messages developed.</p> <p>b) Number of IEC material developed and messages contained therein.</p>	<p>i. Periodic reports</p> <p>ii. Communication materials printed</p> <p>iii. Messages developed</p>	<p>There will be adequate funding.</p> <p>Stakeholders support the project.</p> <p>There is peace and stability in the Country.</p>
<p>Intense multi-media campaigns to promote HTS services.</p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Design media campaigns targeting key target groups.</li> <li>Use a combination of mass media channels to reach out to key target groups.</li> <li>Monitor media campaigns.</li> </ul>	<p>a) Number of mass media programmes/ adverts/write up produced by the HTS programme.</p> <p>b) Different types of media channels engaged to disseminate information on HTS.</p>	<p>i. Media survey reports (Steadman's reports)</p> <p>ii. Programmes' internal reports.</p>	<p>There will be adequate funding.</p> <p>There is peace and stability in the Country.</p> <p>Target groups support the initiative</p>

# Annex

## Glossary of Terms

- 1. Advocacy** – is a set of targeted actions directed at decision makers in support of a specific issue. Advocacy is therefore about winning the support of key constituencies in order to influence policies and spending, and bring about social and economic change.
- 2. Culture** – positive, unique or negative characteristics that may promote or hinder HIV/AIDS prevention, care and treatment practices
- 3. Gatekeeper** – A powerful individual, who influences the policy or legal environment (social, cultural, religious, political or economic) and either facilitates or inhibits behaviour and social change. Gatekeepers may allow or inhibit program interventions to take place through various channels.
- 4. Gender relations** – Status of women in relation to men in a society and community and how it influences the behaviour, the sexual negotiation and decision making in the prevention and care of HIV/AIDS
- 5. HIV services** – Refers to HIV related information, Sexually Transmitted Infections (STIs) services, Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMCT), Anti-Retroviral Therapy (ART) and Post Exposure Prophylaxis (PEP).
- 6. Socioeconomic Status** – collective or individual income that may influence the way people take or do not allow adequate prevention
- 7. Campaign** – Organized communication activities delivered through multiple channels to inform, persuade, or motivate individuals to adopt new behaviour or practices. A campaign uses different tools and is typically implemented within a limited time frame.

- 8. Mass Media** – are channels of communication through which messages flow, produced by a few designed to be consumed by large target groups.
- 9. Stakeholders** – refers to the community, implementing partners, donors, beneficiaries, key populations, people living with HIV, NGOs, FBOs and Civil Society.
- 1. Strategic Communication** – Communication is the exchange of ideas, messages or information by interpersonal, print, electronic and mass media. This exchange may be direct or indirect, at an instant or over time. A response is sought from the individual or mass target groups, be it making decision, forming an opinion, using a new skill, changing a health care seeking behaviour or an unhealthy practice. On its part, Strategic Communication refers to concerted and complementary activities with a defined objective of set of objectives, based on research to inform, attract, motivate and respond to stakeholder target groups.
- 2. Key Populations** – The effects of HIV are not evenly distributed and responses vary among those at greatest risk for HIV infection. The term ‘key populations’ or ‘key populations’ represents people who are disproportionately at risk of acquiring or transmitting it. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and seronegative partners in serodiscordant couples are at high risk of HIV exposure. Each country defines the specific populations that are key to their epidemic and response based on the epidemiological and social context.

# SECTION 13

## DETAILED TARGET GROUP PROFILES



One of the key steps in the health communication and social marketing process is identifying the population segments that can benefit from specific health behaviour. The more you know about your primary segment, the better you can reach them with messages, activities and policies. Our upfront research helped us understanding the needs and wants of the target groups on a more personal level, and their motivations and lifestyles so that you can truly engage with them. This effort will pay dividends later when you begin preparing your campaign activities, health messages, channels and campaign materials.





