



TOWARDS ENDING AIDS
IN **SRI LANKA**

**NATIONAL
COMMUNICATION
STRATEGY**
(2018-2021)



MINISTRY OF HEALTH
SRI LANKA



NATIONAL
STD/AIDS
CONTROL
PROGRAMME



TOWARDS ENDING AIDS

IN SRI LANKA

National Communication Strategy (2018-2021)



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**Message of Hon. Dr. Rajitha Senaratne
Minister of Health, Nutrition and Indigenous Medicine**

It is with pleasure that I write this brief message to “Towards Ending AIDS in Sri Lanka: National Communication Strategy (2018-2021)”.

Although Sri Lanka remains a low-level HIV epidemic since 1987, the reported numbers of new infections continue to rise. In 2016, a total of 249 new infections were reported to the National STD/AIDS Control Programme which was the highest number reported in a year.

The world is targeting ‘Ending AIDS’ by 2030 within Sustainable Development Goals. Sri Lanka has developed a road map towards ending AIDS by 2025 consists of strategic directions to be followed. On the way to ‘Ending AIDS’ there are accelerated targets set by UNAIDS which are called 90-90-90 by 2020 and they are that 90% of all people living with HIV know their HIV status, 90% of people with diagnosed HIV infection receive sustainable antiretroviral therapy and 90% of all people receiving antiretroviral therapy achieve viral suppression. These new targets aim to fast-track the national response in the next five years to end AIDS by 2025.

There are gaps that have been identified in the ‘National Response’ to HIV epidemic and in the context of accelerated response they are more relevant. By looking at emerging evidence, a communication programme for general population (in addition to ongoing communication activities) has become increasingly important.

Therefore, a National Communication Strategy on STD/HIV/AIDS with a mass media component is a timely need.

It is our belief that ‘Ending AIDS’ is achievable through renewed commitment by all stakeholders, including political commitment, increased resources, and technical and programmatic innovations. It is also imperative that the response be sustained through to 2025 and beyond.

**Dr. Rajitha Senaratne
Honorable Minister of Health, Nutrition and Indigenous Medicine,
Ministry of Health, Nutrition and Indigenous Medicine, Colombo.**

PREFACE

A comprehensive approach had been adopted by the country since early days of HIV epidemic for control, prevention, treatment, care and support of HIV. The WHO ‘three ones’ policy was adopted and implemented. The national response to HIV epidemic has been based on national strategic plans and country has been having corresponding ‘one monitoring and evaluation plan’ for the implementation period of strategic plan. The response has been coordinated by National AIDS Committee which comprises all relevant stakeholders of the national response. Although, Sri Lanka has maintained a low level of HIV prevalence since 1987 when the first Sri Lankan with the infection was detected, the reported number of new infections continues to rise. The approach to tackle the epidemic has dramatically changed since the recent past. While, interventions based on most-at risk populations such as peer-led targeted interventions continue to occupy a crucial place in the national response, new knowledge and findings have compelled to adopt new approaches.

Sri Lanka is moving towards elimination of mother to child transmission of HIV and syphilis by 2018. The National Response has adopted ‘Test and Treat for HIV’ policy since middle of 2016. With the objective of scaling up HIV testing, new HIV testing guidelines have been adopted. Community level HIV testing has been introduced. In other words Sri Lanka is mounting on an accelerated response to the HIV epidemic. This context has led to the development of a Road Map to End AIDS in Sri Lanka by 2025. It is an achievable target through renewed commitment by all stakeholders, including political commitment at the highest levels, increased resources, and technical and programmatic innovations. It is also imperative that the response be sustained through to 2025 and beyond. The road map towards ending AIDS by 2025 consists of strategic directions to be followed to achieve the 90-90-90 target set by UNAIDS, namely, that 90% of all people living with HIV know their HIV status, 90% of people with diagnosed HIV infection receive sustainable antiretroviral therapy and 90% of all people receiving antiretroviral therapy achieve viral suppression. These new targets aim to fast track the national response in the next five years to end AIDS by 2025. These targets are included in the Political Declaration of 2016 where the global community adopted the Sustainable Development Goals (SDGs) which are supposed to achieve by 2030. Communication is crucial in the battle against HIV. Current communications are carried out by different implementers of the national response targeting different population groups. With the new approaches adopted in the fight against HIV/AIDS as well as STDs, it has become imperative to have a comprehensive communication strategy to cater to the need of national response to the HIV epidemic.

The NCS is the solution we seek and is developed based on key stakeholder recommendations, communication industry expertise, and research. Importantly, the proposed National Communication Framework needs the endorsement of the Government, relevant authorities; mainly, the Ministry of Health and NSACP stakeholders for it to receive the appropriate attention and resources. The objective of the communication strategy is to maintain the low prevalence level of HIV and end AIDS by 2025. It aims to disseminate information aimed at preventing HIV/AIDS/STDs and promoting care seeking behaviours, as well as to promote HIV testing services. It aims further to fight against stigma and discrimination associated with HIV/AIDS and STDs.

Dr. Sisira Liyanage
Director, National STD / AIDS Control Programme

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EXECUTIVE SUMMARY

Once infected with HIV, the immune system of the infected body becomes vulnerable to infections, as the immune system is being weakened. For many years symptoms might not be visible, however, early diagnosis is possible through a blood test and the virus can be controlled with proper treatment using antiretroviral drugs (ART).

Lack of knowledge on HIV/AIDS/STDs, transmission and prevention methods, sexual health; alongside stigma and discrimination pose the biggest threats to current prevention measures such as, testing for HIV and in promoting care seeking behavior.

Breaking the negative perceptions and lending an empathizing stance to the infected is crucial in creating a national network of support. It is important that society should be made aware of the basic rights of PLHIV.

Until now, communication efforts have been centered on Key Populations/Most at Risk Populations (KP/MARP) engaging in high risk behaviors. These groups include; Female Sex Workers (FSW) and Men who have sex with men (MSM), Drug users including intravenous drug addicts and Beach Boys (BB). Four populations identified as being vulnerable to the infection have also been a central focus of targeted interventions. However, when analyzing the number of new infections in a given year, the majority of those infected have been found from within the general population. It has become apparent that a key reason for this has been the lack of interventions targeting the general public in raising awareness.

Taking into consideration all of the above implications and with an objective of maintaining the low HIV prevalence status of the country and Ending AIDS by 2025, the National Communication Strategy (NCS) will focus on Prevention, Diagnosis, Treatment and Care and Supportive environment.

It is the aim of the NCS to deploy mass media for a comprehensive communication programme. It will be a key component in enabling the objective of 'Ending AIDS by 2025' in Sri Lanka, while breaking stigma and discrimination against those living with HIV/AIDS/STDs.

Recommendations for the NCS are based on current communication gaps, stakeholder recommendations and research. Mass media, social media and appropriate mediums will play a strategic role in reaching target populations, mainly the general public.

Promoting better sexual health is vital and the NCS carries at its core this objective. Safer sexual conduct as well as the use of condoms is a focus area under the communication strategy. The NCS also aims to target prenatal and pregnant mothers, and promote the need for testing to prevent Mother-to-child (MTCT) transmissions.

The national communication strategy is directed towards the prevention of HIV/AIDS/STDs. The ways of transmission as well as non-transmission need to be conveyed. Awareness will also have a

positive impact on reducing stigma and discrimination associated with HIV/AIDS/STDs. All misconceptions about the infection and myths on transmission is hoped to be debunked.

HIV Testing Services (HTS) will be normalized through the NCS and through media messages. Correct information will be disseminated to the mass population and the negative perception against testing will be changed through these communications.

Services performed by STD Clinics, NGOs and other state/private sector partners will also be relayed to the public. Qualitative research has revealed that, most people who wished to obtain services were directed to STD clinics by doctors or through friends and that there was no general awareness on the services offered through these clinics. Hence, it can be assumed that lack of awareness on existing services and the support system may lead to those infected to abstain from receiving the proper care and treatment.

As a future step, the communication strategy is expected to incorporate advocacy for better commitment from government ministries, law enforcement, schools, workplaces, high ranking medical personnel, clinic staff and hospital staff.

The proposed NCS will focus on strengthening the rights of PLHIV, the rights of key populations and continued commitment in the battle against HIV/AIDS/STDs.

