HIV Prevention and Behavior Change Communication Strategy for Young People (10-24 years)

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4.0 OPERATIONAL PLAN

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS – Acquired Immunodeficiency Syndrome
ART – Anti-Retroviral Therapy
ARVs – Anti-Retroviral Drugs
BCC – Behaviour Change Communication
CANGO – Coordinating Assembly of Non-Governmental Organisations
CBOs – Community Based Organisations
CEO – Chief Executive Officer
CSWs – Commercial Sex Workers
CHWs – Community Health Workers
CMTCT – Crisis Management and Technical Committee
FBOs – Faith Based Organisations
FHI – Family Health International
GFATM – Global Fund for HIV/AIDS, TB & Malaria
GIPA – Greater Involvement of People Living with HIV/AIDS
HBC – Home Based Care
HICDARM – Hear, Inform, Convince, Decide, Action, Reconfirm and Maintain
HIV – Human Immunodeficiency Virus
IEC – Information, Education and Communication
LDDs – Long Distance Drivers
MISA – Media Institute of Southern Africa
M&E – Monitoring and Evaluation
NADPP – National Association for Development Programme Producers
NCS – National Communication Strategy
NERCHA – National Emergency Response Council on HIV/AIDS
NGOs – Non-Governmental Organisations
OVC – OVC Orphans and Vulnerable Children
PLWHA – People Living with HIV/AIDS
PSI – Population Services International
PPTCT – Prevention of Parent to Child Transmission
PRASO – Parents and Relatives of People Living with HIV/AIDS Organisation
RHMs – Rural Health Motivators
SADC – Southern African Development Community
SHAPE – Schools Health Population Education
SNA – Swaziland Nurses Association
SNAP – Swaziland National AIDS Programme
SNAT – Swaziland National Association of Teachers
SNC – Swaziland National Council
SNYC – Swaziland National Youth Council
SFL – Swaziland Federation of Labour
SFTU – Swaziland Federation of Trade Unions
SYUAHA – Swaziland Youth United Against HIV and AIDS
STIs – Sexually Transmitted Infections
TA – Technical Assistance
TB - Tuberculosis
THO – Traditional Healers Organisation
UNAIDS – Joint United Nations Programme on AIDS
UNFPA – United Nations Population Assistance

UNICEF – United Nations Children Fund
UNISWA – University of Swaziland
USAID – United States Agency for International Development
VCT – Voluntary Counselling and Testing
WHO – World Health Organisation

FOREWORD

Swaziland has a youthful population. According to the 1997 Census, about half of the kingdom's population is youth, and a majority of them reside in rural areas. Studies reveal that the youth in Swaziland is vulnerable to contracting STIs, including HIV and AIDS, since a majority of them are having unsafe sex with multiple partners at a young age. Swaziland is one of the countries with the highest HIV prevalence rate in the world. The prevalence rate among pregnant women attending antenatal clinics increased from 3.9% in 1992 to 42.6% in 2004. Awareness about HIV and AIDS is high but behavior change is not consistent with the rate of behavior change communication interventions.

There are fundamental social, cultural, economical and legal factors that are exacerbating the spread of HIV in the country. As a result, the impact of the epidemic is heightened. Studies indicate that the overwhelming burden of the epidemic lies with the youth, children and women. The studies also show that despite increased knowledge of the dangers of HIV and AIDS, such knowledge has not translated into responsible behaviour change.

The country has adopted a multi-sectoral approach to HIV and AIDS which puts emphasis on behaviour change communication – also in line with the National Strategic Plan for HIV and AIDS. In 2004, Swaziland developed a National HIV/AIDS Communication Strategy, which takes into account that HIV/AIDS issues are multi sectoral, and therefore provides a coordinated framework for implementation of behaviour change communication programmes by various stakeholders. BCC requires a multisectoral and multidisciplinary approach, thus the involvement of all relevant stakeholders has enriched this document.

We are grateful to the Swaziland National Youth Council (SNYC), as a coordinating body for youth activities in Swaziland, for having taken the initiative to operationalise the National HIV/AIDS Communication Strategy by developing an HIV Prevention and Behaviour Change Communication programme for young people aged 10 to 24 years. This initiative could not have been possible without the support and involvement of all stakeholders, especially organizations that work with young people. We also appreciate the continued support from the United Nations Population Fund (UNFPA) who provided technical and financial assistance in this exercise.

We hope that this strategy provides an adequate framework for the development of effective behaviour change communication programmes for young people, especially those targeting communities and households. We also expect that the development of information, education and communication (IEC) materials will adopt a multisectoral approach and ensure pre-testing of materials before they are issued to the public. Such a process should necessarily involve already existing structures such as the IEC Action Group convened by the Swaziland National AIDS Programme (SNAP). This coordinated approach will assist the country to develop relevant, useful and effective IEC to be used at decentralized levels.

Thank you.

Dr Derek von Wissell,
NERCHA Director

ACKNOWLEDGEMENT

This strategy document was developed through a participatory and consultative process involving many stakeholders. A high level of input was received from many organizations including the National Emergency Response Council on HIV and AIDS (NERCHA), Family Life Association of Swaziland, Schools Health and Population Education (SHAPE), Swaziland National Youth Council (SNYC), Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL), Swaziland Youth United Against HIV and AIDS (SYUAHA), Swaziland Youth Forum, Umbutfo Swaziland Defence Force (USDF), SADC Youth Movement, Baphalali Swaziland Red Cross Society, Sexual and Reproductive Health Unit, Ministry of Health and Social Welfare, Swaziland National AIDS Programme, Swaziland National Network of People Living with HIV/AIDS (SWANNEPHA), Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Children Fund (UNICEF), Wold Health Organisation (WHO), Swaziland National Association of Journalists (SNAJ), Media Institute of Southern Africa (MISA-Swaziland Chapter) and media organizations.

Our sincerest gratitude go to UNFPA who provided technical and financial support to develop and implement components of the strategy. UNFPA provided technical advisers from its Country Support Team office in Harare, Zimbabwe. We are grateful to Ms Monique Clesca who facilitated the initial strategy development workshop at Simunye Country Club in June 2005, and produced a draft document, and to Mr Max Tello who facilitated the strategy finalization and validation workshop at Orion Hotel, Piggs Peak, in December 2005. UNFPA further appointed a BCC adviser, Mr Sibusiso Mngadi, to assist SNYC to finalise and implement the strategy.

We believe that this strategy will provide an excellent framework for effective behaviour change communication activities targeting young people aged 10 to 24 years in all our communities. The development of this strategy is the national attempt to operationalise the National HIV/AIDS Communication Strategy, whose key target are young people.

Maxwell Jele
SNYC CEO

1.0 INTRODUCTION

This document presents an integrated multi-media communication strategy which is a comprehensive plan with a mix of communication interventions, namely advocacy, social mobilization and behavior change communication, all designed to increase changes in knowledge, attitude and environment of youth 10 to 24 years old so as to contribute to them adopting positive desired behaviors that will prevent them from catching HIV, other Sexually Transmitted Infections and also getting pregnant. It is based on the National HIV/AIDS Communication Strategy developed by NERCHA, Swaziland's coordination body in all matters linked to HIV and AIDS.

This strategy is not a communication policy, nor is it a communication campaign. However, as a communication strategy, it can include, one or several campaigns, which are by definition short-term communication events carried out in an intensive manner.

A participative approach has been used to develop this strategy. The strategy was developed by stakeholders from diverse sectors of Swaziland society working in the field of health and or youth. An initial strategy development workshop was held at Simunye Country Club in June 2005 and the document was validated in December 2005 at Orion Hotel, Pigg's Peak. Participating in the workshops were representatives of government agencies, including the Sexual and Reproductive Health Unit, Public Health Unit, Ministry of Health and Social Welfare, Ministry of Home Affairs, Umbutfo Swaziland Defense Force, NERCHA, NGOs that work with young people as well as various UN agencies, including UNICEF, UNDP, UNAIDS and UNFPA.

The **process** used to develop the strategy was fairly classic, starting with an analysis, proceeding to the elements of the strategy itself to the implementation plan. To inform the **Analysis,** results from several behavior surveys conducted over the last few years on young people, both in and out of school, were used in addition to some basic statistical information on young people. Then the **Strategy** itself with the target audiences, the objectives, the messages, the communication channels, the ways to intervene to transmit the messages was elaborated.

