THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

NATIONAL POSITIVE LIVING COMMUNICATION STRATEGY 2010

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ACRONYMS

ACP	AIDS Control Programme
AIDS	Acquired Immune deficiency Syndrome
ARV	Anti Retroviral
ART	Anti Retroviral Therapy
FP	Family Planning
HIV	Human Immune Deficiency Virus
LLN	Long Lasting Insecticide Treated Net
MOH	Ministry of Health
NSP	National Strategic Plan
PLHIVs	People Living with HIV / AIDS
OIs	Opportunistic Infections
TB	Tuberculosis
VHT	Village Health Team
RDL	Radio Distance Learning Programme for VHTs
PWP	Prevention with Positives

FOREWORD

Despite the challenges both in prevention, treatment, care and support, to date, Uganda has realised significant strides in her fight against HIV. With one million Ugandans currently living with HIV, it is incumbent upon Government together with partners and communities, to implement low cost, sustainable and effective strategies to improve the well being of People Living with HIV / AIDS (PHAs). These strategies should address the entire continuum of HIV care and support and provide holistic solutions that are within the grasp of the individual.

Through the sharing and contribution of partners' good practices, key lessons and experiences, a communication strategy was developed that supports a cross-section of interventions currently implemented and is also responsive to the challenges faced by PLHIV in Uganda today.

This communication strategy seeks to empower PHAs with skills and information that will enable them to sustain their health and wellbeing. The process of development was participatory and consultative, and brought together a cross section of partners working at the forefront of HIV/AIDS care and treatment in Uganda.

The Ministry of Health acknowledges the contribution of the partners that were involved in the development of this communication strategy. MoH is grateful to the Health Communication Partnership, United States Agency for International Development (USAID) the Center for Disease Control and Prevention, (CDC) MJAP, PACE, Inter-religious Council of Uganda, Elizabeth Glaeser Paediatric HIV/AIDS Foundation, NACWOLA, GOAL, The AIDS Support Organisation, STAR-EC, World Health Organization, Joint Clinical Research Centre and PREFA.

It is my sincere hope that this strategy will contribute towards improvement of the quality of life of PHAs. I therefore encourage all HIV care and treatment partners to extend this spirit of partnership during its implementation.

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Programme Manager, STD/AIDS Control Programme
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1.0 BACK GROUND

1.1 Current HIV treatment scene

According to the Ministry of Health, one million people are currently living with HIV/ AIDS in Uganda. Of these, over 370,000 are in need of anti retroviral treatment. With 140,000 new HIV infections annually, the number of people who require HIV treatment will continue to increase.

While the demand for ARVs continues to increase, Uganda's capacity to offer treatment for new clients who become eligible for ART annually, while meeting the commitment to those already on ART, is unlikely. With Government funding and donor support Uganda has only managed to place 50% of those eligible on treatment.

The National ART treatment guidelines (June 2009) recommend that ART should be started only in PLHIVs who are symptomatic and / or have evidence of significant immune system damage. This implies that not all Ugandans who test HIV positive should be started on ART immediately.

The Ministry of Health is therefore focusing on interventions that keep PLHIVs healthy longer before they start ART and for those already on medication, on the practices that make their medication effective. These practices are dubbed "positive living".

To address the insufficient supply of ARVs, the direction the MOH is taking is in line with the national Anti Retroviral Treatment guidelines of June 2009. The guidelines recommend that those who test positive for HIV need not commence ART unless their CD4 count is 250 or below.

Health Communication Partnership therefore supported the Ministry of Health to design this campaign strategy, which promotes positive living for PLHIVs.

1.2 Positive living and the UAC National Strategic Plan

Implementation of this campaign strategy is anticipated to contribute towards Uganda AIDS Commission National Strategic Plan (2007/2008 – 2011/2012) Care and Treatment Goal of improving the Quality of life of PHIVs by mitigating the health effects of HIV / AIDS by 2012.

Under Objective 7, which is to increase access to prevention and treatment of opportunistic infections including TB, some of the strategic actions that are relevant to this campaign strategy include:

- Promote universal access to the Basic Care Package.
- Use innovative approaches to promote care-seeking behaviour.
- Prevention and treatment, including the Basic HIV Care Package, especially targeting women and children.