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BB	Beach boys
BCC	Behavioral Change Communication
CBB	Community Based Organizations
CSR	Cooperate Social Response
DU	Drug users
EMTCT	Elimination Of Mother To Child Transmission
FPASL	Family Planning Association of Sri Lanka
FSW	Female Sex Workers
GFATM	Global Fund To Fight AIDS, Tuberculosis And Malaria
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IBBS	Integrated Biological and Behavioral Survey
IDU	Injection Drug Use
IEC	Information, Education And Communication
KP	Key Populations
MM	Mass Media
MSM	Men having Sex with Men
MARP	Most At Risk Populations
MTCT	Mother To Child Transmission
NAC	National AIDS Committee
NCS	National Communication Strategy
NSACP	National STD/AIDS Control Programme

NSP	National Strategic Plan
NGO	Non-Governmental Organization
PLHIV	People Living With HIV
PR	Principle Recipient
SIM	Strategic Information Management Unit
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UN	United Nations
TV	Television

1. INTRODUCTION

In the midst of a gradually progressing number of HIV/AIDS infected persons and negative perceptions regarding the infection, a communication strategy on creating mass awareness has become timely and imperative for preventing this epidemic from progression, in Sri Lanka.

Since 1986 when the first infected person was identified in Sri Lanka, the number has been increasing and as at the end of 2016, the estimated number of persons living with the infection stands at 4100.

The stakeholders in the National AIDS Committee have all come together with the understanding that a widespread plan for communication is the best way forward for ending AIDS by 2025. The strategy will also help mitigate gaps still prevailing within the current intervention programs, especially in reaching populations around the country with prevention information, sexual health education and sufficient awareness on the basics of HIV/AIDS/STIs along with available services. Apart from the main focus on prevention of transmission, the strategy addresses the barrier of stigmatization surrounding those infected; promoting services related to HIV/AIDS/STI, advocacy related efforts and managing information for monitoring and evaluation.

In response to these strategic objectives, the National Communication strategy (NCS) has been formulated with implementation of communications through mass media, using most suitable mediums. With a global goal to ending AIDS by 2030 and a national goal to achieve the same by 2025, a national level dialogue is hoped to be initiated with strong awareness through the NCS.

1.1 Development of the National Communication Strategy

In developing the National Communication Strategy, the current context has been evaluated extensively and gaps have been identified. These along with recommendations from key stakeholders, including NSACP, FPASL and CBOs have been reviewed, when setting the strategic objectives and specific activities. There are gaps which exist in current prevention interventions and it is the opinion of the stakeholders that, these can be remediated through the proposed communication methods.

The overall NCS is developed under the key strategic directions within the National HIV/AIDS Strategic Plan of 2013-2017. The key pillars are; 1) Prevention, 2) Diagnosis, Treatment and Care 3) Supportive Environment. Based on discussions, out of the five strategic directions within the NSP, these three areas came out as the most suitable for the NCS; whereas, the other two areas focus on internal health systems and information management system. Key Strategies are based on these three key areas with specific objectives specified for each target group.

The communication strategy adopts a recommendation based approach using internal discussions, in-depth interviews and focus group discussions. In addition to these methods, an analysis of last 100

HIV cases registered at NSACP and current trends of HIV epidemic in the country and a desk review of media usage by a media academic were also used. The recommendations have been provided by stakeholders including medical and non-medical professionals, business professionals, media experts, key and general population, academia, clinic attendees, migrant population, armed forces and youth.

A strategy which enables the NSACP to engage with the community was recommended through stakeholder interviews. A language barrier to effective communication was also a concern and this will be addressed through the communication strategy.

Overall, the planning and implementation of this national level communication falls under the jurisdiction of the National AIDS Committee.

2. CURRENT PREVALENCE AND NATIONAL RESPONSE

2.1 Current Prevalence

HIV in Sri Lanka has been gradually progressing, but, with a low epidemic level compared to other countries. Number of reported cases has increased, annually. Nevertheless, prevalence of HIV among any group of key population is less than 5% and less than 1% in the general population. The gradual increase in new cases, coupled with certain other aspects (shown below) indicates that the current prevalence could increase further in the future.

Each year there is an increase in the reported number of persons living with HIV (PLHIV). As at the end of 2016, there was an estimated 4100 persons living with HIV. Out of those identified as HIV positives, only around 1100 persons were receiving treatment.

Heterosexual encounters count for the leading mode of transmission, followed by sex between men, which, account for a steadily increasing number.

The main cause of the problem does not stem entirely from sexual encounters. Solution for preventing any sexually transmitted infection is to stop those factors which act as drivers of transmission. These are to be addressed through interventions and strategies.

1. Lack of awareness on sexually transmitted infections and HIV/AIDS
2. Unprotected sex
3. Multiple partners
4. Misconceptions which inhibit condom use
5. Cultural and social norms inhibiting society from discussing sexual health

2.2 National Response

The National Strategic Plan (NSP) is the guiding framework for all work implemented and carried out by stakeholders of the National Response. The NSP is formulated on care, treatment, control and prevention of HIV/AIDS and STDs.

The National STD AIDS Control Program (NSACP) is the main organization responsible for planning and implementing preventive and curative services under the National Strategic Plan (NSP) to control HIV/AIDS and STDs in the country.

Prevention programs are carried out across the island, under the technical leadership of the NSACP. FPASL works as a principle implementing partner within GF funded prevention programmes. While, Government of Sri Lanka remains as the main funding source for the National Response to HIV epidemic, UN organizations also provide contributions.

2.2.1 Key areas of the National Response

The strategies deployed within the National Response, focus on three key areas.

1. *Clinical Services*

At present, the NSACP disseminates HIV/AIDS related services through 31 full time STD clinics and 23 branch STD clinics, spread across the country. They perform key services such as screening, diagnosis, treatment, counselling services and condom promotion to patients with STD and HIV/AIDS. Treatment services for HIV/AIDS are also provided by the National Infectious Diseases Hospital (IDH).

Apart from providing clinical services, STD clinics also conduct preventive services through community out-reach programmes, targeting the Key Populations. These programmes are conducted to raise awareness on sexual health and HIV, promote condoms and screen for STDs and HIV. Overall, the prevailing interventions help build relationships with the Key Populations and are intended to drive KPs for obtaining services willingly and continuously.

2. *Control and Prevention Measures*

Throughout the country, numerous interventions are carried targeting MARP (key populations), vulnerable populations and the general public.

□ Peer-led targeted interventions

Planned interventions are carried out by community based organizations under the leadership of the Family Planning Association (FPASL), while, the NSACP provides technical guidance for the interventions and enable coordination efforts.

The FPASL is the principle recipient 2 (PR 2) of the GFATM grant and implements and monitor the interventions targeting KPs. Under these interventions, a basic service package for HIV prevention and promotion of sexual health is executed through trained peer educators.

The main objective of these interventions are to spread preventive measures within communities that are identified as MARPs – Female sex workers, Men having sex with men, Drug users/Injected drug users and Beach boys.

These interventions rely on peer educators who are selected from amongst communities, to carry out an important service by providing information, education on STDs and HIV/AIDS,

promoting care seeking behavior and use of condoms among fellow community members across multiple districts.

Currently, there are approximately 1000 peer leaders in the country, who are supervised by 200 field supervisors. In 2017 and in 2018, the number of peer educators is expected to be increased to surpass 1000 and a relative increase of field supervisors will also be achieved within the two years.

□ Multi Sectoral collaborations

The Multi sectoral unit of the NSACP collaborates with various sectors of the society to increase awareness of STDs and HIV/AIDS.

The prison sector - Prevention initiatives have been carried out since 2005 for preventing the transmission of STDs and HIV/AIDS within the prison community. Island-wide interventions have been implemented with advocacy programs for prison officials and selected prison inmates being trained as peer educators.

Armed forces - Intervention programs for tri-forces are another important area under multi-sectoral programmes. Through these interventions, testing is promoted among them and selected personnel are trained as trainers for peer education. Communication material is given to these educators in order to facilitate programmes within their respective duty stations.