## Current Behaviour – Low uptake of HTS services

Audience	Audience Insight	Audience Profile	Desired Change	Key Message Themes
<p><b>Young People – 18 to 25 years</b></p>	<p>“I hang out a lot with my friends. In my free time, which is mainly weekends, I hang out with friends at the pub. On Sunday I go to church. I know a lot about HIV and the need for testing. I mainly test after I start going out with someone new. I love sports, especially football, and go dancing to the latest music at the local clubs over the weekend.” Propose use of mass campaigns targeted at different groups in and out of school.</p>	<ul style="list-style-type: none"> <li>▪ Still “exploring”</li> <li>▪ They love hanging out with friends. Their friends are very important to them</li> <li>▪ Many (especially in rural areas or those out-of-school) lack basic info about reproductive health, anatomy, HIV and STI prevention</li> <li>▪ Many young women fear pregnancy more than HIV. Their risk perception is low.</li> <li>▪ It is harder for out-of-school youth to access health information.</li> <li>▪ Many do not have a source of income, making it hard for them to spend a lot while dating. They therefore end up spending more time indoors which creates room for sex.</li> <li>▪ Some fear going to a healthcare provider and/or getting an HIV test. Many healthcare providers are not “youth friendly.” Negative health provider attitudes and low privacy and confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in number of young people who understand HIV testing</li> <li>▪ Increase in number of young people who access HIV prevention services (e.g. HIV testing)</li> <li>▪ Increase in those who are able to discuss HIV testing with their partners</li> <li>▪ Increased percentage of those who use condoms (with all partners who are not trying to get pregnant)</li> <li>▪ Increase knowledge on self-testing and the window period</li> </ul>	<p>You may be worried about getting pregnant, but any young woman who has sex is also at risk of getting HIV.</p> <p>If you have sex, use a condom</p> <p><u>Calls to Action:</u> Visit X website today. Ask your community health worker about HIV prevention and testing. Visit the nearest clinic for information. Visit the nearest clinic to get an HIV test. Tell your boyfriend/girlfriend why HIV testing is important.</p>
		<ul style="list-style-type: none"> <li>▪ Other reason for avoiding HIV testing is fatalism (what will be will be...better not to know)</li> <li>▪ Many lack self-confidence, especially at younger ages.</li> <li>▪ Some girls may also prefer to not ask their partners or boyfriends to use so that they are not accused of lack of trust.</li> <li>▪ They lack pertinent information on HIV testing and how it works – after how long you should take a test, etc.</li> <li>▪ They still fear and respect their parents</li> <li>▪ Sexual encounters (especially with casual partners) may be unplanned, but they happen a lot, especially among school going youth</li> <li>▪ Discuss and share a lot about current affairs and relationships with their peers</li> <li>▪ Spend most of their pocket money on entertainment</li> </ul>		
<p><b>Men having Sex with Men (MSM)</b></p>	<p>“Sexual engagements amongst MSM exist with minimal use of condoms. Weekends are the best times for MSMs as we meet together, go clubbing and drinking and later at night have sex. The MSMs have a strong network. Stigma and homophobia isolate the MSMs from the rest of the society.”</p>	<ul style="list-style-type: none"> <li>▪ Use the internet a lot to communicate – have a private web for MSMs</li> <li>▪ They love hanging out with friends/partners. They are very important to them</li> <li>▪ Have a strong network that advocates for their rights</li> <li>▪ Listen to their peers a lot</li> <li>▪ Many have basic info about reproductive health, anatomy, HIV and STI prevention</li> <li>▪ Believe that HIV can't be transmitted by anal sex</li> <li>▪ Info available may be geared more for general public than MSMs context so does not meet MSM needs.</li> <li>▪ Lack of access to credible information sources.</li> <li>▪ High provider stigma and discrimination.</li> <li>▪ Services (where info may be obtained) not open at convenient times (not 24/7)</li> <li>▪ Fatalism (what will be will be...better not to know)</li> <li>▪ Variable access to trusted social service providers.</li> <li>▪ Policy/legal framework is ambiguous for MSMs.</li> <li>▪ Harsh religious environment/norms against MSMs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in number of MSMs who disclose their HIV status to their partners through support systems that aid in this process</li> <li>▪ Increase in number of MSMs who use protection to avoid increase in HIV infections(encourage condom use)</li> <li>▪ Increased information on reproductive health, anatomy,</li> <li>▪ HIV and STI prevention</li> <li>▪ Caregivers who knowingly and unknowingly may push their children into drug usage</li> </ul>	<p>You may be worried about your partner leaving you, but anyone who has unprotected sex risks the chance of getting HIV.</p> <p>Guard your relationship, use protection.</p>