Objective 9 that calls for the integration of prevention into all care and treatment services by 2012, has the following strategic actions relevant to this campaign strategy:

- Promote positive living and empower PLHIV networks to lead prevention of HIV transmission.
- Empower care providers and communities to provide care and support for Prevention with

Positives (PWP) to reduce stigma and discrimination.

- Ensure availability of prevention and reproductive health services and supplies including family planning services.

1.3 Impact of positive living practices on PLHIV mortality and morbility

Opportunistic Infections (OIs), which include diarrhoea, respiratory infections, malaria and TB, are the biggest contributors to mortality and morbidity of PLHIVs. PLHIVs are at risk of developing these OIs due to their suppressed immune systems. According to the MOH, 50% of TB patients are also living with HIV. TB is the most common Opportunistic Infection associated with HIV/ AIDS and is among the leading causes of death among people living with HIV, because it causes faster progression from HIV to AIDS. Similarly, the MOH categorises PLHIVs, alongside children and pregnant women, as being the most vulnerable to malaria, the number one cause of mortality and morbidity among Ugandans.

According to the MOH Service Provision Assessment survey (2007), results from cotrimoxazole trials in Cote d'Ivoire, South Africa, Malawi and Uganda show reductions in mortality of 25 to 46 percent and beneficial effects in the reduction of morbidity of PLHIVs even in areas with high bacterial resistance. Daily cotrimoxazole for prophylaxis has been associated with reductions in malaria, diarrhoea and hospitalisation among persons with HIV both with and without TB.

A randomised controlled trial of the provision of a plastic container and supply of chlorine solution for water purification was associated with less diarrhoea and dysentery among persons with HIV. Other interventions associated with reducing morbidity and mortality among PLHIV include "Isoniazid prophylaxis, insecticide-treated bed nets, micronutrients, and provision of HIV counselling and testing and condoms to family members of persons with HIV"(Mermin et al. 2005)

HIV disclosure has been shown to increase support to infected persons and reduce negative psychological outcomes including depression.

1.4 Positive living

The concept of "positive living" may encompass all perceptions and practices that enable a person living with HIV to live a long and fulfilled life, including those not directly related to health, such as lifestyle factors (Lohse et al. 2007). Nevertheless, under this campaign strategy, the scope of 'positive living' centers on practices that enable people living with HIV to promote their own health, prevent disease and prevent transmission of HIV to others. These behaviours are aimed at keeping immunity levels high among PLHIVs and therefore delaying progression from HIV to AIDS. In this context, positive living practices go beyond safer sex and address a continuum of preventative behaviours including:

- Prevention of re-infection with other strains of the virus and transmission of the virus to sexual partners through consistent use of condoms.

- Prevention of infection with sexually transmitted infections through regular screening,

diagnosis and treatment and consistent use of condoms.

- Prevention of transmission of the HIV virus from mother to child through family planning, health facility deliveries, ARVs and specific infant feeding practices.
- Prevention of Opportunistic Infections through cotrimoxazole prophylaxis, use of ITNs, improved nutrition such as three healthy meals a day, clean water, hand washing and early treatment when infections occur.
- Avoiding risky practices like alcohol, smoking and drug abuse.
- Seeking psychological, economic, and social support and advice.
- Timely commencement of ART through routine medical check-ups and diagnostic testing to monitor the immune system (e.g. CD4 counts)

1.5 Process of developing the campaign strategy

The development of the campaign strategy began with a literature review to understand the facilitators and barriers to adoption of practices and behaviours that keep PLHIVs healthy. Findings from the literature review were supplemented with information from participatory sessions and key informant interviews in the districts of Kabarole, Mbale and Iganga with the following groups:

- PLHIVs not yet eligible for treatment
- PLHIVs on HIV treatment
- HIV/ AIDS service providers
- Caretakers of PLHIVs

Using findings from the literature review and participatory sessions, HCP and Ministry of Health held a one-day campaign strategy design workshop on June 10th 2010, to agree on the various components of the strategy, which included target audiences, communication objectives and channels of communication.

Based on feedback from the design workshop, HCP supported the Ministry of Health AIDS Control Programme to draft a campaign strategy, which was shared with partners for final input.