The **implementation plan** including the activities plan was considered in a very visual format through a Gantt Chart done in Microsoft Project. This is a software tool that will facilitate the follow up of the whole strategy. The strategy was linked to the Monitoring and Evaluation of the National HIV/AIDS Communication Strategy, and National Strategic Plan. The institutional framework, the production and capacity-building plan, and the budget will be developed separately.

1.1 Context

In 2004, the prevalence of HIV among antenatal clients in Swaziland was 42.6%, one of the highest in the world. Only slight differences separate the four regions of the kingdom from one another. However, the rate in urban areas is 5% higher than that found in rural areas.

For youth, the situation is catastrophic.

- Although the age group of 25 to 30 years old was not considered part of the primary target audience in the youth strategy, that group has by far the highest prevalence of all Swazis at 56.3% for the year 2004.
- The 20 to 24 years old, a prime group in the target audience, has the next highest rate at 46.3% for the same year.
- It is the group 15 to 19, which offers the most hopeful statistic for now and for the future of the nation. They have a prevalence rate of 29.3% in 2004, down from 32.5% in 2002.

Swaziland youth are considered to be at high risk for HIV infection. Research data presented to the strategy development team shows that 70% of youth in school practiced safe sex while there were only 30% among out-of-school. This presents a potent argument for increasing school enrolment.

Youth aged 10 to 24 years constitute 35% of the estimated 1.1 million of the total population of the kingdom of Swaziland.

Most of the NGOs working with youth are partners of the Ministry of Health and the different government entities and bilateral and international donors in the fight to prevent HIV infection among youth. The different partners are already active in the field, in both urban and rural areas and several innovative programs are in place. However, this strategy aims to maximize all the partners' added advantage to scale-up prevention efforts directed towards young people.

1.2 Which model for the Kingdom of Swaziland?

The stakeholders prioritized:

- Abstinence
- Faithfulness
- Condom use
- Delay sexual debut
- Partner reduction
- Strong local traditional political leadership
- Systematic use of cultural traditions

Other prevention methods:

- male circumcision
- masturbation "do-it-yourself".

All sectors of society, particularly the traditional leadership of communities, as detailed in the secondary audience, are to be involved in the mobilization to fight against HIV. The central of this strategy is around talking freely about HIV and what causes it and what can prevent.

In addition, vibrant cultural practices that constitute the backbone of Swaziland communities are prioritized throughout the strategy as entry points to convey messages to young people. Traditional leaders are identified as decision makers to take strong public stands against harmful practices that contribute to vulnerability of youth, and hamper prevention efforts.

1.3 The challenges

Major challenges remain:

- Making sure that the messages are skills-based, benefit-orientated and are sequenced well enough to follow the behavior change stages. Communication professionals should work together to assure that this is done prior to pre-testing them.
- Making supplies, which also include services as well as commodities, to be in-line with the demand that will be increased as a result of this strategy. Evidence has shown that demand for services and commodities follow increased communication efforts, and to ensure success of communication programmes, it is of the utmost importance that the planning of adequate supplies be done correctly.
- Making human resources sufficient to implement this comprehensive plan, and the sufficient capacity to do it.

1.4 Guiding Principles for Action

The following UNAIDS principles were used to guide this strategy:

- Promoting/protecting human rights
- Tackling barriers to scale-up

- Mobilizing stakeholders
- Women and girls
- Evidence base
- Stigma and discrimination
- Resources
- Human capacity needs
- Key populations- vulnerable groups
- Youth (which of course, is the main concern for this group).

Gender was proposed as an additional category to "women and girls" and as a principle, it includes male involvement in addition to women's empowerment. Culture and the use of rich cultural traditions was also included in the guiding principles for Swaziland.

- Gender
  Male involvement
  Women's empowerment
- Culture: the use of rich cultural traditions

1.5 Definition of Concepts

1.5.1 Behavior Change Communication:

Behavior Change Communication is an interactive process that engages an individual to make informed choices to change attitudes and opinions to carry out a desired positive behavior or life style.

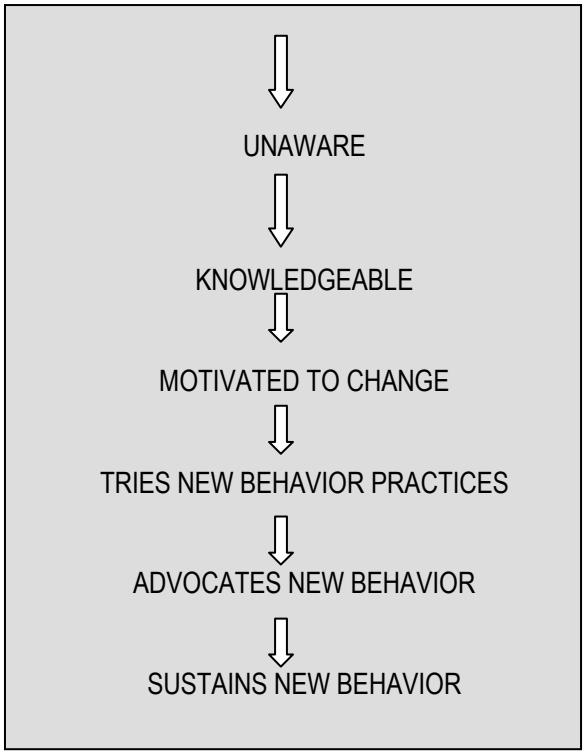
1.5.2 Advocacy

Advocacy is a process that influences decision makers to change legislation policy to create a favorable environment or to allocate resources in support of a cause.

1.5.3 Social Mobilization

Social Mobilization is a process to involve communities to participate fully in support of a cause.

1.6 STAGES or STEPS to BEHAVIOR CHANGE



The factors that enable individuals to change their behavior include:

1. Providing effective communication – skills and support
2. Creating an enabling environment – policies, community values, human rights.
3. Providing user-friendly accessible services and commodities.

2.0 The Strategy

2.1 Target Audience

The target audience was defined as follows:

- The PRIMARY audience as YOUTH
  10 to 14 years old
  15 to 19 years old
  20 to 24 years old

- The SECONDARY audience (The ones who influence the youth 10 to 24 to adopt and maintain appropriate behaviors):

IN THE HOUSEHOLD: Parents, Grandparents, Aunts, Uncles, Cousins, Brothers, Sisters, In-laws.
IN THE SCHOOLS: Teachers, peers, youth organizations and clubs, health clubs, PTAS.
IN THE WORKPLACE: Peers, Managers/Supervisors, and Networks.
IN THE COMMUNITIES: In-laws, Youth organization, Community Leaders, Church Leaders, Traditional Leaders, Church Clubs, Networks, "Personalities", Community organized media.

2.2 Segmentation of Primary Audience

It was important to "*break down*" or segment the primary audience to better target activities and messages directed to them. Segmentation is literally segmenting the population into small homogenous components so that you may better *TARGET* the communication actions. Target audience was divided according to:

- their sex: female or male,
- their age: either 10 to 14, 15 to 19 or 20 to 24,
- where they live: urban or rural area,
- whether they were in school or not: The attendance or non-attendance in school is important in Swaziland because research has shown that in-school youth have significantly different sexual habits than youth who are out of school.

