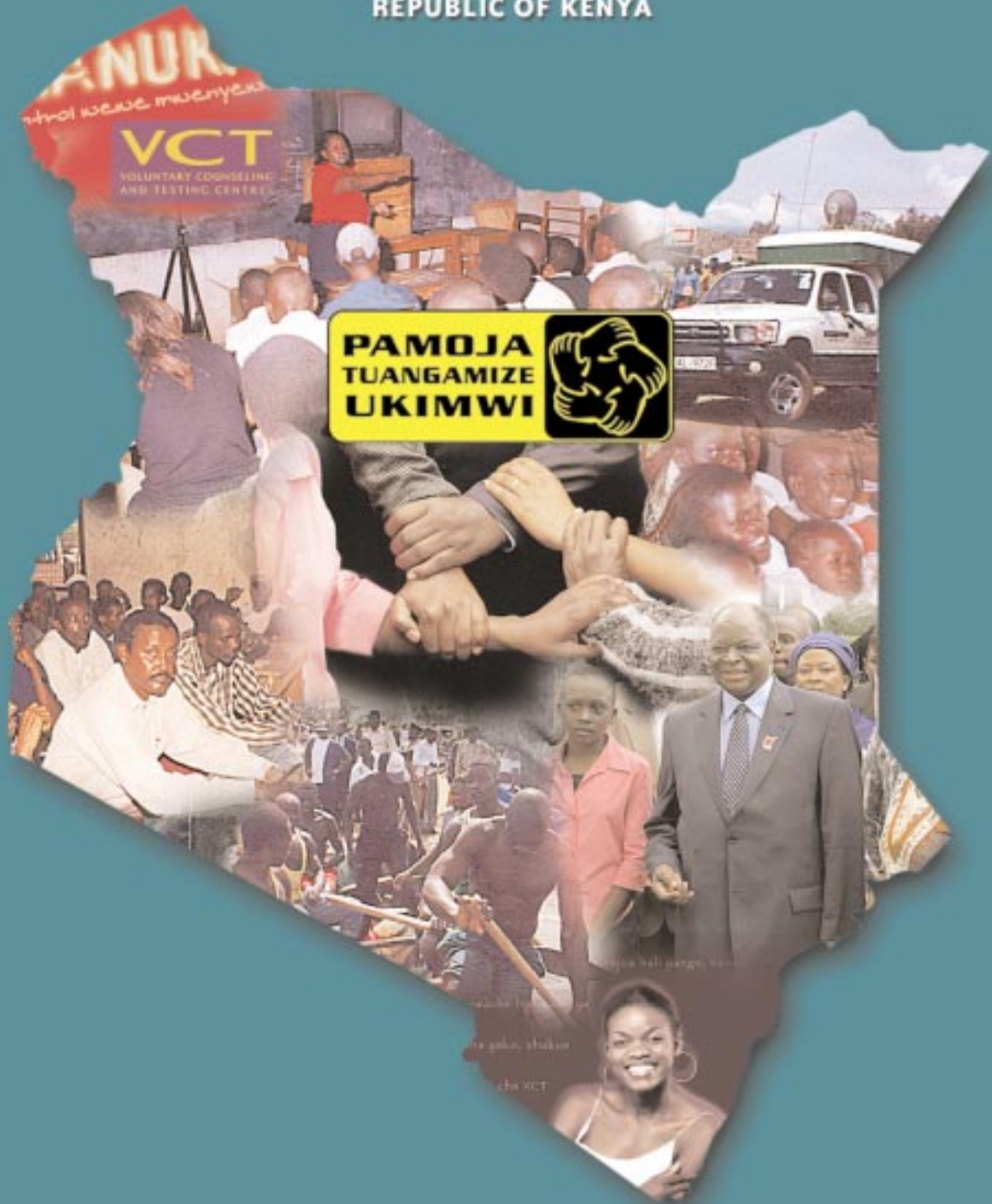




REPUBLIC OF KENYA

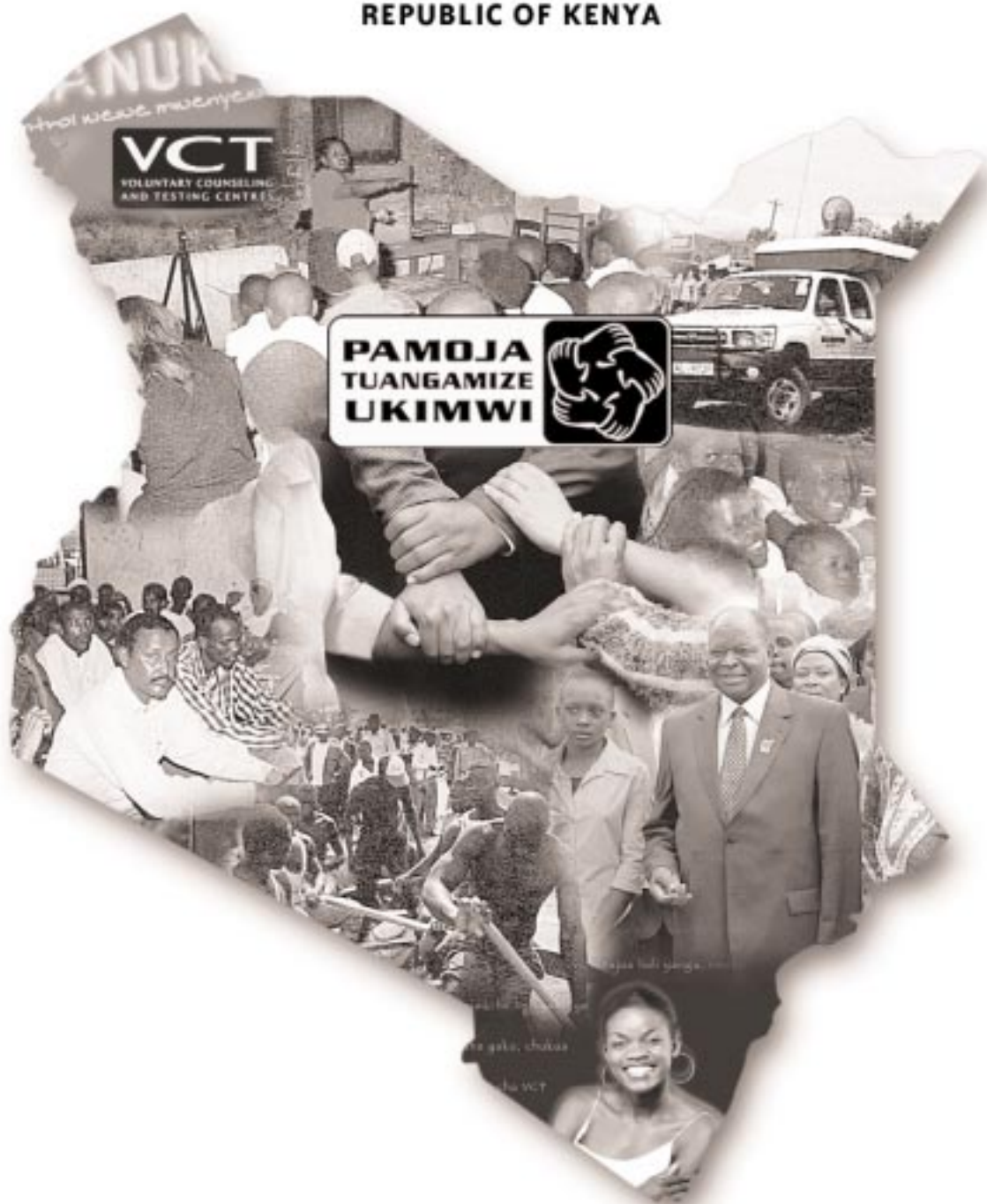


# KENYA NATIONAL HIV/AIDS COMMUNICATION STRATEGY

**2002-2005**  
POPULAR VERSION



REPUBLIC OF KENYA



# KENYA NATIONAL HIV/AIDS COMMUNICATION STRATEGY

**2002-2005**

NATIONAL AIDS CONTROL COUNCIL  
OFFICE OF THE PRESIDENT  
JULY 2003

## Abbreviations

ACUs	AIDS Control Units
AIDS	Acquired immuno deficiency syndrome
BCC	Behaviour change communication
CACC	Constituency AIDS control committee
CSOs	Civil society organisations
DACC	District AIDS Control Committee
DASCO	District AIDS/STDs Coordinator
DFID	Department for International Development
FHI/IMPACT	Family Health International
HBC	Home-based care
HIV	Human immuno deficiency virus
IEC	Information, education and communication
IPC	Interpersonal communication
JAPR	Joint HIV/AIDS Programme Review
KNHACS	Kenya National HIV/AIDS Communication Strategy
M&E	Monitoring and evaluation
MOH	Ministry of Health
NASCOP	National AIDS/STD Control Programme
NACC	National AIDS Control Council
PACC	Provincial AIDS Control Committee
PASCO	Provincial AIDS/STDs Coordinator
PATH	Programme for Appropriate Technology in Health
PPCT	Prevention of mother to child transmission of HIV/AIDS
PLWHA	People living with HIV/AIDS
PR	Public relations
PSI	Population Services International
STD/STI	Sexually transmitted disease/infection
SUPKEM	Supreme Council of Kenya Muslims
UNDP	United Nations Development Programme

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Thank you all. We look forward to working with all our partners in the big task ahead.

*Dr. Margaret Gachara*

Director, National AIDS Control Council

## 1. An HIV/AIDS Communication Strategy for Kenya

The challenges of slowing the AIDS epidemic in Kenya are enormous. Critical to the success of any efforts to combat HIV/AIDS is the development of a comprehensive communication strategy to support HIV/AIDS prevention, treatment and care programmes countrywide. As HIV/AIDS poses a complex health and social issue, due consideration should be given to ensuring a consistent, integrated approach to the disease management paradigm that incorporates timely, accurate, continuous and far-reaching strategic communications. This National HIV/AIDS Communication Strategy has been developed to address these unfolding communication challenges.