2.0 Theoretical Framework

The Stages of Change model (Prochaska & DiClemente 1990), identifies 6 stages that individuals or groups pass through when changing behavior:

- Pre-contemplation,
- Contemplation,
- Preparation,
- Action,
- Maintenance and
- Relapse.

In the context of positive living, these stages could be described as:

- Has not considered adopting positive living practices (pre-contemplation).
- Recognizes the need to adopt positive living practices (contemplation)
- Is determined to start living positively themselves (preparation)
- Living positively for less than 6 months (action)
- Living positively consistently for 6 months or more (maintenance)
- Slipping-up with respect to positive living (relapse).

Since people who are aware of their status are the intended audience, they have been exposed to information on positive living through post-test counseling and the majority can therefore be said to be at the pre-contemplation stage. The campaign intends to move them to the preparation and action stages.

The Social Learning (cognitive) Theory states that new behaviors are learned either by modeling the behavior of others or by direct experience. This premise will be pivotal to this campaign as PLHIVs already carrying out positive behaviours will themselves advocate for positive living and help the intended audience by modeling these behaviors.

The central tenets of the Social Cognitive Theory are:

- Self-efficacy - The belief in one's own ability to perform the behavior (" I know I can live positively").
- Outcome expectations – One's opinion of the outcomes of performing the promoted behaviour ("living positively will improve my quality of life").

3.0 Positive living practices for the campaign strategy

3.1 Prevention of transmission and re-infection through safer sex

Implementation of this campaign strategy is anticipated to contribute towards Uganda AIDS Commission National Strategic Plan (2007/2008 – 2011/2012) Care and Treatment Goal of improving the Quality of life of PLHIVS by mitigating the health effects of HIV / AIDS by 2012.

The following positive living practices will be promoted throughout this strategy. These practices are derived from information from participatory sessions with PLHIVs, treatment supporters and HIV/AIDS services providers and a literature review of the facilitators and barriers to positive living.

The need to avoid infection with other strains of the virus and sexually transmitted infections that might cause faster progression from HIV to AIDS is one of the motivations for condom use among PLHIVs. Condom use also prevents transmission of HIV to others.

Facilitators

- Fear of re-infection with other strains of the virus and sexually transmitted diseases.
- Desire to protect others - some PLHIVs have experienced the challenges that come with HIV and would not want to see other people get infected
- Discordant relationship – the need to protect the un-infected partner from HIV

Barriers

- Negative attitudes towards condoms – couples where both partners are positive prefer to have sex without condoms either because they want to have a child or because they find unprotected sex more physically or emotionally satisfying.
- Lack of disclosure complicates prevention.
- Inconsistent condom use in long-term relationships.
- Subordinate role of women makes condom negotiation difficult.
- Discussion and communication regarding sex and prevention is seen as taboo.
- Heavy provider work load – limited time to discuss issues of prevention.
- Cultural and religious factors where condom use is not supported by some religions.
- Fear of rejection if one proposes safer sex. Those who initiate condom use are said to be promiscuous.
- Desire to have children – Belief that you are less of a man if you do not have a child or many children.

3.2 Family Planning

Though PLHIVs have a right to sexual intimacy and reproduction, child birth can be strenuous especially if it is not planned. Family planning is one of the means of helping PLHIVs plan their lives and have children at the right time. It is also a good way to prevent vertical transmission (mother to unborn child) of HIV.

Facilitators

- Desire to be healthy since childbirth puts a strain on PLHIVs whose health is already compromised.
- Desire to have healthy children who do not have HIV.
- Desire to have a manageable family size (particularly men).

Barriers

- Misconceptions about the efficacy and side effects of FP methods e.g.:
  - Pills do not work if used with ARVs
  - Injections cause bleeding especially if used with ARVs.
  - Some FP methods interact negatively with Septrin. If used together the body weakens and there is a prolonged cough.
- Pill burden - Some FP methods, e.g. pills, have to be taken daily and this presents challenges with adherence for PLHIV who are already over burdened with either Septrin or ARVs.
- Lack of disclosure – Women in couple relationships have to provide explanations for use of FP methods. To avoid disclosure they seek FP without the involvement of their partners making it less effective.