2.2.1 Segmentation of girls or females 10 to 24 years old

GIRLS/ 10 to 14 YEARS / URBAN/ IN-SCHOOL
Primary Level/ Junior Secondary

SOCIAL HANGOUTS	• Youth friendly centers • Sports field • Church • Home • Malls • Libraries • Market stalls
DEVELOPMENT STAGES	• Transition to adolescent • Mood swings • Begin to challenge authority • Need privacy • More discussions with peers • Abstract thought difficult
PEER GROUP	• Hangout with people of same age • One or two best friends • Gossip starts • Form group of same sex
SEXUALITY	• Might start menstrual period • Develop breasts • Begins to feel attracted to opposite sex • Experiment with sex play. • Transition to adolescent
BODY IMAGE	• Concerned about body changes breast size/pubic hair. • Influenced by fashion • Worry about body weight (body conscious) • Body image defines who am I.
INTERESTS	• Talkative but not communicative (secrets) • Music (R&B, Kwaito) • Fashionable clothes • Romantic love even programmes on TV. • Sports • Magazines • Traditional culture (at school, Umhlanga group effort)
VULNERABILITY EXPOSURE	• Sexuual exploitation (sex, abuse/rape) STI's • Drugs/Alcohol • Pregnancy • Sex • Love/affection

GIRLS /10 to 14 YEARS / URBAN /OUT OF SCHOOL

SOCIAL HANGOUTS	• Town (streets, drop in centers) • Shebeens • Home • Church • Market stalls • Youth friendly centers, soup kitchens / carepoints, • Work/baby sittters/maids, informal activities / games
DEVELOPMENT STAGES	• Transition to adolescent • Mood swings • Begin to challenge authority • Need privacy • More discussions with peers • Abstract thought difficult • Survival instincts
SEXUALITY	• Might start menstrual period • Develop breasts • Begins to feel attracted to opposite sex • Experiment with sex play. • Transition to adolescent
PEER GROUP	• Hangout with people of same age • One or two best friends • Gossip starts • Form group of same sex, both sexes & older people
BODY IMAGE	• Concerned about body changes breast size/pubic hair. • Influenced by fashion • Worry about body weight (body conscious) • Body image defines who am I.
INTERESTS	• Traditional Culture Umhlanga • Opposite sex-more sexual active • Drama • Money to spend • Music • Fashion
VULNERABILITY EXPOSURE	• Sexual exploitation by Older men (incest, rape) • Child labour • Alcohol • Prostitution

GIRLS /10 to 14YEARS / RURAL/IN-SCHOOL Primary Level

SOCIAL HANGOUTS	• Market fields • Riverside • Home, doing chores • School • Church • NCP • Travelling from school to home
DEVELOPMENT STAGES	• Transition to adolescent • Mood swings • Begin to challenge authority • Need privacy • More discussions with peers • Abstract thought, difficult • Survival instincts but have less free time to express one- self.
SEXUALITY	• Might start menstrual period • Develop breasts • Begins to feel attracted to opposite sex • Experiment with sex play. • Transition to adolescent
PEER GROUP	• Hangout with people of same age • One or two best friends • Gossip starts • Form group of same sex, both sexes and older people • Less free time to interact.
BODY IM AGE	• Not critical but not conscious of how they look, aware and anxious of body changes.
INTERESTS	• Traditional activities (maidenhood) • Music • Stories/drama • Radio • Books
VULNERABILITY EXPOSURE	• Drugs/alcohol • Sex abuse • Hard labour • Choose to drop out of school if family does not have money.

GIRLS /10 to 14YEARS / RURAL/OUT OF SCHOOL

SOCIAL HANGOUTS	• Market place • Fields • Traditional gatherings • Community activities
DEVELOPMENT STAGES	• Transition to adolescent • Mood swings • Begin to challenge authority • Need privacy • More discussions with peers • Abstract thought difficult
SEXUALITY	• Might start menstrual period • Develop breasts • Begins to feel attracted to opposite sex • Experiment with sex play. • Transition to adolescent
PEER GROUP	• Hangout with people of same age • One or two best friends • Gossip starts • Form group of same sex, both sexes & older people
BODY IM AGE	• Concerned about body changes breast size/pubic hair. • Influenced by fashion • Worry about body weight (body conscious) • Body image defines who am I.
INTERESTS	• Traditional activities (maidenhood) • Music • Stories/drama • Radio • Books
VULNERABILITY EXPOSURE	• Rape • Drugs/Alcohol • Child labour • Pregnancy • Early marriage

GIRLS /15 to 19 YEARS /URBAN/ IN-SCHOOL

SOCIAL HANGOUT	• Town (Malls), • Restaurants, • Youth Centers, • Work, • Night clubs, • home, • Church, • parks, • lonely roads, • parties
DEVELOPMENTAL STAGES	• Essence of adolescent • Strong Peer Group • Influenced transition to adulthood • Depression > mood-swings • Begin to develop own value system moving away from parents – peers • Totally want their space • Identity crisis – develop abstract thought • Emancipated (income orientated)
SEXUALITY	• Discovering what they want • First sexual experiences rife • Masturbation • Constant curiosity
BODY IMAGE	• Last stages of body development • They are conscious of how peers and opposite sex perceive them • Pre-occupied with appearance
INTEREST	• Fame celebrity role models
PEER GROUP	• Form meaningful relationships with opposite sex • Strong friendships with same sex mix with older people

GIRLS/15 to 19 YEARS/ RURAL/ IN-SCHOOL
Few in primary, Junior High, High School or Tertiary

SOCIAL HANGOUT	• School, • Youth centers, • Home, • Church
DEVELOPMENTAL STAGES	• Essence of adolescent, strong Peer Group influenced transition to adulthood, depression • Depression – Mood Swings • Begin to develop own value system moving away from parents -peers • Total want their space • Identity crisis, develop abstract thought • Emancipated (income orientated)
PEER GROUP	• Form meaningful relationships with opposite sex • Strong friendship with same sex
BODY IMAGE	• They are conscious of how peers and opposite sex perceive them • Pre-occupied with appearance
SEXUALITY	• Struggling with sexual identity, initiates sex • Constantly thinking about sex
INTEREST	• Music – R&B, kwaito, hip hop, • Sports • Hanging out with friends, • Church relationships, dating, • Attend Umhlanga reed dance
VULNERABILITY EXPOSURE	• Transactional sex, • alcohol, • pregnancy, • depression, • Poverty, • OVC

GIRLS 15 to 19 YEARS /URBAN/OUT-OF-SCHOOL

HANGOUT	• Home, • Malls, (town), • Church, • Youth centre, • sheebens, • Night clubs, • Markets (vendors), • Restaurants and bars
DEVELOPMENTAL STAGES	• Essence of adolescent • Strong Peer Group • Influenced transition to adulthood • Depression > mood-swings • Begin to develop own value system moving away from • Parents – peers • Totally want their space • Identity crisis – develop abstract thought • - Emancipated (income orientated)
BODY IMAGE	• They are conscious of how peers and opposite sex perceive them • Pre-occupied with appearance
SEXUALITY	• Discovering what they want • First sexual experiences rife • Masturbation • Constant curiosity
PEER GROUP	• Form beneficiary friends • Develop meaningful relations with opposite sex, for monetary gain.
INTEREST	• Income orientated • Music – hip-hop, kwaito, R&B, gospel and pursuing music as a career • TV, radio, night clubs, pubs, church • Career improvement • Beauty pageants/ modeling • Fashion and women magazines • Dating • Volunteering with NGOs • Attend Umhlanga
VULNERABILITY EXPOSURE	• Pregnancy, • Sex working, • Cohabiting, • Transactional sex, STIs,

GIRLS 15 to 19 YEARS/ RURAL/ IN-SCHOOL
Few Primary level, Junior high, High School

SOCIAL HANGOUT	• Home, grocery shops/bus stations (on holidays, weekends) • Markets • Church • Walking with friends from school
DEVELOPMENTAL STAGES	• Essence of adolescent, strong Peer Group influenced transition to adulthood, depression • Depression – Mood Swings • Begin to develop own value system moving away from parents -peers • Total want their space • Identity crisis, develop abstract thought • Emancipated (income orientated)
PEER GROUP	• Form beneficiary friends • Develop meaningful relations with opposite sex, for monetary gain.
BODY IMAGE	• They are conscious of how peers and opposite sex perceive them • Pre-occupied with appearance • Lack material things
SEXUALITY	• Discovering what they want • First sexual experiences rife • Masturbation • Constant curiosity
INTEREST	• Music- kwaito, gospel, R&B • Attend Umhlanga, and other cultural activities • Participate in extra-curricular activities at school • Dating, magazines • Religious groups • Visiting family friends in town
VULNERABILITY EXPOSURE	• Pregnancy, • OVC, • Poverty, • STIs, • Pregnancy

GIRLS 15 To 19 YEARS/ RURAL /OUT-OF SCHOOL

SOCIAL HANGOUT	• Market stalls, • Bus stations, • Working as maids, • Home, • Church, • Youth centers
DEVELOPMENTAL STAGES	• Essence of adolescent, strong Peer Group influenced transition to adulthood, depression • Depression – Mood Swings • Begin to develop own value system moving away from parents -peers • Total want their space • Identity crisis, develop abstract thought • Emancipated (income orientated)
PEER GROUP	• Form beneficiary friends • Develop meaningful relations with opposite sex, for monetary gain • Develop friends for financial gain
BODY IMAGE	• They are conscious of how peers and opposite sex perceive them • Pre-occupied with appearance but lack financial resources to enhance the image.
SEXUALITY	• Discovering what they want • First sexual experiences rife • Masturbation • Constant curiosity
INTEREST	• Music: gospel, kwaito, • Radio, magazines, • Volunteer with organizations for financial gain • Participate in Cultural activities • Attend Umhlanga
VULNERABILITY EXPOSURE	• OVC, • Poverty, • Transactional sex, • STIs, • Pregnancy

