BUILDING AN ENABLING ENVIRONMENT FOR TARGETTED HIV/AIDS INTERVENTIONS

A COMMUNICATION STRATEGY

FINAL DRAFT

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Introduction

UNAIDS estimates that there are 40 million people living with HIV/AIDS in the world today. And South Asia is home to about 20 percent of that population. Afghanistan faces the potential of becoming a significant part of that percentage due to "a number of vulnerabilities and patterns of risky behaviours." (ANASF 2006-2010) As a result, the Islamic Republic of Afghanistan (IRA) through the Interim Afghanistan National Development Strategy (I-ANDS) established a five year goal to "maintain a low prevalence (<0.5 percent) of HIV in the population and to reduce mortality and morbidity associated with HIV/AIDS by Jaddi 1389 (end of 2010)." (ANASF 2006-2010)

To achieve this goal the IRA initiated a multi-sectoral response involving the international donor community, development partners, stakeholders from the public and private sectors as well as wide participation from local and international NGOs, CBOs, FBOs and civil society at large. The response yielded the development of the National Strategic Framework for HIV/AIDS (ANASF) for 2006-2010 which was approved in October 2006.

The ANASF was translated into a Program Operational Plan (POP) and has been designed as a roadmap for the National HIV/AIDS Control Program (NACP) of Afghanistan to implement the ANASF. In order for the implementation of the ANASF to take hold, there is a need for a comprehensive strategic communication framework which advocates for and supports the work of the POP.

Overview of the HIV/AIDS Situation in Afghanistan

We know that HIV shows no discrimination for religion, race, ethnicity or gender. Why should the case be any different in Afghanistan? It isn't. In the context of extremely limited baseline data, we know that "despite the reported low HIV prevalence [Afghanistan] faces serious threat of HIV/AIDS epidemic" due to several reasons including: "over two decades of protracted armed conflicts, the extremely low socio-political and economic status of women, huge numbers of people displaced internally and externally, the extremely poor social and public health infrastructure, drug trafficking, use of injecting drugs and lack of blood safety and injection practices. These risk factors lead officials to warn of the urgent need for early interventions to prevent a potentially rapid spread of HIV in Afghanistan." (ANASF)

Within this context there is also no assessment of social, poverty, or gender determinants of susceptibility of Afghanistan's population to HIV/AIDS. However, the best available

data indicate that the country exhibits key vulnerability factors that may fuel the HIV epidemic.[1]

Afghanistan is the world's largest opium producer and host to almost 1 million drug users. Although most of the opium is exported, it is still available at a relatively low cost for local consumption mainly in the areas where it is produced and in the major cities. Although injection is not the traditional route of heroin use, it is increasing as people return from neighboring countries- where they have learned the technique. It is known that at least half of the heroin injecting users share needles, although it is very likely that this number could be much higher.[2] Cities of Kabul, Herat, Gardez, Farah and Jalalabad have become a home to most of the IDUs mainly comprised of adult males who acquired their drug habits at a much younger age (15 years and younger) and while in exile. Overall, it is believed that social and economic costs of tremendous physical and psychological distress associated with the war and conflict resulted in an increased drug dependency among both men and women (single and poly-drug use), initially reported among refugees, returnees and discharged soldiers.[3]

Recent research indicates that there are an increasing number of sex workers in Afghanistan, particularly in Kabul (ORA International, 2005). Poverty is the main reason for their engaging in commercial sex work, they have "no informed knowledge about contraceptives or HIV/AIDS and they, if ever, use condoms."

Afghanistan is surrounded by countries where prevalence of HIV/AIDS is high and continuing to rise. The major causes in these countries is by injecting drug use and commercial sex work. As transport between the countries increases, HIV/AIDS is likely to increase "through truck drivers, businessmen and migrant workers" (ActionAid Afghanistan, 2006). There are no accurate figures available but it is estimated that around 1,000,000 Afghan people leave Afghanistan yearly to work in surrounding countries. Many are working in countries and cities with significant HIV/ AIDS prevalence. Workers from neighbouring countries also come into Afghanistan to work. There are no data available on risk behaviours or prevalence of HIV amongst Afghan migrant workers. Refugees and internally displaced persons are particularly vulnerable to HIV for various reasons, including exposure to sexual abuse, violence, and lack of access to information and education.

In the absence of an effective surveillance system and robust prevention programs, the transmission of HIV may become a serious threat among the country's *most at-risk groups* also referred to as *groups of high-risk behavior,* including:
- Injecting Drug Users (IDUs)
- Commercial Sex Workers (CSWs)
- Men who have Sex with Men (MSM)
- Prisoners
- Sexual partners/clients of these populations

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[1] UNAIDS, 2006, UNODC, 2005, ORA International, 2006, Action Aid, 2006
[2] UNODC, 2005, *Ibid*
[3] Afghanistan Drug Use Survey, 2005, *Ibid* and GTZ-IS, Integrated Drug Prevention and Rehabilitation Project in Afghanistan, 2006

Especially Vulnerable populations include:
- Seasonal and long-term migrant workers such as long-distance truck and bus drivers
- Mobile Populations such as Refugees, Returnees and Internally Displaced Populations (IDPs)
- Persons in uniform (police and military)
- Street children

Role of Strategic Communication

HIV is a virus which infects people and needs to be prevented, AIDS is a disease which affects peoples' health and needs to be treated. Together they affect people's lives and those around them. If we are to prevent HIV/AIDS from becoming a wide scale epidemic in Afghanistan then we must be strategic in our communication efforts, that is we must have a people centered approach – or as in communication terms- a client centered approach. The Program Operational Plan has very clearly defined the clients on a two tier level:
(1) those who exert influence, power and control in creating an *enabling environment* (policy, programs, influencing social norms, etc) and
(2) those who are *most at risk, especially vulnerable* and *the general population*

The goal of communication can vary from increasing knowledge, to raising awareness to behavioral development and change. The development of a communication strategy to achieve the desired result is in itself a systematic process. In fact, the end product maybe as important as the process used to develop it. Regardless of how it is done, there are some basic elements which need to be addressed:
- how will strategic communication help in solving the problem?
- having reliable and correct information for analyzing the situation through research or other means
- gaining essential knowledge of the characteristics and needs of the target audiences; and
- setting realistic objectives which target knowledge, attitude and behavior.