3.3 Prevention of opportunistic infections

Opportunistic infections are the greatest contributor to mortality and morbidity of PLHIVs. Prevention of OIs is of vital importance to PLHIVs if they are to stay healthy. The most common OIs are; respiratory tract infections, diarrhoea, TB and malaria. The recommended practices for prevention of these OIs are;

- Daily cotrimoxazole (Septrin) prophylaxis.
- Clean water and hand washing.
- Sleeping under an insecticide treated mosquito net.
- Appropriate nutrition

Facilitators

- Low cost of Septrin – Cheap and easily accessible.
- Limited availability of HIV treatment – PLHIVs feel obliged to practice behaviours that help them delay to start on HIV treatment.
- LLINs are being provided free of charge by government.
- Water purification tablets and treatment solutions, which are cheap and readily available.
- Fear of getting OIs and progressing to AIDS.
- Solution efficacy/outcome expectation —belief that taking CTX (septrin) daily is effective in preventing OIs
- Belief that PLHIVs are at a higher risk of getting/suffering from OIs

Barriers

- PLHIVs who test positive sometimes have lower self-confidence and do not bother seeking help to prevent their OIs.
- Lack of resources to seek treatment of OIs.
  Drug sharing – makes the medication less effective.
- Misuse of septrin and other products which are offered free of charge under the Basic Care Package.
- Stigma – PLHIVs are afraid of being seen visiting health facilities offering HIV/AIDS services, or carrying the safe water vessels offered by some service providers
- Less emphasis on positive living due to availability of HIV treatment.
- Belief that if one's CD4 count increases there is no need to continue taking Septrin.
- Health care workers believe that the management of OIs requires expert skills.
- Limited knowledge on where to access products under the Basic Care Package. Centres that provide HIV treatment are more visible.
- Lack of knowledge about the relationship between HIV and TB.
- Belief that sleeping under LLIN is uncomfortable.

3.4 Routine medical check ups

Routine medical check ups are of utmost importance for people who have tested HIV positive. They provide an opportunity for counselling on positive prevention and its contribution towards the well being of PLHIVs. They also provide an opportunity to determine whether or not PLHIVs need to start treatment. The culture of routine medical check ups is however lacking. Some of the facilitators and barriers to routine medical check ups include the following;

Facilitators

- Persistent cases of opportunistic infections, e.g. coughs or diarrhoea.
- Desire to suppress anxiety and stress that comes with regular illness.
- Desire to know their health status after testing positive.
- Testimonies from PLHIVs who have benefited from such checkups.
- Eagerness to start treatment.
- Home visits from health care workers – those who visit are seen to be caring and concerned.

Barriers

- Fear of being seen at a health facility especially one that exclusively provides HIV/AIDS related services.
- Negative attitudes towards check ups – People go for medical check ups only when they have a problem or when they are sickly.
- Cost – They assume that they cannot afford the cost of tests, e.g. CD4 test.
- Limited availability of CD4 test machines.
- Ignorance – Lack of knowledge about where to go for relevant care and treatment services.
- Fear of disclosure – For PLHIVs in relationships, going for medical check ups might require disclosing their status. They sometimes need to inform partners of their whereabouts.
- Belief that it won't make a difference – "We are HIV positive anyway."
- Fear of the unknown. They are battling to deal with their HIV status. Going for medical check ups might bring forth additional bad news.

4.0 Campaign strategy

4.1 Primary Obstacles

Based on literature review findings and feedback from the participatory sessions, the following are the primary obstacles that stand between the target audiences and the desired behaviour.

No	Communication Issue
1	Lack of knowledge about when to start on treatment. Some people think that one should start on HIV treatment the moment they test positive
2	Less focus on keeping PLHIVs healthy due to availability of HIV treatment
3	People do not know where to access services under the basic care package. HIV treatment services are more prominent
4	Poor health care seeking attitudes. PLHIVs may never know when they should start on treatment because they do not go for regular medical check-ups.
5	Limited counselling on positive living due to availability of treatment
6	Limited knowledge about the efficacy of practices under the positive living package
7	Judgemental attitudes of health care workers

4.2 Communication Goal

To contribute towards the adoption of healthy practices among PLHIVs that reduce transmission and re-infection, opportunistic infections and progression of HIV to AIDS.