Audience	Audience Insight	Audience Profile	Desired Change	Key Message Themes
<p><b>PWIDs</b></p>	<p>"I know the drugs have driven a wedge between me and my family, but it's the only way I feel alive. I don't even have sexual urges, or urges for anything else. Every single coin I get goes to getting me high. I don't even buy food. I trust my fellow PWIDs as they understand what I'm going through."</p>	<ul style="list-style-type: none"> <li>Sharing of syringes has been common where none are provided and this has led to rise in HIV infections among them</li> <li>Most of them are ostracized by the families</li> <li>Are comfortable among fellow PWIDs</li> <li>Best peer programmes run by fellow PWIDs</li> <li>The more money they have, the more drugs they use</li> <li>Street mothers love their children but when they have money, priority goes to using the drug</li> <li>High provider stigma and discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in number of PWIDs who have more information on reproductive health, anatomy, HIV and STI prevention</li> <li>Increase in number of PWIDs who use protection to avoid increase in HIV infections(encourage condom use)</li> <li>Increased information on misconceptions of drug use (masking effect) and HIV</li> <li>Increased disclosure on their HIV status.</li> </ul>	<p>You may think that drugs are an alternative to taking ARV medication. However, not using ARVs is no cure for HIV/AIDS.</p> <p>Defend your life, use protection.</p>
<p><b>Truck Drivers</b></p>	<p>"I am on the road most of the year. We have common stops with fellow truck drivers and spend most of our free time chatting or hanging out in the local bars, hotels and restaurants. There are many temptations on the road. I love my family, but I rarely see them as I am on the road most of the time. I'm not sure my wife trusts me to live without sex while I'm on the road, but we don't discuss it."</p>	<ul style="list-style-type: none"> <li>Are on the road most of the time</li> <li>Spend their free time in "watering holes" around the places they park their trucks</li> <li>Key social activities are sex and drinking</li> <li>Love their families, but struggle to remain faithful while on the road – temptations are many</li> <li>High risk perception of HIV, they know rate is high among truck drivers</li> <li>Low educational background</li> <li>They listen to religious leaders, who can sway/make them take the test</li> <li>Fatalism (what will be will be...better not to know)</li> <li>Their children are the most precious thing in their lives</li> <li>For others, they say their wives know it is impossible for them to abstain when at work</li> </ul>	<ul style="list-style-type: none"> <li>Increase in number of peers who positively influence truck drivers to abstain or use protection</li> </ul>	<p>You may be worried about getting cancer, but engaging in unprotected sex exposes you to HIV and will in turn affect your family.</p> <p>Protect your family, use protection.</p>
<p><b>Health Workers</b></p>	<p>"I believe that religious leaders are making impact amongst the youth through peer counselling. It would be good to reach out to those with HIV through hospital visitation. I believe health education has encouraged uptake of ARVs in communities."</p>		<ul style="list-style-type: none"> <li>Increase the number of safe disposal equipment of sharps</li> <li>Increased training opportunities for Health Workers</li> <li>Provide other mechanisms for health workers to provide disclosure opportunities</li> </ul>	
<p><b>Fisher folk</b></p>	<p>We are discriminated against while fishing because we are HIV +; they don't even buy our fish they think our fish is infected with HIV virus. I hid my HIV status from my wife for three years because I feared she might leave me."</p>	<ul style="list-style-type: none"> <li>Majority of fish mongers prefer having sex without use of condoms</li> <li>Majority of the fishermen sell fish to their female friends 'jaboya' in return for sexual favours</li> </ul>	<ul style="list-style-type: none"> <li>Increase in awareness on HIV</li> <li>Increase in number of fishermen who access HIV prevention services (e.g. HIV testing)</li> <li>Increase in number those who are able to discuss HIV testing with their partners</li> <li>Increased percentage of those who use condoms</li> </ul>	<p>You may be worried about losing business due to the call for casual, unprotected sex but the implications of having unprotected sex are detrimental.</p> <p>Protect yourself, protect your family, and protect your work.</p>