GIRLS 20 – 24 YEARS Urban:
Tertiary, Working/Looking for jobs, Informal employment, Vending, Married, Single, Parenting, House Wives, Jails, Rehabilitation centers

SOCIAL HANGOUTS	• Church, • Night clubs, • Shopping malls, • Restaurants, • Markets, • Home, • traveling
DEVEL0PMENT STAGES	• Reality setting in (firm abstract thought) • More aware of their survival • Enter Adult life • Re-integrated in family as an adult • Demonstrate more problem solving skills
PEER GROUPS	• Forming steady relationships with girlfriends • Strong group friendships with girlfriends
BODY IMAGE	• Appearance is a major concern • Still conscious of how the opposite sex perceives them • Image is influenced by what they wear, where they hangout and who they hangout with.
SEXUALITY	• Involved in serious intimate relationships • Freely having sex • May not be in control of their sex lives • Open to promiscuity
INTERESTS	• TV: sports, movies (romantic and dramas), talk shows, soapies, news, • Documentaries • Sports: some are still active but most are becoming spectators (tennis, netball, • Volleyball, basketball, squash, etc • Fashion/shopping: clothes, hairdos and cosmetics • Music: same as boys • Careers: same as boys • Clubbing: same as boys • Traditional culture: (Umhlanga)
VULNERABILITY	• HIV/AIDS, • Transactional sex, • Serial monogamy (promiscuity), • Single parenting, • Drug and substance abuse, • Peer/ and parental pressure, • Poverty, • Sexual exploitation, • Premature marriage, • Male dependency.

GIRLS/ 20-24 YEARS Rural:
Few at High school, tertiary, working, informal employment, vending, married, single mothers, unemployed

SOCIAL HANGOUTS	• Home, • Markets, • Community meetings, • Community associations
DEVELOPMENT STAGES	• Reality setting in (firm abstract thought) • More aware of their survival • Enter Adult life • Re-integrated in family as an adult • Demonstrate more problem solving skills
PEER GROUP	• Forming steady relationships with girlfriends • Strong group friendships with girlfriends
BODY IMAGE	• Appearance is a major concern • Still conscious of how the opposite sex perceives them • Image is influenced by what they wear, where they hangout and who they hangout with.
SEXUALITY	• Involved in serious intimate relationships • Freely having sex • May not be in control of their sex lives • Open to promiscuity
INTERESTS	• Income orientated • Marriage and babies • Community associations • Community volunteering • Home making • Skills development - sewing, craft making, etc
VULNERABILITY	• Urban migration, • HIV/AIDS poverty, • Sexual exploitation, • Premature marriage, • Early parenting, • Single parenting, • Transactional sex, • Alcohol and substance abuse, • Peer and societal pressure, • Male dependency and promiscuity

2.2.2 Segmentation of boys or males 10 to 24 years old

BOYS/10 to 14 YEARS/URBAN IN SCHOOL (Primary Level and Junior High School)

HANG OUT	• Schools, • Shopping malls, • Hammer mills, • Formal/informal parks.
DEVELOPMENT STAGES	• Transition to adolescent, • Begin to challenge authority, parents, guardians • They have the need for privacy • More discussions with peers • Mood swings • Reject things of childhood • Abstract thought difficult • Gender biasness
PEER GROUP	• Friendships with members of the same sex • Possible has contact with the members of the opposite sex but in groups. • Hangout with people doing similar tasks • Peer group not purely defined • Scouts, religious groups
BODY IMAGE	• Preoccupied with physical appearance. • Anxious about masturbation, wet dreams, penis size, sex. • Critical of appearance, fashion conscious
SEXUALITY	• Begins to feel attracted to others. • Begin to masturbate • May experiment with sex play • Compare own physical development with that of peers.
INTEREST	• TV Cartoons • Music Videos, TV Games, Sports – Soccer, BB, Bikes, Volleyball, Fast • Cars, (Competition level) • Music – hip-hop, kwaito, video, CD, image of the Artist, the vulgar, lingo. • Traditional Culture – minimal to activities at school and may be • Community • Lusekwane, because of friends. To push ulterior motives. • Clay objects • Fighting • Traditional events (kuhlehla) • Initiation ceremonies • Kudla inhloko • Kubutseka
VULNERABILITY	• Drugs, • Alcohol, • Sexual abuse, • STIs, • Missing school, • Street kids

BOYS/10 to14 / URBAN OUT OF SCHOOL

HANG OUT	• Formal/informal parks, • Kombis/buses, • Juvenile centres, • Churches, • Hammer mills.
DEVELOPMENT STAGES	• Transition to adolescent, -Begin to challenge authority • They have the need for privacy • More discussions with peers • Mood swings • Reject things of childhood • Abstract thought difficult • Veld fighting • Susceptible to abuse (sodomy) • Bestiality • Myth beliefs leading to misconceptions • Hunger (malnutrition) • Gender biasness
PEER GROUP	• Friendships with members of the same sex • Possibly has contact with the members of the opposite sex but in groups. • Hangout with people doing similar tasks • Peer group not purely defined • Scouts, religious groups
BODY IMAGES	• Preoccupied with physical influence by magazine changes/ labels worn by them. • Critical of appearance, fashion conscious • Anxious about masturbation, wet dreams, penis sex. • Not conscious, poor hygiene practices
INTEREST	• Vending, • Loitering, • Sports, • Music, • Reading, • TV, • Hustling, • Traditional activities, • Vocational skills
SEXUALITY	• Begins to feel attracted to others. • Begin to masturbate • May experiment with sex play • Compare own physical development with that of peers.
VULNERABILITY	• Transactional sex (sodomy), • Gangsterism, • STI's, • Child Labour / exploitation, • Crime/audience, • OVC • Poverty

BOYS /10 to 14/RURAL IN SCHOOL - (Primary level or Junior High School)

SOCIAL HANG-OUTS	• Playgrounds, • Shops, • River, • Velds, • Church, • Market stalls, • Schools, • Shopping malls, • Hammer mills, • Formal and informal parks • Traveling from schools to home.
DEVELOPMENT STAGES	• Transition to adolescent, • They have the need for privacy • More discussions with peers • Mood swings • Reject things of childhood • Abstract thought difficult • Fighting • Susceptible to abuse (sodomy) • Bestiality • Myth beliefs leading to misconceptions • Hunger (malnutrition) • Gender biasness • Less free time or platform to express themselves. • Tasked with lots of responsibility and expected to carry out these tasks, whether they can is not considered. • Begin to challenge authority / parents / guardians
PEER GROUP	• Friendships with members of the same sex • Possible has contact with the members of the opposite sex but in groups. • Hangout with people doing similar tasks • Peer group not purely defined • Scouts, religious groups • They do not have a lot of free time to interact with friends out of school because of work, may even though they are possibly together. • Possibly have contact with members of the same sex
BODY IMAGE	• Anxious about masturbation; • Could be aware of labels, but because they have no access, it is not critical. • Preoccupied with physical appearance, • Anxious about masturbation, wet dreams, penis size, sex
SEXUALITY	• Begins to feel attracted to others. • Begin to masturbate • May experiment with sex play • Compare own physical development with that of peers
INTEREST	• Sports – soccer in particular, Wire cars • Develop skills to improvise e.g wire cars, hunting, music hip hop, kwaito, videos, CDs, artists image, vulgar lingo, story telling, traditional culture e.g sibhaca, umbholohlo, gumboot dance, lusekwane, festivals, drama
VULNERABILTY EXPOSURE	• Child labour/exploitation, • Lack of information/ access to all services, • Sexual abuse/ STI, Poverty – drug abuse.