Youth – The Youth Steering Committee for HIV Prevention ensures early action in preventing HIV among youth. Trainers are educated through comprehensive training programs. NSACP together with the Vocational Training Authority organize awareness building programmes, on STD and HIV among youth. Due to this cooperation, regional/divisional vocational training centres, together with medical officers from peripheral STD Clinics conduct awareness programmes at local vocational training centres.

Education – NSACP was able to include certain components of sexual health education as well as components on HIV and STD prevention, by revising the school curriculum of the Health and Physical Education subject. Apart from this, awareness programmes such as lectures and workshops are conducted in schools, universities, and other higher education institutions etc.

□ Elimination of Mother to Child Transmission (EMTCT) of HIV and Congenital Syphilis

Programmes are being implemented to achieve EMTCT of HIV and syphilis among pregnant women. These programmes and interventions are guided by the EMTCT unit of the NSACP. Programmes are carried out by NSACP with Family Health Bureau across the country.

Testing of pregnant women is currently being scaled-up and those found to be positive are given the proper treatment for EMTCT. Preventive staff also performs a valuable service by promoting awareness amongst pregnant women.

□ IEC, Advocacy and Condom Promotion

In the National Response for HIV epidemic, IEC plays a crucial role. Each year, hundreds of interventions are carried out by stakeholders of the national response. Work is carried out at different levels and across various sectors. Throughout the year, the NSACP carries out awareness programmes at various contexts. Various forms of awareness programmes are organized each year and on a daily basis, including community out-reach programmes, lectures, workshops, exhibitions, IEC print material distribution, world AIDS day activities, media seminars, etc.

IEC and advocacy interventions are carried out through clinics as well. All those attending clinics are given awareness on issues related to HIV as well as STIs. Healthcare providers at different levels engage in providing IEC services, including, doctors, public health nursing sisters, nursing officers and public health inspectors, attached to services.

Each year on World AIDS Day, awareness programmes are organized across the country and across organizations as well as key sectors of the society. Interventions include awareness rallies, conferences and media briefings, creative competitions, and distribution of IEC material.

Condom promotion is another key component of IEC. STD Clinics promote condoms actively and is a routine service provided by peripheral clinics. A National Condom Strategy was developed, in line with the National Strategic Plan for HIV (2013-2017).

□ Outreaching by STD clinics

Community outreach programmes are being carried out by STD clinic staff targeting MARPs. These programmes are conducted for creating awareness on STDs and HIV/AIDS. Services provided through outreaching include, condom education and distribution as well as screening for HIV and other STDs. District STD clinic staff attend numerous awareness programmes for other population groups also.

3. Research, surveillance, monitoring and evaluation

The Strategic Information Management unit of NSACP is responsible for monitoring and evaluating interventions as well as collecting information from stakeholders of the national response, routinely. Information is provided by relevant units on a quarterly basis and the Unit works closely with stakeholders and communities in research and surveillance related work. Major research projects such as the Integrated Biological and Behavioral Surveillance (IBBS)

and national size estimation of MARPs in Sri Lanka are carried out through the work of the unit.

STD clinics provide key data on reported cases as well as on operations. The FPA, too, provides information on the progress of interventions conducted among FSWs, MSM, IDU/DUs and BBs. Such information which are regularly gathered, enable stakeholders in the planning of relevant activities and projects, effectively.

2.2.2 Target Groups of the National Response

- Key Populations
 - Female Sex Workers (FSW)
 - Men who have sex with men (MSM)
 - Drug users (including intravenous drug users DU/IDU)
 - Beach Boys (BB)

- Vulnerable Populations
 - Migrant workers
 - Prisoners
 - Armed forces
 - Police personnel
 - Tourism industry workers

- People Living with HIV (PLHIV)
- General population and Youth
- Health Care Workers

3. CURRENT GAPS AND CHALLENGES

Behavioral change communication (BCC) for most at risk population groups (FSW, MSM, DU, and BB) is an integral part of the sexual health services package, imparted through peer-led targeted intervention programmes. Stakeholders are of the view that the communication strategy is in need of further strengthening its communications component while improving coverage of interventions.

In addition, there are communication programmes and work that is carried out through the major units of the NSACP which include, Information, education and communication (IEC), advocacy and condom promotion unit, Multi-sectoral unit, EMTCT (of HIV and Syphilis) unit and Training and capacity building unit, HIV treatment, care and support unit and STI care unit. The work carried out by these units is conducted on a National level as part of the national response to HIV/AIDS and STDs.

On the district level, STD Clinics play a pivotal role in carrying out clinical services and communication work in respective areas. These peripheral clinics together with the NSACP attend hundreds of communication programmes throughout the year based on invitations from various organizations.

The component which is lacking is a mass media communication campaign with clear objectives in informing the public of the modes transmission and prevention of HIV/AIDS/STDs as well as on the existing free services offered by the NSACP/STD Clinics. In addition, mass media campaign is expected to cover stigma and discrimination related to HIV/AIDS and STDs. Other gaps and challenges which need to be addressed are as follows;

1. Information such as self-sustainability, maintaining a healthy and positive lifestyle, availability of free medication and counseling and supportive services should be made known to PLHIV through mass media and social media.
2. Peer-educator turnover hampers efforts of prevention across target populations.
3. MSM operating independently are not covered through existing peer led targeted intervention programmes.
4. Interventions and communication channels should be used to reach a wider group of drug users with harm reduction information. An effective communication channel needs to be used to educate on risk of transition of DUs in to IDUs.
5. The chapters on reproductive health, STDs and HIV/AIDS in school curriculum are not adequately discussed in some situations.

4. STAKEHOLDER RECOMMENDATIONS FOR THE COMMUNICATION STRATEGY

In-depth interviews and Focus Group Discussions were carried out to identify gaps which exist in the present communication framework. Findings which were collected through these research approaches were qualitative and were deemed insightful in developing the National Communication Strategy (NCS).

Various stakeholders provided comments and insights and these were first transcribed, then analyzed and relevant content conveyed in a concise report format.

1. It was felt that a strong and effective communication strategy was needed to sensitize the public on STDs and HIV/AIDS, services available and testing facilities.
2. STDs and HIV/AIDS related stigma was perceived to be a significant barrier in providing treatment, care, control and prevention services. Participants conveyed that barriers of language differences, lack of communication skills and expertise, too could impede the success of a national strategy.
3. An attitude change is needed. Misconceptions should be ruled out and this should be done through the use of positive communication messages.
4. Content/messages should be clear on modes of transmission, ways of prevention, treatment, counseling and support services.
5. The availability of HIV testing services and ART should be conveyed clearly, as obtaining them reduces the risks of infection and illnesses.
6. Clinics across the island should have a friendly environment with staff having the correct attitude. This calls for internal communication and staff training within NSACP.
7. A 24-hour call center should be set up with operations in all three languages and available 365 days of the year at NSACP.
8. Social marketing of services including STD/HIV testing and treatment services and free availability of services.
9. Pre-pregnancy and antenatal HIV testing should be promoted.
10. Necessity of communicating the messages effectively.
11. A dedicated IEC Unit and material to be updated on a regular basis.
12. Mass media campaign to stretch across 3-4 years in sensitizing the general population.

5. GUIDING PRINCIPLES

These principles set the foundation for an effective intervention through the communication strategy. They are the principles commonly used as the basis when developing activities. They are laid down in order to direct those implementing activities of the strategy, to have a clear understanding of the overall importance of effective, strategy based activities in ending AIDS by 2025.

1. Combination of media use

Usage of media has now expanded into other arenas than a decade ago. Social media has become prominent so has other options such as satellite TV. Television is viewed mostly for tele-dramas and news in Sri Lanka. Utilizing these mediums alongside outdoor, press/print and radio options will reach those who are harder to reach.

2. Right communication for the right audience

The same material might not be relevant to each Key population, vulnerable groups and even general populace. Material should be customized to each group and audience. E.g. migrant workers should be given leaflets on prevention with information that will help them in their environment, prisoners in their setting, IDU to suit their lifestyle and so on.

3. Coordinated efforts across the island

For messages to reach every individual in target groups, institutions must be uniform in their messages, material and commitment. Managing this will be a challenge. However, a single entity must ensure adherence to delivering messages, reaching target groups and public. Following indicators for activities will provide a clear directive and also provide clear statistics on results achieved.