The strategy is not an end in itself, but rather an instrument for exploring and promoting partnerships amongst all stakeholders in the field of HIV/AIDS. It presents broad principles and a strategic framework for guiding communication programmes that are facilitated by, or supported under, the auspices of the National AIDS Control Council (NACC) and outlined in the Kenya National HIV/AIDS Strategic Plan – 2000–2005.

Several hundred organisations are conducting HIV/AIDS communication activities in Kenya. Many of these agencies have made great efforts to increase awareness and knowledge about HIV transmission and prevention, influence attitude and behaviour change, and improve the quality of care and support for the infected and affected. However, many of these efforts are also carried out in isolation, without strong reference points, and with little understanding of the need for monitoring and evaluation. A number of other factors may also contribute to the relatively poor performance of some communication programmes in combatting HIV/AIDS. These include the following:

- Weaknesses in the strategic design of the programmes.
- Poor linkages between communication programmes and service delivery.
- Failure to segment message receivers and account for audience diversity – including linguistic, spiritual, and cultural, socio-economic and geographic contexts.
- Inadequate beneficiary participation in design and lack of communications research.

As well as reinforcing existing preventive behaviours toward HIV/AIDS, communication programmes should encourage behaviour and social change through coordinated, multisectoral approaches and an integrated range of resources, programmes and communication delivery mechanisms. This strategy identifies a range of communication approaches to operate at national, provincial, district and constituency levels, thereby placing community ownership at the centre of interventions. A cornerstone of this approach is the acknowledgement that it is the recipients of HIV/AIDS communication programmes who should be involved in the planning and development process. Participant involvement in the strategy will then account for the mitigating roles of gender, cultural, spiritual and socio-economic circumstances and their impact on HIV/AIDS prevalence.

It is hoped that the National HIV/AIDS Strategic Plan, along with this supporting National HIV/AIDS Communication Strategy, will provide a uniform set of guidelines for the development and implementation of effective programmes to control the spread of HIV/AIDS in Kenya.

NACC is committed to providing the necessary leadership, decentralised programming and enabling environment for the participation of our partners and all other Kenyans in the strategy.