BOYS /10 to 14/RURAL /OUT OF SCHOOL

HANG OUTS	• NCP, • Local shops • Home, • Working, • Veld, • River, • Playground • Bus stops, • Dams, • Canals
DEVELOPMENT STAGES	• Transition to adolescent, • They have the need for privacy • More discussions with peers • Mood swings • Reject things of childhood • Abstract thought difficult • Fighting • Susceptible to abuse (sodomy) • Bestiality • Myth beliefs leading to misconceptions • Hunger (malnutrition) • Gender biasness • Begin to challenge authority / parents / guardians
SEXUALITY	• Begins to feel attracted to others. • Begin to masturbate • May experiment with sex play • Compare own physical development with that of peers • Prone to trying sex earlier and more active.
PEER GROUP	• Friendships with members of the same sex • Possible has contact with the members of the opposite sex but in groups. • Hangout with people doing similar tasks • Peer group not purely defined • Scouts, religious groups • They do not have a lot of free time to interact with friends out of school because of work, even though they are possibly together. • Possibly have have contact with members of the same sex
INTERESTS	• Sports, • Music, • Survival skills • Income orientated, • Looking for jobs • Cultural or youth activities.
VULNERABILITY EXPOSURE	• Drug abuse / Sex abuse, • Form destructive relationships with older boys, • Migration, • Exploitation (labour)

BOYS / 15 to19/URBAN /IN SCHOOL (In Primary, Junior High, High School or Low Tertiary)

SOCIAL HANGO0UT	• Church, • Town (Malls) Restaurants, • Libraries, • Playgrounds, • Home, • Social clubs, • Youth centers, • Parks, • Work (Weekends & Holidays) • Night Clubs, • Bars, Pubs. • Schools, • Internet cafes
DEVELOPMENT STAGES	• Essence of Adolescent Strong Peer Group influenced Transition to adulthood depression • Mood Swings. • Begin to develop own value system moving away from parents – peers, • Totally want their space • Emancipated (income orientated) • Identity crisis, Develop abstract thought
PEER GROUP	• Strong friendships with same sex • Meaningful relationships with opposite sex
BODY IMAGE	• Conscious of how peers and opposite sex perceive them • Pre-occupied with appearance • Physical growth and development fully matured
SEXUALITY	• Struggling with sexual identity initiates sex • Constantly thinking about sex. • Concerned about size of penis.
INTEREST	• TV – Sexual movies • Action movies • Sexual/violent music videos • Sports – F1, BB Soccer (competitive) • Music, hip-hop, kwaito, culture (as a career) • Print: Men's health, Women's magazines, car magazine, • Soccer/sports magazines, pornography • Culture: Partying (dubing), church relationships, drinking, smoking, sex, eating out/hanging out with friends, shopping, making money, having role models (lusekwane). • Culture, partying (clubbing)
VULNERABILITY EXPOSURE	• Transactional sex, Drug abuse, Drug trafficking, • Depression (suicide), Peer Pressure (gangs) • Parents expectation, OVC / Poverty • Depression, suicide, peer pressure, • Gangsterism, • Sexual abuse

BOYS /15 to 19/URBAN/OUT- OF- SCHOOL

HANG OUT	• Work, • Home, • Shops, • Youth centers, • Clubs, • Sports, • Streets, e.t.c, • Upgrading, • Tertiary institutions, • Informal parks, • Hammer mills, • Employment areas
DEVELOPMENT STAGES	• Essence of Adolescent • Strong Peer Group influence • Transition to adulthood depression – Mood Swings. • Begin to develop own value system moving away from parents – peers, • Totally want their space • Emancipated (income orientated) • Identity crisis, Develop abstract thought • Survival instance
BODY IMAGE	• Conscious of how peers and opposite sex perceive them • Pre-occupied with appearance • Physical growth and development fully matured
SEXUALITY	• Struggling with sexual identity • Initiates sex • Constantly thinking about sex. • Concerned about size of penis. • Cohabiting
PEER GROUP	• Have friends
INTERESTS	• Income orientated, • Games, • Sports, • Music, • Culture influenced by magazines, TV and radio, • Social clubs/night clubs • Career improvement etc
VULNERABILITY/ EXPOSURE	• Casual sex, • Gangsterism, • Drug trafficking / abuse, • Crime, • Unemployment, • Accidents, • STI's • Cohabiting, • Low income jobs

BOYS/15 to19/RURAL/IN- SCHOOL (Few primary level, Junior High, High Schools)

HANG OUT	• Local grocery shops, • Church • Playgrounds, • Home fields, • Veld, rivers, • School
DEVELOPMENT STAGES	• Essence of Adolescent Strong Peer Group influenced Transition to adulthood depression • Mood Swings. • Begin to develop own value system moving away from parents – peers, • Totally want their space • Emancipated (income orientated) • Identity crisis, Develop abstract thought • Survival instance
PEER GROUP	• Have friends
BODY IMAGE	• Conscious of how peers and opposite sex perceive them • Pre-occupied with appearance • Physical growth and development fully matured • Hindered by lack of material things)
SEXUALITY	• Struggling with sexual identity initiates sex • Constantly thinking about sex. • Concerned about size of penis. • Cohabiting

BOYS/15 to 19/RURAL/OUT OF SCHOOL

HANG OUTS	• Shebeens, • Groceries, • Church etc.
DEVELOPMENT STAGES	• Essence of Adolescent • Strong Peer Group influence • Transition to adulthood depression • Mood Swings. • Begin to develop own value system moving away from parents – peers, • Totally want their space • Emancipated (income orientated) • Identity crisis, Develop abstract thought • Survival instance • Negative, abusive, aggressive attitude to opposite sex
SEXUALITY	• Struggling with sexual identity initiates sex • Constantly thinking about sex. • Concerned about size of penis. • Cohabiting • Very sexual active.
PEER GROUP	• Have friends
BODY IMAGE	• Their thought and desires same but can't have (majority)
INTERESTS	• Casual sex • Sports • Youth Association/ Music • Cultural Activities • Vocational skills • Looking for employment • Community development/ service
VULNERABILITY/ EXPOSURE	• Poverty, • Head of family (OVC), • Crime (Drug/ Car trafficking), • Depressed, • Transactional sex • Drugs/Alcohol, • STI's, • Lack of knowledge/ services • Urban migration

BOYS/20 to 24 / URBAN
High School (Few)– single/ married/-Tertiary - fathers/ Looking for jobs - loitering

SOCIAL HANGOUTS	• Night Clubs, • Gym, • Shebeens, • Jails, • Rehabilitation centers, • Play-grounds, • Sport centers, • Home, • Grocery shops, • Traveling, • Tertiary institutions, • Informal parks.
DEVELOPMENT STAGES	• Reality setting in (firm abstract thought) • More aware of their survival • Enter Adult life • Re-integrated in family as an adult • Demonstrate more problem solving skills
PEER GROUP	• Relate to individual more than group • Forming steady relationships
BODY IMAGE	• Usually comfortable with body image • Defined by brands (Polo) • Influenced by gadgets, material possession • Interested in one certain look (role model/mentor)
SEXUALITY	• Penis size *STILL* an issue. • Married • Serious intimate relationships that tend to replace groups • Freely having sex. • More in control and promiscuous
INTEREST	• TV – Sports/ DVD's/ Videos, News, Documentaries, Politics • SPORTS - some still actively involved while others slowly becoming Spectators/Management • MUSIC – R 'n' B, Jazz, house, gospel slows & Jams as a career. • TRADITIONAL CULTURE – Lusekwane, Incwala, Sibhaca (Traditional Dancers) groups - Careers – Furthering careers • UPGRADING--In professional jobs, Focused on self improvement, - Social responsibility • CLUBING: Jazz festival, Musical shows, Braais, House parties, Sports Bar
VULNERABILITY EXPOSURE	• Transactional sex, Drug abuse, Drug trafficking • Depression (suicide), Peer Pressure (gangs) • Parents expectation, OVC / Poverty

BOYS/ 20 to 24/ RURAL

HANG OUT	• School, • Home, • Tertiary, • Working etc
DEVELOPMENT STAGES	• Reality setting in (firm abstract thought) • More aware of their survival • Enter Adult life • Re-integrated in family as an adult • Demonstrate more problem solving skills
PEER GROUP	• Relate to individual more than group • Forming steady relationships
BODY IMAGE	• Usually comfortable with body image
SEXUALITY	• Penis size *STILL* an issue. Married • Serious intimate relationships that tend to replace groups • Freely having sex. More in control and promiscuous
INTEREST	• Very income orientated • Married and babies • Providing a family/asset acquiring • Community positions • Community volunteering
VULNERABILITY EXPOSURE	• Migration, • Early marriage, • Pressure, • Drugs, • STI's, • Poverty, • Exploitation

SPECIAL GROUPS

- Street Kids
- OVC
- Commercial Sex Workers
- Seasonal Workers
- Public Transporters
- Disabled / Mentally unstable
- Delinquents
- Teenage Fathers
- Drug/Alcoholic Addicts
- Sexually Active
- Not Sexually Active
- HIV Positive people

2.3 Objectives

The objectives were aligned to the National HIV&AIDS Communication Strategy, supported by NERCHA. The objectives were then reformulated so that they would be:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-bound

2.3.1 Advocacy Objectives

1. By 2006 the Ministers of Health and Education adopt and implement Family Life Education policy in primary, secondary, high schools and tertiary schools.