Some audiences need to know more about existing services (i.e. VCCT centers), while others need to develop positive attitudes (i.e. stigma reduction associated with HIV) and still other groups need to practice the behaviour (i.e. proper condom use, cleaning needles, etc) (adapted from Handbook on Strategic Communication Skills prepared by the Center for Development Communication, 2007).

Once the communication objectives have been developed, it maybe important to segment the audience into smaller groups who have similar communication- related needs, preferences and characteristics. Communicators segment audiences to achieve the most appropriate and effective ways to communicate with these groups; they identify several "potential" audiences for the communication strategy. Each audience consists of people who will directly benefit from the desired behaviour change. The critical task is to

determine on which to focus the communication efforts (adapted from "A Field Guide to Designing a Health Communication Strategy," Johns Hopkins University, Center for Communication Programs, March 2003).

The Program Operational Plan through the limited research available does much of the work discussed above by providing an analysis on the current HIV/AIDS situation in Afghanistan:
   (1) who are the key groups whose behaviours need to be modified
   (2) who are the groups who influence them and
   (3) proposes interventions to address both.

An analysis of the POP from a communication perspective suggests a phased approach be taken to address the HIV/AIDS situation. This phased approach is based on Afghan "readiness" for direct discussion of HIV. Currently, this readiness is low but the communication aim is to increase "readiness" where knowledge of HIV as a health care problem is better known and that the social aspects of HIV transmission are recognized. The first phase would undertake major communication efforts to immediately target the most at risk (IDUs, SW, MSM- including prisoners, partners and clients of these), PLWHA, and those most vulnerable (migrant, long distance and mobile workers, mobile populations, uniformed personnel- police and military, street children) for behavior change involving information, skills and access to services. Simultaneously, during the first phase, major communication efforts would also target the enablers so that they can create an environment which provides for the care, treatment and support of the first group.

The communication objective for the general population is to know and understand what HIV/AIDS is, address the myths associated with being HIV+ and help reduce the stigma and discrimination for PLWHA. Messages to this group will have to be carefully designed as the current depth of HIV/AIDS knowledge is not that high coupled with the extremely low level of vulnerability to HIV among the general population which can have a negative effect causing alarm and confusion. Hence, the general population will not be a primary target group during the first phase- which is geared towards targeting behaviours of the high risk and especially vulnerable and advocating to the enablers.

More detail on each of the primary audiences as they are segmented is presented in the Strategic Communication Framework for HIV/AIDS.

The second and third phases would take place when there is moderate readiness for direct discussion on HIV and when all the audiences are clear about sexual and reproductive health issues. Those phases can be elaborated once the POP has been completed successfully but are beyond the scope of this paper as it is only meant to support the work of the POP (5 years). It will also take some time for Afghanistan to reach the moderate level of readiness for truly open discussions.

Goals & Objectives of the Communication Strategy

The goal of this strategy is to engage stakeholders at every level to do their part in:
- (1) raising awareness and serving as advocates for HIV
- (2) providing appropriate and accurate information
- (3) influencing the social norms in their communities and
- (4) providing the necessary support for people to adopt behaviours which can prevent HIV transmission as well as help reduce stigma and discrimination associated with it.

Who are the stakeholders? They are the most at risk and especially vulnerable groups (specified above), and the enablers (national leadership, MoPH- NACP and relevant departments such as the IEC, religious leaders, line Ministries, NGOs, medical personnel and the media.) These groups are called stakeholders because they are involved directly or indirectly with the HIV/AIDS situation in Afghanistan. For example, the most at risk and especially vulnerable groups need direct communication through behaviour change interventions which provide information, skills and access to HIV/AIDS related services (counseling, VCCT centers, condoms, etc.) NGOs have been identified by the POP as the stakeholder to carry out this communication. But the NGOs themselves also need to participate in communication capacity building measures so that they can better communicate with these groups. The same is the case within the MoPH (NACP and IEC) where communication capacity needs to be strengthened so that MoPH can in turn serve as advocates for HIV awareness to the national leadership. The religious leaders, medical personnel and the media have advocacy and information dissemination roles to play. But they need to be convinced (i.e. religious leaders), brought on board, oriented and trained (i.e. this would include all the enablers identified) before they can serve as communicators for HIV/AIDS awareness.

It should be noted that this strategy is intended to serve as a framework and provide guidance for the NACP and IEC towards a more coherent, efficient and effective approach to the elements of the POP that have a communication component. It is not intended to provide a list of messages or to be a how-to manual for communicators.

Elements of the Program Operational Plan

Communication has a key role to play in each of the components listed in the Program Operational Plan. In some cases communication activities are listed as separate interventions (i.e. Advocacy and Policy Development for HIV/AIDS) while at other times they are integrated into the proposed activities and action plans (i.e. KABP studies, IEC materials targeting specific audiences). It is important to understand that communication works to support the elements of the POP.