## 2. The Kenya National HIV/AIDS Strategic Plan and Joint HIV/AIDS Programme Review

The Kenya National HIV/AIDS Communication Strategy (KNHACS) is designed to support the National HIV/AIDS Strategic Plan (2000–2005) in the following ways:

- Provide a framework for communication activities.
- Provide guiding principles for the communication process.
- Identify key elements and illustrative activities for a multidimensional, integrated communication programme on HIV/AIDS.

The Communication Strategy is also designed to link with the Joint HIV/AIDS Programme Review (JAPR) to examine progress and identify the strategic issues facing Kenya for the next three years. The JAPR is a tool for coordinating the multisectoral HIV/AIDS programme. Its purpose is to develop mechanisms for joint efforts among stakeholders to increase the capacity of the National AIDS Control Council (NACC), the AIDS Control Units (ACUs) and stakeholders to deliver the national strategic plan. Technical Group 1 (Prevention and Advocacy) of the JAPR will monitor the rollout of the Communication Strategy and guide its ongoing implementation.

*“To facilitate the implementation of a multisectoral communication programme addressing the HIV/AIDS prevention, care and support continuum in Kenya.”*

**Communication  
Strategy Vision**

## 3. The Kenya National HIV/AIDS Communication Strategy Framework

### 3.1 Communication Strategy Purpose

The purpose of this strategy is to define the framework, guiding principles and key elements of a National HIV/AIDS Communication Strategy that focuses on HIV prevention. It should be recognised, however, that activities also need to extend to providing communication in the areas of treatment, care, support and human rights – and ultimately an enabling environment for social change. The strategy presents a brief overview of lessons learned and experiences from other behaviour change and communication programmes. It provides a multidimensional platform of communication activities to illustrate how various stakeholders in HIV/AIDS communication fit into the overall framework. The strategy also shares the vision of the National AIDS Control Council, key partners and others, to secure their confidence and attract their experience, expertise and support in its implementation.

### 3.2 Communication Strategy Rationale

The challenge of slowing the spread and impact of the HIV/AIDS epidemic in Kenya is enormous, complex and urgent. Despite high awareness, behaviour change is slow in coming, with many new HIV infections occurring daily. The National HIV/AIDS Strategic Plan has set the targets of reducing HIV prevalence by 20–30 % by the year 2005 among young adults aged 15–24. For the 86% of adult Kenyans who, according to current statistics are not infected, the challenge is to prevent infection of as many of them as possible. For the 14% of adults already infected, the challenge is to enable them to have a longer and better quality life. There should be efforts as well to encourage those who are infected to take personal responsibility for reducing the spread of the virus.

The many families and communities who are affected by HIV/AIDS present a challenge to any efforts to address the epidemic as they struggle to cope with the disease. Another reality to contend with in addressing HIV/AIDS is the fact that the population of Kenya is predominantly young. More than 60% of the population is below 16 years of age (1999 census). Although this presents a worrying scenario for the future spread of AIDS, inherent in this youthful population is the best window of opportunity to address the epidemic. The war against HIV/AIDS must be fought and won in partnership with young people.

### **3.3 Communication Strategy Overview**

Although HIV/AIDS awareness is high, many young people lack comprehensive knowledge about how the virus is spread and how to prevent risk. There is a need to revisit the keys to combating sexual transmission of HIV in more innovative ways: abstinence – delay in the age of sexual debut or abstaining from sex for periods of time after sexual debut (secondary abstinence); being faithful – including partner reduction; and condom use.

A wide body of research has noted that significant and sustained behaviour change does not occur as a result of simply providing information about HIV/AIDS. This strategy argues that behaviour change communication (BCC) is a much more intangible, complex and diffused process. There is a wide range of communication design factors related to the types of appeals developed and their level of persuasion. Also to be considered are audience mediating factors such as socio-economic, cultural, spiritual and demographic factors that determine whether and how behaviour change occurs, how long it will take to occur, and whether it will be sustained. Given this scenario and related complexities, the national HIV/AIDS communication strategy is necessary to:

- Provide a roadmap as we tackle the war against AIDS. To proceed without a plan is to fail even before we have started.
- Increase the impact of communication programme initiatives and the efforts of NACC and its partner agencies by establishing more synergetic relationships.
- Provide an authoritative guide to organisations and individuals working on programmes for HIV/AIDS communication and behaviour and social change, and assist in the design, implementation and evaluation of those programmes.

## **4. Communication Strategy Objectives**

NACC recognises its role of coordinating and supporting HIV/AIDS activities countrywide. NACC's goals – in line with the National HIV/AIDS Strategic Plan – are to significantly reduce HIV prevalence, increase access to services, improve the quality of care for the infected and affected, and provide management and strategy coordination. It is intended that the National Communication Strategy will support communication programmes and guide partners at a national, regional and community level. The strategy aims to establish linkages with existing activities and services to achieve the following milestones:

- Integrate the wide range of provincial and community based activities, services and dialogue oriented communications approaches with the 'agenda setting' function of a national mass media communication strategy.
- Increase the efficacy of social and behaviour change communication by providing quality information linked to service delivery.
- Increase the advocacy role of the strategy through public relations programme using gatekeepers and key influencers such as politicians, journalists and faith-based or other opinion leaders.

- Support and scale-up behaviour and social change communication programmes being implemented by civil society organisations (CSOs), faith-based agencies and the private sector.
- Integrate any other major HIV/AIDS communication programme activities into the strategy.

The Kenya National HIV/AIDS Communication Strategy objectives follow the priority area objectives of the National HIV/AIDS Strategic Plan. These include the following:

***Priority Area 1 – Advocacy and Prevention Objectives:***

1. Reduce HIV/AIDS prevalence by 10% per year through behaviour change strategies.
2. Prevent transmission of HIV/AIDS and other infections through blood transfusion and blood products.
3. Reduce prevalence of sexually transmitted infections (STIs) among the general population.
4. Stem mother to child transmission.