4. Research based communications

We already know that reaching key populations and vulnerable populations is imperative as well as increasing awareness among the public. However, reaching specific communities require an evidence based approach. E.g. reaching estate workers who are illiterate may require gathering evidence for planned community interventions.

5. Dynamic content

Any topic to be conveyed effectively for achieving the intended purpose, they should be organized, creative to a suitable extent, comprehensible and impactful. Hence, newer ways of creative communication options should be explored alongside conventional mediums like existing IEC/BCC print material.

6. District-wise approach

National size estimation of MARPs have already been done in 2013, using this as the basis, communications should target most at risk population 100% at district level.

6. COMMUNICATION CHANNELS AND TOOLS

Communication approaches used in the strategy include the amalgamation of on-going mechanisms and mass media communication with creative and innovative use of channels. The main functions of the communication approaches are to:

1. Raise awareness and educate
2. Break barriers of stigma and discrimination
3. Promote care seeking behavior and attendance for services
4. Foster a positive attitude among PLHIV and attitudes towards positive living
5. Foster action towards testing
6. Promote safe sex

6.1 Main approaches

1. Routine communication activities (carried out by NSACP programme units and clinics)
2. Peer-led targeted interventions
3. Mass media and Social media

1. Routine communication activities

Patients attending STD, HIV/AIDS services on a daily basis, across the country are provided with health education; alongside different communication programmes which are carried out by the NSACP programme units - Information, education, communication, Advocacy and condom promotion, Multi-sectoral collaboration, EMTCT (of HIV and Syphilis), Training and capacity building, HIV treatment, care and support and STI care. In addition, there are events which are organized annually, such as the World AIDS day. Communications also occur based on ad hoc requests from the general public.

2. Peer-led targeted interventions

Peer-educators are selected from amongst key populations. They are then trained with the necessary skills to educate and create awareness among their peers. They are also encouraged to bring peers into clinics for testing and counselling. This most vital model is seen as an important HIV/AIDS prevention endeavor and is repeatedly recommended as a key communications approach to increase awareness among Key Populations.

3. Media mix – Mass media and Social Media

Communication approaches for each specific objective entails a mix of choices including conventional interpersonal communications such as Targeted Interventions, Mass media choices such as TV/Radio, Newspapers and Outdoor communications and the use of Digital media including social media.

6.2 Considerations

- 360⁰ campaign or one-off promotions: A complete campaign, entails covering the entire spectrum of media outlets. This includes TV, Radio, Press, Print, Outdoor promotions and Social Media. Usually, a 360⁰ campaign spans somewhere from 3 months-6months, in order to achieve an effective outcome. However, with possible budgetary restrictions, resource limitations and shortcomings in implementations may lead to NSACP opting for one-off awareness campaigns which may be based on few mediums with the potential for greater reach and impact
- Reach: The number of people needed to be targeted and the number which can be targeted through an approach.
- Recorded Impact: This is the documented success of a chosen medium or channel and the impact it can create. (high, medium or low)
- Frequency: The number of times the medium will be used in a period of time; either with the same message or new messages. Mediums such as TV, Radio and even Newspaper ads can be costly when the frequency increases.
- Cost of production: This applies to all new creative ideas being designed. It applies to videos, documentaries, radio message recordings, print material designing/computer time charges etc...
- Media Optimization: Certain key messages can be used to approach ALL target groups including the general public through Mass and Social media.
- Approach Optimization: Approaches recommended can be again streamlined and optimized to approach all target populations: e.g. Single TV spot inviting everyone for testing.
- Cost effectiveness: The result which can be derived vs. the cost. A higher coverage to the right audience is the best measurement of effectiveness. When choosing channels compare costs from different service providers but keeping in mind quality of the content, creative impact and reach of media channels.

Sources to consider when sourcing creative material/concepts and media scheduling:

1. Vendors for printing
2. Production houses
3. Media buying houses (agents who schedule and purchase TV/Radio/Press spots)
4. TV and Radio channels
5. Digital and social media marketing agencies
6. Ad agencies/PR houses
7. Newspapers/magazines

6.3 Budgetary Limitations and Sponsorships

Choosing the best mix of communication approaches should be done through a thorough assessment of the effectiveness of options available and use of funding should be made on the most effective approach or mix of approaches.

There are lesser costly options such as using Digital Media, Cross-marketing with Private businesses E.g. using print material of sponsors to carry STDs and HIV/AIDS prevention messages such as tent cards in bars, restaurants, hotels etc... and obtaining sponsorships from media companies as CSR initiatives and sponsored funding from companies for STDs and HIV/AIDS related interventions.

6.4 Mass Media and Digital Media Tools

These are the main communication approaches which will be used when implementing the communication strategies. It provides a spectrum of options with high, medium, low to sometimes no costs.

Strategic communication campaigns can be implemented using a mix of conventional and new media. Channels and tools should be used with special considerations in mind and used to obtain the most effective result of creating awareness among target audience/s.

□ Television Spots

Television offers the ability to communicate message persuasively with the use of live elements or images and text based communications with an emotional and action-oriented impact.

TV spots carry precise and concise messages which enable a wider coverage of populations with immediate effects. These can be aired in selected channels, targeting speakers of all three languages. The cost of production should always be kept in mind alongside the cost for purchasing media time across selected channels based on duration per spot, frequency per day and the time period.

Timings can be selected alongside programmes with the best viewership and island wide coverage, to broadcast the spots any time of the day and any number of times, depending on the spending capacity. Tele-dramas aired during 7-10 on popular channels have a higher audience, therefore becomes the best time of the day.

□ Talk Shows/Live TV programmes

These programmes are advantageous as a communication tool which allows real-time sharing of information with direct communication with viewers. This method provides an interactive platform where, HIV/AIDS/STD matters can be discussed extensively, on all key strategic areas.

□ Video documentaries

Documentaries are ideal for providing an accurate understanding of HIV/AIDS/STI related services, use testimonies of successful persons (PLHIV) while giving important information alongside audio

and visual guides. This is another method which allows comprehensive coverage of prevention, diagnosis, treatment and care and supportive environment.

□ Radio Spots

A similar format as that of Television channels and requires selecting the radio channel with the best listenership and wide island coverage for effective results. There is also the option of targeting listeners of all three languages.

Live programmes, Announcer on Board (AOB), pre-recorded messages are ways to air messages through radio. Ensure, the announcers are fully aware of HIV/AIDS and that they are briefed clearly on the message. Scripts to match the selected duration can be done in-house or through an ad agency.

A short story or documentary to be aired less frequently can also be an option.

□ Newspapers Adverts

Messages can take the form of a creative info-graphic or be a press article written by a professional writer either in-house or acquired. Newspaper agencies usually cater to a mass population on all three languages and provide statistics of their reach upon request.

Text, images or using a combination of both enable communications to be more effective, informative and engaging.

□ Press Releases

Articles are also written by journalists after a media briefing of an important announcement or development and is written based on an awareness campaign, workshop, breakthrough HIV/AIDS treatment etc. Invited newspapers and their journalists will be given a media kit with a brief document containing the information/activities which is the key focus.

Weekly, monthly, bi-annual magazines can also be approached for PRs in all three languages. Magazines can also carry info-graphics (paid) or articles, interviews.

□ Posters

Posters can be used to spread information through copy and pictures and can be strategically placed in various locations. This is ideal when using location based awareness such as at rest-houses, lodges, bars and night clubs. Permission from relevant authorities and owners will have to be obtained, where necessary.

□ Hoarding/Outdoor

Billboards can be used for a period of time to reach a specific community or the public with key messages. Use of government owned billboard spots will be more cost-effective. In general, these receive more attention during peak traffic hours throughout the day and it's effective in conveying the same message with better recalling probabilities.

Digital Media/Social Media

Use of digital media covers social media, phones and internet based communications. Social media offers interactive platforms such as Facebook, Twitter, and YouTube with communications at absolutely no cost or a very minimal cost.

□ Facebook

A great platform to target internet users and is used by over 3.5million local users currently, with a majority being from the younger age groups. Facebook is a free platform but with certain add-ons which are paid features. It provides options for businesses and organizations to promote activities and messages, allowing them to target a wider audience, outside of the National Response's main FaceBook page. Posts can be boosted (a paid option) to reach a greater audience.

