Cross River State Social and Behavoir Change Communication Strategy

2013

Cross River State Agency for the Control of AIDS (CRSACA)
With support from the USAID-funded C-Change project

Cross River State Social and Behavior Change Communication Strategy

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Preface

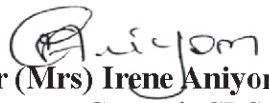
In an effort to deliver a focused HIV/AIDS strategic behavior change intervention program, the Cross River State Agency for the Control of AIDS (CRSACA) has over the years worked with several stakeholders, with support from the DFID Strengthening Nigeria's Response (SNR) project, to create enabling policies, frameworks, and strategies, including but not limited to the CRS social and behavior change communication (SBCC) strategy document, which expired in 2010. The strategy document formed the foundation upon which guided SBCC intervention activities were developed to address behavioral issues that play a vital role in the spread of HIV in the state and country.

In 2008, the mid-term review of the State Strategic Plan became the platform for a statewide situation analysis, which in turn informed the development of the state priority planning process. This culminated in the prevention plan, which highlighted the need to reinforce prevention and behavior change communication efforts to address the general population and "most-at-risk" members of the society. Implicit in the prevention plan was the need to review the behavior change communication (BCC) strategy, which was produced in 2008.

In 2009, the C-Change program in Nigeria began working with the CRSACA to develop a state-specific SBCC strategy by adapting the national document to the specific needs of Cross River State. For SBCC related interventions in the state to be effective, the documents guiding SBCC activities needed to be aligned with the national direction of having an acceptable SBCC model intervention that is unique and based on evidence. To achieve this, the National Agency for the Control of AIDS (NACA) developed a national SBCC document in 2010 from where states were to adapt and domesticate their state-specific SBCC document.

In order to develop this Cross River State strategy, the strategy task team reviewed several documents, including survey reports and the national SBCC strategy document. The review was to enhance the strategy's effectiveness, make it more evidence based and technically sound. It was also to make it more user-friendly for program managers and those with little or no technical knowledge of SBCC as well as to prioritize key interventions that would maximize the impact of the updated strategy.

It is CRSACA's goal to ensure that about 92% of the populations in the state who are currently uninfected remain so and that all state actors will use this document as a tool to halt and reverse the spread of HIV under the coordination of SACA.



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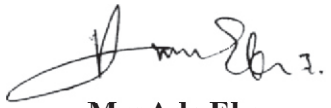
Director General, CRSACA

Acknowledgment

The CRSACA acknowledges the efforts of all those who have contributed to the development of this SBCC document. Our special appreciation goes to the entire members of the SBCC Technical Working Group (SBCC-TWG) whose technical support made the development of this document possible and successful. The technical support from the editorial board was invaluable. We sincerely appreciate the technical and financial support of the USAID-funded, FHI 360-implemented, C-Change project and their staff, especially Chamberlain Diala, Thomas Ofem, Victor Ogbodo, and Desmond Ajoko, who facilitated the development process. I recommend this document for planning, advocacy and all HIV/AIDS intervention activities in Cross River State.



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Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
ASCOPANY	Association of Concerned Partners for Nigerian Youths
BBFSWs	Brothel-based female sex workers
BCC	Behavior change communication
CAN	Christian Association of Nigeria
C-Change	Communication for Change
CISHAN	Civil Society for HIV/Aids in Nigeria
CRSACA	Cross River State Agency for the Control of AIDS
CSOs	Civil society organizations
ENR	Enhancing Nigeria's Response to HIV/AIDS
FBOs	Faith-based organizations
FSWs	Female sex workers
GHAC	Association of Grassroots Counselors
HCWs	Health care workers
HIV	Human immunodeficiency virus
HTC	HIV testing and counseling
IBBSS	Integrated Biological and Behavioral Surveillance Survey
IDUs	Injecting drug users
IPC	Interpersonal communication
LACAs	Local Agencies for the Control of AIDS
MOH	Ministry of Health
MSM	Men who have sex with men
NACA	National Agency for the Control of AIDS
NARHS	National HIV/AIDS Reproductive Health Survey
NBBFSWs	Non-brothel-based FSWs
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NTA	Nigeria Television Authority
NURTW	National Union of Road Transport Workers

NYNETHA	The Youth Network on HIV/AIDS in Nigeria
NGOs	Non-governmental organizations
OIs	Opportunistic infections
PLHIV	People living with HIV
PPFN	Planned Parenthood Federation of Nigeria
PMTCT	Prevention of mother to child transmission
SACA	State Agency for the Control of AIDS
SBCC	Social and behavior change communication
SBCC-TWG	SBCC Technical Working Group
SFH	Society for Family Health
SMOH	State Ministry of Health
SNR	Strengthening Nigeria's Response
SRH	Sexual reproductive health
STI	Sexually transmitted infection
UNICEF	United Nations Children Funds
USAID	United States Agency for International Development
USP	Uniform service personnel
VC	Vulnerable children
WHO	World Health Organization

Introduction

The Cross River State Social and Behavior Change Communication (SBCC) Strategy builds on the State Prevention Plan and draws on national and international best practices and lessons learnt in designing and implementing prevention, social and behavior change communication intervention. The strategy development process involved a participatory approach and in-depth situation analysis through literature review by members of the state Joint SBCC and Prevention Technical Working Group.

This strategy document was designed to be user-friendly for program planners and will enable State Agencies for the Control of AIDS (SACAs), Local Agencies for the Control of AIDS (LACAs) and line ministries/departments, the public and private sectors, civil society organizations (CSOs) and all implementing partners to develop and implement more effective HIV interventions by strengthening the SBCC capacity of their program managers. It will also provide a strategic focus for planning SBCC for a harmonized and coordinated response at all levels.

The document will guide planning and implementation of SBCC projects by partners for support and interventions that require state resources. Because of the tremendous diversity of the state, the strategy is designed to be flexible in order to guide program planners in developing tailored communication strategies based on local cultural and other contextual diversities.

A. Statement of Problem

The HIV Sentinel Surveillance Survey report shows that HIV prevalence in Cross River State was 0.0% in 1991, 4.1% in 1993, and 1.4% in 1996. However, the figure rose to 5.8% in1999 and 8.0% in 2001, with a sharp rise to 12% in 2003. By 2005, the prevalence dropped to 6.1% and 2008 saw another rise to 8.0% (Figure 1). The 2008 sentinel survey report shows that Calabar and Ikom (Urban) had 10.0% and 8.8% prevalence, respectively, while Akamkpa and Gakem (rural) had 8.1% and 2.0% prevalence, respectively. This shows that the epidemic is generalized among both urban and rural populations in the state.

The state HIV prevalence of 7.1% in 2010 is a 0.9% reduction from the 2008 rate of 8% [1]. As a result of the recorded high HIV prevalence of 12% in 2003, the state government took urgent steps to set up SACA in 2004 in order to respond to the HIV/AIDS epidemic in the state and partners' involvement in HIV interventions in the state increased. This visible political will and partners' involvement helped in reducing the prevalence to 6.1% in 2005[2]. However, when this happened, attention to HIV reduced while tourism activities trumped up. HIV prevalence began to rise again (8% in 2008)[3] in spite of SACA's transformation to an agency in 2007. In response to the rise in prevalence, intervention activities were refocused with the involvement of more CSOs, thus causing the prevalence to drop to the present 7.1%[4].

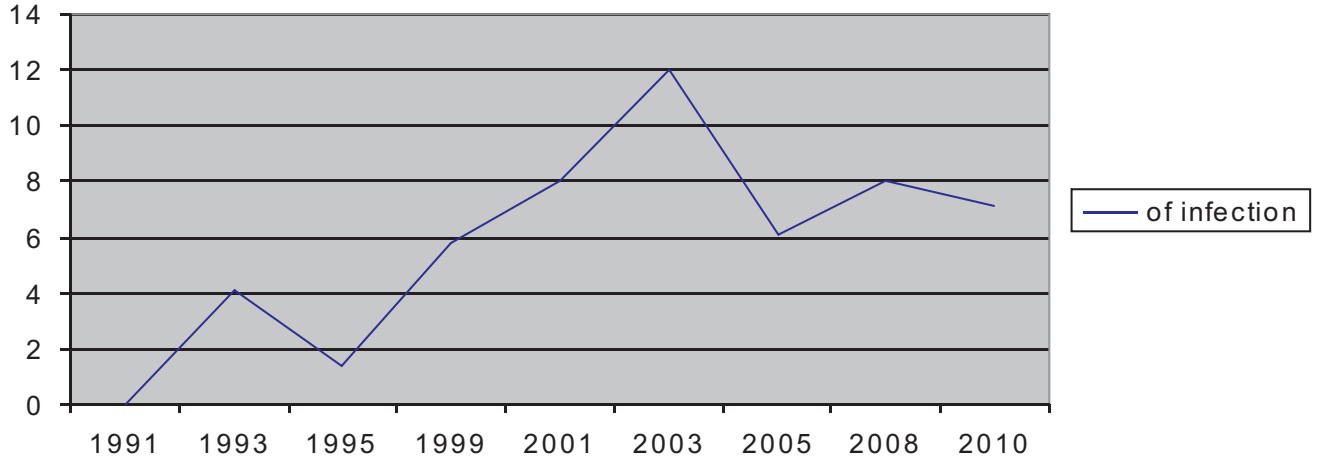

Figure 1. Cross River State HIV sero-prevalence pattern

Other studies have also been conducted to determine the HIV prevalence among the general population and other key target groups in the state. The 2007 National HIV/AIDS Reproductive Health Survey (NARHS) reported a prevalence of 4.2% for the general population in the state[3], while the 2010 Integrated Biological and Behavioral Surveillance Survey (IBBSS) reported different prevalence for different key target groups[4] (Figure 2).