***Priority Area 2 – Treatment and Support of a Continuum of Care for the Infected and Affected Objectives:***

5. Promote health and quality of life for people infected and affected by HIV/AIDS.

***Priority Area 3 – Mitigation of Social and Economic Impacts Objectives:***

6. Reduce the negative social and economic impacts of the HIV/AIDS epidemic.

To support the objectives of the National HIV/AIDS Strategic Plan the following objectives are set for the Kenya National HIV/AIDS Communication Strategy:

1. Increase awareness and knowledge about HIV/AIDS transmission and prevention, and the social and human dimensions of HIV/AIDS.
2. Change attitudes, perceptions and behavioural intentions to encourage HIV/AIDS preventive behaviours, facilitate stigma reduction, and improve care for the infected and affected.
3. Increase and sustain preventive behaviour change towards; A.) Abstinence – delayed sexual debut non-engagement in penetrative sexual intercourse or secondary abstinence; B.) Being faithful – emphasising mutual monogamy; and C.) Condom use – emphasising that non-compliance with A and B indicates a risk, and risk reduction requires that condoms be used consistently and correctly.

**Communication  
Strategy  
Objectives**

## **5. Communication Strategy Target Groups**

As well as highlighting the importance of providing overarching communications on HIV/AIDS to broad population groups at a national level, the Communication Strategy emphasises the need for more targeted interventions to groups vulnerable to HIV infection. High-risk target groups include:

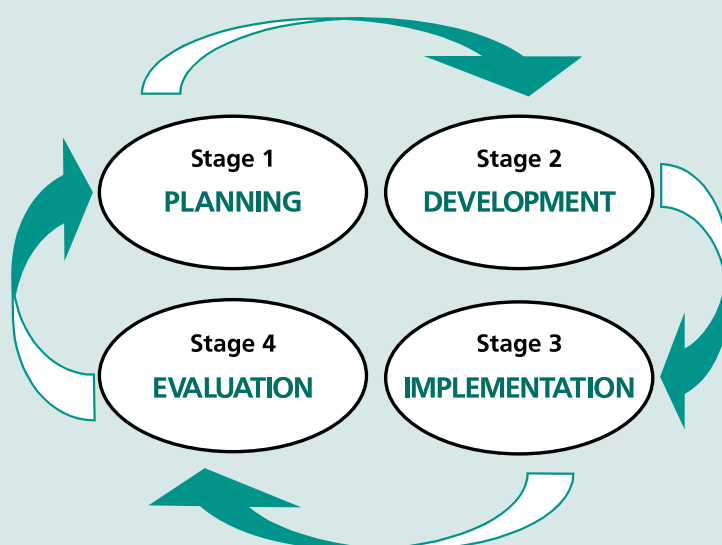
- Patients with other STIs
- Patients with Tuberculosis (TB)
- Commercial Sex Workers (CSWs)
- Girls and young women
- Youth (eg. in school, out of school and tertiary students)
- Discordant Couples
- Transport Workers – long distance truck drivers, matatu drivers and touts, and taxi drivers
- Disciplined forces personnel – police, army, correctional services, and security personnel
- Prisoners

- People living away from home for work – plantation, mine, road, logging workers, port workers, sailors
- Some specific cultural groups – nomadic, border populations
- Internally displaced populations – urban/settlement populations, homeless, street children, street communities.

## 6. Strategic Communication Planning Cycle

It is recognised that for the successful development and implementation of this strategy at the national level, a strategic, participatory approach is required for communications programme development. This will provide a staged planning, development and implementation process, which includes representation from a number of community sectors. A diagrammatic illustration of the strategic communication planning cycle is presented below:

### The Strategic Communication Planning Cycle



The framework operates continuously with the four-stage process as follows:

### 6.1 Stage 1 – Planning

- Conduct participatory stakeholder consultations across a range of settings; seek feedback and consensus on the way forward
- Establish a strategy management or BCC reference group and communications resources review team within technical group 1 of the JAPR
- Conduct provincial/district surveys and site visits for a comprehensive, localised, situation analysis
- Conduct formative research with target groups and acknowledge cultural sensitivity and language needs
- Conduct consultations with government, donors, civil society and the private sector
- Develop a planning document for approval by NACC and partner agencies
- Out-source services for capacity building, interpersonal communication, advertising, public relations, and monitoring and evaluation.

## 6.2 Stage 2 – Development

- Develop communication briefs for concept, creative development and media delivery.
- Conduct communications pre-testing and report results to NACC and partner agencies.

## 6.3 Stage 3 – Implementation

- Tender production of final communication resources; present finished resources to NACC and partner agencies for final approval
- Produce and disseminate resources to provincial, district and community networks; mobilise national, provincial, district and other community operatives in readiness for communications campaign delivery
- Execute a multi-media plan, supporting public relations strategy and an integrated range of community-based activities.

## 6.4 Stage 4 – Monitoring Evaluation And Review

- Monitor of all stages of the cycle
- Develop market research briefs for tendering of qualitative (focus group) and quantitative (pre and post intervention) research
- Identify key performance indicators to monitor changes in awareness, knowledge, attitudes and behaviours, media penetration, public relations/advocacy programmes, and condom distribution and sales
- Elicit feedback from NACC, its decentralised entities, provincial stakeholders, donor agencies and civil society and incorporate feedback into evaluation report
- Provide strategic recommendations for continuation to next phase of the strategy.

## 7. Communications Illustrative Activities

The communications environment in Kenya is well resourced by media suppliers and communication channels offering wide reach and penetration into a range of urban, peri-urban and rural communities. Radio stations using a variety of languages provide national and provincial coverage. There are also three television stations, print media including newspapers and magazines, outdoor media including billboards, wall branding, murals, vehicle and district signage, and mobile cinemas covering all regions of Kenya. Other communications resources such as publications (brochures, posters, wall charts and flip charts), and audio-visual resources (video and audiocassettes), have also been used, as well as merchandise (T-shirts, caps, stickers, etc.).

The primary objective for mass media communications delivery should be to ensure the greatest opportunity for audiences to be exposed to a range of communication through a wide number of communication channels. This requires that a comprehensive communication plan be considered, with a consistent brand and campaign theme running in unison with a range of community-based activities.