The purpose of this campaign is to

- Motivate PLHIVS to adopt and maintain positive living practices so as to stay healthy and live longer
- Encourage PLHIVs to seek HIV care related services

4.3 Intended Audiences

Domain	Audience description	Category
Individual	People who have tested HIV positive. Both those on ARVs and those who have not started.	Primary
Service	HIV / AIDS service providers who include doctors, nurses, counsellors in health care facilities that provide HIV care and treatment services	Secondary
Community	PLHIVs who belong to PLHIV support networks. These include network support agents, expert clients	Secondary

4.4 Message briefs by audience

Audience 1 - HIV positive adults
Audience Profile

These are adult men and women who have just tested HIV positive. The majority (65%) are women because they seek HCT more often than men. Most of them are sexually active and the majority are married or cohabiting. They include couples in discordant relationships.

Many are unaware that there are practices they can adopt to stay healthy longer. Some believe that since they have tested HIV positive they should immediately start on ARVs and believe that ARVs can extend their lives. Some fear that if they do not start on ARVs immediately they test HIV positive they will die. Some of their fears are based on negative experiences shared by other PLHIVs.

They are not conversant with the factors that lead to the progression from HIV to AIDS. Some are aware of the practices / behaviours that can keep them healthy though they do not believe they work as well as ARVs. They believe that ARVs should be the immediate solution. Most do not practice family planning nor do they use condoms to prevent transmission. They do not believe in routine check-ups even when HIV positive. They believe that one should see a health care worker only when there is a serious health problem. Many have not disclosed their status to their partners due to fear of rejection. As a result they do not belong to post test clubs or any other form of PLHA network group and they are not free to discuss issues pertaining to their HIV status.

Desired behaviour

- Adopt positive living practices (See page 5 – 6) that keep them healthy and strong.

Current behaviour

- They do not go for regular medical check-ups or seek early treatment and testing for OIs since they believe they are dead any way.
- Do not use condoms to prevent re-infection and transmission.
- Have a great desire to start on ARVs.
- Do not practice family planning.
- Do not eat appropriate, nutritious foods.

Constraints to desired behaviour

- Belief that routine medical check-up is a waste of time and money and it is something that should be done only when there is a problem.
- HIV stigma – They are afraid to be associated with behaviours or products that reveal that they are HIV positive.
- Lack of appropriate and trusted information on practices that can keep them healthy. With ARVs health care workers are currently focusing less on counselling for positive living.
- Are afraid that if they do not start on ARVs immediately, they will die fast. This might be partly due to lack of information about the progression from HIV to AIDS.
- Have been exposed to misleading experiences from PLHIVs on treatment, who have had bad experiences. They were never enrolled into care at the appropriate time and as a result had negative experiences.

- Perceived costs – CD4 tests are said to be expensive and not widely available.
- Some do not know where to access services that can help keep them stay healthy without starting HIV treatment.
- Fear of knowing the truth. They have tested HIV positive and they are reluctant to find out that their health might be deteriorating.
- Lack of commitment and the will to adopt behaviours that keep them healthy and strong.
- They feel it is difficult to adopt positive living lifestyle changes.
- They do not feel empowered to ask questions about available options like the use of condoms.
- Gender and cultural norms – Limited ability to negotiate condom use.
- Religious opposition to condom use and family planning.
- They do not believe that positive living practices work.
- Lack of disclosure of status.

Key constraint in adopting the desired behaviours
Do not believe they can make the positive living lifestyle change.

Communication objective
Increase the proportion of HIV positive people who feel confident and know that they can adopt positive living practices as a means of staying healthy and strong.

Promise or Benefit
If you adopt positive living practices your quality of life will improve.