Audience	Audience Insight	Audience Profile	Desired Change	Key Message Themes
<p><b>Elite</b></p>	<p>"Pubs are some of the key gathering places where relationships between men &amp; women are discussed in the community. I am completely involved in my children's life, in their upbringing &amp; school life. I supervise their school work and check on their progress to ensure they succeed in life. Celebrities have very little to teach/offer our children; their activities are against the teachings of Islam. Use of chief's barazas to reach out to the large population on HIV messaging."</p>	<ul style="list-style-type: none"> <li>▪ Have a keen interest in their children's life and supervise all they do.</li> <li>▪ Low HIV risk perception.</li> <li>▪ They think that HIV testing is for other people, not them</li> <li>▪ Barrier maybe because frequent HIV testing seems to agree that couples are promiscuous – or unfaithful</li> <li>▪ Majority have discussed their HIV status with their partners.</li> <li>▪ Others cannot go for testing with their partners</li> <li>▪ They listen to religious leaders, who can sway/make them take the test</li> <li>▪ Most women go to seek health services alone, without their partners</li> <li>▪ Fatalism (what will be will be...better not to know)</li> <li>▪ Many women in relationships with older men, with whom it may be difficult to discuss and negotiate and condom use.</li> <li>▪ May prefer to have sex without condoms so that their partners do not accuse them of lack of trust.</li> <li>▪ Their children are the most precious thing in their lives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourage testing through reach out using local programmes</li> <li>▪ Increase in awareness on HIV and available testing centres</li> <li>▪ Increase in number those who are able to discuss HIV testing with their children</li> </ul>	<p>You may assume taking a HIV test is a sign of weakness and shows one as being promiscuous. However, knowing your status and use of protection is of great importance.</p>
<p><b>Sex Workers</b></p>	<p>"I spend my free time hanging out with my colleagues talking about our work experiences. I sell sex just because it is a way of earning a living."          "Muslims fear going for HIV testing because if they get tested and test positive, that shows they have been immoral."</p>	<ul style="list-style-type: none"> <li>▪ Limited internet access.</li> <li>▪ Info available may be geared more for general public than SW context so does not meet SW needs.</li> <li>▪ Lack of access to credible information sources.</li> <li>▪ High provider stigma and discrimination.</li> <li>▪ RH services do not address SW specific needs.</li> <li>▪ Services (where info may be obtained) not open at convenient times (not 24/7)</li> <li>▪ Fear of learning HIV/AIDS status</li> <li>▪ Fatalism (what will be will be...better not to know)</li> <li>▪ Variable access to trusted social service providers.</li> <li>▪ Policy/legal framework is ambiguous for SW.</li> <li>▪ Different types of SW (e.g. high end call girls versus street based workers).</li> <li>▪ Harsh religious environment/norms against SW.</li> <li>▪ High mobility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase those who actively seek information about HIV Testing</li> <li>▪ Increase those who HIV prevention services (e.g. HIV testing)</li> <li>▪ Increased FSW who feel confident in obtaining regular HIV tests.</li> <li>▪ Increased confidence in disclosing frequency of sexual encounters with providers.</li> <li>▪ Increased FSW with personal strategies for overcoming health worker discrimination (e.g. knowledge of rights related to health care)</li> <li>▪ Increase FSW who bring/refer their steady partners to a credible information source to learn more about HIV.</li> <li>▪ Increase in FSW who support each other in negotiating a no condom, no sex policy with clients.</li> </ul>	<p>You can feel confident that when used correctly a condom can dramatically reduce your risk of HIV, even in cases when a condom bursts or cannot be used. Using the product will also make sex more pleasurable for you and your partners.</p>
<p><b>Elderly</b></p>	<p>"For us elderly people, it's very difficult to come out openly about one's HIV status or even go for testing because of the stigma attached to it. HIV is a big issue in my community; people still indulge in casual sex. Nobody cares any more about virtues. Those who are infected are referred to as 'watu waliopigwa na umeme,' by the community members, and they've been stigmatized. Therefore people fear to go for testing."</p>	<ul style="list-style-type: none"> <li>▪ Low HIV risk perception.</li> <li>▪ They think that HIV testing is for other people, not them</li> <li>▪ Barrier maybe because frequent HIV testing seems to agree that couples are promiscuous – or unfaithful</li> <li>▪ Majority have discussed their HIV status with their partners.</li> <li>▪ They listen to religious leaders, who can sway/make them take the test</li> <li>▪ Most women go to seek health services alone, without their partners</li> <li>▪ Their children are the most precious thing in their lives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase the number of those seeking HIV Testing Services</li> <li>▪ Expand the number of information sources for the elderly</li> <li>▪ Increase the number of those who discuss HIV issues amongst the elderly</li> </ul>	<p>You can show your love to your partner by being faithful and going for a HIV test today.</p>