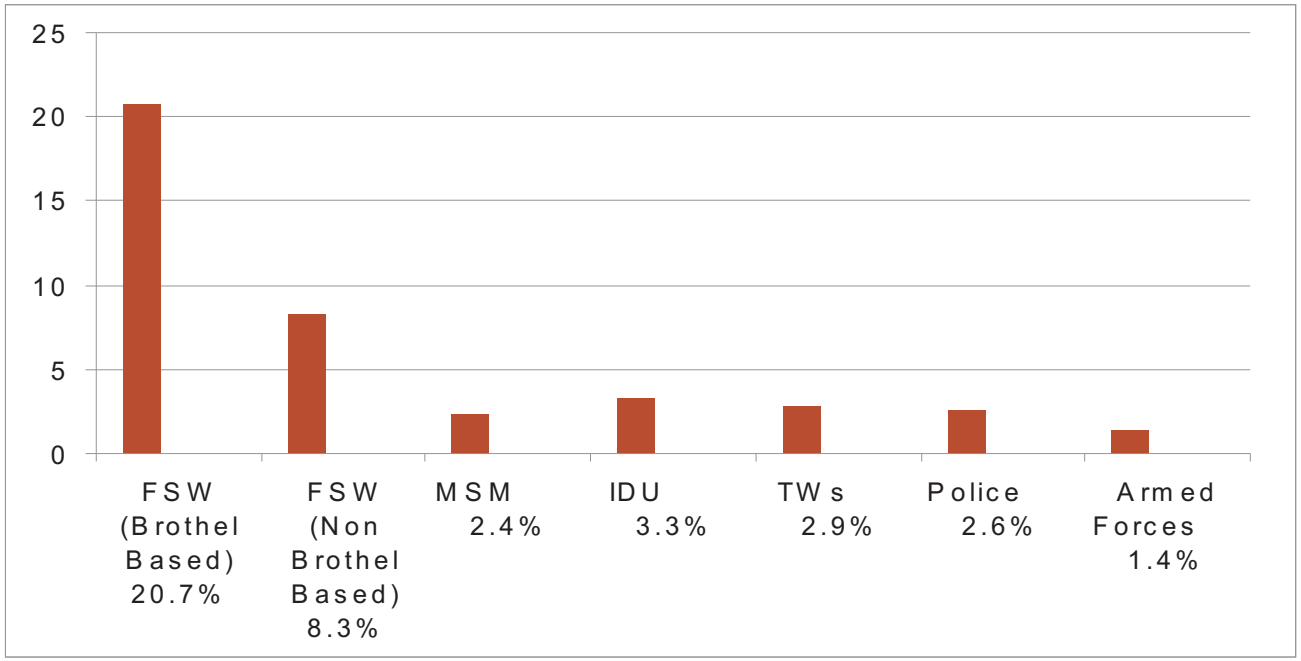

Figure 2. HIV prevalence among key affected populations
(Source: IBBSS 2010)

The main drivers of the epidemic in the state have been identified to include low risk perception, high risk sexual behaviors, multiple concurrent sex partners, informal transactional and intergenerational sex especially during festive periods, inadequate STI services, gender inequality, stigma and discrimination, and low uptake of sexual reproductive health (SRH) services

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1 Federal Ministry of Health (2010). Technical Report: National HIV Sero- Sentinel Survey among Pregnant Women Attending Antenatal Clinics in Nigeria.
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3 Federal Ministry of Health (2007). National AIDS and Reproductive Health Survey (NARHS).
4 Federal Ministry of Health (2010). HIV Integrated Biological and Behavioral Surveillance Survey (IBBSS).

B. Drivers of the Epidemic in Cross River State

The Cross River State Joint SBCC and Prevention Technical Working Group identified the main drivers of the HIV/AIDS epidemic in the state to include low risk perception, multiple concurrent sexual partnerships, informal transactional and intergenerational sex, low uptake of sexually transmitted infection (STI) services, gender inequality, stigma and discrimination, inadequate health care services, and injecting drug use.

1. Low risk perception

Reports have shown that 75% (33% rated their chances as low, while 42% believed they were at no risk) of the population in the state do not perceive themselves as being personally at risk of HIV infection[1]. This means that they are unlikely to take action to protect themselves against the infection, regardless of the high knowledge about HIV/AIDS.

2. Multiple concurrent partnerships

The practice of having more than one sexual partner (at the same time) is referred to as multiple concurrent sexual partnerships. This is one of the most crucial drivers of the HIV/AIDS epidemic in Cross River State and has been reported among both males and females and among all age groups.

3. Informal transactional and inter-generational sex

When people exchange sex for gifts and money outside formal brothel settings it is called informal transactional sex, but when young people engage in sexual relationships with men or women far above their age it is referred to as inter-generational sex. In most cases inter-generational sex by younger people is usually for some material gain while among the older adults it is to enjoy the company of the younger partner. There is evidence that these practices are common among young people in Cross River State[2].

The age difference in inter-generational sex increases the risk for HIV infection among young people and reduces their power to negotiate safe sex. Women who engage in informal transactional relationships are less likely to use condoms than women in formal commercial sexual activities. One reason people who engage in informal transactional sex are less likely to use condoms or to use them regularly is familiarity with the sexual partner. Once sexual partners are familiar with each other, they tend to drop their guard and believe that their partner is safe. The other reason is that older adults who engage younger partners in sexual relationships do not like to use condoms; and they use their bargaining power to demand unprotected sex. Because of the power differential, and the need for the younger partner to maintain the relationship, the younger partner consents.

4. Low uptake of STI services

Infections that can be transferred from one person to another through sexual intercourse are called STIs. Genital discharge and ulcers are symptoms of STIs and they are common among key affected populations who engage in high risk sexual behaviors (sex workers, transport workers and uniformed service personnel). When STIs (other than HIV) are untreated they make the person more vulnerable to HIV infection. Many of key affected populations who

engage in high risk sexual behaviors in Cross River State show signs of untreated STIs and are unlikely to notify their partner of their need to be treated (Figure 3).

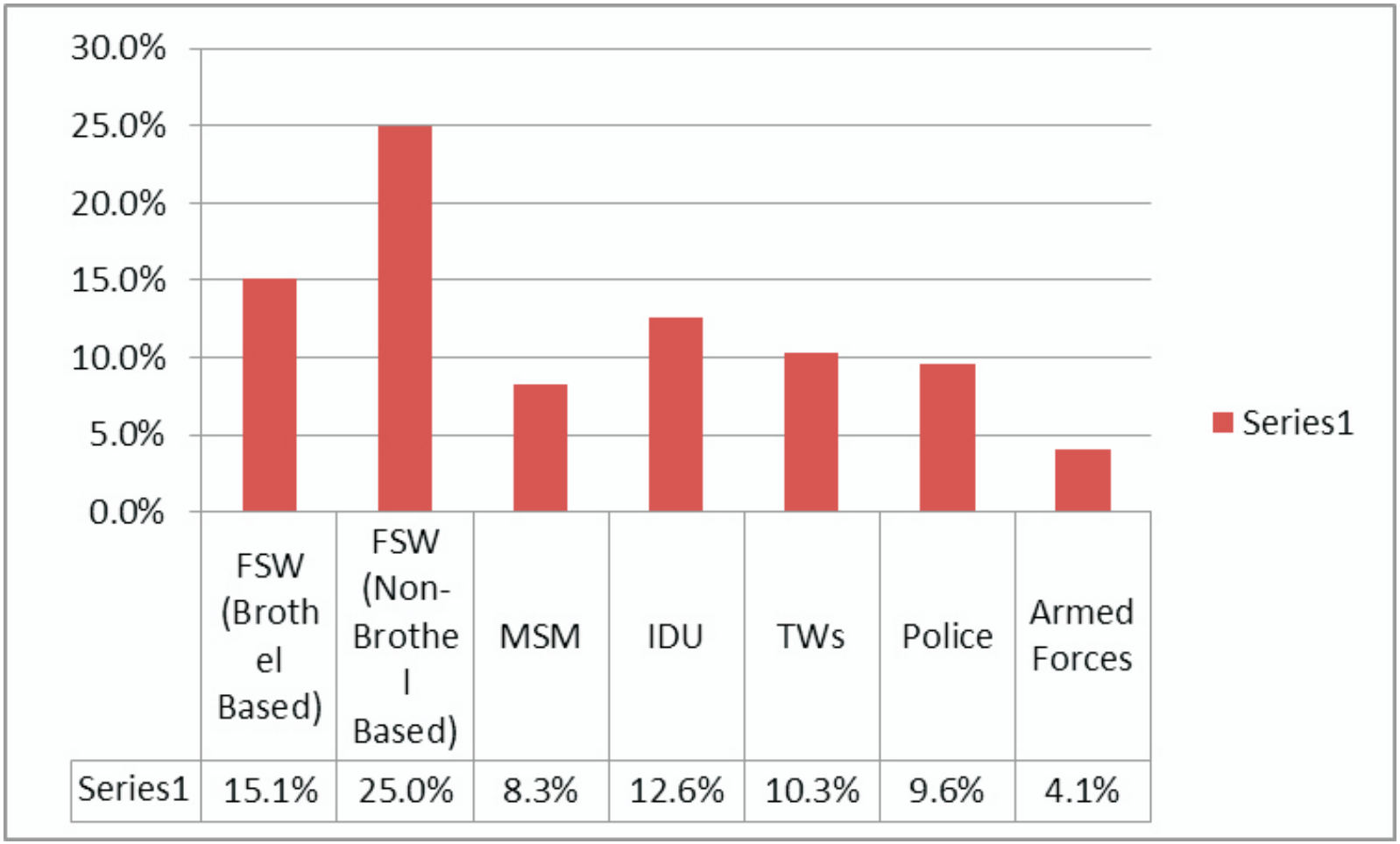

Figure 3. Self-reported STI symptoms by key target audience
Source: (IBBSS, 2010)

5 Gender inequality

Cultural norms that relegate women to a subordinate role within marriage make it difficult for women to negotiate their right to safer sex, refuse sex, or use of family planning methods to prevent unwanted pregnancy. Gender inequality is widespread in Cross River State and the harmful impact is well known and well documented. The time has come for behavior change that will enable the provision of equal opportunities, respect and protection to both females and males.

6. Stigma and discrimination

Stigma is a negative feeling or thought towards someone and "discrimination is an act of alienation, refusal, isolation, maltreatment, disgrace, prejudice or restriction of rights towards another person because of the awareness or suspicion that such a person is infected with HIV or has a close relationship with an HIV infected or suspected HIV infected person."[3] Stigma and discrimination keep many people from responding to HIV prevention, care and treatment interventions. It has been identified as a major reason many people in Cross River State are not accessing HIV testing. They are afraid of being diagnosed as HIV positive, disclosing their HIV status to their partners, and of taking up prevention of mother to child transmission (PMTCT) services, including safe feeding of new born children. This makes stigma a major driver of the epidemic in Cross River State. Stigma and discrimination of people living with HIV is largely due to ignorance and fear. It is important, therefore, for people to receive comprehensive information about the mode of transmission of HIV in order to treat others with respect and dignity.

7. Inadequate health services

Basic health care services, including essential supplies, drugs and equipment, are inadequate in Cross River State. This makes the provision of HIV related services in the state's health facilities difficult, particularly PMTCT, which also relies on strong maternal and child health service delivery. The attitude of health care workers in the state, particularly towards people living with HIV (PLHIV), is often stigmatizing, making it difficult to motivate people, especially young people, to use the limited services available.

8. Injecting drug use

Injection Drug Users (IDUs) were identified as one of the groups that contribute to the high HIV prevalence in Cross River State.[4] IDUs contract and spread HIV primarily through the sharing of needles and syringes and unsafe sex. Their decision about safer sex is usually impaired by the effect of the drugs. The majority of IDUs who had regular partners also reported having unprotected sex with casual partners and girlfriends, a practice that increases the spread of HIV.