This type of targeting can be based on geography, demographics and interests of users. By using Facebook, stakeholders can receive real time responses and opinions from a wide range of users from different ethnicities and age groups. It is highly interactive and lets anyone engage in discussions and share opinions. With FB apps on smartphones and with 23M+ mobile connections in Sri Lanka, chances of more people seeing FB messages are growing, exponentially.

□ Twitter

This is another leading social media networking site, with the ability to post messages at a maximum character usage of 140. Pictures can be attached and video links shared via twitter. As at 2015, there were only 119,000 Sri Lankan twitter accounts and 87% of which belongs to males and 13% to females. Compared to FaceBook, users, useful features, and flexibility is less.

□ YouTube

This video based social networking portal is the best platform for providing information on HIV/AIDS, STI related topics via videos, documentaries at minimal to no cost of media time. YouTube provides the opportunity for promotions to be done cost effectively, while reaching a wider, segmented audience. Audiences can be selected on the type of content which is watched mostly by target groups, and targeting can also be done on a generic level.

When using there are certain restrictions and copyright laws which must be followed, relating to the videos made.

□ Website (Optional)

The existing NSACP website can be modified and expanded to include information and data to all visitors of the website. Information can be segregated into multiple segments, under key strategic direction areas and can be presented in formats, including: onsite texts, video links, PDFs (downloadable resources) and referral links. The website is an excellent source of information for those seeking advice and guidance, PLHIV, HCW and the public in general.

7. IMPLICATIONS OF COMMUNICATIONS

Mass media campaigns come with implications and it is necessary to avoid the negative implications. These implications derive from social, ethical and legal considerations and limitations with culture also playing a role in it. Therefore, as the topics of STDs and HIV/AIDS, safe sex and condom use are already seen as distasteful, when communicating these on mass media, it should be done in a sensitive manner.

- Mass media communications to be sensitive to the culture and especially to those living with the HIV virus and those with STDs.
- Avoid the personification of the infection across any creative theme.
- Headlines or messages used on IEC/BCC material, mass media campaigns; newspaper articles should be creative yet neutral and should not incite any sense of urgency or false interpretations.
- Avoid using taglines, slogans which may be culturally sensitive, ethically evasive.
- Media specially, journalists, radio announcers, and other media representatives should be guided on which messages and tools to use when reaching general population.
- Messages to be communicated in all three languages
- Develop simplified IEC material or use audio, visual forms, or peer-educators to reach those identified as illiterate, within MARPs.

IEC Material Recommendations

Essentially a support tool for achieving communication objectives IEC material is a complementary to print/audio visual.

1. Uniform layouts across material for simplification and identification
2. AIDS Logo on all IEC material
3. Precise and clear headlines (keeping in mind simple language use for semi-literate readers)
4. Appropriate subheadings for grouping of information in understandable manner.

Design Recommendation

1. Maintain contrast between text and background.
2. Line lengths to be just the right size
3. When making text blocks limit words in each line to 6 words
4. A meaningful structure of the text and layout
5. Equal space between letters of words and between words
6. When using pictures make them interesting, avoid using clipart as much as possible (good alternative is free Google vector graphics)
7. Color palette of material to complement each other
8. Consistent use of font type
9. Avoid filling white spaces completely
10. Topic areas to carry similar color theme across IEC/BCC material
11. When using English letters, avoid the overuse of capital letters, use simple case letters for readability.

8. STRATEGIC GOAL AND OVERVIEW OF COMMUNICATION STRATEGY

“To maintain the low HIV prevalence status of the country and End AIDS by 2025”



8.1 Priority Areas

The overall strategy is guided by three main strategic areas under the National Strategic Plan and executed according to priority areas.

1. Prevention

Prevention is directed at bringing down the number of new infections through widespread communication to raise awareness on modes of transmission of STDs/HIV/AIDS and prevention of transmission and acquisition

2. Diagnosis, treatment and care

Spreading information on diagnosis, treatment and care services intended to increase uptake of HIV testing and screening for STDs, drive-in those already with HIV/AIDS/STD for treatment and care services.

3. Supportive Environment

Communication for a supportive environment involves addressing negatively affecting factors on the way to End AIDS in Sri Lanka by 2025 and those factors which limit the ability of those HIV positive to obtain treatment and services. It is vital to address the issue of stigmatization and discrimination of people living with HIV and STDs, promote equal treatment and protecting their human rights through mass media usage.

9. STRATEGIC DIRECTIONS AND OBJECTIVES

The following strategic objectives are based on the three strategic directions of NSP (2013-17) which will be addressed by the NCS and are formed on the basis on targeting MARPs, Vulnerable populations and general population including youth. Recommendations are made on gaps within the current framework, on those gathered from stakeholders through primary research and based on mass media usage best practices.

9.1 Strategic Direction: Prevention

9.1.1 Strategic Objective: Reducing risk of exposure to HIV/STDs through raising awareness and education among Key Populations

Those who fall directly under key populations have a much higher risk of acquisition and transmission of HIV and STDs. As of 2013, the volumes of these key groups have been identified as shown below in the table. Female sex workers (FSW), Men who have sex with men (MSM), Drug users (DUs) and beach boys are amongst the key population.

Key Group	FSW	MSM	DU	IDU	BB
Average population estimated	14,132	7,551	17,459	423	1,314
Maximum population estimated	15,935	8,554	19,542	NS	1,486
Minimum population estimated	12,329	6,547	15,338	NS	1,142

Objective 1: Increase awareness of HIV/AIDS/STDs among female sex workers

A Female sex worker (FSW) is “*Any female, who is selling sex in exchange of money or goods*”. FSWs operate in hotspots attracting clients. They operate based around streets, Lodge/hotels, shanties, brothels, Karaoke bars, casinos and night clubs etc. More than half of the identified population of FSWs operates within the Western Province.

The IBBS Survey, 2014 reveals a higher percentage of condom use among Female Sex Workers. However, their knowledge of HIV/AIDS stood at 34.9% and only 35% revealed as having tested for HIV with results obtained within the past 12 months. Those who knew where to obtain HIV testing was even lower than this percentage.

Considerations

- Peer-led targeted interventions remain an effective communication model with further improvement.
- General Mass media communications to be optimized for reaching FSWs
- Training clinic staff on treating FSWs without prejudice as word of mouth on discrimination will discourage clinic visits.
- Cover more than 80% FSW population of the country
- Coverage of FSWs in all Northern and Eastern provinces
- Achieving increased service uptake by FSWs

Objective 2: Increase awareness among men having sex with men and transgender individuals

Percentage of MSM among HIV positive males have been increasing over the years. MSM have a higher rate of partner exchange. Therefore, they possess a serious risk of acquisition and transmission of HIV/STI infections. This is further supported through IBBS (2014) that only 58% of men used condoms during their last anal sexual encounter with a male partner. There is a need to reach MSM with effective interventions, specially the segment which does not engage in safe sex practices such as regular condom use.

The IBBS (2014) survey shows only 30.5% had sound knowledge of HIV, an even lower number (15.4%) had tested for HIV in the last 12 months and only 19% have been reached by prevention programs.

Considerations

- Peer-led targeted interventions remain an effective communication model
- Using mass media to reach all MSM
- Reach more than 80% of MSM in the country by covering all provinces with special focus on underserved provinces.
- Revise IEC/BCC material to include behaviors of MSM and transgender in relation to sexual health concerns and risks.
- Address the issue of drug use among certain MSM and transgender persons
- Achieving increased service uptake by MSM
- Use intervention programmes to gather data (E.g. information gathering during interventions via brief questionnaire).

Objective 3: Increase awareness among drug users and users of intravenous drugs

There are thousands of persons who use drugs through oral or injected means. A significant proportion of users are concentrated within the Western Province with North Western, Southern and Central Provinces following suit. Although, only a minor proportion shares needles there is always the risk of escalation of such behaviors.

Although, HIV infections is near to zero among IDUs there is evidence of high risk behavior. Everything from condom usage, HIV testing, knowledge of HIV, reach of prevention programmes and safe injecting practices are poor. A low level of condom usage which has resulted from not knowing about them indicates the need for strong and increased awareness.