Research has shown that intensive bursts of media activity, typically of 8–10 weeks duration, produce a high level of awareness and recall of campaign themes by message receivers at relatively low costs. The implementation of national, multi-dimensional communication programmes of is designed to support the wide range of community-based activities and services.

A significant component of communication activity will be scaling up and mobilisation of 'dialogue focused' approaches operating in rural community settings. These include the use of key influencers and peer leaders, participatory workshops, folk media and traditional entertainment forms of communication integrating HIV/AIDS information. Other important channels of communication to be supported operate through faith-based organisations such as churches, mosques and temples.

The following illustrative programmes provide an overview of communication opportunities to be considered as part of the national and provincial response to HIV/AIDS.

## **7.1 Community-Based Communication Programmes**

Kenya is a culture steeped in oral tradition, with the large rural sector, in particular, having a strong reliance on dialogue-oriented and participatory approaches to communication. Key to the success of stemming the tide of HIV/AIDS in Kenya is to build the momentum for change at a provincial and community level. This can be best achieved through the integration with the National Communication Strategy of community-based approaches of interpersonal communication (IPC). A range of different communication approaches can be used, including traditional community theatre, folk media, art and other performance festivals. These communication forms make use of idiomatic expressions, which vary from one ethnic community to another and are the basis for communication within and across generational and community leadership structures.

The integration of messages on HIV/AIDS into community communication systems requires the active involvement of participants in the development and implementation process. A number of community-based communication programmes as well as communication programmes linked to the delivery of services such as voluntary counselling and testing (VCT), treatment of sexually transmitted diseases (STDs) and home based care are currently being implemented or scaled up by various agencies in a number of provinces. These and other programmes should be monitored with the view to scaling up activities at a national level, thereby contributing to the community mobilisation process throughout the country.

### **7.1.1 School-Based Communication Programmes**

Young people are highly vulnerable to HIV infection and should be a primary focus of communication strategy activity. Classrooms provide a great opportunity for the development of moral values since children are in their formative years and more readily able to absorb information on HIV/AIDS risk and to adopt safer attitudes and sexual practices. Schools provide many opportunities for accurate and comprehensive HIV/AIDS education, behaviour development and values formation through life skills programmes that teach negotiation skills and assertiveness. The Ministry of Education has commenced AIDS education in schools and although there are challenges, NACC has initiated a process to ensure that there is an appropriate range of communication materials to support these activities.

The capacity of teachers also needs to be addressed through training programmes and the provision of reference materials. Linkages between school programmes and community interventions around the schools should also be encouraged. Successful school based programmes should be scaled up with extracurricular activities, parent and teacher associations, and boards of governors meetings being integrated with HIV/AIDS communication.

### **7.1.2 Peer Education Communication Programmes**

Lessons learned from peer education programmes conducted in workplaces, rural agro-based industries and small-scale enterprises have shown that peer education can increase understanding,

ownership and involvement with issues, including HIV/AIDS. Peer-led communication programmes ensure that messages disseminated are more credible, and more likely to be heard and acted upon by other peers.

The participatory process of dialogue within targeted communities, coupled with moderation by peer leaders (village elders in rural communities, youth role models and sporting celebrities in schools, or former sex workers in sex worker communities) can be a behaviour change communication tool. Moderators must be well trained and supported by appropriate communication resources. Supporting resources could include publications, flip charts, audio-visuals and condoms for distribution to high-risk groups.

### **7.1.3 Voluntary Counselling and Testing (VCT) Communication Programmes**

Any prevention efforts should go hand in hand with quality delivery of services to support HIV/AIDS reduction. VCT services in Kenya are being scaled up and a national communication programme is under way to support these efforts. The process has both prevention and care communication objectives, enabling people to make more effective personal decisions in relation to HIV/AIDS. Proper training for interpersonal communication approaches is critical to the success of VCT programmes, as sympathetic counselling can significantly affect the long-term prognosis of people testing positive, and the future risk behaviour of those testing negative. With the client's consent, counselling can also be extended to sex partners to provide a dialogue oriented communication approach to facilitate behaviour change.

There is a case for developing revitalised and balanced ABC and D communications to promote the following:

- A. Abstinence: Delayed sexual debut or non-engagement in penetrative sexual intercourse in younger sexually inexperienced youth; or secondary abstinence (abstaining from sex for periods of time after sexual debut) in sexually experienced youth.
- B. Being faithful: Partner reduction emphasising mutual monogamy and knowing your HIV status with sexually experienced youth and the general adult population.
- C. Condoms: With highly sexually active youth and adults, especially sex workers emphasising that non-compliance with A and B constitute a risk and risk reduction requires that condoms be used consistently and correctly.
- D. Don't take risks: Identifying risks associated with discordant couples and mother to child transmission of HIV. Also stressing harm-reduction approaches such as VCT, STI screening and treatment, and responsible condom promotion to sexually active youth and adults.

**Revisiting the ABC and D of HIV Prevention**

### **7.1.4 Sexually Transmitted and Opportunistic Infections Communication Programmes**

HIV risk increases exponentially when other STIs are present, therefore, any communication programme on HIV/AIDS should also seek to promote STI related resources and services. Effective communication programmes are critical to the early detection and effective treatment of STIs as well as opportunistic AIDS related infections such as tuberculosis and pneumonia. Communication messages should promote early intervention and client access to services, counselling, treatment compliance and partner tracing.

### **7.1.5 Condom Social Marketing Programmes**

Although the focus of communication activity on HIV/AIDS prevention should be towards the promotion of abstinence – increase in age of sexual debut, mutual lifelong faithfulness and partner reduction – it is also important to promote condoms as a protective measure to people who are at

high risk of HIV infection such as sexually active youth, commercial sex workers and HIV discordant couples. It is essential to develop communication programmes to provide accurate information on condom efficacy, reduce stigma associated with condom use, promote consistent and correct use of condoms, and identify distribution points for public sector and retail branded condoms.