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C. Priority Target Audience

Based on the report of a HIV situation analysis, the Cross River State Joint SBCC and Prevention Technical Working Group selected 10 priority target audience groups for intervention. These groups are listed in the following table but not in order of their HIV prevalence.

Target audience	Demographics
1. Female sex workers (FSWs)	These are women who earn a living by selling sex. Sex work has many faces, with considerable differences between populations in terms of levels of visibility and risk. FSWs can be categorized into two major groups: (1) brothel-based and (2) non-brothel-based. Brothel-based female sex workers (BBFSWs) are FSWs who live and sell sex within a brothel setting. Different categories of men, mainly taxi drivers and commercial motorcyclists patronize them in their brothels. Apart from their customers (paying partners) they also keep regular boyfriends (non-paying partners). Condom use among this group was reported to be high, largely due to the success of interventions in organized brothel-based settings. However, condom use with boyfriends and casual partners was considerably lower. FSWs have many of these types of sexual partnerships which have been identified as a potentially significant bridge for HIV transmission from FSWs networks to the general population. Non-brothel-based FSWs (NBBFSWs) are FSWs who operate outside brothel settings, including those to whom sex work is not the primary source of income. They may work as waitresses, hairdressers, tailors, massage girls, street vendors, or beer promotion girls. They supplement their primary income by selling sex regularly or occasionally. Some of the NBBFSWs do not consider themselves as sex workers and often carry out their activities outside known venues. Due to their mobile nature, it is difficult to reach NBBFSWs with interventions.
2. Health care workers (HCWs)	These are providers of health care services at hospitals or health centers. Health care workers who provide HIV related services for PLHIV and people who come to access other health related services are exposed to the risk of HIV infection in the work place. Due to inadequate knowledge and skills on how to protect themselves against HIV infection they sometimes provide services and care in a manner that is stigmatizing to their clsients. As a result many people are not motivated to use available facility-based services.

Target Audience	Demographic
	and care in a manner that is stigmatizing to their clients. As a result many people are not motivated to use available facility-based services.
3. Vulnerable children (VC)	VC are a diverse young population (below 18 years old) whose parents live below poverty level and those in addition to dealing with the stress of losing parents and/or living with HIV, are at great risk of poverty, sexual abuse and dropping out of school. They are often marginalized, live on the streets, trafficked, or otherwise face exploitation. They are made to care for other siblings often with no means of livelihood. They are more exposed to risks than their peers and more likely to experience negative outcomes such as the loss of protection, morbidity, malnutrition, and an opportunity to be educated.
4. People living with HIV (PLHIV	These are people who are infected with HIV and they are a very diverse group. In this category are children, young people, men and women (some pregnant or breastfeeding), and vulnerable individuals who may face additional barriers to accessing related information and services.
5. Transport workers	Transport workers are men who engage in the business of transporting goods and people from one point to the other, especially long distance truck drivers. Because they cover long distances, they sometimes spend many days on the road and this exposes them to multiple sexual relationships and makes them one of the most-at-risk groups for HIV infection.
6. Women and men of childbearing age	These are women and men of childbearing age within the general population who are sexually active and are therefore exposed to HIV infection. Intervening for this group of people has become important due to a range of factors, including biological, gender, and socio-cultural norms that relegate women to the lower status and increase the decision-making power of men. These factors encourage the men to have polygamous relationships. HIV prevalence among men and women of childbearing age is high because they engage in multiple sexual relationships, transactional and trans-generational sex.
7. Young people	Young people are defined as individuals between the ages of 10 and 24 years[5]. It has been reported that young people (boys and girls) experiment sex at an early age, often between ages 10 and 16, but sometimes at ages 7 and 8[2]. This early exposure to sex happens in different contexts, including early marriage, sex for economic benefits, sexual assault, or disability. Early and

Target Audience	Demographic
	unwanted sex increases the risk of HIV infection.
8. Men who have sex with men (MSM)	MSMs are men who have sex with other men. They cut across all segments of the male population, both adults and children. They are often an educated population, with the majority completing secondary education and many completing tertiary education. MSM are an elite and highly mobile group who represent a diverse group of people and may engage in sex for different reasons sexual preference, economic benefit, and sexual assault. MSM are considered to be at a higher risk of contracting and transmitting HIV due to the difficulty in penetration through the anus. MSM also engage in multiple sexual relationships, which exposes them to HIV infection.
9. Uniform service personnel (USP)	Armed Forces (Army, Navy and Air force), the Police and other paramilitary personnel are referred to as uniformed service personnel (USP). They are considered to be at higher risk of contracting and transmitting HIV because of their job-related mobility, which may make them to patronize commercial and casual sex partners.
10. Injecting drug users (IDUs)	Injecting drug users (IDUs) are a group of people in the society who inject themselves with psychoactive substances for personal use and outside medical prescription. These substances impair their decision about safer sex with the casual partners they mostly relate with. IBBSS 2010[3] reports 3.3% HIV prevalence among this group in Cross River State (Figure 2).

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3. Federal Ministry of Health (2010). HIV Integrated Biological and Behavioural Surveillance Survey (IBBSS).

D. Strategy to Reach Each Priority Target Audience

1. Female Sex Workers (FSWs)

Problem statement

FSWs are women who trade sex to earn a living. This document recognizes two major categories of FSWs. These are brothel-based female sex workers and non-brothel-based female sex workers (NBBFSWs). With over 27% of all FSWs in Nigeria and 20.7% in Cross River State infected with HIV[1], FSWs have been identified as one of the sub-populations most infected with HIV. Condom use among FSWs is reportedly high (92.4% for BBFSWs and 74.0% for NBBFSWs) but consistent condom use with their boyfriends and casual partners (67.1% for BBFSWs and 25.4% for NBBFSWs) is low[1]. A good number of FSWs (15.1% of BBFSWs and 25.0% of NBBFSWs) were reported to have contracted STIs.

FSWs also engage in the abuse of alcohol (24.0% for BBFSWs and 20.9% for NBBFSWs) and other substances (*marijuana* 13.3% for BBFSWs and 11.5% for NBBFSWs; cocaine and heroin 2.4% for BBFSWs and 1.4% for NBBFSWs) daily, which impairs their decision making for safer sex.

Most of the FSWs (27.0% of BBFSWs and 21.5% NBBFSWs) do not perceive themselves as being at risk of contracting HIV and the proportions receiving HIV counseling and testing (42.6% of BBFSWs and 39.6% NBBFSWs) and education from peer or outreach workers (65.3% of BBFSWs and 46.4% NBBFSWs) is low[1]. Because of their mobile nature, it is difficult to reach non-brothel-based FSWs with interventions (Figure 4).

It has been observed that FSWs patronize patent medicine dealers more than health care facilities due to the judgmental and stigmatizing attitude of some of the health care workers.

Desired change

Increased correct and consistent condom use among paying and non-paying sexual partners in all forms of sexual intercourse.
Reduced alcohol and drug abuse among FSWs.
Increased uptake of family planning services to prevent unwanted pregnancy.
Increased demand for and uptake of early and proper STI treatment and HIV/AIDS services.
Increased uptake of alternative income generating (IGA) activities.
Use of appropriate lubricants that do not disrupt or destroy the integrity of condoms.
Increased frequency of HIV testing and counseling (HTC).

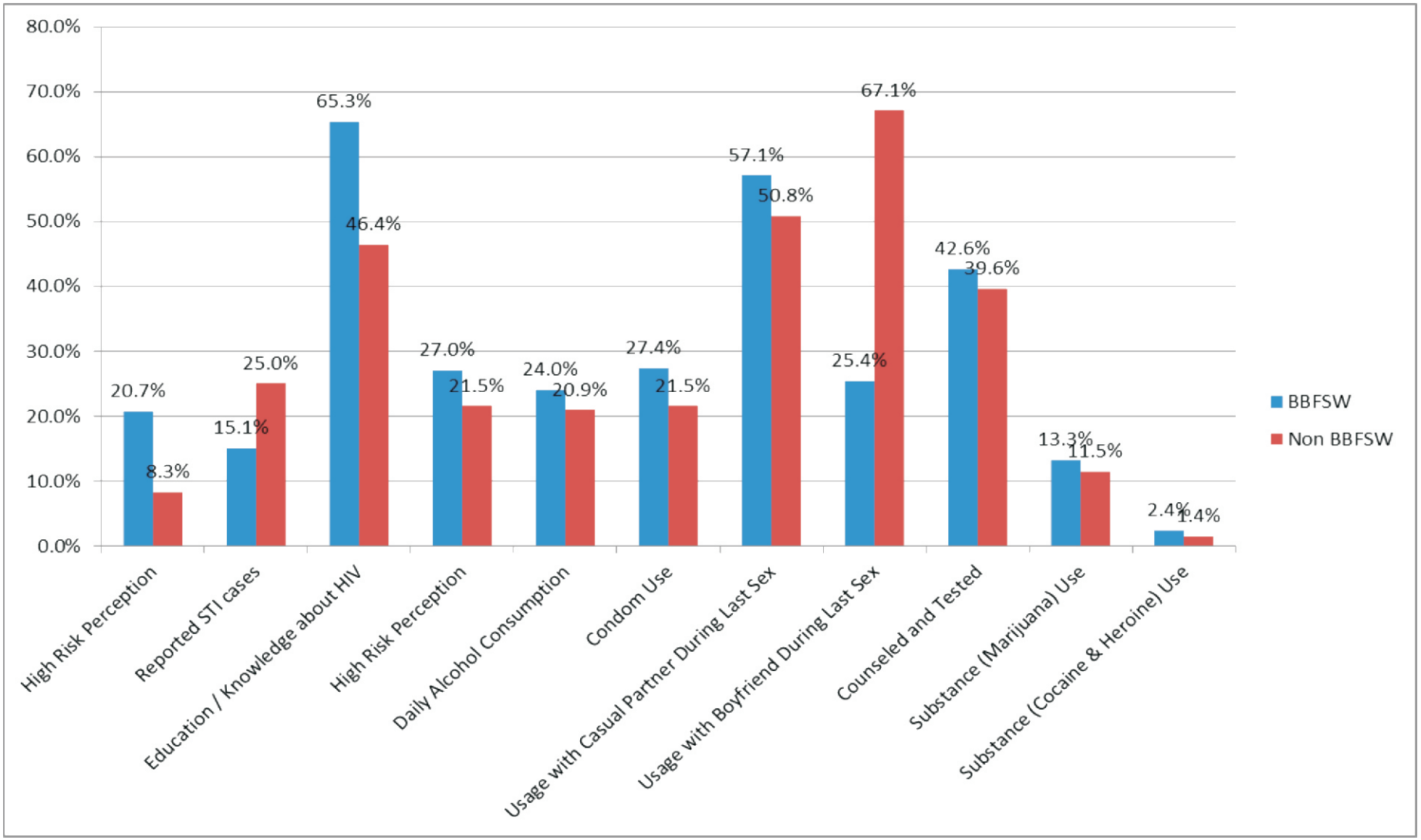

Figure 4. HIV Risk Behavior among FSWs
(Source: IBBSS 2010)

Obstacles to change

FSWs do not use condoms consistently with all clients (paying and non-paying clients).
FSWs abuse alcohol and other substances which impair decision regarding safer sex.
FSWs use oil-based lubricants (which affect the efficacy of condoms).
Low drive for alternative income generating activity among FSWs.
FSWs engage in anal sex with clients without using condom.
Fundamental human rights of FSWs are often not guaranteed.
FSWs do not go for HIV testing to know their HIV status.
FSWs self-medicate, e.g. they use antibiotics for the prevention and treatment of STIs.
FSWs do not access other key SRH/HIV related services (PMTCT and ART).
The attitude of some health care workers is judgmental, stigmatizing and discriminating.