Messages and support points
- HIV and how it progresses to AIDS, how to know when to start ARVs; common causes of illnesses among PLHIV
- Infection with multiple strains of HIV can lead to more rapid disease progression; condom use protects PLHIV from coming in contact with new HIV strains and other STIs thus preventing progression to AIDS.
- CD4 testing services to determine how strong your immune system is, are available and accessible
- You can remain healthy and strong without starting HIV treatment as long as you practice behaviours that keep you healthy.
- HIV weakens the immune system. Other infections attack you when your immunity is comprised and put you at risk. These OIs can be prevented through Septrin prophylaxis, LLIN use, hand washing and safe water.
- Insecticide treated mosquito nets, Septrin, safe water and hand washing have been proved to reduce mortality and morbidity of PLHIVs.
- Products such as ITNs, safe water products, soap, septrin are easily accessible and are affordable.
- FP can help keep a woman strong, prevent unplanned pregnancies and help improve the economic situation of the family.
- Routine medical check-ups are a sure way of knowing when to start ARVs.

- Electronic referral lists for health centres that provide counselling about positive living practices.
- Electronic referral lists for health care centres that provide ART services.
- Septrin and its impact / relevance to prevention of Opportunistic Infections.
- Counter rumours and misconceptions about FP methods (e.g. deformed children, infertility).
- Testimonies of PLHIVs who are healthy and have been practicing positive living.

Channels of Communication

Some of the points of contact for this audience include Post Test Clubs, testing and counselling sites and PLHIV groups. For some who have not disclosed and are still grappling with the challenges of their HIV status, it might be possible to reach out to them through network support agents or expert clients who support certain organisations to identify and refer clients into care and treatment.

- Interpersonal communication - Help PLHIVs understand the importance of positive living.
- Community mobilisation activities to link PLHIVs into care and treatment services.
- Print
- Video series / job aides for use by counsellors, community support agents to support IPC featuring the different positive living behaviours.
- Hot line – 0800 200 600.
- Job cards for VHT members on positive living.

Audience 2 - HIV / AIDS service providers

Audience Profile

These include men and women who work in health facilities that provide HIV / AIDS care and treatment services in both public and private health facilities. They include doctors, nurses, counsellors, laboratory attendants in organisations that provide care for illnesses that may be related to HIV/AIDS, e.g. diagnosis and treatment of Opportunistic Infections, provision of referrals for counselling or social support services to help people live with HIV AIDS. Some are the first point of contact for people who seek HCT services while others initiate those who test HIV positive into care and treatment.

Due to availability of ARVs, some of the health care workers do not counsel clients about positive living as a means to keeping healthy. Most of them are knowledgable about the National Guidelines on HIV Treatment especially the provisions on when to start clients on ARVs.

They get their information from CMEs (Continuing Medical Education), support supervision workshops, standard operating procedures, policies, guidelines and algorithms. Their influencers include mentors and supervisors.

Clients trust them as a source of appropriate information on positive living but due to heavy client load they may not cascade information to clients or when they do, it is a quick and ineffective exercise. Some of the health care workers tend to be judgemental when dealing with PLHIVs.

Desired behaviour

- Counsel PLHIVs about behaviours that can keep them healthy and strong as a way of delaying the need for ARVs. Educate clients about factors that facilitate the progression from HIV to AIDS so that they are motivated to stay healthy.
- Assess the risk of PLHIVs and appropriately counsel them on the relevant positive living behaviours.
- Refer clients to service providers / programmes where they can access low cost or free positive living products under the basic care package.
- Test all HIV positive people for TB and / or refer for TB screening and treatment.

Current behaviour

- Due to heavy work load they do not allocate sufficient time to counselling PLHIVs.
- Many are judgemental when dealing with PLHIVs who intend to become pregnant.
- Refer for services other than treatment of Opportunistic Infections and ARVs.
- They evade counselling on certain practices (family planning, positive prevention) because they lack the information.

Benefit of current behaviour

- Clear long lines.
- Make time to do personal things.
- Able to conceal their inadequacies. Clients continue to view them as knowledgeable health care workers.

Constraints in adopting the desired behaviour

- Less focus on positive living due to availability of ARVs.
- Lack of national guidelines on positive living.
- Lack of sufficient information on the efficacy of positive living on reducing the morbidity and mortality of PLHAs.
- Lack of referral lists to use when directing clients to places where they can get positive living products.
- Lack of job aides to facilitate counselling on positive living.
- Poor attitudes toward counselling for positive living.
- They feel counselling on certain aspects of positive living e.g OIs is difficult.
- Belief that PLHIVs are "stubborn" and refuse to do what they tell them to do.
- Belief that ARVs work better than positive living.
- Lack of implementation of Intergrated HIV/ FP services.
- Have heavy workload, poor renumeration, inadequate supervision.
- Poor coordination/ lack of teamwork.

