

## Chapter X

# **Social Mobilisation and Communications**

### **OVERVIEW**

The success of the proposed HIV and AIDS care and treatment plan will be facilitated by a well-defined social mobilisation and communications strategy. This strategy includes an external information, education and communications (IEC) strategy linked with a social mobilisation component that together articulate the implementation goals.

Research has shown that susceptibility to HIV infection is related to a wide range of factors, such as poverty, culture, gender relations, and lack of education. Raising awareness is but one aspect of HIV prevention. Prevention also requires strategies and interventions that support behaviour change, particularly access to services, a supportive environment, and positive social norms.

Increasingly in South Africa HIV and AIDS communication campaigns are focusing on “care” as well as “risk reduction” as areas of intervention. This reflects the progression of the HIV and AIDS epidemic to the point that a significant proportion of the population is directly affected. HIV and AIDS intervention campaigns are therefore about developing a range of strategies and interventions that will support behaviour change.

Successful implementation of the various elements of this operational plan will require a communication strategy that involves a wide range of government sectors and non-governmental organizations at the national, provincial and local levels.

The specific aims of this communication plan are to ensure that all relevant government programmes, health care providers, PLWHA, their families, care-givers and stakeholders are fully knowledgeable about all of the key provisions and requirements of the plan, as well as their respective roles and responsibilities.

The communication plan should endeavour to ensure that PLWHA are informed of care, treatment and support resources available through national and local programmes. It should include the creation of a supportive and safe environment for people living with HIV and AIDS, largely through educational programmes that address stigma and discrimination. As always, communication efforts must continue to focus on preventing further infections among people who are free of this disease, and reducing the risk of HIV transmission by those who are infected.

## **BACKGROUND AND RATIONALE**

A comprehensive communication strategy provides basic HIV and AIDS information, and promotes available services and advocacy efforts. Basic informational activities include mass media messaging; distribution of small media (such as leaflets and posters); and social mobilisation activities. Promotion of services will focus on interventions such as condom use, voluntary HIV counselling and testing, an AIDS Helpline, the use of ARVs and treatment of opportunistic infections, and sexually transmitted infections.

The communication strategy will serve as a vehicle for supporting the following HIV prevention and education priorities:

- Healthy lifestyle choices, and how they can help prevent HIV infection.
- The importance of testing to learn one's HIV status.
- The reduction of stigma at a societal level, to ensure that all those HIV-positive individuals who desire to will enter into a system of prevention and care.

## **Guiding Principles**

Two groups of factors are critical to the success of a communications strategy:

### ***Content***

- A balance between prevention and care, so as not to undermine current gains and efforts.
- Clear communication to the effect that not all HIV-positive persons require antiretrovirals.
- Information on where service is provided in each of the nine provinces, and what it entails.
- The importance of a healthy lifestyle in slowing progression from HIV to AIDS.

- Clear guidelines and messages on nutrition.
- The importance of adherence for those on treatment.

### ***Process***

Effective communication requires a market segmentation approach, whereby different groups are differentially targeted in both method and substance. This communications plan will need to be designed to meet the needs of seven key target groups. Each of these groups will be directly affected by the plan and play a vital supporting role in implementation. These sectors are:

- Three tiers of government: Ongoing communication to political leaders and key decision-makers with regard to plan implementation, as well as the development of key messages for their constituencies.
- Affected individuals, including PLWHA: These core beneficiaries will be provided with content addressing their specific information and education needs.
- General public: General information regarding the programme, including messages on stigma and discrimination.
- Health care providers and traditional health practitioners: Tools and information that support the work of these practitioners will help support integration of services at the community level.
- Families/caregivers of people living with HIV and AIDS
- NGOs and other groups providing services to people living with HIV and AIDS
- Sectors of civil society

### **APPROACH TO COMMUNICATION**

To achieve its goals, the communications plan will pursue a combination of strategies that include augmentation of the existing communication and social mobilisation capacity at the national and provincial departments of Health. Particular attention will be focused on ensuring that communication strategies are integrated into existing efforts and lead to an overall systems improvement.

The current government campaigns have achieved a number of successes in both the development and implementation of their objectives. The ARV communication campaign should build on these achievements, implementing a more intensive public campaign to

increase and maintain uptake around VCT, and the rollout of the comprehensive treatment programme.

The scope of work for the treatment campaign should be organised in three components: public awareness (mass communication), small media material and social mobilisation.