Part 1: Building AN Enabling Policy and Institutional Environment for HIV/AIDS Interventions

Component 1: Developing National HIV/AIDS/STI Surveillance and M&E Systems

(Communication can help determine levels of knowledge and attitudes toward HIV/AIDS and high risk behaviours which will require strategic approaches)

Component 2: Advocacy and Policy Development for HIV/AIDS Interventions
(Communication can provide a national strategic framework which engages the key stakeholders and highlights their role ranging from advocates to implementers for all HIV/AIDS related activities)

Component 3: Institutional Capacity Building for Program Management
(Develop communication skills of program managers to build partnerships on HIV/AIDS)

Component 4: National Health Sector Capacity to Implement HIV/AIDS/STI Interventions
(Develop communication skills of health personnel to deliver appropriate and accurate information on HIV/AIDS)

Part 2: Targeted HIV/AIDS Interventions

Component 5: Targeted Interventions for High-Risk Groups, Vulnerable Populations, and PLWHA
(Communication can stress the needs of this group and at the same time help promote & support the services provided to these groups to achieve the desired behavioural outcomes)

Component 6: Targeted Interventions for General Population
(Communication serves to impart accurate knowledge about HIV/AIDS and help build support for PLWHA by reducing stigma and discrimination)

The development of this specific communication strategy comes under element two calling for Advocacy and Policy Development for HIV/AIDS Interventions. Developing "a communication and advocacy strategy is important for the following reasons: (a) need for community mobilization; (b) need for comprehensive approaches to prevention and the use of communication in reducing stigma and discrimination associated with HIV/AIDS; (c) need for communication programs tailored to the needs and interests for a wide range of varying audiences including policy makers, national leadership, service providers, high-risk groups, vulnerable populations; (d) the role of communication in support of health/clinical and social services; (e) selection of communication and advocacy approaches with considerable potential including entertainment-education, audio/video and pictorial means, telephone hotlines and digital communication, as applicable."

While the rationale described above casts a very wide net, it is safe to say that the POP has two parts specifically related to communication: *To build an enabling environment through policy and institutional capacity* and secondly *to have targeted interventions for specific populations including most at risk, especially vulnerable and the general population.* All the varying audiences will be in either of the 2 parts and some will overlap both (i.e. military and police- who are vulnerable as a group and also serve as enablers).

The communication framework through various channels facilitates the creation of an enabling environment in which the key stakeholders can do their part so that the proposed

interventions can reach their target audiences most effectively. The HIV/AIDS epidemic in Afghanistan is limited currently to specific populations (most at risk and especially vulnerable) and it would be resource effective to target them (as a primary group) in a concerted effort to help curtail the epidemic from a larger outbreak and limit its spread within the groups. But in order to do that effectively – an enabling environment has to be created by the "enablers". Hence, this is also a primary target group which can be reached through the NACP, IEC and the media. The NGOs and care providers would work with the at risk groups through behaviour change communication interventions.

At this point, due to the low level of "readiness" for direct communication on HIV, the general population will be the secondary audience. They can be reached indirectly through communication to the enablers. For example, the top political leadership and religious and community leaders become advocates for reducing stigma associated with HIV/AIDS.

Strategic Communication Framework

As discussed above, the target audiences for this strategy are divided into:
- the most at risk groups (IDUs, CSW & MSM, etc) and the especially vulnerable population (migrant workers, mobile populations, uniformed personnel and street children)
- those influencing the enabling environment (top political leadership, religious leaders and the military leadership, etc.)

Within these two categories, specific groups have been identified. They are listed in the framework matrix along with the behaviour objective we want them to achieve. Due to a lack of reliable research at this point it maybe premature to design specific messages. There is some limited research (KABP) available on some of the groups, but it may serve better for this communication strategy to provide guidelines and suggestions for developing appropriate messages. As interventions and programs are finalized, a message design workshop/ session is recommended to develop appropriate messages for each of the groups. This workshop will be organized by the IEC with technical input from the NACP. The workshop participants should be from all stakeholder groups who will serve as communicators and advocates to the above groups. These are the NACP, IEC, NGOs, service providers, development partners and the media.

It should be noted that the matrix lists the communicators as part of the audiences because they also have to be oriented and trained as part of this strategy.

In the tactics and tools section the strategy proposes those communication channels/ activities which help to achieve the behaviour objectives. The POP has an extensive list proposed for the five year plan and this strategy will take those activities into account. It should be noted that all of the interventions proposed (i.e. trainings, meetings, etc) for the various groups has a skill building element which is a communication objective toward behaviour change. (Once a skill has been *acquired and used*, it has been internalized and will most likely be used in the future). This communication strategy suggests using a mix

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of both outreach (or interpersonal) and media channels. ***Tactics and tools are chosen on the basis of their relevancy to the target groups.*** For example, interpersonal communication is the channel of choice in reaching the most at risk and especially vulnerable groups. There is a need for one-on-one communication in teaching skills for preventive measure, treatment and providing counseling. For advocacy purposes, radio or television for mass production may work well. But even advocacy activities aimed at top political leaders will require interpersonal communication to start the process. The important point is that there is a clear distinction between the types of communication used and the audiences they are intended to influence.

The last column of the matrix lists how to monitor the strategy using process, impact and outcome indicators.

Using the client centered approach and the POP framework the primary target audiences for this strategy are:

ENABLING ENVIRONMENT	MOST AT RISK	ESPECIALLY VULNERABLE
Top Political Leadership	IDU	Migrant, long distance & mobile workers
Religious Leaders	FSW	Mobile Populations (refugees, returnees, IDPs)
Military Leadership	MSM (incl. prisoners)	Uniformed Personnel
Medical Personnel	Partners & clients of above	Street children
Media	PLWHA	

A number of international NGOs and their local counterparts have been active in reaching out to some of the most at risk populations through peer-education and community outreach programs. They have mainly focused in urban areas (Kabul, Herat, Jalalabad, Mazar-i-Sharif) and included: (a) harm reduction programs, e.g. safe needle exchange programs for IDUs –GTZ-IS, Medecins Du Monde, WADAN, Nejat, and Zindagi Naween; (b) HIV/AIDS awareness for IDUs, SWs, MSM, truck drivers, and mobile workers – ORA International, KOR, ActionAid, GTZ-IS, Medecins du Monde, WADAN, and Zindagi Naween.

The communication support (i.e. trainings, manuals, etc) to these NGOs will be strengthened so that they have the necessary resources and capacity to carry out their work effectively. The POP has identified them as the mechanism of choice in reaching the most at risk and especially vulnerable groups.