Behavioural objectives

Increase the number of FSWs who use condoms correctly and consistently with clients, including boyfriends and casual partners.
Reduce the number of FSWs who abuse alcohol and other substances.
Reduce the percentage of brothel-based and non-brothel-based FSWs who have anal sex with clients.
Increase the number of FSWs who use water-based lubricants during sexual intercourse as against the use of oil-based lubricants.
Increase the number of FSWs who know their HIV status.
Reduce the number of FSWs who engage in self-medication, e.g. use antibiotics for prevention and treatment of STIs.
Increase the number of FSWs who access other SRH/HIV related services (PMTCT and ART).
Reduce the number of cases of harassment and dehumanization of FSWs by law enforcement agencies.
Increase the number of FSWs who embrace alternative income generating activities.
Reduce the number of health care workers who stigmatize and discriminate FSWs.

Communication objectives

Increase awareness among FSWs and educate them on safer sex practices.
Educate FSWs on the effect of alcohol and drugs abuse.
Educate FSWs on the risks of self-medication (use of non-prescribed antibiotics for prevention and treatment of STIs).
Provide FSWs with information on the availability, importance and need to access STIs, HIV/AIDS services early including HTC.
Provide adequate information for FSWs on family planning services to prevent unwanted pregnancy.
Build the capacity of health care workers on interpersonal communication (IPC) skills to provide friendly HIV/AIDS and STIs services to FSWs.

Enhance the knowledge and skill of FSWs on alternative income generating activities (is skill building part of our mandate or do we provide information and linkages to others who do this?)

Key content

You cannot tell who is HIV positive by looking at a person; use condoms correctly and consistently with all your sex partners to prevent sexually transmitted infections, including HIV.

Alcohol and drug abuse can make you lose control and take wrong decision regarding safer sex; stop using hard drugs and reduce your alcohol consumption.

Any unprotected sex (including anal sex without condom) can result to HIV and other sexually transmitted infection.

Oil-based lubricants reduce the efficacy of condoms; use only water-based lubricants.

Know your HIV status to be able to take care of yourself and stay healthy.

Untreated sexually transmitted infection is a gateway to HIV; always visit a health center or hospital for proper and friendly care.

Self-medication is harmful; always see a doctor for proper treatment.

Family planning helps you to prevent unwanted pregnancy, have the number of children you want and when you want to have them, and to prevent mother to child transmission of HIV/AIDS.

As a law enforcement agent you need to learn about human rights issues and to respect the rights of the people including female sex workers.

Positioning statement

Positive behavior and safer sex practices are the keys to healthy living.

Strategic approaches for intervention

Communication objective	Strategic approach	Activities/channels
1. Educate FSWs on safer sex practices	**Behavior change communication** to increase individual FSW knowledge of correct and consistent condom use with paying and non-paying sex partners. Discourage the use of oil-based lubricants with condom and build their skills in using condoms with water-based lubricants particularly if they must have anal sex.	• Provide HIV/AIDS education through viewing and listening centers • Peer mentoring with life skills • Other IPCs (small group discussion/interactive sessions; demonstration on condom and lubricant use) at hot spots, drinking bars, entertainment arenas and brothels
	Community mobilization to promote safer sex among FSWs and clients	• Establish linkage and collaboration with other NGOs for the provision of condoms and condom distribution outlets • Community dialogue with identified gatekeepers in FSW setting on the need for correct and consistent use of condom and water-based lubricants among FSWs particularly if they must have anal sex
	Advocacy to brothel owners/managers and chair ladies to support condom promotion	• Advocate to brothel owners on the need to institute 'No condom No sex' policy
2.Educate FSWs on the effects of excessive use of alcohol and drugs	**Behavior change communication** to increase FSW knowledge of the adverse effects of drinking too much alcohol and abusing substances	• Provide education on the effects of alcohol through viewing and listening centers • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage alcohol and substance abuse	• Community dialogue with identified gatekeepers in FSW settings on the effect of excessive alcohol intake by
	Advocacy to brothel owners /managers and chair ladies to discourage the abuse of alcohol and substances.	• Advocate to brothel owners to solicit for support for the reduction of alcohol intake and substance abuse among FSWs

Communication objective	Strategic approach	Activities/channels
3.Educate FSWs on the risk involved in self-medication (use of non-prescribed antibiotics for the prevention and treatment of STIs)	**Behavior change communication** to increase individual FSW knowledge on the negative implications of self-medication and the benefits of accessing STIs and HIV and AIDS services early including HTC at an appropriate health facility	• Provide education on the effects of self-medication, benefits of accessing STIs and HIV and AIDS services early including HTC through viewing and listening centers • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
4. Provide FSWs with information on the availability, importance and need to access STIs and HIV and AIDS services early, including HTC	**Community mobilization** in collaboration with CBOs and other NGOs that will work with key stakeholders (managers and chair ladies) to educate and encourage FSWs to access appropriate health seeking behavior and desist from self-medication	• Community dialogue with FSWs on the need to stop self-medication and encourage them to access SRH/HIV related services including HTC • Collaboration with other CBOs and health facilities to provide routine HIV testing outreaches within brothel premises
	Advocacy to brothel owners/managers and chair ladies to support education of FSWs on appropriate health seeking behavior **Advocacy** to health facility management to provide friendly services to FSWs	• Advocacy to hotel owners and managers to support the education of FSWs on the need to stop self-medication and to access SRH/HIV related services • Advocacy meetings with health facility management to conduct IPC training for health care workers
5.Provide adequate information for FSWs on family planning services as a way of preventing unwanted pregnancy	**Behavior change communication** to educated FSWs on the importance of family planning	• Provide family planning information through viewing and listening centers • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization through working with key FSWs and other CBOs to ensure the uptake of family planning services	• Conduct community dialogue with key stakeholders among FSWs to plan and ncourage FSWs to access family planning services

Communication objective	Strategic approach	Activities/channels
	Advocacy to support family planning education within brothel settings.	• Conduct advocacy to hotel managers, and FSWs chairladies to support and encourage FSWs to access family planning services.
6.Promote human rights awareness among law enforcement agencies for the protection of the people, including FSWs	**Behavior change communication** to educate FSWs on their right as citizens	• Educate FSWs on human right through small group discussion/interactive sessions • Peer to peer education
	Community mobilization to enlighten FSWs on their right when confronted by law enforcement agents	• Build coalition with CBOs to provide adequate information to FSWs on their right when confronted with law enforcement agents
	Advocate for the enforcement of existing human rights for the protection of people, including FSWs	• Carry out advocacy to policy makers at all levels to enforce human rights law for the protection of people, including FSWs
7.Build the capacity of health workers in IPC skills to provide friendly HIV/AIDS and STIs services to FSWs	**Behavior change communication** to inform health care workers on the need to provide friendly HIV/AIDS and STI services to FSWs	• Develop information materials including poster charts and cue cards on how to provide friendly services to clients • Train health workers on IPC skills to provide friendly • HIV/AIDS and STI services to FSWs
	Advocacy to health facility management	• Conduct advocacy to health facility management to sensitize them on the need to provide friendly services to FSWs and to support the training of health care workers on IPC
Enhance the knowledge and skill of FSWs on	**Behavior change communication** to increase individual FSW knowledge of the benefits of alternative income generating activities	• Peer/mentoring with life skills • Other IPCs (small group discussion/interactive sessions)

Communication objective	Strategic approach	Activities/channels
alternative income generating activities	**Community mobilization** to build coalition of CBOs that will provide alternative income generating activities for FSWs	• Collaborate with CBOs to conduct community dialogue with stakeholders in brothels to discuss areas of support for FSWs in alternative income generating activities
	Advocacy to seek support of brothel managers	Advocacy to hotel managers to support the provision of alternative income generating activities for FSWs

Reference
1. Federal Ministry of Health (2010). HIV Integrated Biological and Behavioural Surveillance Survey (IBBSS).

2. Health Care Workers (HCWs)

Problem statement

Health care workers in Cross River State are inadequate. The WHO recommends one doctor and three nurses per 1000 population[1], but in the state there are only 1324 HCWs comprising of doctors (1 per 61,000 persons), nurses (1 per 4,000 persons), pharmacists (1 per 287,000 persons), pharmacy technicians (1 per 46000 persons), laboratory scientists (1 per 202,000 persons), laboratory technicians (1 per 27,000 persons), medical record (1 per 20,000 persons),[2] etc. The inadequate provision of essential services, supplies, drugs, equipment, and human resource within the health sector makes it difficult to sustain HIV related services, particularly PMTCT, which has 20% coverage (CRS MOH/UNICEF Mapping Report of Health Facilities, 2012)[2]. Where HIV comprehensive care, support and treatment are available, the number of health care workers providing such services is inadequate to serve the population.[2]

The attitudes of some health care providers towards clients, especially PLHIV, are stigmatizing and this makes it difficult for people to access the limited available services[3]. It was also reported that health care workers do not always handle blood and blood products according to national guidelines[3]. Due to uneven distribution of public health care facilities, especially in rural communities, most people seek private care, patronize patent medicine stores, traditional and unorthodox healers[2].

Desired change

Friendly and non-judgmental attitude towards key vulnerable groups including young people, PLHIV, FSWs, and clients presenting with STIs.
Provide accurate basic counseling information on HIV prevention, treatment and care and support.
Refer clients appropriately to needed services.
Respect clients' confidentiality.
Use recommended standard operational procedure (gloves, new needle/syringe for all procedures, disposing needles and blood products safely) while providing services.