Audience	Audience Insight	Audience Profile	Desired Change	Key Message Themes
<p><b>Couples</b></p>	<p>"I normally beg my husband to carry condoms with him when traveling. We went for a HIV/AIDS test before we got married and are faithful to each other." My husband cannot agree to go for testing with me." I like going out in a pub alone to release stress through dancing, drinking and socializing with friends other than my husband."</p>	<ul style="list-style-type: none"> <li>▪ Low HIV risk perception.</li> <li>▪ They think that HIV testing is for other people, not them</li> <li>▪ Barrier maybe because frequent HIV testing seems to agree that couples are promiscuous – or unfaithful</li> <li>▪ Majority have discussed their HIV status with their partners.</li> <li>▪ Others cannot go for testing with their partners</li> <li>▪ They listen to religious leaders, who can sway/make them take the test</li> <li>▪ Most women go to seek health services alone, without their partners</li> <li>▪ Fatalism (what will be will be...better not to know)</li> <li>▪ Many women in relationships with older men, with whom it may be difficult to discuss and negotiate and condom use.</li> <li>▪ May prefer to have sex without condoms so that their partners do not accuse them of lack of trust.</li> <li>▪ Their children are the most precious thing in their lives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased proportion of couples who seek HIV tests</li> <li>▪ Increased basic HIV and STI knowledge (prevention, transmission, etc.).</li> <li>▪ Increase HIV risk perception among couples</li> <li>▪ Expand the number of information sources for couples</li> <li>▪ Increased ability of young women to broach the topic of condoms with both casual and regular partners at the onset of a relationship</li> <li>▪ Increased ability to negotiate condom use with resistant partners</li> <li>▪ Increased HIV risk perception within steady relationships.</li> </ul>	<p>If your partner wants you to go for a HIV test, it is a sign that she cares for you and for your future together.</p>
<p><b>Married men</b></p>	<p>"Condom use should be banned because it does not help a lot as it may burst. I discuss with my partner about HIV and HIV testing and mainly let her know that it is good to know our HIV status so as to know how to live well as a family. I have been tested and so has my wife but we have never gone for a test as a couple."</p>	<ul style="list-style-type: none"> <li>▪ Preference for dry sex</li> <li>▪ Dislike of condom</li> <li>▪ Fear over increased partners' promiscuity or unfaithfulness</li> <li>▪ Perception that SRH products can damage fertility, erection issues</li> <li>▪ Multiple partnerships</li> <li>▪ Gender/power relations/male chauvinism</li> <li>▪ May not know how to use condoms correctly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased percentage who know where to go for more information about HIV</li> <li>▪ Increased HIV risk perception.</li> <li>▪ Increased proportion who relate HIV testing to trust or love</li> <li>▪ Increased proportions who see their partners as equal decision-makers related their sexual relationship.</li> <li>▪ Increased proportion of men who are motivated to protect their partner's health.</li> </ul>	<p>If your partner wants you to go for a HIV test, it is a sign that she cares for you and for your future together.</p>