Opportunities and Challenges: Media Scene in Afghanistan & Results from Consultations

Media Scene in Afghanistan

While a good communication strategy uses a mix of both media and interpersonal channels, it is important to understand the media capacity in Afghanistan. Media can serve as an important tool to reach the enablers and some of the most at risk groups (i.e. migrant workers, truck drivers, youth, police, etc) They add credibility and are cost-effective. When working with the mass media, there are several alternatives that can be used. Media outlets usually prefer to develop their own "stories" rather than use news releases or features, which may serve to whet their interest in an event or activity. As a result, emphasis should be given to providing background material such as interesting data, audio or video footage in addition to finished products (adapted from the Handbook on Strategic Communication Skills, Center for Development Communication, 2007). The NACP plays a critical role in identifying these examples and helping IEC develop them into compelling stories for targeted audiences and the general public.

A study was carried out by InterMedia in September 2006 in the form of interviews of 3,110 participants in 31 out of 34 provinces. The results show that the reach of mass media is expanding and will continue to grow. While the majority of Afghanistan's population is rural (84%) television has a national reach of 37%. The reach in Kabul is 89% and rising. Within one year – from 2005 to 2006 TV access went from 59% to 78%. Where people don't have access to TV they will to go places where there is TV. Tolo TV was found to be the most popular of information with nightly newscast, roundtable discussions, and shows dealing with Islam, arts and sports.

The majority of Afghanistan's population (56%) is less than 34 years of age. In 2004, thirty percent of the 15-24 year age group has access to TV whereas it was only 15% for those 45 and over. Television is the most popular source of information especially among the youth (15-24 years of age). The young also tend to be interested "in new technologies and they are considered to be the driving force for future media consumption." (InterMedia, 2007)

Radio is the medium of choice for news and entertainment. The survey showed that 93% of Afghans own a radio and 73% listen weekly. There is great rural access with radio and popular radio stations regionally as well as locally.

One interesting note to keep in mind as messages and tactics and tools are further developed is that according to the survey as the violence increased in 2006 the interest in news and media consumption decreased. This is unusual because during wars and crises there is usually an increase. One possibility is the skepticism of the media and distrusts which many associate ties with political figures. But there is no doubt that there is a need for accurate news and information. (The above is taken from the press release issued by InterMedia, February 2007.)

Key Points from Stakeholder Consultations

(1) The involvement of community leaders, especially religious leaders, is essential toward creating and raising awareness of HIV/AIDS in Afghanistan. They should be the first group to be targeted and brought on board. It was mentioned that even the elected parliamentarians need their support to hold political office. Two religious figures were consistently mentioned: Ustad Sayaf, a prominent Sunni leader and Mr. Mossini, a Shi'ite leader in Afghanistan.
(2) The NACP is considered the central focal point of the HIV/AIDS awareness campaign in Afghanistan. Its key role is viewed in terms of providing coordination and guidelines for all HIV/AIDS related work carried out by government entities, NGOs and aid agencies.
(3) To carry out an effective HIV/AIDS campaign in Afghanistan, the President's Office and all Ministries need to be engaged and brought on board with the MoPH taking the lead for such activities.
(4) The work of NGOs is critical to any HIV/AIDS communication effort. Currently, local and international NGOs are working with most at risk and vulnerable populations. They have a great a deal of knowledge and experience on how to reach these groups.
(5) There are many misconceptions about HIV/AIDS and most are based around "immoral behaviour". The disease is perceived as punishment for illicit sexual behaviour. It was interesting to note that many of the local Afghans who participated in the consultation personally held similar beliefs. They stressed that Afghanistan is a very conservative and Islamic country which centers on religious and family values.
(6) It is important to communicate correct knowledge on HIV: that it is preventable, treatable, the modes of transmission and what it is caused by. It is important to create an understanding of the disease's relationship to non-sexual behaviour (i.e. blood transfusion).

Key Recommendations including Roles and Responsibilities

The recommendations below are aimed within the MoPH (NACP, IEC) and the NGOs who will play an essential role as advocates and communicators for HIV/AIDS awareness in Afghanistan. The vast number of development agencies and the media should be viewed as partners and allies in this effort.

(1) NACP: The communication and advocacy capacity of the NACP is currently limited and needs to be further developed. Key staff from the program will therefore participate in trainings designed for teaching advocacy skills, identifying communication opportunities and designing evidence based messaging. NACP's main role in the strategy is to lead the advocacy efforts to the national leadership. Specifically:
   a. Sharing key reports and results from formative research
   b. Obtaining approval of the Code of Ethics

      c. Developing a national AIDS policy for Afghanistan
      d. Providing evidence based communication

The NACP will work closely with the IEC department in providing technical input for all communication materials development including packages on behaviour change interventions (which will also involve working with NGOs).

(2) The IEC Department will be responsible for the coordination of all HIV/AIDS communication activities. A coordination mechanism will be introduced to help streamline communication activities among the different stakeholders and to ensure that an accurate and coherent message on HIV/AIDS is disseminated in Afghanistan. Included in this mechanism is also the development and coordination of a coherent information (knowledge and skills) package to be used for awareness by the NACP, NGOs, UN agencies, and others who are involved in HIV/AIDS interventions. As suggested above, the IEC department will work with the existing NGOs to have materials developed which have a coherent message on awareness, knowledge and skills needed for behavioural outcomes. The IEC department has limited capacity at the moment to carry out the above but will work with consultants to the World Bank project so communication capacity can be enhanced. IEC department staff will also participate in trainings mentioned above for the NACP but which should also include skills for materials development. The IEC department may not have to do the actual material production (which are usually outsourced) but should have the skills to know what is involved to ensure quality and coherence.

Training: Communication skills training – specifically on interpersonal skills- is needed for stakeholders (i.e. NGOs) interacting with high risk and especially vulnerable populations. They should know and understand what an appropriate message is and how to convince the "user of the information" on why they need to modify their behaviour.

Training is also essential in understanding the issues related to HIV- especially stigma. The stakeholder consultations confirmed that there are many misconceptions about HIV/AIDS. But it was interesting to note that many of the people interviewed personally held many of these beliefs. In order for communication to reach the intended audience, people who work with them or influence their environment need to understand HIV. In other words, they need to know and internalize the socio-cultural issues associated with HIV before they start work. For example, a government health worker providing an HIV test or condom use skills cannot be in judgment of the person seeking the service. The person should not feel stigmatized (about why they are using HIV services or their behaviour), they have made the effort to come and seek the service. Instead, they should feel that they are supported by the person delivering the service.