#### **7.1.6 Other HIV/AIDS Communication Programmes**

As HIV/AIDS interventions are implemented and research data collected, new and emerging issues will require the development of strategic communication programmes to address these issues. Community-based and/or national communication programmes on issues such as discordant couples, prevention of parent to child transmission of HIV/AIDS (PPCT) and home based care (HBC) may need to be developed to stem the associated social and health risks of these emerging issues. For example, it is estimated that 40% of all those who are HIV positive are in a discordant relationship, amounting to over 600,000 discordant couples in Kenya. The negative partner in a discordant couple represents the highest risk group because condom use is low among married/regular partners, as is mutual knowledge of serostatus.

## **7.2 Mass Media Communications**

Media research in Kenya indicates that although radio, television and print media coverage is still fragmented, with limited audience groups in some rural areas, these media can be a powerful force for raising awareness, building knowledge and influencing public opinion. Media planning and research should be conducted to ensure that these media channels achieve the optimum message impact, reach and frequency to the selected target groups. It is also important to make messages coherent by linking them to a 'branding strategy.' This can include the use of visual devices or repeated slogans tiered from national to provincial campaigns.

### **7.2.1 Radio**

Radio has the greatest reach to peri-urban and rural population groups, especially through the Kenya Broadcasting Corporation, which broadcasts nationally. FM and AM band stations present an opportunity for intensive use of radio incorporating communication in the form of radio plays, radio talk-back sessions and advertising appeals, to provide new information about HIV/AIDS. Also envisaged are a number of long-term advocacy programmes and programmes for faith-based radio stations.

### **7.2.2 Television**

Although only 20–30% of Kenyans own TV sets, most people have intermittent access to television through communal, institutional or family sets. Television can provide the greatest impact through the depiction of dramatic campaign themes to assist in stimulating discussion on HIV/AIDS with opinion leaders and wider sectors of the community.

### **7.2.3 Newsprint**

Print media is widespread across Kenya with four major national papers distributed in English and one Kiswahili language paper. There are also a number of youth and family magazines. Print media provides communication opportunities through 'long copy,' informational approaches and news stories generated through advocacy activities. Although access to daily newspapers in rural areas drop off rapidly the more remote the area, print is an important medium for opinion leaders, with readership far exceeding circulation.

### **7.2.4 Outdoor Media**

Outdoor advertising can provide campaign impact, memorability and longevity, and is accessible to large numbers of people in rural and urban areas. Recently, there has been an upsurge of outdoor media use in Nairobi, with state-of-the-art billboard sites displaying slick advertising themes to build multinational brands. There are very few outdoor media messages on HIV/AIDS, however. Additionally, a relatively untapped outdoor advertising opportunity is the matatu industry. According to the Matatu Welfare Association, matatus ferry 12 million people daily, countrywide. Matatus may serve as moving HIV/AIDS billboards on high traffic routes as well as providing 'captive audience' reminders, through HIV/AIDS messages placed inside of vehicles.

## **7.3 Other Channels of Communication**

Many other communication activities will provide the national strategy with a wide range of informational and persuasive communications to facilitate behaviour change.

### **7.3.1 Public Relations and Media Advocacy**

Any social change strategy requires a cohesive and comprehensive public relations (PR) programme. PR provides an opportunity for generating 'hot news' that is credible. PR can also deal more effectively with the delivery of the complex range of messages required for sensitive issues such as HIV/AIDS. Public relations activities should be purposful and structured or 'piggy backed' onto such structured media events as World AIDS Day and Candlelight Memorial.

### **7.3.2 Publications Resources**

A range of core publications resources is required to support the complex themes of this strategy. Primary resources should take the form of inexpensive, visually oriented brochures to address important aspects of the programme. The brochure series could include such information as facts on HIV/AIDS, People Living with HIV/AIDS, AIDS in the Workplace, Condoms and HIV/AIDS, Children and HIV/AIDS, AIDS and other STIs, VCT, and PPCT.

In addition, well-designed, full colour posters should support the main campaign themes. Support materials and other targeted resources should also be developed for schools, community and peer education programmes including flip charts, wall charts, posters and flyers. Coordination of publication resource production should be considered among partner agencies to avoid duplication of resources or conflicting messages.

### **7.3.3 Mobile Cinema**

The use of mobile video and film vans is well established across Kenya, with a number of mobile cinema companies operating from small vans, as well as larger, articulated, trucks. HIV/AIDS dramas, documentaries and advertisements presented through mobile cinema technology can entertain as well as stimulate community dialogue on HIV/AIDS issues in rural areas, and support an array of other community-based communication strategies. An essential aspect of the use of mobile cinema as a communication tool is the careful design and development of content, as messages are disseminated to a diverse range of population groups. The strategic use of mobile cinema in select settings such as schools, faith-based communities and other community groups, when combined with a range of other community activities and service delivery, can be effective in supporting the behaviour change process.

### **7.3.4 Sponsorship of Community Events**

Sponsorship provides a mechanism from which to create community rallying points for specific themes of the strategy. Depending on the regional uniqueness, the activities may be sports, arts

or cultural events, camel or donkey racing competitions, bullfights, or boat racing. Other sponsorship events could include school music and drama festivals, music concerts, sports such as football, athletics, and basketball, or the sponsoring of role models in the sports and arts to act as advocates for the programme.

### **7.3.5 Merchandising**

Merchandise – in the form of T-shirts, caps, stickers and other promotional items to support public relations activities and special events – can increase the visibility of campaign themes. Because of the cost of many merchandise items, their use should be restricted to ‘adding value’ and generating additional media coverage for specific events. Collaborations with private sector agencies through ‘cause-related’ marketing efforts may also extend the campaign brand and key messages to other merchandise items such as calendars, matchboxes, pens and cups.

## **7.4 Building Multisectoral Partnerships in Communication**

A critical component of the successful implementation of this strategy, as identified in Priority Area 5 of the National HIV/AIDS Strategic Plan, is management and coordination through a “multisectoral response to the war against the HIV/AIDS epidemic.” This takes into account the multiple risk factors and risk settings that contribute to HIV/AIDS prevalence and the need for effective coordination of HIV/AIDS communication activities across a wide range of settings. A sectoral approach also provides due recognition of the increased mobilisation power of various sectors and communities in a partnership against HIV/AIDS. Partners could include the faith-based sector, schools, public and private sectors including workplaces, the media, disciplined, correctional and rehabilitation services, the rural sector, and the celebrity sector, among others. Building alliances with these sectors will also facilitate the development of guidelines, policies and communication programmes to create community environments that are more conducive to social change.