Considerations

- Address harm reduction needs and drug use issues through peer-led targeted interventions/IEC material
- Increase general awareness of HIV, AIDS and STIs
- Increase awareness of available services for STI, HIV and AIDS.
- Educate and encourage them to abstain from switching to intravenous drug use
- Achieving increased service uptake by drug users

Objective 4: Increase awareness among beach boys

Beach boys along the coastal lines have been identified as one of thy key populations. They are those who associate tourists and work near or on beaches. The highest recorded numbers of Beach Boys are from the southern province with western province having the second highest. Beach Boys expose themselves to the risk of HIV on a daily basis, given that they have sexual activities with tourists from out of the country and whose HIV status is not known.

According to the IBBS survey, condom use at last sexual encounter was 70% but only 30% of them use condoms consistently.

Considerations

- Through current interventions address and emphasize the risks of unprotected heterosexual and same sex behaviors with frequent partners including foreigners
- Increase general awareness of HIV, AIDS and STIs
- Increase awareness of available services for STI, HIV and AIDS.
- Achieving increased service uptake by beach boys

9.1.2 Strategic Objective: Reducing risk of exposure through awareness and education among Vulnerable Populations

Vulnerable population consists of migrant workers, prisoners, armed forces and police personnel and tourism industry workers. Although, these people are not identified as having a high potential for acquisition and transmission of HIV/STDs, they however, do carry a reasonable level of risk, given the vulnerable environments they operate in. It is intended to raise awareness and protect them from above infections through the comprehensive communications strategy.

Migrants – The number of population migrating for foreign employment has been rising, creating further susceptibility to HIV and STDs. In 2015 alone, the number of male migrant workers, housemaids & other female migrant workers were 300,413 and places the entire migrated population at over 1.7 million (2010). Other migration categories include International Migration (inbound) and travelers to the country. By end 2016 there were 115 foreigners diagnosed for HIV in Sri Lanka.

Prisoners – Prisoners are susceptible to the risks of contracting HIV/STDs through sex while in prison. An average of 30,000 is convicted as prisoners annually.

Armed forces and police personnel – Due to risky sexual conduct of certain individuals within these categories there is a risk of contracting HIV/STDs and evidence shows that there is a low level of condom usage among male military personnel with casual partners. Through interventions under the multi sectoral coordination unit of the NSACP it has been able to internalize HIV/AIDS/STDs services package into their training programmes.

Tourism Industry Workers – Employees in the trade routinely come across various individuals and are possibly exposed to the risk of infection through sexual activities and drug use.

Considerations

- Increase general awareness of HIV/AIDS and STIs, prevention knowledge and on available services for HIV/AIDS and STDs.
- Strengthen and constantly promote testing services.
- Closely monitor the systematic and continuous organization of awareness programmes amongst armed forces and police personnel.
- Assess the capacities, training needs of trainers and remediate.
- Use all opportunities to create awareness within the tourism industry. E.g. spontaneous requests for seminars, etc.
- Mass media communications will be a common platform which would create general awareness among all these sectors.

9.1.3 Strategic Objective: Increase awareness on HIV, AIDS, STIs among General population (including youth)

Although, high risk behaviors are not as significant among the general populations (outside of MARPs), the general population is susceptible to contracting these infections. In fact, statistics clearly show in the previous years that over 50% of newly detected persons are from the non MARPs, general population. This number was 134 out of 249 new cases reported in 2016, whereas the collective total of new cases reported among MARPs was 115.

Mass media usage is a vital component of a comprehensive HIV/AIDS/STDs prevention programme targeting the general population alongside a focus on the country's youth. The non-existence of a public dialogue has given way to misconceptions of HIV/AIDS/STDs among general public.

Considerations

- Work closely with creative/media agency/specialists in implementing mass media communications
- Choose the most cost-effective mix of mass media options and cost-effective channels from radio, TV and press.
 - Take advantage of the most cost-effective mediums such as sponsored ads from corporates, Ministry of Health sponsored public service messages, social media promotions, PR articles and print material distribution e.g. leaflets, vehicle stickers
 - etc. Use digital and social media in creating awareness
 - communications

Modulate the existing NSACP website to include information to specific individuals (refer to sample website)

- An online risk reduction tool is the best facility to obtain customized information according to gender, sexual orientation and level of activity.
 - Use social media for IEC led awareness targeting the youth
 - Prepare the system and logistics with human resources, capacities and physical resources to meet IEC, HIV testing and service related needs of the public once mass communications are implemented. E.g. Hotline for inquiries, Website for IEC, test kits, counselors, □ Promotion of sexual health

9.1.4 Strategic Objective: Increase awareness of PMTCT

Presently, the level of MTCT is very low and NSACP is committed to eliminate mother to child transmission of HIV and syphilis by 2018. Raising awareness on the programmes, free availability of HIV testing services and treatment for mothers as well as to prevent transmission to child is crucial.

Considerations

- Raise awareness about PMTCT of syphilis and HIV programmes and testing services
- Communicate the importance of pre-pregnancy and pre-natal testing for HIV/STDs
- Midwives to further strengthen awareness efforts at grass root level
- Equip every ante-natal clinic and maternal hospital with IEC material on STDs, HIV and AIDS topics
- Awareness raising for staff working in clinics and hospitals

9.1.5 Strategic Objective: Capacity building

Capacity building of different players leading the national response to HIV/AIDS epidemic should happen continuously. Providers of NSACP services should receive refresher training from time to time. NGO partners who work within the National Response to HIV epidemic as well as their field staff (out-reach workers and peer-educators) also need ongoing capacity building.

Capacity building as a total is beyond the present communication strategy, however, communication is a major part of capacity building.

Considerations

- Ongoing refresher and capacity building programmes as relevant to different categories of service providers
- Evaluate the quality of training material offered to each category of trainers and PEs
- Create up to date, effective and attractive IEC/BCC material for trainers, peer educators etc.
- Communicate with HCW of clinics on eliminating stigma and discrimination

9.2 Strategic Direction: Diagnosis, Treatment and Care

9.2.1 Strategic Objective: Increase awareness on testing services, treatment, care and support

Quality and reliable services of diagnosis, treatment, care and support with convenient accessibility are vital for prevention and treatment of HIV/AIDS and STIs. The environments at clinics, counseling centers, other medical centers and NGO centers must be friendly; and confidentiality kept at a maximum level. However, awareness of the general populace, especially in rural settings is dwindling given the lack of information dissemination.

Early intervention based upon diagnosis is a key contributor of transmission prevention. However, limitations exist to extending such services via STD Clinics and medical facilities. These are lack of awareness of free availability such services and support services such as counseling. Most importantly populations need to be aware of treatment available for HIV positive individuals which enable them to live a healthier and longer life.

Services to be promoted

- HIV testing services
- Pre-test information and post-test counseling services
- Services related to other STIs
- Treatment of opportunistic infections
- Provision of ART
- Providing counselling, care & support for PLHIV
- Family Planning service

Awareness of testing and counseling services is carried out through outreach programmes and targeted interventions but this does not go beyond KPs and Vulnerable groups. Communication should extend towards educating the public and youth on the availability of free services, on confidentiality and the support services given to PLHIV through peripheral clinics and the health sector.

The awareness that there is a strong network of support for HIV positives and living with HIV/AIDS will encourage them to receive these services or guide those who are positive to receive treatment. Most importantly it will provide information on where to seek these services.

Considerations

- Mass communications on testing services is aimed at all populations.
- Promote care seeking for STIs
- Promote sexual health

- Promotion of services could be done as one separate campaign focusing mainly on testing.
- Promote rapid testing and locations of service delivery
- The free availability of services is a key element to be mentioned in the campaign
- The provision of ART freely for all diagnosed with HIV to be another key mention.
- The adherence to privacy and confidentiality with no discrimination to be a key message.
- IEC materials, advertisements and other informative mediums to include information of clinics, NGOs and information of on-going outreach programs which provide services including testing.

9.3 Strategic Direction: Supportive Environment

9.3.1 Strategic Objective: De-stigmatization of HIV and People Living with HIV and AIDS

Stigma and discrimination creates prejudice and social injustice towards people living with infection. Stigmatization of those infected by the communities and society as a whole act as a discouraging factor in bringing forward those who are infected with HIV; and in providing them with relevant services.