As stated above, the IEC department does not currently have the capacity to carry out the trainings, but these can be outsourced to communication companies and/or specialists. As capacity of the IEC department and others develop, a training manual

will be produced in house to better facilitate the training sessions. At this point, it is important to note that communication training needs exist and they should be coordinated through the IEC department.

IEC and BCC Plus packages: All the targeted interventions call for IEC materials development and distribution**.** For each of the high risk and vulnerable groups the IEC department with technical support from the NACP and input from the already working NGOs is recommended to develop appropriate behaviour change communication packages which can be used by NGOs, government agencies and relevant ministries, private sector and anyone else involved in carrying out HIV interventions. The materials can also serve as resource materials for others (i.e. health professionals). As mentioned earlier, there are many NGOs who are currently working with the target populations and are likely to already have communication materials on hand. The IEC will review those materials and see how they can be further strengthened and/ or improved upon. Communication to each of the target groups will be different and development of group specific BCC packages will lead to coherence of the contracted NGOs.

IEC materials will also be developed which the NACP can use for advocacy purposes. These will include brochures, leaflets, posters, briefing kits, communication manual, education films, website, etc. It is worth noting here that there is a difference in definitions between IEC and BCC. While they may be the same in people's mind, in practice the IEC is relegated to development of materials, their production and 'use' which generally links to a knowledge outcome. BCC is a two-way or multi-way communication and has behavioural development of change as an outcome.

A database of IEC materials and an effective system of IEC material distribution and dissemination will be established at national level to coordinate and facilitate future interventions.

Included in the educational materials development maybe the production of a motivational film which addresses HIV/AIDS through the eyes of each of the target groups. Films can be effective communication materials during counseling sessions.

(3) Non-Governmental Organizations (NGOs): The NGOs, because of their access to and current work with the most at risk and especially vulnerable groups are the best channel for carrying out behaviour change interventions- bearing in mind they will be further strengthened through capacity building measures. The proposed work modality for them is to work in coordination with the IEC and NACP to develop BCC packages aimed at providing information, skills, counseling and other services aimed at behavioral modification. Specifically these behavioural outcomes would stress use of clean needles and syringes, use of condoms with partners and among sex workers (on a consistent basis), and on culturally appropriate knowledge about HIV transmission and ways of prevention to the vulnerable groups. The communication content and channel to each of the groups (IDUs, sex workers, etc.) would be

different. Therefore, the communication capacity of the NGOs would also need to be strengthened. It is essential that for effective HIV work in Afghanistan the NACP, IEC department and the NGOs work together in a coherent and coordinated way to achieve the outcomes of the POP and this strategy.

(4) Partners and Allies (development agencies and the media). The main role of the development agencies is to assist the NACP with capacity building (through technical assistance) and resource mobilization for HIV/AIDS in Afghanistan. The technical assistance and funding for the development of this strategy is a good example.

The main role of the media is to facilitate an informed debate on HIV/AIDS and help increase the Afghan level of "readiness" for HIV discussion from low to moderate. Audience research studies should be carried out which help inform the best types of communication needed.

STRATEGIC COMMUNICATION FRAMEWORK MATRIX

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
Enabling Environment				

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
Enabling Environment				
Top Political Leadership: • Office of the President • Parliamentarians	To know & understand the implications of an HIV/AIDS epidemic in Afghanistan (& toward achievement of MDGs) Provide national policies which allow for testing, prevention, treatment & care for HIV/AIDS Make HIV/AIDS an Afghan issue *(this will give Afghans ownership & move away from the perception that it is a foreign disease)* To serve as an advocate for PLWHA	Messages to be designed along the following guidelines: • They should be evidence based (to persuade the audience of the benefits) • They should have an appeal • They should answer the question "what does this have to do with me?" • The message has to focus on the need of the audience and not on NACP/ MoPH communicating about its programmes (This loses relevancy) • A good message will target the stakeholder's beliefs and opinions. • Come up with key points and simplify, simplify, simplify An example of a core message for this group might be: recognition that a wider spread of HIV to an epidemic level will impact the country economically, socially, politically and culturally.	Regular briefings from Minister of Public Health on HIV indicator data (results from surveillance studies- national information system) Key results from KABP studies by NGOs shared—suggesting data is indicating the types of behaviours currently in Afghanistan Roundtable and committee meetings organized by Minister of Health to discuss HIV within the context of poverty, gender and social assessment. Expression of commitment signed by President and Parliament members Participation in the annual World AIDS Day program President or one of his deputies become the top advocate for HIV/AIDS and are present at the important meetings. Or a group of high level officials under the emergency preparedness program headed by the second deputy to the President	Process Indicators • Number of Briefings • Level of Participation Impact Indicators • Statements made by politicians on HIV/AIDS or interviews given • Discussions organized in relevant committees • Roundtables aired on Afghan media (radio or TV) • Coverage of World AIDS Day • Code of Ethics signed Outcome Indicators • Legislation pertaining to the prevention, treatment and care of HIV/AID & PLWHA • The President or one of his deputies become the ambassador for HIV/AIDS in Afghanistan
Religious Leaders: Mullahs Imams	Become aware of HIV/AIDS in the community Become knowledgeable about HIV/AIDS transmission	Messages for this group to be "evidence based" in Islam. They need to have relevancy through the religion to understand how behaviour modification is sanctioned. Through Islam they need to understand the importance of their role as religious/ spiritual leaders to provide correct knowledge on HIV/AIDS transmission to their constituents.	• Participate in workshops which provide correct information on HIV transmission • Accurate translation of Islamic rules & regulations regarding privacy, rights and the acquisition of knowledge *(research maybe needed here or check into well-respected Islamic Universities for literature- i.e. Al Azhar University)* • Providing sensitive and appropriate content	Process Indicators • Number of Friday prayers cards distributed • Participation in workshops conducted by UN agencies, NGOs, government, etc Impact Indicators