### **7.4.1 Partnerships in Communication with the Faith-Based Sector**

The faith-based sector has extensive networks in urban and rural communities where respected religious leaders exert influence on many aspects of life. Unfortunately, the faith-based sector’s important role in HIV/AIDS prevention and care has not been fully utilised owing to ongoing debates on the issue of condoms. Partnerships with religious leaders must start on common ground – the urgent need to stop the spread and impact of HIV and AIDS.

Some 24 million Kenyans attend churches, mosques and temples every week. This presents a considerable opportunity for reinforcement of the key communication messages of abstinence – delayed onset of sexual debut until marriage, fidelity in marriage – and compassion and care of the infected and affected. Faith-based institutions are also viable centres for advocacy and delivery of services such as voluntary counselling and testing (VCT), support and care for people living with HIV/AIDS (PLWHAs), and dissemination of a range of communication resources. Institutionalising practices such as HIV testing before marriage within faith-based agencies may enhance the credibility of these programmes and significantly affect the progression of the epidemic.

Since most Kenyans are below 16 years of age, there is an opportunity to address the positive behaviour formation of youth in the formative years, through faith-based teaching, thereby making this sector a key ally in the fight against HIV/AIDS. It should be noted that the faith-based sector is not homogenous. Christians, Muslims, Hindus, Sikhs and others all have differences in spiritual approaches that should be factored into communication programme design.

### **7.4.2 Partnerships in Communication with the Media**

The media is another crucial partner in HIV/AIDS prevention and care in Kenya. The distinction is made here between using media for message transmission and building the capacity of practitioners to develop messages effectively. It is essential to upgrade their skills in dealing with HIV/AIDS issues. Engaging media managers and other gatekeepers in the strategy, through regular briefings and information dissemination, will ensure a more proactive approach to media advocacy. Initiatives could include:

- Institutional strengthening of media houses to build a greater understanding of behaviour and social change communication through tailor-made training programmes to mainstream HIV/AIDS.
- Creating a more enabling environment for the media to develop proactive, affirmative stories on HIV/AIDS, and provide additional space for stories in the print media and airtime in the electronic media.
- Supporting and strengthening initiatives such as the Coalition of Media and Health Professionals, and Network of Women Journalists on HIV/AIDS in Kenya.
- Developing an 'HIV/AIDS Award,' recognition programme to highlight important contributions in the fight against AIDS from a number of media agencies and individuals.
- Providing additional communication resources such as a website or repository with ready information on HIV/AIDS or a sampling of best practice on CDs for media practitioners.

### **7.4.3 Communication Resource Distribution**

Although there is great demand for HIV/AIDS resources around the country, community-based resource distribution has been problematic in the past owing to poor infrastructure and inadequate manpower. Distribution networks have included public sector agencies, through schools, health facilities and administrative offices; NGOs and other civil society organisations through community centres and other rural networks; and the faith-based sector, through mosques, temples and churches. NACC and the National AIDS/STDs Control Programme (NAS COP) of the Ministry of Health have communication resource distribution networks operating through provincial, district and constituency level AIDS Control Committees (PACCs, DACCs and CACCs) and Provincial and District AIDS/STD Coordinators (PASCOs and DASCOs), respectively. Additionally, AIDS Control Units (ACUs) operating within a wide number of government ministries have distribution networks to provincial and district offices. A number of these distribution networks may need to be scaled up and mobilised to provide more effective delivery of resources, where and when they are most needed.

To increase the distribution of communication resources and minimise costs, private sector partnerships should also be encouraged with commercial agencies with extensive, national distribution networks. Possible multinational and local industries include supermarket chains, banks, telecommunication and postal services, the transport sector, and pharmaceutical industries. These partnerships can assist in mobilising the multisectoral response, with efficient distribution of resources to a range of community sectors. As financing is a factor in any national communication resource distribution programme, a demand driven approach should be encouraged following establishment of the network. Provincial and community resource recipients should be provided with 'resource order forms' to monitor resource dissemination and avoid wastage.

## **8. Communication for Behaviour Change – What Works?**

A number of theoretical approaches to behaviour change communication have been examined in the compilation of this national communication strategy. A review has also been conducted of

HIV/AIDS behaviour change communication programmes implemented in the East African region and more specifically in Kenya. The review found that some of these have been hampered by ad hoc responses and a lack of strategic planning to develop, implement and monitor their effectiveness. Others have suffered from insufficient technical support and sustainability at the community level. In some cases, a single-issue focus such as condom promotion, rather than a comprehensive communications platform, may have weakened the impact of prevention efforts. A number of IEC interventions may have also placed too much emphasis on information dissemination, but with disappointing results as the epidemic continues to grow.

However, there have been many HIV/AIDS communication success stories, particularly those implemented in Uganda, Zambia, Senegal, Thailand and Cambodia. These programmes, and a number of other public health communication success stories, have provided the basis for some key elements and guiding principles for HIV/AIDS communication for behaviour change. These 'indicators of success' are provided below.

### **8.1 Key Elements of HIV/AIDS Communication**

- Strong political commitment at the highest levels in dealing with the epidemic.
- Large-scale programme implementation with intensive activity in keeping with the emergency response.
- Sustained multilevel responses to HIV/AIDS at national, provincial, district and local community levels.
- Multisectoral approaches to prevention, care and support with active involvement by all sectors.
- A combination of low technology (community dialogue) and high technology (electronic and print media) communication approaches to programme implementation.
- A combination of communication efforts aimed simultaneously at the general population, as well as targeted interventions to high-risk groups.
- Two streams of communication activity combining awareness raising and agenda setting for specific issues on HIV/AIDS, coupled with effective condom social marketing approaches.
- Consistency in programme identification through a highly visible, 'brand' or logotype and a 'call to action,' uniformly applied, across a complex of communication programmes and media resources.
- Communication programmes linked to the provision of services such as VCT, STD treatment, home-based care and support, and condom distribution.
- Communication programmes linked to public policy and institutional reforms.
- Effective monitoring of the epidemic, through research studies to examine communication variables of knowledge attitudes and behaviours in relation to interventions developed, and dissemination of the findings to highlight strategy performance and to inform future programme activities.