Considerations

- Debunk myths and misconceptions of transmission
- Health rights of people living with HIV
- Legal rights of people living with HIV
- Role of key stakeholders and society as a whole in the fight against stigma and discrimination

9.3.2 Strategic Objective: Breaking self-stigma of people living with HIV

People living with HIV have both external and internal stigma. Many of them feel ashamed, guilty and at times suicidal. They often blame themselves. The proposed activities should encourage them to seek services and receive treatment and support services.

Considerations

- Breaking stigma – internal and external stigma
- The importance of self-sustenance for PLHA
- Healthy lifestyle
- Education on basic rights and responsibilities, sexual health rights, reproductive and legal rights.

9.3.3 Strategic Objective: Promoting non-discriminatory behavior towards people living with HIV and those with STDs among health care workers

In recent years, there has been evidence suggesting the indifference shown to people living with HIV by certain HCW in clinics and hospitals. These attitudes have a negative impact on providing services for people living with HIV as well as STD patients.

The rights of people living with HIV must be highlighted, regardless of their social, ethnic, economic, gender condition and sexual orientation.

Considerations

- Communicate importance of privacy and confidentiality
- Positive attitude towards patients
- Corrective actions for those that behave discriminatorily

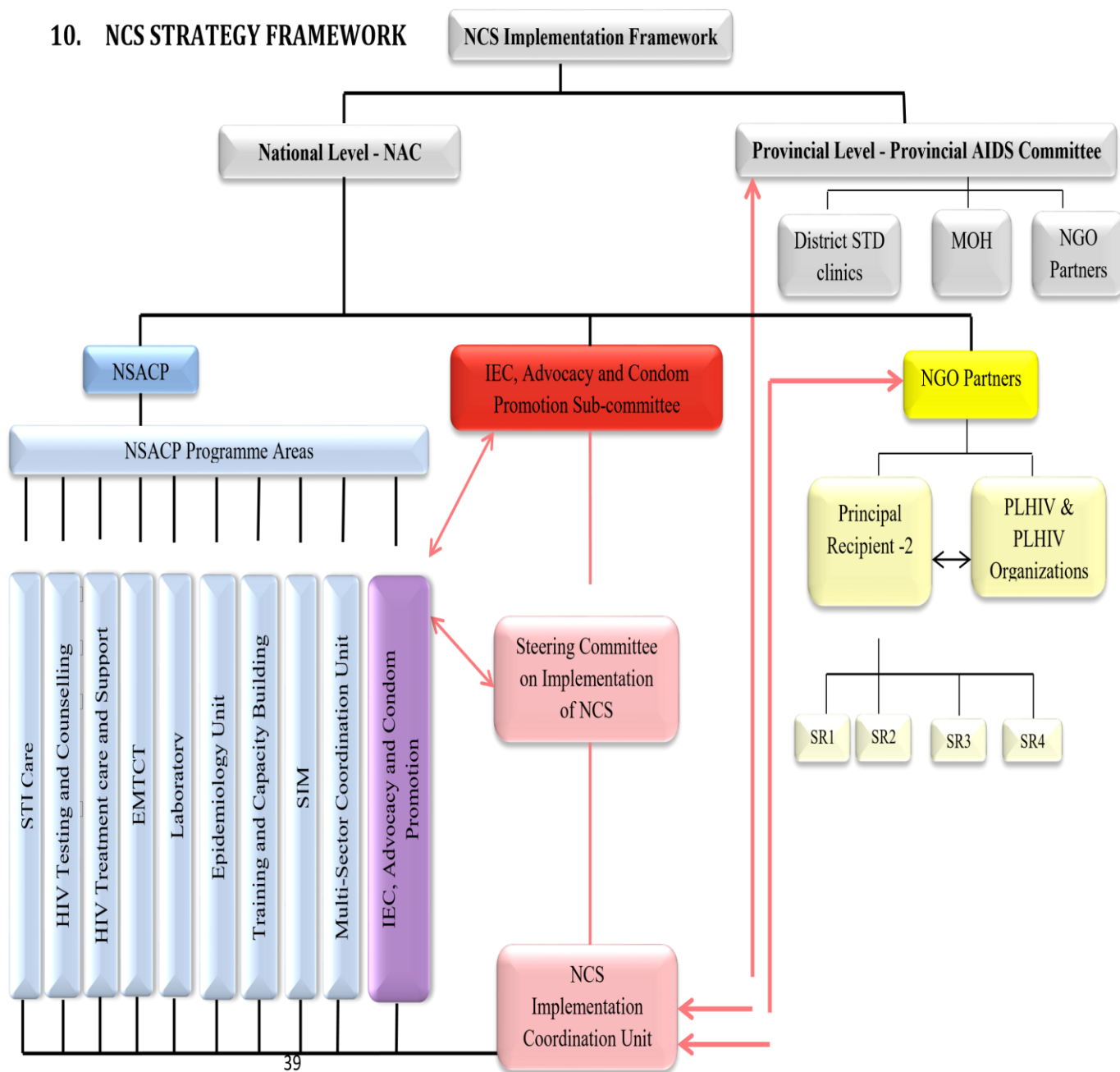
9.3.4 Strategic Objective: Advocacy among policy makers and law enforcement personnel

Police officers and even law makers should be made aware on taking a positive stance towards allowing Key Populations to lead healthy sexual lives. Key Populations also need to be made aware on the legal framework and their rights in terms of sexual health.

Considerations

- Advocacy on sexual health, rights of KPs and policies to end stigma and discrimination.

10. NCS STRATEGY FRAMEWORK



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The National Communication Strategy (NCS) will be implemented in 2017 upon receiving the necessary funding for its operations. The NCS is expected to run for four years with suggested communication approaches until 2020. A midterm review which evaluates the effectiveness of the overall strategy and achievement of its objectives will be conducted by 2018/2019. Another evaluation of the overall NCS is to be conducted at the end of the term in 2020, before the next NCS for 2022-2025 will be prepared.

Implementation of approaches falls within the jurisdiction of IEC, Advocacy and condom promotion area of NSACP under the supervision of IEC Advocacy and condom promotion subcommittee of National AIDS Committee (NAC). A steering committee will be appointed by IEC sub-committee of NAC to guide the implementation of NCS and a coordination unit will be established to work with IEC programme area, which will liaise with relevant programme areas when NCS is implemented. A multi-stakeholder approach is absolutely vital for full and effective implementation of communication approaches on a National and District Level.

10.1 Responsibilities of Programme Areas/Units

NSACP

- The NCS is primarily a national endeavor. At its core, lies the objective of preventing the spread of HIV/STDs, maintaining the low prevalence level and Ending AIDS by 2025.
- As the primary and leading authority that spearheads the national response to HIV epidemic and STDs in Sri Lanka, the NSACP, will coordinate and oversee the planning, implementation, evaluation, and the effectiveness of the overall strategy.
- Key Units and Programme Areas under the NSACP will collaborate in planning and implementing communication approaches; while, working with public, private, civil society organizations, and partners at provincial and district levels.
- NSACP is responsible for the planning and implementation of Mass Media Communications and peer-led targeted interventions in collaboration with NGO partners.
- Look in to all aspects and make recommendations when selecting media for mass communication or a combination.
- Ensure the timely implementation of communication approaches.
- Ensure that creative agencies adhere to the ethical considerations when designing creative material/visuals/audio across any media.
- Ensure IEC/BCC material are unilateral in design elements; overall random quality checks of printed material.
- Ensure media is clearly briefed at press briefings about the topic area.
- Ensure quality of content and material; resources and the capabilities of resource personnel
- Mass media communications will be carried out by the NSC implementation coordination unit which will operate under the IEC/BCC programme area, overseen by higher management of the NSACP.

IEC, Advocacy and Condom Promotion

- This is the sub-unit of NSACP which is primarily responsible for providing leadership to the NCS.
- Appoint and monitor a Steering Committee, to oversee the implementation of NCS.
- Work closely and monitor other programme areas and partners in implementation of NCS, developing comprehensive, tailor-made IEC material and training modules.
- Monitor third party advertising/design agencies in developing communication material, by providing recommendations on content and ensuring quality.
- Provide technical guidance on content when developing audio visual material for targeted interventions. E.g., Presentations, Testimonial Videos, Theatrical videos on prevention/testing/sexual responsibilities/stigma/support from clinics and the entire network etc.