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	Be able to inform their communities with correct knowledge on HIV transmission Serve as advocates for HIV prevention, treatment, care & testing.	There was discussion (in the stakeholder consultations) on how to dissociate HIV from "immoral" behaviour. It was suggested that HIV be initially targeted as a blood borne disease. Another angle to consider is that acquiring knowledge in Islam is mandatory. And knowledge about various diseases including HIV will protect against acquiring those diseases. In terms of being related to immoral behaviour- Muslims are not allowed to pre-judge others where they find them to be HIV+. Due to the confidentiality aspect in Islam (privacy is a very big aspect); you are not allowed to ask **how** HIV was acquired, but to ensure prevention of transmission to others.	for Friday prayers and regular preaching • Support NGOs' materials and programs through production of any necessary media products which can be used in workshops and trainings (audio visual on HIV as appropriate) • Community outreach activities in which Imams participate • Results from KABP studies by NGOs (based on knowledge acquiring need in religion) • Expression of Commitment signed by top religious leaders	• Number of khutbas which mention HIV/AIDS Outcome Indicators • Levels of knowledge and opinion
Ministry of Public Health: • Minister of Public Health • NACP • IEC Department • Other relevant Departments	To understand the implications of an HIV/AIDS epidemic for broader public health Make HIV/AIDS an Afghan issue Collaborate with line Ministries in delivering consistent, appropriate & accurate information To lead advocacy efforts to the national leadership	Messages should include HIV data (as available) and focus on the responsibility of the MoPH leadership to facilitate the provision of HIV/AIDS prevention, treatment, care and support to the most at risk, especially vulnerable and PLWHA.	Informed by regular briefings and reports of the NACP (surveillance, KABP studies, other activities as mentioned in POP) Share results from the KABP studies by NGO; facilitate timely distribution of reports Development and dissemination of evidence based information packages Development & dissemination of National AIDS Policy for Afghanistan Advocacy: Production of small leaflets summarizing Policy Advocate with other line Ministries (i.e. Ministries of Justice, Interior, Counter Narcotics, etc) to change policies to provide a better environment for behaviour change among at risk groups	Process Indicators • Number of roundtables • Leaflets and other materials distributed • Number of briefing sessions Impact Indicators • National AIDS policy signed by parliamentarians • Participation in trainings Outcome Indicators • Effective source of information for Afghanistan • Functional NACP website

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
			Participate in trainings for capacity building (build a communication skill component into the training- having ½ day session focus on how to better advocate and get your message across) Dissemination of ANASF and POP to key stakeholders; production of summary booklet for others Development of a website(s) where professionals, journalists and others can go for latest information on HIV Development and dissemination of print materials--- a fact sheet on HIV/AIDS in Afghanistan. BPHS- build in elements for HIV training; use existing network for provision of HIV information, skills and services Arrange trainings for private sector to provide care, treatment, counselling, etc on HIV	
Line Ministries: MoWA MoI &C MoJ MoCN MoE	Understand that working in partnership with other sectors can limit the epidemic Have correct knowledge and understanding about HIV/AIDS transmission Promote government position and policies to help PLWHA, most at risk, and vulnerable	Design evidence based messages for each of the line Ministries with roles clearly defined	Assigning focal points in each of the Ministries Participation in inter-sectoral meetings and working groups on HIV/AIDS Participation in training workshops (including communication skill building- a ½ day session- focus could be on how to better advocate and get your message across) Sharing key findings from studies conducted in their fields and implications for HIV/AIDS programs Reviewing existing policies and bringing some changes to help PLWHA, most at risk and especially vulnerable	Process Indicators • Number of Ministries with focal points Impact Indicators • Number of meetings with active participation of focal points • Number of contacts to share documents Outcome Indicators • Number of issues changed or amended in policies and strategies in other Ministries

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
Military Leadership	Have correct knowledge and understanding about HIV/AIDS transmission Understand the implications of an HIV/AIDS spread within the military Facilitate an environment for soldiers to get testing, care, treatment and preventive measures	Evidence based messages for leadership in helping understand the wider spread of HIV within the military community.	As part of any existing health program, design & integrate HIV/AIDS aspects specifically for soldiers on testing, counselling, treatment and care Expression of Commitment signed by Military leadership Use training curriculum to address issues related to safe sex	
Medical Personnel	Be able to provide accurate and appropriate knowledge on HIV/AIDS transmission to their patients Learn the knowledge & skills for proper care, treatment and support of PLWHA	Understanding their roles in providing essential health care to everyone – HIV should not be different.	Participate in trainings for HIV testing and care (Infection Prevention guidelines, Post exposure Prophylaxis) Training for safe blood transfusion and blood screening Participate in trainings for medical care & treatment for PLWHA	Process Indicators • Number of trainings carried out Impact Indicators • Number of personnel who receive trainings Outcome Indicators • Levels of knowledge and skills for safe blood screening • Numbers of PLWHA seeking HIV care from medical personnel
Media: Radio Networks Television Community Media	Facilitate an informed debate on HIV/AIDS and help move the overall HIV/AIDS question further on the policy and decision- makers agenda	Media are usually willing to take part in these activities as they need material to print and broadcast.	Mass Media • Organize briefing sessions for the media at critical moments designed for reporters • Special invitation to all events discussing HIV/AIDS in Afghanistan including the annual meetings of HACCA • Facilitate reporters to cover HIV/AIDS by providing resource materials periodically, facilitate coverage by working in	Process Indicators • Number of briefing sessions • Quality and quantity of journalist that are involved • Materials distributed or made available on the websites