Obstacles to change

HCWs are seen as unfriendly and judgmental towards key vulnerable groups, including young people, PLHIV, FSWs, clients presenting with STIs, poor people.
HCWs do not provide accurate basic counseling information on HIV prevention, treatment, care and support.
HCWs do not respect clients' confidentiality.
HCWs do not always use recommended standard operational procedures (gloves, new needle/syringe for all procedures, disposing needles and blood products safely) while providing services.

Behavioral objectives

Increase the number of HCWs who are friendly and non-judgmental towards key vulnerable groups, including young people, PLHIV, FSWs, clients presenting with STIs, and poor people.

Increase the number of HCWs who respect clients' confidentiality.

Increase the number of HCWs who use recommended standard operational procedures (gloves, new needle/syringe for all procedures, disposing needles and blood products safely) while providing services.

Communication objectives

Build the capacity of HCWs on interpersonal communication to provide friendly services to all clients and to respect clients' confidentiality.

Promote universal basic safety precautions among health care workers.

Equip health care workers with knowledge and skill to provide accurate basic counseling information on HIV prevention, treatment and care and support to their clients.

Key content

Offer friendly and confidential HIV services; do not be judgmental to all clients.

Provide your client with accurate, adequate and basic counseling information for HIV prevention, treatment, care and support.

Use recommended standard operational procedures (gloves, new needle/syringe for all procedures, disposing needles and blood products safely) while providing services.

Positioning statement

Friendly and confidential HIV services can lead to an HIV free society.

Strategic approaches for intervention

Communication objective	Strategic approach	Activities/channels
Build the capacity of HCWs in	**Behavior change communication** to inform health care workers of the need to provide friendly HIV/AIDS and STI services to FSWs	• Develop SBCC materials that promote clients' confidentiality and client-friendly services

Communication objective	Strategic approach	Activities/channels
interpersonal communication to provide friendly services to all clients and respect clients' confidentiality	**Advocacy** to health facility management	• Conduct advocacy to health facility management to sensitize them on the need to provide friendly services to FSWs and to support the training of health care workers on IPC
2. Promote universal basic safety precautions among health workers	**Behavior change communication** to provide HCWs with adequate information on universal basic safety precautions among health workers	• Develop standard operating procedures information on cue cards and poster charts for HCWs • Conduct training for HCWs to increase their knowledge of the use of recommended standard operational procedures (gloves, new needle/syringe for all procedures, disposing needles and blood products safely) while providing services
	Advocacy to health facilities managers	• Conduct advocacy to health facility management to promote universal basic safety precautions among health workers
3. Equip health care workers with knowledge and skill to provide accurate basic counseling information on HIV prevention, treatment and care and support to their clients	**Behavior change communication** aimed at providing basic information to HCWs	• Develop and produce simple health information materials (cue cards, poster charts) to guide them in providing accurate basic counseling information on HIV prevention, treatment, care and support to their clients • Train HCWs on basic counseling information on HIV prevention, treatment, care and support Train HCWs on interpersonal communication skill to provide friendly services to all clients and respect clients' confidentiality

Communication objective	Strategic approach	Activities/channels
	Advocacy to health facilities managers	• Conduct advocacy to health facility management to support the training of HCWs on basic counseling on HIV prevention, treatment, care and support

References

1. World Health Report 2006 http://www.who.int/whr/2006/06_chap1_en.pdf
2. Cross River State Ministry of Health (2012). Nominal Roll 2012 and General Basic Health Facilities in Cross River State (774 CRS MOH /UNICEF Mapping Report of Health Facilities 2010.
3. Reis et al (2005). Discriminatory Attitude and Practices by Health Care Workers towards Patients with HIV/AIDS in Nigeria; USA: National Library of Medicine. 2(8); e246).

3. Vulnerable Children (VC)

Problem statement

Vulnerable children in Cross River State are a diverse young population at great risk of poverty, sexual abuse, dropping out of school, and may be at risk of HIV/AIDS[1]. They are below 18 years of age and lack access to basic health care and psychosocial support[1]. They show a six-fold likelihood of transactional sexual exploitation compared to children in healthy families.[2]

Like every other vulnerable child in the state, they fend for themselves and other siblings, often with no means of livelihood. Just like other youth in the state, they have little control over their sexuality[3]. They also have limited means of livelihood, access to education, health, social services, and protection of their fundamental human rights[1]. The distribution of VC in Cross River State is 27.7%, which is higher than the national distribution of 24.5%. This estimate is based on the fact that 51% of 140 million Nigerians are children aged 0-17 years[4].

Desired change

VC to be knowledgeable of HIV/AIDS issues.
Reduced sexual abuse and exploitation of vulnerable children.
VC to access HIV related services.
VC to adhere to HIV treatment.
Reduced stigma and discrimination against HIV positive VC.
VC to have access to psychosocial support and social protection programs at family and community levels.

Obstacles to change

Economic burden of family rests on older VC to support younger VC thus they are subjected to early marriage and consequent sexual abuse. (older VC tend to care for younger VC)
Female vulnerable children tend to marry earlier to escape hardship, but this makes them even more vulnerable and subject to even more abuse to their new spouse and his family
Non-existent social support system in most communities where VC can access psycho-social support and social support.

Behavioral objectives

Reduce sexual abuse of vulnerable children.
Reduce early marriage among VC.
Increase the number of older VC who have the ability to negotiate safer sex.
Increase the number of VC delaying sexual debut.

Increase the desire among VC to access HTC and HIV and AIDS treatment services.
Increase the number of VC who are in school or attend vocational training.
Increase community involvement in VC service delivery.

Communication objectives

Educate family and community members on the need to discourage sexual abuse and child marriage among VC.
Educate caregivers and family members on the need to ensure that VC have access to HIV and AIDS related services.
Provide safer sex, HIV/AIDS and reproductive health information for VC to enable them to make informed decisions about their health.
Educate family and community members on the need to provide psychosocial support and social protection services within the family and community.
Families and communities should support VC so as to relieve their economic burdens.

Key content

Protect VC against sexual abuse and early marriage.
Caregivers, community leaders and family members should care for and protect VC against child abuse and exploitation.
Be assertive; learn to negotiate safer sex to protect you from HIV infection.
Visit hospital and health centers regularly to access sexual and reproductive health and HIV services.
Give life to VC; provide them with psychosocial support and social protection services.
Save a life, relief the economic burden of vulnerable children today.

Positioning statement

Provide supportive environment for VC and promote a healthy life.

Strategic approaches for intervention

Communication objective	Strategic approach	Activities/channels
1.Educate family and community members on the need to discourage sexual abuse and child marriage among VC	**Behavior change communication** to increase individual knowledge of the right of VC (domestication of the Child Rights Act)	• Mass media communication (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions) • Distribution of copies of the Child Rights Act

Communication objective	Strategic approach	Activities/channels
	Community mobilization for wider participation in activities to protect VC from early unwanted sex and sexual abuse	• Work with CBOs to conduct community dialogue on dangers of early marriage and VC rights
	Advocacy to community and religious leaders to discourage early marriage and abuse of VC sex rights	• Conduct advocacy to community and religious leaders to discourage early marriage and abuse of VC sexual rights • Advocacy to policy makers to enforce child rights through the Ministry of Women Affairs
	Behavior change communication to increase individual knowledge of the importance of ensuring that VC have access to HIV/AIDS and related services	• Develop, produce and disseminate messages through the mass media (radio, television, posters and leaflets) • Conduct small group discussions for various segments of caregivers to provide information on available services and reinforce adherence and compliance
2.Educate caregivers and family members on the need to ensure that VC have access to HIV/AIDS and related services	**Community mobilization** for wider participation to promote access to HIV/AIDS and related services by VC	• Build coalition with CBOs to conduct community dialogue on available HIVAIDS and related services for the VC and the need to ensure that VC have access to the services.
	Advocacy for the support of community and religious leaders	• Conduct advocacy activities to community and religious leaders to encourage caregivers to ensure that • VC have access to HIV/AIDS and related services
	Behavior change communication to increase individual knowledge on abstinence and delay in sexual debut	• Develop, produce and disseminate messages on abstinence and delay of sexual debut through the mass media (radio, television, posters and leaflets

Communication objective	Strategic approach	Activities/channels
		• Peer education on SRH and HIV (including life skills) (small group discussion/interactive sessions)
3.Provide safer sex, HIV/AIDS and reproductive health information for VC to enable them to make informed decisions about their health	**Community mobilization** for wider participation in activities to encourage abstinence and delay sexual debut among VC	• Work with community-based organizations in conducting community dialogue to encourage abstinence and delay sexual debut among VC Promote correct and consistent condom use among older VC
	Advocacy to community and religious leaders to support safer sex promotion among VC	• Conduct advocacy to community and religious leaders to promote abstinence and delay in sexual debut among VC
4.Educate family and community members on the need to provide psychosocial support and social protection services within the family and community	**Behavior change communication** to increase individual knowledge on livelihood skills and social support	• Develop, produce and disseminate messages through the mass media (radio, television, posters and leaflets) to inform family and community members on the need to provide psychosocial support and social protection for VC Train caregivers on care and support for VC
	Community mobilization for wider participation in activities to promote the quality of life of VC	• Build coalition with CBOs to equip VC with livelihood skills • Enroll VC for care and support services within the community
	Advocacy to support efforts towards increasing the quality of care and support for VC	• Conduct advocacy to opinion leaders to support the creation of opportunities to enroll VC in schools

References
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2 .Operario et al (2011). HIV Infection and Sexual Risk Behavior among Youths who have Experienced Orphan-hood; Systematic Review and Meta-analysis. International AIDS Society 14:25.
3. Diala, S., Folami, H., Kale, F. (2011). HIV-Related Knowledge, Attitudes, Behaviours, and Practices of Young People in Cross River State and Kogi State. Nigeria. Washington DC: C-Change.
4.National Population Commission (2002). Children, Adolescent and Youth: Nigeria Population Census, 1991 Analysis.

4. People Living with HIV (PLHIV)

Problem Statement

PLHIV are a very diverse group, which includes children, young people, men, and women (some pregnant or breastfeeding) who may face additional barriers to accessing related information and services. With the HIV prevalence of 7.1% in Cross River State, PLHIV in the state are reluctant to disclose their status for fear of stigma and discrimination. Stigma and discrimination has resulted to violence and abandonment of PLHIV by family members, colleagues and friends.[1] The negative attitude towards PLHIV makes life difficult for them and creates the need for proper programming to address self-stigma and drug adherence. Furthermore, the level of poverty (52.9%) and inflation (12.0%) in the state[2] predisposes PLHIV to unsafe multiple sexual partnerships, indicating the need for education, counseling, and access to income generating activities.