**Mass communication campaigns** should aim to raise awareness and provide a backdrop for complementary communications, small media and interpersonal activities, such as the AIDS Helpline and VCT services. A major thrust of the campaign will be the use of traditional broadcast media, with the bulk of spending on radio and outdoor advertising.

**Small media material** is crucial in the rollout of the ARV programme. It includes the development of posters, leaflets, guidelines and strategic documents and should be available in at least 5 of the 11 official languages.

This material is intended to support interactive activities such as health care worker training and patient counselling, and can also be used at clinics and events. The provision of appropriate small media products allows for dialogue to be supported by objective information, and also empowers many individuals and organisations to offer accurate information in relation to ARVs.

**Social mobilisation** is central to implementation of a comprehensive HIV and AIDS care and treatment plan. The implementation of the plan should expand on the existing sector advocacy activities, such as national, provincial, and district AIDS councils, faith-based organisations, women's organisations, men's groupings, and celebrities, to reach a broad range of South African society.

Social mobilisation is a critical component of any media campaign aimed at mobilising people and communities to action. It provides visible on-the-ground presence for the campaign and its messages.

The overarching goals of social mobilisation efforts are to ensure that PLWHA have access to care and treatment programmes and adequate support structures in their local

communities, and that stigma and discrimination experienced by PLWHA are eliminated or reduced, thereby reducing social isolation and increasing the likelihood of adherence. These goals will be achieved through community networks that address these issues, with emphasis on providing supportive networks to those on ARV treatment and their families.

## **APPROACH TO SOCIAL MOBILISATION**

Because HIV and AIDS care and treatment are community-based, involvement of the existing community structures is critical to success. Essential elements to include in social mobilisation include:

### **Utilisation of existing structures, such as AIDS Councils**

The community-mobilising effort should utilise and expand on existing mechanisms and structures that relate to HIV and AIDS. The creation of a subcommittee of the provincial AIDS Council on community mobilisation will be necessary prior to commencement of treatment. This subgroup could include representatives of the provincial departments of Health and Social Development, relevant NGOs, faith-based organisations, celebrities and PLWHAs, as well as representatives of the traditional leadership and traditional health practitioners.

### **Pre-Implementation Requirements**

Prior to the initiation of comprehensive care and treatment, it will be essential to raise community awareness not only about access to the treatment programme, but also about HIV and AIDS more broadly. Currently, many misconceptions remain that may deter persons from accessing care. The pre-implementation phase for social mobilisation should include identification and evaluation of existing community mobilisation programmes, and active involvement of traditional health practitioners, trade unions, local community leaders and the business sector as partners. This should include establishment of regular meetings of these entities to set up a community support system that effectively coordinates efforts, refers persons to care, and refers individuals back to community support mechanisms.

Dissemination of information related to the existence of the programme can be achieved with the help of these community groups, and should also make use of the mass media campaign, including radio, TV, and print media in locally relevant languages to increase understanding about HIV transmission and how it causes disease; prevention; and treatment care and support. Care must be exercised to ensure that communications are reflective of local sensitivities.

### **Implementation Requirements**

ARV treatment programmes will need to be linked to community services, many of which are outside of the traditional health care system. A system of referrals from community centres to the health care system and from the health care system back to community centres to allow clinic service coordinators to assist patients and their families in accessing community services will need to be established as part of the continuum of care at the district level.

Treatment literacy curricula will be developed and will include teaching people with HIV and AIDS about the importance of good nutrition, healthy lifestyles, preventing infection and re-infection. Additionally, education about side effects is an important goal, as knowledge of early signs of side effects has proven effective in improved health outcomes. Patients who are knowledgeable about side effects are more likely to seek medical attention earlier, when lower cost solutions are still possible.

### **Key messages**

The approach adopted shall be relevant to previous campaigns, and shall incorporate research into message development, and evaluation outcomes.

**AIDS Helpline:** Promotion of an anonymous 24-hour multi-lingual counselling service which provides information on ARVs, i.e. who will qualify, where the services will be and what to expect.

**Promoting voluntary counselling and testing:** Promotion of VCT services to the general public, including promoting the advantages of HIV testing, the counselling (pre- and post-test) that is provided, and encouraging post-test support.

**Care and Support:** Promotion of treatment, care and support services in health facilities and communities (including ARV treatment). This is aimed at encouraging health-seeking behaviour, and adopting caring attitudes towards people seeking assistance from health care services.

**Stigma and Discrimination:** Promotion of activities and campaigns that address acceptance, openness and information of social welfare benefits available.