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	Be able to provide appropriate & accurate information on HIV/AIDS to their audiences		partnership to produce programs on HIV/AIDS for electronic media e.g. chat shows, discussion fora; call-in programs, etc • Recommend websites listing HIV/AIDS resources for media • Work with MoPH to produce advocacy format films Expression of Commitment signed by key media channels including radio, television and print Community Media Prepare appropriate materials on HIV for shuras and Community Development Council networks Mobile/ street theatre and cinema	Impact Indicators • Number of articles and or reportages that appear as a result (requires outsourcing a media monitoring contract) Outcome Indicators • Levels of knowledge and opinion

STRATEGIC COMMUNICATION FRAMEWORK MATRIX

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
Most at Risk				
IDUs (Intravenous Drug Users)	Know and understand the modes of HIV transmission Learn & understand the steps needed to be taken for risk reduction	The message for the groups below should follow the guidelines mentioned above. They should also be non - biased and clearly state the benefit of HIV prevention, etc A message development workshop will take place using the findings from KABP studies as formative research gets underway.	Receive information and skills training by participating in: • needle exchange programs • harm reduction programs • condom distribution (skill building on proper way to use a condom) • peer education • going to VCCT centers BCC package distributed through the mechanisms listed above	Results from studies (audience surveys) Percent of IDUs reporting use of sterile injection Percent IDUs reporting using condom most recent time for sex Percent going to VCCT centers Numbers of BCC packages distributed Number of peer education trainings
FSW (Female Sex Workers) and the owners of the sex shops	Know and understand the modes of HIV transmission Learn the preventive measures	See above	Receive information and skills training by participating in: • condom distribution (skill building on proper way to use a condom) • peer education • alternative livelihoods programs (through life skills development) • going to VCCT centers BCC package distributed through the mechanisms listed above Work with the sex shop owners to make condom use mandatory for every client in order to protect their sex workers	Results from studies (audience surveys) Percent FSW reporting use of condom with most recent client Percent going to VCCT centers Numbers of BCC packages distributed Number of peer education trainings Percent entering alternative livelihood programs

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
				Number of sex shop owners reached
MSM (including Prisoners)	Know and understand the modes of HIV transmission Learn the preventive measures	See above	Receive information and skills training by participating in: • needle exchange programs • harm reduction programs • condom distribution (skill building on proper way to use a condom) • peer education • safe blood exchange practices programs BCC package distributed through the mechanisms listed above	Results from studies (audience surveys) Percent reporting using condom most recent time for sex Percent going to VCCT centers Numbers of BCC packages distributed Number of peer education trainings Percent participating in safe blood exchange programs
Partners/ Clients of these Groups	Know and understand the modes of HIV transmission Learn the preventive measures	See above	Receive information and skills training by participating in: • condom distribution (skill building on proper way to use a condom) • peer education • Going to VCCT centers BCC package distributed through the mechanisms listed above	Results from studies (audience surveys) Percent reporting using condom most recent time for sex Percent going to VCCT centers Numbers of BCC packages distributed Number of peer education trainings
PLWHA	Know and understand the modes of HIV transmission Know the services	Messages for this group need to stress why prevention still needs to be practiced even if you are HIV+.	Through identification programs provide comprehensive home based services including: • Information & skills for condom use • Access to ART • Support groups	Results from surveys and reports Number using condoms most recent time of sex

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	available for care and treatment		BCC package distributed through the mechanisms listed above	
	Understand the types of treatments available for living with HIV/AIDS	The message should concentrate on their own protection rather than protecting others. They already have the virus so logically why should they need protection. In this regard the message might say that you can get other diseases faster so better to have safe sex.		Number and participation in support groups

Number of IEC packages |

STRATEGIC COMMUNICATION FRAMEWORK MATRIX

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
Especially Vulnerable				
Migrant, Long Distance & Mobile Workers—Truck & Bus Drivers	Become familiar with HIV/AIDS modes transmission Learn the skills for preventive measures Know healthcare services & products available	The message for the groups below should follow the guidelines mentioned above. They should be non-biased and clearly state the benefit of HIV prevention, etc A message development workshop will take place using the findings from KABP studies as formative research gets underway. Agencies (including NGOs) who work with these groups can design the messages through the workshops.	• Promoting STI services, VCCT centers where information & skills are available for preventive measures • Condom distribution programs • Production of tapes and CDs (either musical or stories) which advocate for HIV prevention (especially targeted for truck and bus drivers) • Peer educators (ORA study showed this is mechanism of choice in reaching truck drivers as others were unable to even approach) BCC package distributed through the mechanisms listed above	Results from studies (audience surveys) Percent reporting using condom most recent time for sex Numbers of condoms distributed Numbers of CDs/ tapes distributed Numbers of leaflets distributed listing information on STI services and VCCT centers Percent going to VCCT centers Numbers of BCC packages distributed Number of peer education trainings
Mobile Populations: • Refugees • Returnees • IDPs (Internally Displaced Persons)	Become familiar with HIV/AIDS modes transmission Learn the skills for preventive measures	See above	• Promoting STI services, VCCT centers where information & skills are available for preventive measures. • Condom distribution programs • Equipping border crossing points and encatchment centers with information on where to go for services and what services are available- production of leaflet with directory of centers, services available and other necessary information	Results from studies (audience surveys) Percent reporting using condom most recent time for sex Numbers of condoms distributed

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	Know healthcare services & products available		BCC package distributed through the mechanisms listed above	Numbers of leaflets distributed listing information on STI services and VCCT centers

Percent going to VCCT centers

Numbers of BCC packages distributed |
| Uniformed Personnel:
• Military
• Police | Become familiar with HIV/AIDS modes transmission

Learn the skills for preventive measures

Know healthcare services & products available | See above | Having a health orientation program designed for uniformed personnel including a HIV component providing:
• Accurate information on HIV transmission
• Condom use and distribution
• Encouragement to get tested and use of STI services, VCCT centers
IEC information package distributed through the mechanisms listed above | Numbers participated in health orientation program

Numbers of condoms distributed

Percent reporting use of condom most recent time of sex

Numbers of BCC training packages distributed |
| Street Children | Become familiar with HIV/AIDS modes transmission

Learn the skills for preventive measures

Know healthcare services & products available | See above | *Results from formative research are needed to design specific communication interventions for this group.*