2. The Minister must commit Legislators to adopt the Sexual Offences bill and ensure its implementation by December 2006.

3. By December 2008, that the Ministry should adopt and implement the gender policy.

4. By December 2008 ministry adopts and implements the Sexual and Reproductive Health policy.

5. By 2006,the Ministry of Health and Social Welfare and the Media (SNAJ) sign a Memorandum of Understanding on responsible reporting on HIV/AIDS issues.

6. To Sensitize Chiefs/Inner councils in all Constituencies to publicly issue out statements against property grabbing, arranged marriages, wife inheritance, sexual offences and domestic violence, from 2006 to 2009.

2.3.2 Social Mobilization Objectives

1. By 2009, 720 schools and their communities are supporting and implementing the condom policy for school based interventions.

2. To mobilize 360 community leaders to review and enforce existing traditional laws on child protection by December 2009.

3. To mobilize 360 communities to revive traditional forums to delay sexual debut among youth (10 – 24) by December 2009.

4. To increase in school youth to participation in school activities in 96% schools by December 2007

5. To mobilize women and men groups youth organizations in the 360 communities to strengthen traditional/cultural practices (such as Umhlanga, Umcwasho, Lisekwane) to delay sexual debut among youth aged 10 – 24 years by December 2009.

6. To mobilize young people between ages 10-24 to freely talk about their HIV status by December 2009.

7. To mobilize administration and management of uniformed forces to support HIV&AIDS initiatives by December 2009.

2.3.3 Behavior Change Communication Objectives

1. To have 90% of youth aged 10 – 24 years have correct knowledge of the risk of having early sex, correct condom use, correct knowledge of risk of not treating STIs, by December 2009.

2. To increase by 90% young people (10-24) who have correct knowledge of the benefits of having one sexual partner by December 2009.

3. To increase by 50% the correct knowledge and benefits of correct condom usage by the youth aged 10-24 by December 2009.

4. To have 90% of youth aged 10 – 24 years with correct knowledge of the risks of not treating and not completing STI treatment by December 2009.

5. To increase the number of youth age 15 – 24 years by 30% who are aware and knowledgeable of the benefits of PPTCT services by December 2009.

6. To increase by 20% the demand for the use of youth-friendly centers by youth ages 10 – 24 years by December 2009.

7. To increase the number of teachers who self-report acceptance of talk about condoms in schools by December 2009.

2.4 Campaign Messages

The themes were developed around the following clusters. [These proposals can be improved]:

ABSTINENCE
I'm real even without sex
Sex can wait
I choose to abstain

MULTIPLE PARTNERS
Avoid multiple partners
Stick to one partner
Avoid casual sex
[I only have one partner]
[My partner and I love and respect each other]
We won't betray each other.

VIRGINITY
Be proud of your virginity it's worth the wait.
Preserve your virginity

CONDOMS
One condom. One Round
No Balloon. No Party
Without a condom, no party
Put on a condom to it on
If it's not on it's not in

DELAY SEX
Education first. Sex later
Youth aged 15 – 24, when practicing sexual intercourse always use condoms to prevent STIs.
Do not rush to have sex, remain a virgin
You are special, delay sex.
Do it yourself. Love yourself.
Delay sex, masturbate.
Be yourself and delay sex
My Education first, sex later.

LIFE/GOALS
Join the HIV free generation
Healthy baby, happy family
Love them enough, talk about sex
Ngoba likusasa ngelami (My dream, my future).
SRH knowledge the key to life
Be responsible
Let's talk about trust
Love me the right way, protect me
Young people, don't gamble with your life.
Life goes on regardless of my HIV+ Status
Let's talk about growing up
Be proud of your body
Put yourself first
Achieve your goals
Education first

3.0 PLANNING CHART

3.1 Advocacy

OBJECTIVE 1: By 2006 the Ministers of Health and Education should adopt and implement Family Life Education Policy in Primary, Secondary, High Schools and tertiary schools.

Risk Factors/ Problem behavior	**Target Audience (Primary & Secondary)**	**Desired Behavior & or Attitude Change**	**Messages with skills to be given**	**Key benefit**	**Communication Channels**	**Communication Product Material or Media**	**Intervention (Activity) Strategies**
* Exposure to HIV/STI infection * Teenage pregnancy * School dropouts * Sexually active but lack correct knowledge on Condoms.	*Cabinet Ministers *Members of Parliament	*To buy into the idea of Family Life Education in schools *To approve and endorse the policy allowing Family Life Education in Schools	* Children are involved/engaged in sexual activity. They need to be informed about correct Condom use. *Sexual education	*Informed School Youth protected from HIV, STI, and Pregnancy	Discussion Forums ***Print**	*Fact sheet *Testimonials *Minute paper to present to Minister.	*Hold a consultative meeting with Minister and PS of Education Minister of Health and Social Welfare *Conduct seminars for other Cabinet Ministers, PS's and Members of Parliament on the importance Having a Policy.

OBJECTIVE 2: By December 2006, Legislators have adopted a Sexual Offences Bill that protects survivors and vulnerable groups of of sexual crimes by offenders.

Risk factors/ Problem behaviour	**Target Audience (Primary & Secondary**	**Desired Behavior & or Attitude Change**	**Messages with skills to be given**	**Key benefit**	**Communication Channels**	**Communication Product Material Or Media**	**Intervention (Activity) Strategies**
Exposure to HIV/STI infection Increase in IV transmission The psychological trauma of being raped especially on a child	Legislators Ministers Magistrate Courts Attorney General's Office	Policy adopted and implemented. Relevant Put in place Enforce behaviour change Rehabilitate offenders. Protect Women & Children from sexual violence	Protect women children from being ction by HIV/STIs There is need to protect woman and children from being violated	Reduction in:- HIV transmission Sexual offences Rape incidence Restoration of safety, moral and values Rehabilitate Offenders	Radio Print TV Discussions Sensitization Workshops	Radio programmes Newspaper articles TV Monologue Adverts Fact sheets Paper to Present to Attorney General, Ministry of Justice Testimonials	Fact sheet Minute paper Sensitization workshops Radio programmes Print ads Diffusion of newspaper articles and adverts Diffusion of TV programmes & adverts Air consultative meetings with MPs, Ministers 30 mins programming development and aired on the effects of sexual offences weekly Articles published including a personal testimonial on Chomza Develop monologues and aired consultative meetings with MPs, Ministers, AG's & Magistrate

OBJECTIVE 3: **By December 2008 the Minister of Home Affairs must adopt and implement the gender policy.**

Risk Factors/ Problem behavior	**Target Audience (Primary & Secondary**	**Desired Behavior & or Attitude Change**	**Messages with skills to be given**	**Key benefit**	**Communication Channels**	**Communication Product/ Material/ Or Media**	**Intervention (Activity) Strategies**
Vulnerability of Women and Children Gender based traditions and norms that lead to Youth vulnerability, poverty and other unfavorable sexual practices.	<u>Primary</u> Cabinet MPs Ministry of Home Affairs – (Minister, Principal Secretary, Gender Unit) <u>Secondary</u> Men Community Leaders NGO strategy Stakeholders	That Cabinet and MPs understand gender issues in Swaziland thus need for gender policy. To Approve and endorse policy To motivate approval of policy. Support action towards approval of policy	Gender equity promotes social development Men & Women working together for social change. Gender equity will not take away your manhood (for men)	Gender Equity promotes social development Limited violation of women and children	Discussion forums Media	Testimonials Minute paper Fact sheets News articles on effects of gender equity.	Consultative meetings with Minister and Gender Unit Stakeholders Conduct seminars for Cabinet Minister & MPs on importance of having the policy. Produce radio programmes, TV adverts.