The communication campaigns need an approach that recognizes all the challenges of diversity, yet must have communication strategies that are holistic and integrated.

**Requirements for effective internal communications**

1. Equip the Department of Health with the infrastructure necessary to take lead responsibility for the internal communications and IEC efforts related specifically to the implementation of the plan.
2. Establish regular face-to-face or teleconferencing group briefing sessions between key Department of Health staff and identified communications contacts for each provincial Health Department on the implementation details of the plan.
3. Enhance the existing communications capacity within all provincial health departments to ensure on-going communications with district/local health care providers on implementation progress.
4. Establish a regular electronic (e-mail), newsletter and web-site briefing and announcement system within the Department of Health to provide weekly update information on the Plan to provincial and district level public health care administrators and health care workers.
5. Develop a system that informs key relevant government departments (Finance, Social Development, Education etc.) about the implementation activities, to ensure multi-sectoral participation.

### **Requirements for effective external communications**

The immediate strategies developed to address the communication goals will need to be focused on enhancing the existing Department of Health capacity for organising and managing public media campaigns. The campaign efforts should reflect both a clear understanding of the implementation goals and the needs and challenges facing those at risk or living with HIV and AIDS. The communication strategies are as follows:

1. Strengthen and expand existing communication capacity within the Department of Health and its HIV and AIDS Cluster and the Communications Cluster to coordinate an ongoing public awareness and education programme (integrated with and informed by existing IEC efforts) for the plan.
2. Develop a comprehensive communication strategy organised around the priorities of preventing the further spread of HIV infection, promoting and supporting access to VCT and HIV care and treatment at the community level, enhancing treatment literacy and treatment adherence among people affected by HIV and AIDS, and eradicating stigma and discrimination against PLWHA.
3. Enhance the formal structures ensuring full participation of individuals infected and affected by HIV and AIDS in the design and implementation of all relevant communication campaigns.
4. Ensure that print, radio, broadcast and other electronic news media at the national, provincial and community levels are effectively utilised to promote the communication priorities.

Resource needs for the above four strategies include increased budgeting for enhanced communication activities.

To support and implement the above strategies, the communications plan will rely on print and electronic media, community radio, Internet access, special events, speakers' bureaus, print and electronic advertising (paid and donated), distribution of small print education materials and community-level outreach.

The communication channels will be determined by the focus of the campaign message and the intended target group/stakeholder. In addition, it is important that the mass media campaigns, supporting materials and channels are well tailored to conform to the culture, social norms and language of the target groups. Finally, the communication campaign efforts will need to be designed to support the social mobilisation programmes envisaged in the implementation plan. These efforts will work hand in hand in promoting broad access to HIV and AIDS prevention, care and treatment, improving treatment adherence and health outcomes.

### **ADMINISTRATIVE STRUCTURE**

Communication efforts will be coordinated by the national Department of Health in conjunction with provincial Health Departments. Resource needs to support the government communications programme will include additional dedicated communications staff for the Department of Health and related IT support as reflected above. Within each province an additional 1.5 FTEs will be required to support the internal communication efforts.

### **PROGRAMME ASSESSMENT**

The communications programme will need to include a monitoring and evaluation (M&E) component to measure the programme's overall effectiveness and to identify needed improvements and modifications. The M&E effort will be coordinated with the existing Cluster for Health Information, Evaluation and Research.

### **Government Management Communications Systems**

A tailored monitoring and evaluation system will have to be integrated into the governmental management communications system to assess the effectiveness of information flow and consistency of understanding among the national, provincial and municipal public health departments. The M&E data will be critical in identifying bottlenecks and gaps that might undermine effective implementation.

### **Communications Programme**

The Department of Health will need to know whether the public awareness and social mobilisation campaigns are effective in achieving the appropriate outcomes in the intended target groups or sectors. The M&E system will ensure that specific measurable objectives are built into the major mass media campaigns and that clear analysis is fed back to the programmes for continuous improvement.

Specific messages will be developed for the public information, education and communications campaigns based on the goals. Appropriate and effective messages for the IEC effort will be developed based on formative evaluation research with specific target groups and stakeholders.

In conclusion, the ARV campaign should comprise a mass media campaign utilising cost-effective approaches to reaching appropriate target audiences. It should have key focus areas with at least one key message/theme for each focus area, and an appropriate and cost-effective media strategy. The social mobilisation component is crucial in the broader context of the proposal.

A multi-tiered communications intervention is going to be vital for the country's ongoing response in the ARV programme.