Use existing network of health care services to provide HIV/AIDS prevention information, skills and services

Working with shura system to provide accurate and appropriate information on HIV; initiating by training the shura system first

BCC package distributed through the mechanisms listed above | Results from studies and reports

Levels of knowledge and skills

Percent of street children reporting correct use of condoms

Numbers participating in BCC |

Annex: Results from Stakeholder Consultations

Key informants and stakeholders were consulted as identified by the National AIDS Control Program, the IEC of the Ministry of Public Health and UNICEF in order to inform this communication strategy. Participants were pre-selected and interviewed face-to-face using a semi-structured question format. Due to availability and time constraints participants were interviewed either individually or in small groups. As HIV/AIDS is a sensitive issue confidentiality was maintained so viewpoints could be openly discussed. Most government officials (MoPH and line Ministries) and the private sector communications group were interviewed in a focus group discussion setting.

The questionnaire consisted of eight open-ended questions aimed at having the following objectives:
- To understand more about potential concerns of various stakeholders involved with HIV/AIDS research, programs, affected populations--directly or indirectly
- To identify groups and individuals that can be instrumental in promoting the strategy
- To gather information on your experience as to what are some obstacles to overcome in establishing HIV/AIDS awareness programs.

The questions were designed to serve more as a guide rather than a scientific instrument. While the aim was to consult the entire stakeholder group who participated in the preparation of the POP as well as the NGOs who work directly with the most at risk and especially vulnerable- this was not possible due to availability, time constraints and the unexpected holiday from the death of Afghanistan's king. It was agreed that while the consultation should have been broader, the POP incorporates those missing from this consultation. Those interviewed included staff from:

- Government agencies: MoPH (various departments), MoE, MoCN, MoJ, MoI&C
- Private Sector: Aina, Shamshad, Toolo
- NGOs: ActionAid Afghanistan, KOR, ORA
- Development Partners: UNDP, UNICEF, WFP, World Bank

Suggested Questions
1. Who do you think needs to be convinced in Afghanistan in order to increase awareness about HIV/AIDS?

2. What key individuals, groups and institutions already support HIV/AIDS program?

3. What do you believe are 3 potential misconceptions about HIV/AIDS?

4. Is there a well-known and respected public figure in Afghanistan who can serve as an advocate for HIV/AIDS? If not, can you think of someone who may be able to in the future?

5. What are 2 messages which you consider most important to communicate about reducing stigma and discrimination around HIV/AIDS?

6. What are your expectations from the National AIDS Control Program?

A summary of key findings is provided below.

In order to create and increase awareness of HIV/AIDS in Afghanistan, the general consensus among the stakeholders is to convince community leaders – politicians, religious leaders, and socially active individuals, i.e. athletes, members of the entertainment community. Levels of government are said to be penetrated depending on region and varying by sub-culture. For example, in the predominant Pashtoon majority areas, it would be more effective to convince members of the Jirga and to convince Arbabs in the Northern region of the country as they have much more influence in that particular area.

Groups were in agreement regarding the role of the executive branch of government, of which all Ministries and the President's office require convincing in order to catalyze an effective campaign to increase HIV/AIDS awareness in Afghanistan.

There was also agreement amongst the groups interviewed that Ministry of Public Health is currently the most active governmental entity and institution that promotes HIV/AIDS awareness. Other key allies include several local and international NGOs, development partners. Many see the National Aids Control Program (NACP) as the central figure and the future of the HIV/AIDS awareness campaign in Afghanistan. Stakeholders generally believe that this campaign may determine the future steps that government entities, NGOs, and aid agencies will take to increase information dissemination nationwide.

Among all stakeholders, it was apparent that they believe common potential misconceptions about HIV/AIDS center around religion and family value issues. As a non-secular nation, Afghanistan's religious leaders and self instilled social morale codes play a prominent role in the lives of Afghans, north and south, east and west – it is a common factor. Being that HIV/AIDS displays itself as a negative side effect of what is commonly perceived as immoral action (i.e. adultery, illicit sexual relations), the disease is shunned as a spiritual and religious punishment and carries a stigma so heavy that it intervenes in the educational promotion as a health issue.

There was disagreement among the stakeholders as to whether to approach HIV/AIDS as a health issue or as one that permeates through all social and non social factors of life. Most stakeholders believe that it should be initially approached as a health issue only to reduce the stigma attached to the disease and therefore encourage education. However, stakeholders who disagreed proved their argument in questioning whether it was possible to maintain a campaign and questioned how to mobilize all sectors involved in intervention if it is not approached as an issue that does in fact affect all sectors. Although you can approach the primary audience by presenting it as just a health issue, but this approach will not last long term, they argued. Stakeholders hold a common belief in seeking to communicate messages involving the promotion of HIV prevention, support, to create understanding of the disease's relationship to non sexual behaviors, the consequences of the disease, and transmission to reduce the stigma and discrimination about HIV/AIDS in Afghanistan.

Along with general comments supporting the participation of parliamentarians and other government officials as well as social figures to advocate for HIV/AIDS, two religious

leaders were mentioned by several stakeholders: Ustad Sayaf, a prominent Sunni leader and Mr. Mossini, a Shiite leader in Afghanistan. These two leaders were part of a 2004 workshop on HIV/AIDS in Afghanistan and will serve as speakers in the next workshop as well. This exposure of religious leaders has already served as promotion for raising awareness for HIV/AIDS in the country and holds particular weight due to their relationship with that of the general population and its support for the religious institution.

Stakeholders believe that significant community members who will be taking principal roles in the HIV/AIDS campaign must communicate the fact that HIV can be prevented and how it can be prevented, that it is treatable (although not curable), how it is transmitted, and what it is caused by. It is essential to understand the concerns and recommendations of Afghan community members who are directly faced with the population's reactions and perception of the HIV/AIDS virus to build a communication strategy that will increase awareness. The stakeholder interviews prove how important it is to develop an understanding of the country's awareness level, concerns, and strategy building key players.