Desired change

Reduced number of PLHIV involved in multiple concurrent partnerships.
Increased number of PLHIV who disclose their status and seek social support.
Increased correct and consistent condom use.
Increased uptake of family planning and PMTCT services.
Increased uptake and adherence to antiretrovirals (ARVs) for eligible PLHIV.
Increased number of PLHIV who access health services for opportunistic infections (OIs) - prevention and early treatment of OIs
Improved quality of provider-client interaction and adherence to treatment protocols.
Increased number of PLHIV reporting stigma and discrimination.
Developed supportive legal environment for PLHIV and accessible health delivery system.
Increased awareness of the need for PLHIV to maintain ARV adherence irrespective of spiritual claims and beliefs.
Increased awareness of the existence of the Cross River State anti-stigma law.

Obstacles to change

Some men and women who are HIV+ still have multiple concurrent partners.
Some men and women who are HIV+ do not disclose their HIV status to their partner.
Discordant couples do not use condoms to prevent HIV transmission to their partner.
PLHIV do not live positively (eat well, rest, avoid alcohol/drugs, seek social support, prevent OIs, prevent transmission of HIV to others, practice dual protection).
Some PLHIV do not seek early treatment for OIs and they don't access ART services at the appropriate time.
Some PLHIV do not adhere to ART regimen consistently (if on treatment).

Some PLHIV do not report to appropriate authorities the situation of stigma and discrimination they experienced.
Poor quality of provider-client interaction and inadequate adherence to treatment protocols by providers.
Some PLHIV stigmatize themselves.

Behavioral objectives

Reduce the number of HIV+ men and women who still have multiple concurrent partners.
Increase the number of HIV+ men and women who disclose their HIV status to their partners.
Increase the number of discordant couples who would use condoms correctly and consistently to prevent HIV transmission to their partners.
Reduce the number of PLHIV who do not live positively (eat well, rest, avoid alcohol/drugs, seek social support, prevent OIs, prevent transmission of HIV to others, practice dual protection)
Reduce the number of PLHIV who do not seek early treatment for OIs and who don't access ART services at an appropriate time
Reduce the number of PLHIV who do not adhere to ART consistently (if on treatment).

Communication objectives

Educate PLHIV on the risk of engaging in multiple concurrent sexual partnerships.
Educate PLHIV on the importance of disclosing their HIV status to their partners.
Provide adequate information to PLHIV on the importance of condom use by discordant couples to prevent HIV transmission to their partner.
Provide adequate information to increase the knowledge of PLHIV on positive living (eat well, rest, avoid alcohol/drugs, seek social support, prevent OIs, prevent transmission of HIV to others, practice dual protection).
Educate PLHIV on the need to seek early treatment for OIs and to access ART services at the appropriate time.
Educate health workers to adhere to treatment protocols and provide friendly SRH services to PLHIV.
Provide adequate information to PLHIV on adherence to ART regimen consistently (if on treatment).
Educate PLHIV on the need to report to appropriate authorities the situation of stigma and discrimination they experience.

Key content

Multiple concurrent sexual partnerships increase the risk of HIV transmission. Stick to one faithful sexual partner.
Know and disclose your HIV status to your partner to prevent HIV and other sexually transmitted infections.
Discordant couples should use condoms correctly and consistently to prevent HIV transmission to their partner and avoid re-infection.
Live positively, eat well, rest, avoid alcohol/drugs, seek social support, prevent opportunistic infections, prevent transmission of HIV to others and practice dual protection.
Seek early treatment for sexually transmitted infections and other opportunistic infections to reduce the chances of contracting HIV/AIDs.
Uptake ART services at the appropriate time and adhere to treatment regimen to ensure a long healthy life.
Report to appropriate authorities any form of stigma and discrimination you experience.

Train health care service providers on interpersonal communication to enhance quality provider-client interaction.
Support the training of health care workers on adherence to treatment protocols.

Positioning statement
Positive behavior and positive living is the key to a healthy life.

Strategic approach for intervention

Communication objective	Strategic approach	Activities/channels
1. Educate PLHIV on the risk of engaging in multiple concurrent sexual partnerships	**Behavior change communication** to raise individual knowledge on the dangers of multiple concurrent sexual partners	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider participation to discourage multiple concurrent sexual partnerships	• Build coalition with CBOs and FBOs to discourage multiple concurrent sexual partnerships through awareness creation and education among support group members
	Advocacy to discourage multiple concurrent sexual partners	• Conduct advocacy to PLHIV support group leaders to discourage multiple concurrent sexual partnerships
2. Educate PLHIV on the importance of disclosing their HIV status to their partners	**Behavior change communication** to raise individual knowledge of the importance of disclosing HIV status to partners	• Develop, produce and disseminate messages through the mass media (radio, television, posters and leaflets) and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider participation in activities to encourage PLHIV to disclose their HIV status to their partners	• Work with CBOs and FBOs to conduct community dialogue among different groups in the community to break cultural silence that fuels stigma and discrimination Provide education to PLHIV support groups to encourage positive living including spousal disclosure

Communication objective	Strategic approach	Activities/channels
	Advocacy to support disclosure of status to partner by PLHIV	• Conduct advocacy to traditional and religious leaders to discourage stigma and discrimination in their community, which hinders disclosure of HIV status
3. Provide adequate information to PLHIV to increase the knowledge of discordant couples on the use condoms to prevent HIV transmission to their partners	**Behavior change communication** to increase individual PLHIV knowledge on correct and consistent condom use to prevent HIV transmission to their partners	• Peer mentoring among support group members with life skills on the use of condom • Other IPCs (small group discussion/interactive sessions and condom demonstration at support group meetings
	Community mobilization to promote safer sex among PLHIV	• Establish linkage and collaboration with other NGOs for the provision of condoms and condom distribution outlets
4. Provide adequate information to increase the knowledge of PLHIV on positive living (eat well, rest, avoid alcohol/drugs, seek social support, prevent OIs, prevent transmission of HIV to others, practice dual protection)	**Advocacy** to support condom promotion among PLHIV	• Conduct advocacy to traditional and religious leaders to support condom promotion among PLHIV
	Behavior change communication to increase the knowledge of PLHIV on positive living	• Develop, produce and disseminate messages through the mass media (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for participation on PLHIV education for positive living	• Build coalition with CBOs and work through PLHIV support groups to provide information to PLHIV education for positive living
	Advocacy to solicit for support for PLHIV positive living education	• Conduct advocacy to health facility management and NGOs executives to solicit for support for PLHIV positive living education

Communication objective	Strategic approach	Activities/channels
5.Educate PLHIV on the need to seek early treatment for OIs and to access ART services at the appropriate time	**Behavior change communication** to increase individual knowledge on the link between OIs and HIV and adherence to treatment among PLHIV	• Mass media communication (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions) • Develop and distribute adherence manuals and take-home materials for adults and children on treatment
6.Provide adequate information to PLHIV on adherence to ART regimen consistently (if on treatment)	**Community mobilization** for wider participation in activities to promote early treatment of OIs and adherence to ART	• Work with CBOs to conduct community dialogue and education on stigma reduction and the dangers of delayed treatment of OIs and the need for ART adherence by PLHIV. Strengthen referral networks and support groups • Work with NGOs and health facilities to strengthen HTC and home-based care activities, tracking of ART defaulters • Strengthen support groups for ease of reach with intervention
	Advocacy to support HIV prevention intervention for PLHIV	• Conduct advocacy to NGOs and health facilities executives to support HIV prevention intervention for PLHIV
7. Educate health workers to adhere to treatment protocols and provide friendly SRH services to PLHIV	**Behavior change communication** to provide HCWs with adequate information on treatment protocols to provide friendly services to PLHIV	• Develop standard operating procedures information on cue cards and poster charts for HCWs • Conduct training of HCWs to increase their knowledge of treatment protocols Train health care service providers on IPC to enhance quality provider-client interaction

Communication objective	Strategic approach	Activities/channels
	Advocacy to health facilities managers to promote adhere to treatment protocols and provide friendly SRH services to PLHIV	• Conduct advocacy to health facility management to train HCWs on adherence to treatment protocols and provision of friendly SRH services to PLHIV
8. Educate PLHIV on the need to report to appropriate authorities any situation of stigma and discrimination	**Behavior change communication** to educate PLHIV on their rights as citizens of this country and to report to appropriate authorities any situation of stigma and discrimination they experience	• Educate PLHIV on human rights and to report to appropriate authorities any situation of stigma and discrimination they experience • Educate them through radio and television • Small group discussion/interactive sessions • Peer to peer education
	Community mobilization to enlighten PLHIV on their rights when being stigmatized or discriminated	• Build coalition with CBOs to provide adequate information to PLHIV on their rights when being stigmatized or discriminated
	Advocate for enforcement of stigma and discrimination law against PLHIV	•Carry out advocacy to policy makers at all levels to enforce stigma and discrimination law against PLHIV

References

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2 National Bureau of Statistics (2012). Cross River State Information. Retrieved from http://www.nigerianstat.gov.ng/information/details/Cross%20River

5. Transport Workers

Problem statement

Transport workers are mostly males and may be categorized as long or short distance drivers and conductors from the age of 18 years and above. There are other categories of persons (loaders, park operators, petty traders and hawkers) who exist at the motor parks and junction towns whose activities influence the behavior of transport workers. A survey report showed that 32.7% of transport workers were away from home for at least one continuous month in the past 12 months[1]. The tendency is that this group of people engage in extramarital, multiple and unprotected sexual relationships. Condom use by transport workers was low, as only 3.0% of them used condom consistently with regular partners in the last 12 months. However, consistent use of condom with female sex workers in the past 12 month was 78.1%.

In as much as there is a decline in HIV prevalence among transport workers from 6.0%[2] to 2.9%[1], there is low risk perception (11.4%) in spite of the high awareness (38.8%) of HIV prevention. Studies show that transport workers in the state are exposed to STIs. In the last 12 months, up to 219 (4.6%) of them reported having received referral for STI services.[2]

Desired change

Reduced number of multiple concurrent sexual partnerships among transport workers.
Increased correct and consistent condom use with sexual partners.
Increased demand for and uptake of STIs treatment.
Increased demand for and uptake of HIV testing and treatment services (and notify partners for referral).
Improved quality of provider-client interaction and adherence to treatment protocols.
Implement supportive legal environment.
Improved access to health care delivery system.

Obstacles to change

Transport workers have multiple concurrent sexual partners.
Transport workers who have sex with casual sex partners do not use condoms consistently and correctly.
Transport workers do not use condoms with girlfriends or casual partners.
Transport workers do not go for HIV testing to know their HIV status.
Transport workers do not access STI treatment early and do not notify all their sexual partners.
Transport workers do not access other key SRH and HIV related services.