OBJECTIVE 4: By December 2008 the Minister of Health and Social Welfare must adopt and implement the Sexual Reproductive Health policy.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Or Media	Intervention (Activity) Strategies
Exposure to HIV/STI infection Teen pregnancies Lack of knowledge on SRH Multiple sex partners Inconsistent and incorrect condom use. Abuse	Primary Target: Cabinet Ministers Members of Parliament Ministry of Health & Social Welfare:- Minister, Principal Secretary, Director of Health services and SRH Programme Manager Secondary Target: Organizations working in the area (SRH) Parents Youth	That cabinet ministers and MPs appreciate and understand Youth sexual reproductive health problems. To approve and endorse policy. To motivate approval of Sexual Reproductive Health policy. Support action towards approval of policy.	Youth are also sexual beings. Their sexual health needs must be addressed. Same as above. Lets join hands for change Adopt the right to say, No	Informed youth on SRH. Reduction of STIs HIV prevention Unplanned pregnancies Youth with healthy sexual lifestyles.	Discussion forum Discussion forums Workshops	Testimonials Minute paper Fact sheets	Consultative meetings with the Minister of Health and Social Welfare Conduct seminars for Cabinet Ministers and Members of Parliament on importance of having the policy. Workshops on SRH and importance of having the policy. production of radio and TV materials

OBJECTIVE 5: By 2006 the Ministry of Health and Social Welfare (MOHSW) and the media sign on Memorandum of Understanding on responsible reporting on HIV/AIDS issues.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Or Media	Intervention (Activity) Strategies
Lack of accurate information on HIV/AIDS and related issues	Ministry of Health Social Welfare S N A J MI SA	Accurate & responsible reporting on HIV/AIDS related issues.	Information is key Behavior changes come with accurate information.	Informed Youth Reduced risk behavior	Discussion forums (meetings)	Fact sheets	Workshops on HIV education and responsible reporting. Meetings with media house and organizations.

OBJECTIVE 6: By December 2009 to increase the number of chiefs/inner councils in all constituencies who publicly issue out traditional policies against property, arranged marriages, wife inheritance, sexual offenses and domestic violence.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Or Media	Intervention (Activity) Strategies
Poverty Displacement Loss of identity Vulnerability	Chiefs Inner Council DPMs office	To protect the deceased family mainly wife/kids from losing their property/assets in the case of husband death Issue a policy (MOU) to stop property grabbing	Property grabbing results in poverty due to loss of assets/Property. As Chiefs you have a role to protect children and women from loosing their property in the death of the husband/parent Children need to be protected	Retaining identity Reduces vulnerability Retaining parents assets Reduces Poverty	Group discussions Sensitisation Forums Radio Print Folk media TV Community conversations	Radio programs on the effects of property grabbing etc as above Fact sheets Testimonials from chiefs	Hold consultative meetings with DPMs office/Chiefs Conduct workshops at Tinkhundla level targeting the Officer/Inner Council/Chiefs Develop and Air radio programme Facilitate the establishment of networks for chiefs at regional level use of folk media to sensitize chiefs

3.2 Social Mobilization

Objective 1: By 2009, 720 schools and their communities support the development and implementation of a condom policy for schools based interventions

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary)	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Media	Intervention (Activity) Strategy
Sexually active in school but lack information on condoms Schools without CCP	Community Leaders Teachers SNAT Curriculum	To buy into the idea of condom education in schools To lobby for Condom education be allowed in schools. Teachers will freely talk incorrect information about condoms. Pupils will freely ask questions and ask for clarity on Condom issues. Sexually active pupils will understand their risky behavior and be self-motivated to decrease exposure to risk of STI and HIV transmission. -Integration of CE into school curricula.	Teachers/ parents have a role to ensure that your children have access to information. Teach children how to protect themselves from getting STI including HIV Teach children about child abuse (sexual) Teach children about changes of unprotected sex.	In-school youth will have knowledge on protection of STI's, pregnancy & HIV by the use of Condoms. Helping CEP in schools Pupils knowledge about STI and how it can be prevented. Increase number of pupils protecting self from STI & HIV and pregnancy. Reduce number of pupils dropping out due to pregnancy Reduce number of pupils absentism due to above	Community forums Radio Print Community Conversations	Fact sheet Programme (30 mins) 3 slots in a Youth programme Current affairs desk.	To hold meetings with their subjects to hear their views/opinions on the condom policy.

Objective 2 : To mobilize 360 communities to review and enforce existing traditional laws on child protection by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communicati Channels	Communication Product/ Material / or Media	Intervention (Activity) Strategies
Increased vulnerability of girl child Increased rate of HIV transmission Child labour Child education Poverty children as caregivers to sick parents	Community leaders. Women's group RHMs Youth groups Men FBOs CBOs	To review existing traditional laws. To enforce +VE ones and get rid of VE ones	Cultural practices that prevent child protection and enhances vulnerability.	Availability of 19 conducive environments for child protection Reduced rates of HIV transmission	Community forums Radio Print	Fact sheet Radio	Develop & disseminate fact sheets. A radio programme that will educate people on the enforced laws on protecting the girl child. Consultative meetings/community leaders. Discussion forums with Community groups.

Objective 3: To mobilize 360 communities to revive traditional forums (such us Umphakatsi, Lisango, Egumeni and Indlunkulu) that delay sexual debut among young people

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ or Media	Intervention (Activity) Strategies
Early exposure to STIs/HIV infections Early pregnancy School drop out.	Chiefs Inner council Teachers RHMS/ Careers Lutsango Imbali	Revive the traditional forums that delay sexual debut.	Revive traditional forums for open dialogue It is our collective responsibility to bring up a child. Right to say, no. Don't rush into sexual activities, wait until you are ready Planned for parenthood Responsible initiation of courting	Reduced early pregnancy School drop-outs reduced. Reduced HIV /STI transmission	Print media Community forums Edutainment Radio Capacity building Sensitization meetings. Folk Media	Radio Programmes Dances, songs, plays. Fact sheet Articles	Hold community meetings (FGD) with the different groups in the community. Develop radio adverts/ Announcements. Train parents, community leaders, and youth on SRH issues including HIV/AIDS.

Objective 4: To increase in school youth participation in school clubs activities in 96% schools by December 2007.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be give	Key benefit	Communicatio Channels	Communication Product/Material/ or Media	Intervention (Activity) Strategies
Increased vulnerability. Lack of information. Lack of peer support.	In-school youth Teachers	In schools youth and teachers participate in clubs and peer support	Get empowered be a club member	Increased social responsibility Save life Know status Being in a health club	Folk media Campaigns Print media Radio TV songs and poems	Posters Fact sheet Develop radio & TV adverts Adverts Playing cards, bookmarkers, calendars and booklets, rulers and pens, screensavers of computers	Develop IEC/BCC materials on SRH/STI/HIV I Information Conduct sensitization campaigns Conduct school debates on SRH/HIV&AIDS issues

Objective 5: To mobilize women and men groups and youth organizations in the 360 communities to revise traditional/cultural practices to delay sexual debut amongst youth (10 – 24) years by December 2009.

Risk Factors/ Problem behaviour	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/Material/ or Media	Intervention (Activity) Strategies
Early sexual engagement Teenage pregnancy Increase HIV infection	Lutsango (Traditional dance) Imbali (traditional dance) Youth Association Emabutfo	Traditional Practices Revived Delayed sexual debut	Promote positive cultural practices that delay sexual debut.	Reduced teenage pregnancy rate Negative reduce healthy youth emotionally socially & physically	Community forums Radio Print media Umhlanga Folk media **Theeatre (drama, poetry)**	Radio Programmes Dances, Songs, String-game will illustrate the dangers of engaging in early sexual intercourse. Drama and poetry, existing or own, documentaries	Community meetings will be held to sensitize the different groups. Focus group discussion forums will be held with all groups. Develop drama scripts that show the benefits of delaying sex by using these traditional/cultural practices mobilize teachers to encourage cultural talks incorporated in schools activities' talk shows

Objective 6: To mobilize young people between the ages 10 – 24 years to freely talk about their HIV status.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/or Media	Intervention (Activity) Strategies
Stigma Lack of access to treatment.	Youth in & out of school ages 10 – 16 years youht in and out aged 17 to 24	To test and know their status Freely talk about their status	Know your status	Early treatment Prevent infection and re-infection	Campaigns Edutainment TV	Print Radio Posters Campaigns edutainment adverts.	Conduct or run road shows Develop drama/plays on the importance of knowing your status Develop radio & TV monologue Get Youth who have tested to share experience and motivate others Use of sports sensitization articles

Objective 7: To mobilize administration and management of uniformed forces to support HIV&AIDS initiatives by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/or Media	Intervention (Activity) Strategies
Unprotected sex Exposure to contaminated materials Migration leading to STIs	Uniformed forces and their families	Correct and consistent use of condoms, Faithfulness, Responsible behaviour Good health seeking behaviour. Reduced wife & partner inheritance	Stick to one partner. Protect Yourself Safer sex practices	Early treatment Prevent infection and re-infection	Campaigns Edutainment TV Posters, fact sheets, popular media and songs	Print Radio Posters	Seminars meetings workshops and campaigns Campaigns, edutainment.