Key Constraint

- Lack of tools and job aides on positive living.

Communication objective

- Increase the proportion of health care workers who have adequate information on the efficacy of positive living practices.

Key promise or benefit

- If you counsel clients on positive living and treat them in a caring and non- judgemental manner, you will help them lead quality lives and they will recognise you for it.

Messages and support points

- If you promote positive living for PLHIVs you will help them lead healthy lives and reduce their visits to the health facility.
- Counselling PLHIVs on Septrin and its relevance to OIs is an easy exercise that you can fit into your busy schedule.
- PLHIVs are more likely to follow the instructions of caring and non- judgemental health care workers.
- Opportunistic Infections like TB, malaria, diarrhoea and respiratory tract infections are the biggest cause of mortality and morbidity of PLHIVs yet they can be prevented.
- LLINs, water purification and soap for hand washing have been shown to keep PLHIVs healthy longer and reduce morbidity and mortality.
- The National HIV treatment guidelines stipulate that not all PLHIVs should be started on ARVs immediately.
- Products under the basic care package are available where you see the positive living sign.
- ARVs are not enough for all PLHIVs so as health care workers we need to help PLHIVs stay healthy longer without ARVs in order to conserve our current supply.

Channels of communication

- Job aides – counselling aide on OIs prevention, nutrition, safer sex, family planning, chart with how HIV progresses to AIDS and the facilitators for this process, HIV AIDS stigma checklist, nutrition support materials (available from NU life).
- Tool for assessing health risks of PLHIV, so they can tailor their counselling
- Video series for waiting rooms. The series will have sessions on the various positive living behaviours.
- Electronic referral lists – ART services and services which provide positive living products.
- Positive prevention training manuals – These are available and will be revised to include missing information (e.g. on nutrition).
- The National HIV treatment guidelines recommendations on when to start ARVs.

Audience 3 – PLHIVs who are network support agents or expert clients

Audience Profile

These are men and women who are living with HIV. Some are on treatment (part of the 50% who have been enrolled on ARVs) while others have not started. They have experienced the challenges that come with ARVs like adherence, side effects and having to take treatment for a lifetime. Those who are not on treatment are knowledgeable about practices that help PLHIVs stay healthy without treatment.

These resource people have disclosed their status and are able to speak openly about issues that concern them. They belong to PLHA groups and have realised the benefits of such groups. PLHIVs who have just tested for HIV look up to them for support and care.

They are knowledgeable about HIV/AIDS related issues like positive living and other PLHIVs who have just known their status see them as a trusted source of information.

Those who are on treatment are aware of the challenges regarding supply of HIV treatment. Support HIV / AIDS service providers to link people at risk of HIV to HCT services and those with HIV for care and treatment. Some of these resource people jealously guard their ARVs and some even claim that they would not want other people to get infected and grab some of the limited ARVs.

Desired behaviour

- Encourage PLHIVs (including those on ARVs) who have just tested for HIV and are not yet eligible for treatment to adopt positive living practices as a way of keeping healthy.
- Link PLHIV who have just tested positive into care and encourage them to go for routine medical check–ups.
- Assess the health practices of PLHIVs and tailor health information accordingly.

Constraints to desired behaviour

- Focus on promoting use of ARVs versus positive living.
- Lack of up to date IEC materials on positive living.
- Lack of information about the efficacy of positive living practices on the health of PLHIVs.
- Health care workers in the health facilities which they serve, promote use of ARVs and curative services with little or no focus on positive living.
- Large amount of information required to properly educate others about positive living.
- They are volunteers – lack facilitation / high turnover/ burn out.

Communication objective

Increase the proportion of network support agents that encourage PLHIVs to practice positive living behaviours and go for regular medical check-ups.