Behavioral objectives

Increase the number of transport workers who do not have multiple concurrent sexual partners.
Increase the number of transport workers who use condom correctly and consistently during sex with girlfriends and casual sex partners.
Increase the number of transport workers who go for HIV testing and counseling to know their HIV status.
Increase the number of transport workers who access early STI treatment and notify all their sexual partners.
Increase the number of transport workers who access other key SRH/HIV related services including HIV treatment.
Increase the number of transport workers who notify their sexual partners about their HIV status.

Communication objectives

Provide transport workers with information on the implication of multiple concurrent sexual partner relationship.
Educate transport workers on the need to use condom correctly and consistently with girlfriends and casual partners.
Provide transport workers with information on the benefits of knowing their HIV status.
Educate transport workers on the importance of accessing STI treatment early and to notify their sexual partners.
Educate transport workers on the importance of accessing other key reproductive health and HIV related services.
Educate transport workers on the adverse effects of alcohol and drug abuse.

Key content

Reduce the number of sexual partners to avoid HIV infection.
Use condom correctly and consistently with girlfriends and casual sex workers to reduce the risk of contracting HIV.
Uptake HIV testing and counseling services to know your HIV status and make informed decision on healthy living.
Promote access to early and proper treatment of sexually transmitted infections to avoid the risk of contracting HIV.

Positioning statement

Know your HIV status; keep to one faithful sexual partner to live a healthy life

Strategic approach for intervention

Communication objective	Strategic approach	Activities/channels
1.Provide transport workers with information on the implication of multiple concurrent sexual partner relationship	**Behavior change communication** to increase transport workers' knowledge of HIV transmission and prevention particularly the implication of multiple concurrent sexual partnerships	• Mass media communication (radio, television, posters and leaflets) • Create awareness through peer to peer education and other IPCs (small group discussion/interactive sessions) • Establish viewing centers in partnership with owners of joints/brothels where transport workers relax or solicit for for sex
	Community mobilization for wider participation in activities that promote positive health attitude and positive living among transport workers	• Community dialogue on HIV transmission and prevention at hotspots (i.e. motor parks, markets, bars, eating establishments, entertainment centers, etc.) • Provide information materials at motor parks, hotels and entertainment centers • Establish condom distribution outlets in motor parks, markets, bars and entertainment centers
	Advocacy to support HIV/AIDS prevention programming for transport workers	• Conduct advocacy to leaders of transport workers and brothel managers to solicit for their support in programming HIV/AIDS prevention for transport workers
2.Educate transport workers on the need to use condom correctly and consistently with girlfriends and casual partners	**Behavior change communication** to equip individuals with skills on correct and consistent condom use with all sex partners	• Mass media communication (radio, television, posters and leaflets) • Create awareness through peer to peer education and • Other IPCs (small group discussion/interactive sessions) • Establish viewing centers in partnership with owners of joints/brothels where transport workers relax or solicit for for sex

Strategic approach for intervention

Communication objective	Strategic approach	Activities/channels
	Community mobilization for wider participation in activities to promote consistent condom use	• Work with CBOs to conduct community dialogue on HIV prevention through 100% condom use with girlfriends and casual sex partners • Place condoms at motor parks/garages, hotels, drinking establishments, motor parks, filling stations, etc.
	Advocacy to hotspot, motor parks and hotel managers/owners to increase men's access to condoms	• Seek support of leaders of National Union of Road Transport Workers (NURTW) and other transport workers unions to implement the national HIV and AIDS workplace policy • Lobby to institutionalize policy on condoms availability at all hotels and entertainment centers
3. Provide transport workers with information on the benefits of knowing their HIV status	**Behavior change communication** to increase individual knowledge of HIV transmission and prevention among transport workers	• Mass media communication (radio, television, posters, CDs, cassettes and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions) • Establish viewing centers in partnership with owners of joints/brothels where transport workers relax or solicit for for sex
	Community mobilization for wider participation in activities on stigma reduction particularly among transport workers	• Support routine mobile testing services at motor parks and other hotspots • Dialogue at the community level on stigma against PLHIV, which affects transport worker's willingness to go for HIV testing • Create awareness on the existence of state HIV and AIDS stigma law

Communication objective	Strategic approach	Activities/channels
	Advocacy to promote uptake of HIV services at motor parks and hotspots	• Dialogue and seek for the support of transport worker's executives on routine testing at motor
4.Educate transport workers on the importance of accessing STI treatment early and notifying their sexual partners	**Behavior change communication** to increase individual knowledge of STIs and HIV transmission and prevention among transport workers	• Mass media communication (radio, television, production of CDs and cassettes, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider participation in encouraging transport workers to access STI treatment early and to notify their sexual partners	• Work with CBOs to conduct community dialogue on HIV and STIs prevention with emphasis on early treatment and disclosure to sexual partners
	Advocacy to support programming for STIs and HIV transmission, prevention and treatment among transport workers	• Conduct sensitization meetings with transport workers executives (transport workers with union leaders) on the importance of accessing STI treatment early and notifying their sexual partners
5.Educate transport workers on the importance of accessing other key reproductive health and HIV related services	**Behavior change communication** to increase individual knowledge on the importance of accessing key reproductive health and HIV related services	• Mass media communication (radio, television, production of CDs and cassettes, posters and leaflets) Peer to peer education • Other IPCs (small group discussion/interactive sessions) • Establish viewing centers in partnership with owners of joints/brothels where transport workers relax or solicit for sex
	Community mobilization for wider participation in activities to increase access to key SRH and HIV services for transport workers	• Work with the union within each motor park to organize community dialogue on positive health attitudes among transport workers particularly uptake of key reproductive health and HIV related services

Communication objective	Strategic approach	Activities/channels
	Advocacy to leaders of NURTW to support TWs in up taking key SRH and HIV services for transport workers	• Hold sensitization meetings with NURTW leaders on the importance of the uptake of key SRH and HIV services by transport workers
6. Educate transport workers on the adverse effects of alcohol and drug abuse	**Behavior change communication** to increase transport workers' knowledge of the adverse effects of alcohol and substance abuse	• Mass media communication (radio, television) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage alcohol and substance abuse	• Community dialogue with NURTW members in the motor parks on the effect of alcohol abuse by men
	Advocacy to support education on the implication of alcohol and substance abuse	• Advocacy to NURTW leaders in the various motor parks to support education on the implication of alcohol and substance abuse

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6. Men and Women of Childbearing Age

Problem statement

Research has shown that HIV/AIDS prevalence is high (7.1%) among men and women of childbearing age in Cross River State[1] because they engage in multiple sexual relationships, transactional sex (11% for men and18% for women)[2] and trans-generational sex. Reported experience of symptoms of STIs in the last 12 months was 3.8% and it was marginally higher among women (4.0%) than men (3.6%)[2]. Their uptake of medical services is low because only about 32% of men and 26% of women had ever had HTC[2]. A good number of the men and women did not use condom consistently during sex with casual partners. Condom use with casual partner in the last act was 57% and it was higher among men (62%) than women (50%)[2]. Due to the fear of stigma and discrimination men and women of childbearing age do not disclose their HIV status to their partner and family members.[2] A few of them (4.3%) had positive attitude towards persons living with HIV. Only about 51% of men and 49% of women were willing to buy foodstuff from a person living with HIV[2].

There is the socio-cultural norm that makes women subject to men, giving more decision-making power to the men, a situation which exposes women to gender violence. Men engage in more income generating activities than women and this makes the women to depend on the men for sustenance. In Nigeria 80.2 million women and girls have worse life chances than men[3]. Between 60% and 75% of the rural work force is made up of women, but the men are five times more likely to own the land.

In Cross River State most women who attend antenatal clinics do not deliver in a health facility. The Cross River State Ministry of Health reported ANC attendance of 20,328 (11.3%) against delivery in health facilities of 12,270 (7.14%).[4] Annual total births in the state is 171,902 out of which 12,205 are from HIV positive women of reproductive age. This indicates a need for scale-up of comprehensive PMTCT services; PMTCT uptake is currently low in the state (20%)[5].

Desired change for the women

Increased number of women of childbearing age who do not engage in multiple concurrent sexual partnerships.
Increased availability, affordability and access to condoms for the group.
Increased correct and consistent condom use among women of childbearing age.
Increased access to reproductive health information and user friendly services including family planning.
Increased uptake of HTC and PMTCT services among women of childbearing age especially among couples.
Increased number of women who negotiate safer sex.
Increased number of women who engage in vocational and white collar jobs.
Increased uptake and adherence to ARV for women of childbearing age who are HIV positive.
Increased number of women of childbearing age who disclose their HIV status to their spouse with reduced incidence of stigma and discrimination.

Increased number of persons who are aware and comply with the Cross River State anti-stigma law.
Increased awareness among the menfolk or traditional institutions of harmful traditional practices that expose women to HIV infection.
Increased number of faith-based organizations educating members on sexual and reproductive health issues.

Obstacles to change for the women

Practice of multiple concurrent sexual partnerships as a means of economic sustainability.
Inadequate skills to negotiate safer sex with their sex partners.
Inadequate knowledge of the correct and consistent use of condoms with sexual partners to protect themselves from STIs, HIV and unwanted pregnancy.
Poor access to condoms
Discordant couples do not use condoms to prevent HIV transmission to their partners.
Refusal to disclose HIV status to their spouse for fear of violence, divorce, stigma and discrimination.
Women of childbearing age are often faced with harmful traditional and cultural practices that make them vulnerable to HIV.
Some women of childbearing age do not seek treatment early for STIs that facilitate HIV transmission or notify their partners that they have an STI for early referral.
Women of childbearing age have low level uptake of HTC and PMTCT services.
Low level knowledge of the importance of reproductive health, family planning and PMTCT services.
Women of childbearing age face gender inequality and relative poverty, which affect their decision making power about sex.
Lack of awareness of effective enforcement of the Cross River State anti-stigma law.

Behavioral objectives (women)

Increase the number of women of childbearing age who do not have multiple concurrent sexual partners.
Increase the number of couples that know their HIV status and disclose their status to their partner.
Increase the number of discordant couples who use condoms correctly and consistently to prevent HIV transmission to their partners.
Increase the number of women who seek early and prompt treatment for STIs to reduce the risk of HIV transmission.
Increase the number of women (and their partners) who access HTC services before getting pregnant, during pregnancy, or when breastfeeding.
Increase the number of women who access reproductive health, family planning and PMTCT services to assure their health and that of their baby.
Increase the number of women of childbearing age who have life skills for income generation and economic empowerment.
Increase the number of women of childbearing age who are aware of the Cross River State anti-stigma law.
Increase the number of menfolk or traditional institutions who are aware and would not expose women to harmful traditional practices.
Initiate the development of supportive legal environment to address stigma and discrimination.

Communication objectives (women)

Provide information to women of childbearing age on the risk of having multiple concurrent sexual partners.

Build the skills of women of childbearing age on condom negotiation and safer sex.