3.3 Behavior Change Communication

Objective 1: To have all youth aged 10-24 years with correct knowledge of the risk of having early sex by December 2009.

Risk factors/ Problem behavior	Target Audience (Primary & Secondary)	Desired behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communi-cation Channels	Communication Product/Material/ Or Media	Intervention (Activity) Strategies
Exposure to STIs, HIV Infections and unplanned pregnancies due to engaging in early sex	In-school Youth aged 10-19 years Out of school youth aged 16-24years	More young people abstaining/delaying sexual debut More young people understand the importance & benefits of not engaging in early sex. Increasing the virtue of maintaining virginity & creating self-esteem To have young people with skill to recognize, avoid situations that make them vulnerable to sexual abuse.	Abstinence from sex – the smart thing for people to do. Education first – sexual relationships later for success. Learn about the dangers of indulging in early sex *Be smart, learn about good and bad touches.	Protection from STIs and subsequent possibility of being infected with HIV. Protection from unplanned pregnancies Development of self esteem, confidence, pride and being in control of one's life and future.	Print Radio TV	Story books depicting the risks of having early sex and benefits of abstaining Newsletters depicting same posters with picture of young person in informative scenario extracted from story, Short and simple drama presentations on TV, Radio, Newspaper Adverts, Articles with messages.	Develop script to be used in trainings addressing the issues of the risks of engaging in early sex and benefits of delaying sex Identify & train drama groups. Identify Educators who will conduct talk shows. Conduct group discussions on the benefits of retaining your virginity Educational books talking about sex put in school libraries Engaging youth in debates on topics of early sex and virginity Posters distributed in schools, youth centers and corners…getting youth to participate in poster creation

Objective 2: To increase the number of sexually active youth with correct knowledge of the benefits of having one sexual partner by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ or Media	Intervention (Activity) Strategies
Having multiple sexual partners Increase your exposure to getting sexually transmitted infections including HIV May result in you being emotionally stressed.	Youth aged 19 – 24	To value the virtue of having one sexual partner To have one partner at a time To take some time before engaging in next relationship after a breakup	Having more than one sexual partner. Learn to be satisfied with the one you have.	Having one sexual partner puts you at risk Reduces exposure to getting STI and HIV Increased bonding between two persons *Increased appreciation of partner as they are. *Feel of trustful relationship *Feel of being respected or loved & cared for.	Video Radio Drama Print	Story of a young person who is having more than one sexual partner, showing risky behavior and consequences. Fact sheet on consequence of having multi partners. Radio- phone in responses Theatre Video	Facilitator will show video during youth meetings & educational sessions to initiate and facilitate discussions about: Identification of risky behavior dangers of engaging in them. Ways to avoid sexual risky behaviors Drama presentation will be performed by a theatre group during community meetings to initiate discussions as above. Develop drama Train Peer Educators on facilitating the discussion.

Objective 3: To increase by 50% the correct knowledge of benefits of correct & consistent usage of condoms by the youth aged between 10 – 24 years by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Or Media	Intervention (Activity) Strategies
Lack of information on correct & consistent use of condoms. Youth not using condoms correctly and consistently High prevalence of STIs and HIV/AIDS among young people. Unprotected sex.	In-school and Out of school youth aged 10 – 24 years.	Youth using condoms correctly and consistently	Use condoms correctly and consistently each time you engage in sexual activity. Play it safe, use a condom.	Reduce risk of getting STIs infections. Reduce risk of unplanned teenage pregnancies. Healthy young people.	Pamphlets Posters Songs Folk media Drama Poetry Group discussions Demonstration Video TV	Adverts illustrating correct condom use. Video show illustrating correct condom use.	Demonstrations on condom usage. Conduct HIV/AIDS prevention campaigns. Establish youth peer support groups.

Objective 4: To increase by 90% the number of Youth aged 10-24 years with correct knowledge of the risk of not complying with STI treatment by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Or Media	Intervention (Activity) Strategies
Untrained nurses who cannot treat STI Not treating STI Failure to seek appropriate health assistance Not completing STI treatment	Youth 10 – 24 years. Health Care Providers. Nurses	To seek quality health services for STI treatment Prompt treatment of STIs To comply with STI Treatment and Management	Don't delay it. It could be an STI, seek medical treatment promptly STIs increase the risk of HIV infection. Symptoms of STIs..	Proper treatment and Management of STI Reduce the risk of HIV infection. Reduces STI treatment drug resistance	Community forums Drama, songs, poetry, picture codes, string game, flipcharts.	Posters Fact sheets Radio and TV adverts. Folk media Songs.	Seminars Meetings Workshops Campaigns.

Objective 5: To increase by 50% the number of youth aged 15 – 24 years who are aware and knowledgeable of the benefits of PPTCT services by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/ Material/ Or Media	Intervention (Activity) Strategies
High mortality rate. Mother transmits HIV to Child	Youth 15 – 24 years old	To be aware of and use PMTCT services. To appreciate PMTCT services. To understand & appreciate practices being promoted by PMTCT services	Reduces Mother to Child transmission of HIV. Enhances early access to ART Improves mother and child.	Protect your child from getting HIV. Know your HIV status before getting pregnant.	Community forums Print Radio Campaign (PORECO)	Fact sheets Health talks Brochures Symposium Debates	During Information Education Communication material & distribute. Train peer educators Identify presenters and host symposium. Flagging the benefits of using correctly & consistent use of condoms. In Schools & Out of Schools youth debates. Distribute pamphlets YFC

Objective 6: To increase by 20% the demand for the use of youth friendly centers by youth aged 10 – 24 years by December 2009.

Risk Factors/ Problem behavior-	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/Material/or Media	Intervention (Activity) Strategies
Youth not using youth centers and corners Lack of knowledge on the Youth Centers & Corners	In-school youth aged 10-24 both Boys & Girls Out of school youth 10-24 both Boys & Girls	Increased visits of youth to centers & corners Increase number of youth using youth friendly centers	Visit the youth friendly centers for growth and development. Learn about services being offered at the Youth Centers	Using Youth friendly centers & corners: Opportunity to be trained as a peer educator. Free counseling and testing Access to correct information. Socialize and form networks with other peer. Have access to internet facilities	Radio Print media T.V	Leaflets Adverts Brochures Posters	Slots talking about the benefits of using a youth center Health clubs. In and out school youth clubs Community meetings give out leaflets and discussions about the Youth Centers. Drama Demonstration on youth addressing the youth services.

Objective 7: To increase the number of teachers who self report acceptance of talk about condoms in school by December 2009.

Risk Factors/ Problem behavior	Target Audience (Primary & Secondary	Desired Behavior & or Attitude Change	Messages with skills to be given	Key benefit	Communication Channels	Communication Product/Material/or Media	Intervention (Activity) Strategies
Lack of knowledge on SRH issues.	School teachers.	Continuous talk on correct and consistent use of condoms among sexually active youth.	Use condoms always and consistent. Parents, teachers talking freely always about condoms to the youth.	Correct & consistent use of condoms to active, non-active youth. Decrease HIV and AIDS infection rate. HIV free generation.	Radio Print media T.V Demonstration	Radio talk shows TV dramas Print adverts and pamphlets, posters and fact sheets. IEC/BCC materials.	Workshops for parents and teachers on SRH issues. Develop and disseminate fact sheets. Develop & diffuse radio programmes, TV programmes.