Messages and support points

- You have experienced the challenges and benefits that come with staying healthy and you are better placed to share and encourage other PLHIVs to do the right thing.
- PLHIVs look up to you as a trusted source of information.
- Testimonies of PLHIVs who have adopted positive living practices and are healthy while on Septrin.
- Testimonies of network support agents who have helped PLHIVs adopt healthy life styles.
- There is evidence to show that use of ITNs, early testing and treatment of TB, use of condoms, hand washing and safe water improve the quality of lives of PLHIVS.

- Septrin, soap, water purification substances are available and affordable.
- The government is distributing free LLINs to households. Be sure to sleep under one every night.

Key promise or benefit

If you encourage other PLHIVs to adopt positive living practices you will be recognised as a caring community member who has made a difference in the lives of PLHIVS.

Channels of Communication

- Positive living video series / job aides for use in PLHIV clubs / clinics – will model the behaviour of expert client / counsellor.
- Print materials on various aspects of positive living e.g OIs, positive prevention brochure.
- Interpersonal and community mobilisation activities.
- Training in positive living education and counselling, training materials and job aides.

5.0 Partnerships and linkages

This campaign strategy will be implemented by the Ministry of Health AIDS Control Programme working closely with partners including STAR E and STAR EC, STAR SW, PACE, JCRC,NUMAT, MJAP, HIPPS AIDS health care Foundation, UHMG / AFFORD.

Positive living cannot succeed without the active involvement of people who know they are living with HIV. They are the experts when it comes to understanding people living with HIV and they are also best placed to deliver effective support services to their peers. Organisations such as NACWOLA and TASO will therefore be involved in the implementation and monitoring of activities under this campaign strategy.

Working closely with the Ministry of Health, ACP HCP will provide technical leadership for communication inputs working closely with the National positive living communication coordination committee. This committee will play the role of a design team that provide input into various positive living communication products and approaches..

Successful implementation of this campaign strategy is dependent on the availability of positive living products. There will be linkages with organisations like PACE and UHMG, which provide products under the Basic Care Package free of charge or at a subsidised price. The two organisations can also encourage clinics they support to implement this strategy.

Other partners that will be engaged in the implementation of this campaign strategy include Nu Life, a project that focuses on integrating food and nutrition into HIV programming, STOP Malaria project (SMP) which promotes malaria prevention and treatment.

Since positive living cuts across various health areas that include ART, Family Planning, HCT, Nutrition, Malaria,PMTCT, Prevention and Management of TB, Sanitation, among others, this

strategy will benefit from existing communication strategies and create linkages to existing interventions in these areas.

The campaign will benefit from the on-going Ministry of Health 'Go Together, Know Together campaign launched in September 2009. The campaign encourages couples to go for HIV testing together and knowing each other's test results. HIV positive adults identified during this campaign are one of the key target audiences for this campaign. Links to the MOH family planning revitalisation campaign will also be created especially in relation to FP IEC materials for PLHIVs.

6.0 Monitoring and Evaluation

This campaign strategy promotes positive living, a practice that has several behaviours. The success of this campaign strategy will be measured through a facility based assessment in selected facilities to establish the number of clients who:

- Receive counselling about positive living, using job aides developed for this campaign.
- Can state at least 5 positive living practices.
- Report adoption of specific positive living practice

References

1. HCP 2010, Facilitators and Barriers to positive living, a literature review

2. HCP 2010, Factors influencing adoption of positive living practices among PLHIVs, health care providers and caretakers of PLHIVs.

3. MOH 2007, service provision Assessment Survey

4. MOH 2004 – 05 HIV/AIDS Sero – Behavioral Survey

5. MOH 2008, National Anti Retroviral Treatment and Care Guidelines for Adults and Children

6. Lohse, N. et al., 2007. Improved survival in HIV-infected persons: consequences and perspectives. Journal of Antimicrobial Chemotherapy, 60(3), 461-463.

7. Mermin, J. et al., 2005. Developing an evidence-based, preventive care package for persons with HIV in Africa. Tropical Medicine & International Health: TM & IH, 10(10), 961-970.

Appendix 1
Partners who participated in the strategy design process

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	Sam Enginyu	MOH
	Dr Apollo Kansime	MOH
	Dr Elizabeth Namagala	MOH
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THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

Produced with technical assistance from Health Communication Partnership and funding from United States Agency for International Development.

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