Steering Committee (overseeing implementation of NCS)

- Provide direction to the NCS Implementation Coordination Unit and monitor the implementation
- Meet monthly to discuss and assess the implemented NCS.
- Report directly to the IEC, Advocacy and Condom Promotion Sub-Committee of National AIDS Committee on progress.

NCS Implementation Coordination Unit

- The unit should comprise of a person (Communications/media professional) experienced in working with mass media networks, with adequate knowledge in control and prevention of STDs/HIV/AIDS.
- He/She is to be assisted by two programme assistants, with prior experience in media scheduling and accounting (preferably).
- They are to be further assisted by three persons employed as office assistants.
- The unit should be operational and functional before mass media implementations begin.
- The unit will work in liaison with IEC, Advocacy and Condom promotion unit of NSACP to implement NCS. It will liaise with all programme units during the implementation of communication activities.
- They should develop workable and detailed action plans for each mass communication work with clear timelines, resources and budget specifications.
- In implementation, the unit should work within the stipulated budget as mentioned in the
- NCS.

All expenditure should be recorded by Programme Assistants, who should be equipped with an online accounting software and proper media scheduling formats.

HIV Testing and Counselling

- Ensure information on testing and counselling services are accurately and comprehensively provided in communication material to all populations and target groups at interventions.
- Overall involvement in media campaign development (concepts and mechanics) when promoting these services.
- Responsibility for overseeing that, inquiries to NSACP (after mass media communications begin) receive accurate information and guidance.

Multi-sectoral Coordination Unit

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in implementation of NCS as relevant to multi - sectoral unit.
- Work with relevant sectors and other partners in implementing communications for raising awareness among them on HIV/AIDS/STDs, their control and prevention and promotion of sexual and reproductive health.

EMTCT

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in implementation of NCS as relevant to EMTCT
- Ensure that mothers are communicated the importance of ante-natal HIV testing for both mother and child through Mass Media Communications.
- Ensure doctors, nurses and clinic staff provides positive communications to expecting mothers on the aspects of treatment and lifestyle changes.
- Communicating effectively to partners of mothers on the importance of HIV testing.

HIV Treatment, Care and Support

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in implementation of NCS as relevant to HIV treatment, care and support by planning, implementing, monitoring and evaluating relevant communication activities in the action plan
- Ensure information on Treatment, Care and Support services are accurately and comprehensively provided in communication material to all populations and target groups at interventions.
- Ensure clinics are equipped with communication material to distribute to patients and visitors.
- Communicate on a regular basis with PLWA/PLHIV, after initial diagnosis on encouraging treatment.
- Responsibility for overseeing inquiries to NSACP receives accurate information.

Training and Capacity Building

- Work closely with implementation coordination unit / IEC and Condom Promotion unit in implementation of NCS as relevant to training and capacity building activities.
- Responsibility in the Training of Trainers (ToT) for peer – led targeted intervention programmes and as and when requested by other stakeholders.
- Responsibility in training of peer educators belonging to Key Populations.
- Capacity building of HCW on an ongoing basis.

PDHS/RDHS

- NCS implementation coordination unit / IEC and Condom Promotion unit of NSACP and district level STD clinics will liaise with PDHS/RDHS in implementation of NCS in relevant provinces and districts.
- Programme areas to plan targeted interventions in respective districts for key populations, vulnerable populations, PLWA/PLHIV and the general public.
- Work closely with MOH offices in implementation of interventions.

NGO partners within GF funded programme (Principal Recipient – 2 FPASL)

- Planning, implementation, monitoring and evaluation of peer-led targeted interventions for FSWs, MSM, DUs and BBs under the technical guidance of NSACP.
- Principal recipient and sub-recipients to work closely with relevant programme areas of NSACP in carrying out peer-led targeted interventions.
- Work closely with implementation coordination unit / IEC and Condom Promotion unit in implementation of NCS as relevant to key populations .

11. MONITORING AND EVALUATION

The monitoring and evaluation process will be an on-going effort which will require overseeing the overall implementation framework. A mid-term review of the strategy while it progresses is essential to gauge the progress of the NCS against the planned timeframe.

Effectiveness indicators (to be planned and spelled-out by the Implementation Coordination Unit) of each approach are the best measurements of success during the implementation process and once the NCS is completed. The overall indicators of decreasing new infections and AIDS related deaths annually leading up to Ending AIDS by 2025 will be the biggest measurement of success.

Data and collection

Collection, recording and compilation of data are the responsibility of the relevant implementing partners of NCS. The final authority of data management lies with Strategic Information Management (SIM) unit of NSACP. SIM unit will devise simple, yet an effective system for given task.

Monitoring of mass communication effectiveness should be done every month to gauge the impact of mass communication activities among MARPs and among the public. This should be spearheaded by the NCS Implementation Coordination Unit. This will incur a cost which should be managed from the mass communication budget as it is unable to gauge at present the type of mass comm. activity and the scope of the research/process of finding and analyzing effectiveness data. This data should then be processed by SIM to present the true outcome of the implemented mass communication activities.

12. ACTION PLAN

This action plan mainly focuses on creating awareness on a mass scale and within target groups/communities while disseminating information on the subject matter of prevention, diagnosis, treatment and care, and enabling a supportive environment through communications.

12.1 Action plan – Mass media (General Population Including MARP, VP: 2018-2021)

Considerations

At the time of implementation, stakeholders can opt for the following methods when selecting mass media channels

- Mass media communications (TV, RADIO, PRESS, SOCIAL MEDIA) to include messages on prevention awareness, testing services and diagnosis, treatment and care services as well as on addressing stigma and discrimination.

- Use messages interchangeably across spots received for the period of implementation but not overlapping strategic areas. E.g.
 1. Initial period to be used as a preamble to HIV/AIDS using statistics, its increase, what it is, transmission. (**Commencement phase**)
 2. Followed by prevention awareness for a period of time. (**Prevention**)
 3. Subsequently, testing method, options, how to get tested, places and contact information (**Testing**)
 4. After which information on clinic services, treatment and care (**Services**)
 5. Supplemented by messages pertaining to stigma and discrimination (**Supportive Environment**)

- 360⁰ Campaign
This entails a concentrated campaign based on a central theme. Each individual communication will be a byproduct of the main campaign; which will include:
 - Campaign logo and slogan across all communications and materials – Common layout etc...
 - Each individual advertisement and print material can carry different Headlines and Messages alongside varying graphics but with the common logo and slogan and common layout

The advantage of this method is that all communications, graphics, layouts will be done within guidelines. Deviations will be lesser giving more control in ensuring, adherence to the main objective.

- One-off advertisements/infomercials –
These will be the usual, separate, unrelated advertisements, print material, infomercials etc...
- Media charges and Cost of Production are separate (Please refer detailed Media Plan)
- Estimating costs for concepts and designing cannot be predicted at this stage as agencies consider the need, time and creative resources into account with each job or campaign
- Developing a principal campaign will require agency and client to liaise throughout.
- With each creative concept the ethical repercussions should be considered (Offensive use of images and words should be avoided)
- Media rates change from time to time.
- Rates of each channel and programme vary based on viewers or listeners
- Times when spots will be broadcasted will vary from channel to channel.

13. CONCLUSION

This report of the National Communication Strategy (NCS) was designed for the objective of maintaining the low prevalence levels of HIV/AIDS and Ending AIDS by 2025. However, this report is not the complete means or ends to a detailed mass communication plan. It is a concise map of existing communications and proposed communication initiatives alongside budget recommendations for mass media communications.

While, current and on-going targeted interventions will continue to take a leading place in the fight against preventing AIDS/STDs, the mass communication component will act as a supporting pillar to the work of those dedicated to achieving the end objective including the NSACP, FPASL, NGO Partners and Stakeholders as well as all medical and non-medial officials.

Once the NCS implementation Coordination Unit has been established the unit, under the guidance of IEC Sub-committee of NAC and the steering committee, it will be responsible for developing detailed action plans, managing funds as well as implementing the actions under the NCS. This report is a guide and acts as a framework for the more detailed, more extensive work that will be carried out in the future, leading up to the next NCS in 2022-2025.

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