### **8.2 Guiding Principals for HIV/AIDS Communication**

These guiding principles are provided for provincial and community-based communication practitioners, supporting the National HIV/AIDS Communication Strategy:

- *Create a communication framework – "What do I want to do, with whom, and to what result?"* Identify a clear, realistic and achievable set of communication programme objectives. Get to know and understand the anticipated audience (target group) for the communication programme, and identify the programme's expected outcomes.

- *Consider the message source* – An authoritative, well-respected, credible, sincere presenter, with a good understanding of the issues, will be more effective than one lacking in these qualities. .
- *Consider the message design* – Develop simple, accurate and consistent messages using participatory methods to ensure their appropriateness to the cultural, spiritual, linguistic, and demographic orientation of the intended audience. Incorporate, creative dramatic and persuasive appeals in messages to stimulate interest and intellectual and emotional involvement.
- *Consider the message receivers* – Segment audiences whenever possible to deliver more specific and appropriate messages for the group. Consider audience, media and language literacy, and message comprehension. Where a broader range of message receivers is involved, as in the case of provincial communications on radio or in print, consider the development of more generic messages to avoid stigmatising other groups receiving the messages inadvertently.
- *Consider the message delivery* – Use message delivery mechanisms that are appropriate for the intended audiences. Deliver messages on a range of interpersonal and media communication channels to stimulate interest and ensure message retention. Deliver messages at optimum times, with appropriate frequency to maintain ‘top of mind’ association.
- *Consider the message impact* – Develop persuasive, informational approaches with dramatic and interesting appeals to elicit high levels of discussion and involvement, and message retention and recall.
- *Consider the message integration* – Collaborate with other partners and agencies working in the communications field to capitalise on a cumulative response and scaled up communications initiatives.

## 9. Challenges to Communication Programme Implementation

There are a number of challenges to implementation of any communication programme, some raised by Technical Group 1 of the JAPR. These include:

- The fragmented range of HIV/AIDS communication programmes and services provided by a number of agencies operating in Kenya.
- Diverse population groups of urban, peri-urban, rural and remote rural populations with a wide range of cultural, spiritual, socio-economic and environmental determinants mediating vulnerability to HIV infection.
- High levels of HIV vulnerability amongst a number of other population groups, including girls and young women, commercial sex workers and their clients, and people with existing STIs.
- Dynamic political environment, with high levels of violence and insecurity.
- Mobile social groups with high migrant worker populations.
- Cultural practices that increase HIV risk such as wife inheritance, ceremonial group circumcisions and ‘skin to skin’ sex.
- Lack of specific knowledge about methods of HIV transmission and preventative measures in a number of population groups.
- Low personal risk perceptions of HIV/AIDS.
- Poor efficacy perceptions towards condoms in a number of population groups and lack of skill on how to use them.

- High levels of fatalism and poor self-efficacy perceptions to prevent HIV infection in a number of population groups, particularly women, youth and those disadvantaged through socio-economic circumstances or lack of education.

## 10. Communication Programme Management

The success of this strategy depends on the establishment of an effective system to manage the many technical and commercial aspects of the strategy rollout. If these systems are not in place, a number of competing forces may surface to undermine the strategy and the potential effectiveness of interventions. Good governance and best practice in communication programme management will ensure the optimum delivery of the strategy.

Furthermore, the quality of communication programmes and resources developed at the national and provincial level will depend on the calibre of relationships established with communication strategy partners and other service providers. As this is envisaged as a medium- to long-term strategy with a number of large-scale initiatives, a range of suppliers from a number of key sectors will be required to meet the capacity needs of the strategy development, implementation, monitoring and evaluation phases. Contracting and tendering procedures to establish a list of preferred suppliers for the strategy should be conducted in accordance with government and donor requirements in order to maintain transparency and accountability in procurement processes.

## 11. Creating an Enabling Environment for Social Change

The scale of the HIV/AIDS epidemic in Kenya has brought about a need to review ways of successfully tackling this enormous humanitarian and development problem. Now recognised is the challenge to move beyond behaviour change communication approaches to more comprehensive and all-embracing models of communication for social change. This broader, socially-oriented approach to establishing and enhancing health and well-being may be the most desirable, long-term, solution facing communities at risk of HIV/AIDS and other debilitating health and social issues. The approach provides for greater levels of community participation in the social change process, thereby, returning the responsibility for decision making where it belongs – with communities and individuals.

It is hoped that the key elements and guiding principle outlined in this National HIV/AIDS Communication Strategy, which underpin the strategy framework and support the National HIV/AIDS Strategic Plan, will provide Kenya with a model from which to build knowledge, skills and a sense of 'collective efficacy' to undertake the social, cultural and personal changes that affect health and well-being at an individual and community level. Following the dissemination of this strategy, provincial, district and constituency HIV/AIDS communication practitioners are encouraged to develop their own communication action plans to meet the specific needs of their communities and to integrate those plans with the national strategy.

## 12. Communication Checklist

- ✓ *Are the objectives clear?*
- ✓ *Are the target groups defined?*
- ✓ *Is the budget appropriate to meet the objectives?*
- ✓ *Is the communication accurate?*
- ✓ *Is the communication in the appropriate language/vernacular?*
- ✓ *Is the communication culturally sensitive?*
- ✓ *Are the illustrations appropriate and do they support the text?*
- ✓ *Is the activity replicable to a range of settings?*
- ✓ *Is there a way of monitoring the objectives?*
- ✓ *Has the communication been pre-tested?*
- ✓ *Has the communication been reviewed by experts?*
- ✓ *Has the communication been approved for production?*
- ✓ *Has dissemination of the communication been considered?*
- ✓ *Has integration of the communication with other programmes been considered?*
- ✓ *Is there a plan to expand the activity eg. reprinting resources, conducting additional bursts of media activity, scaling up the messages?*



# KENYA NATIONAL HIV/AIDS COMMUNICATION STRATEGY

**2002-2005**

POPULAR VERSION

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