Provide adequate information to women of childbearing age on the importance of couple counseling and disclosure of STIs and HIV status to partners.

Educate women on the availability and importance of accessing reproductive health, HIV/AIDS (HTC and PMTCT) and related services including family planning.

Educate women on the need and importance of seeking early and proper treatment for STIs.

Educate community members, religious and opinion leaders on the sexual rights of women.

Provide adequate information and educate community members on the effects of stigma and discrimination on HIV transmission among women of childbearing age.

Increase public awareness of the Cross River State anti-stigma law and the need for its enforcement.

Provide information to communities on the effects of harmful traditional and cultural practices on women's vulnerability to HIV/AIDS.

Key content (women)

Be faithful to your partner; do not engage in multiple concurrent sexual partnerships. It increases your risk of infection with HIV and other sexually transmitted infections.

Use condom correctly and consistently to protect you and your partner from contracting HIV and other sexually transmitted infections if you must have casual sex.

Know your HIV status and disclose it to your partner to ensure a healthy family life.

If you are a discordant couple, use condoms correctly and consistently to prevent HIV transmission to your partner.

Uptake reproductive health, HIV/AIDS (HTC and PMTCT) and family planning services at the health centers close to you. They are free and confidential.

Untreated sexually transmitted infections can lead to infertility and increase your chances of contracting HIV; visit a health facility for early and proper treatment of sexually transmitted infections.

As a religious and opinion leader, it is your responsibility to educate your community members on the sexual rights of women.

As a community member you have a responsibility to discourage stigma and discrimination that facilitate HIV transmission among women of childbearing age.

Join hands to discourage harmful traditional and cultural practices that enhance women's vulnerability to HIV/AIDS in your community.

The Cross River State anti-stigma law has been enacted; join hands to enforce it.

Positioning statement (women)

Free women of childbearing age from HIV/AIDS; encourage gender equality, economic empowerment and provide adequate HIV prevention information to reduce women's vulnerability to HIV infection.

Communication objective	Strategic approach	Activities/channels
1.Provide information to women of childbearing age on the risk of having multiple concurrent sexual partners	**Behavior change communication** to increase the knowledge of women of childbearing age on HIV transmission and prevention particularly the implication of multiple concurrent sexual partnerships	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions
	Community mobilization for wider involvement to increase women's knowledge of HIV transmission and prevention particularly the implication of multiple concurrent sexual partnerships	• Conduct community dialogue with CBOs and FBOs on the role of religious and community women groups in the reduction of the practice of multiple sexual partnerships • Dialogue on positive behaviors and positive health attitudes by women of childbearing age
	Advocacy to promote values/norms that discourage multiple sexual partnerships	Conduct advocacy with religious and community leaders on promoting values/norms that discourage multiple sexual partnerships
2. Build the skills of women of childbearing age ion condom negotiation and safer sex	**Behavior change communication** to increase the knowledge of women of childbearing age on correct and consistent condom use during casual sex to prevent HIV transmission to their partner	• Peer education on the use of condom • Other IPCs (small group discussion/interactive sessions, condom demonstration in small group session and meetings
	Community mobilization to promote condom negotiation and safer sex among women of childbearing age	• Establish linkage and collaboration with other NGOs for the provision of condoms and condom distribution outlets in communities

Communication objective	Strategic approach	Activities/channels
	Advocacy to support condom use by couples	• Conduct advocacy to traditional and religious leaders to support condom promotion among couples
3.Provide adequate information to women of childbearing age on the importance of couple counseling and disclosure of their STI and HIV status to their partners	**Behavior change communication** to increase the knowledge of individuals on the importance of couple counseling and disclosure of HIV status to partners	• Develop, produce and disseminate messages through the mass media (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider participation in activities to encourage women of childbearing age to disclose their HIV status to their partner	• Work with CBOs and FBOs to conduct community dialogue among different women groups in the community to break cultural silence that fuel stigma and discrimination Provide education to women of childbearing age to encourage positive living including spousal disclosure
	Advocacy to support the disclosure of status to partners by women of childbearing age	• Conduct advocacy to traditional and religious leaders to discourage stigma and discrimination in their community that hinder women of childbearing age from disclosing their HIV status to their partners
4. Educate women on the availability and importance of accessing reproductive health, HIV/AIDS (HTC and PMTCT) and related services including family planning	**Behavior change communication** to provide women of childbearing age with information on the availability and importance of accessing reproductive health, HIV/AIDS (HTC and PMTCT) and related services including family planning	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive

Communication objective	Strategic approach	Activities/channels
	Community mobilization for wider participation in activities to promote the uptake of reproductive health, HIV/AIDS (HTC and PMTCT) and related services including family planning	• Work with different women groups to conduct community dialogue on the use of family planning and modern contraceptives to limit or space childbirths • Conduct community dialogue with women groups to encourage the uptake of HTC and PMTCT services by women
	Advocacy to encourage women to uptake SRH, HIV/AIDS and family planning services	• Sensitize traditional and religious leaders on the need for women to uptake SRH, HIV/AIDS and family planning services • Hold advocacy meetings with health facility management to ensure the provision of friendly SRH, HIV/AIDS and family planning services in their health facilities
5.Educate women on the need and importance of seeking proper treatment early for STIs	**Behavior change communication** to increase the knowledge of women of childbearing age on the importance of seeking proper treatment for STIs early	• Mass media communication (radio, television, posters and leaflets Peer to peer education Other IPCs (small group discussion/interactive sessions) • Develop and distribute take-home materials on early and proper treatment for STIs
	Community mobilization for wider participation in activities to promote early and proper treatment for STIs	• Work with CBOs to conduct community dialogue and education on early and proper treatment for STIs • Strengthen referral services
	Advocacy for the provision of STI services in health facilities	• Conduct advocacy to health facilities executives to ensure the provision of friendly STI services in the health facilities

Communication objective	Strategic approach	Activities/channels
6. Educate community members, religious and opinion leaders on the sexual rights of women of childbearing age	**Behavior change communication** to provide information on the importance of the sexual rights of women	• Mass media communication (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider participation in activities to promote the sexual rights of women	• Work with women organizations in the community to sensitize women to seek their sexual rights
	Advocacy to solicit for support for women's sexual rights	• Conduct advocacy to traditional and religious leaders to support and educate their men on the need to permit women to seek their sexual rights
7.Provide adequate information and educate community members on the effects of stigma and discrimination on HIV transmission among women of childbearing age	**Behavior change communication** to educate people on the implications of stigma and discrimination to HIV/AIDS transmission. Increase public awareness of the Cross River State anti-stigma law and the need for its enforcement	• Mass media communication (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider involvement in discouraging stigma and discrimination on HIV among women of childbearing age	• Work with CBOs to conduct community dialogue with various groups in the community to sensitize community members on the need to discourage stigma and discrimination on HIV transmission among women • Sensitize community members on the Cross River State anti-stigma law
8. Increase public awareness of the Cross River State anti-stigma law and the need for its enforcement	**Advocacy** to solicit for support on efforts to discourage stigma and discrimination	• Conduct advocacy to traditional and religious leaders to: support and educate their men to stop stigma and discrimination associated with HIV transmission among women enforce the Cross River State anti-stigma law in the communities

Communication objective	Strategic approach	Activities/channels
9. Provide information to communities on the effects of harmful traditional and cultural practices on women's vulnerability to HIV/AIDS	**Behavior change communication** to educate people on the implications of harmful traditional and cultural practices that increase the risks of women's vulnerability to HIV/AIDS	• Mass media communication (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for wider involvement in discouraging harmful traditional and cultural practices that affect women's vulnerability to HIV/AIDS.	• Work with CBOs to conduct community dialogue with various groups in the community to sensitize community members on the need to discourage harmful traditional and cultural practices that exacerbate women's vulnerability to HIV/AIDS
	Advocacy to solicit for support on efforts toward discouraging harmful traditional and cultural practices that exacerbate women's vulnerability to HIV/AIDS.	• Conduct advocacy to traditional and religious leaders to support and educate their men to stop harmful traditional and cultural practices that exacerbate women's vulnerability to HIV/AIDS

Desired change (men)

Men should stick to one faithful partner and avoid having multiple concurrent sexual partnerships, transactional and intergenerational sex.
Use condoms correctly and consistently during casual sex.
Uptake of HTC services supports their partners to access HTC and PMTCT services.
Encourage their partners to uptake family planning services.
Disclose their HIV and STI status to their partner.
Stop drugs and alcohol abuse.
Desist from cultism and ritual practices that expose them to HIV/AIDS.
Be well informed and comply to the Cross River State anti-stigma law.
Be adequately information on sexual and reproductive health issues.

Obstacles to change

Men engage in multiple concurrent sexual partnerships, transactional and trans-generational sex as a status symbol as well as for religious or cultural reasons.
Men do not use condom correctly and consistently during casual sex.
Men do not disclose their HIV and STI status to their partner for fear of stigma and discrimination.
Men engage in harmful traditional practices that expose them to HIV/AIDS.
Men join cults and observe ritual practices that expose them to HIV/AIDS.
There is drug abuse and excessive intake of alcohol among men.
Men do not seek early and prompt treatment for STIs, which facilitates HIV transmission.
Men are the decision makers and do not encourage or join their partners to access HTC and PMTCT related services.
Men are the decision makers and do not encourage or join their partners to access reproductive health including family planning services to space or limit the number of children (in light of HIV and AIDS).
The majority of the men have inadequate information on sexual and reproductive health issues.
The majority of the men are not aware of the Cross River State anti-stigma law.

Behavioral objectives

Increase the number of men who do not engage in multiple concurrent sexual partnerships or/and transactional and intergenerational sex.
Increase the practice of correct and consistent condom-use among men during casual sex.
Increase the uptake of HTC services among men.
Increase the number of men who encourage their partners to access family planning services.
Increase the uptake of couple counseling.
Increase the number of men who support their partners to access PMTCT services.
Increase the number of men who disclose their HIV and STI status to their partners.
Reduce the number of men who abuse drugs and alcohol.
Reduce the number of men who involve in cultism and ritual practices that expose them to HIV/AIDS.
Increase the number of persons who are aware and comply to the Cross River State anti-stigma law.
Increase the number of men with adequate information on sexual and reproductive health issues.
Increase the number of men who are aware of harmful traditional and cultural practices and desist from the practice.

Communication objectives

Build skills and provide adequate information for men on correct and consistent use of condom and safer sex practices to reduce HIV transmission.
Educate men on the importance and need to stick to one faithful partner and the implication of engaging in multiple concurrent sexual partnerships, transactional and intergenerational sex.
Educate men on the importance of knowing their HIV status and encouraging their partner to access reproductive health, HIV/AIDS (HCT and PMTCT) and related services including family planning.
Provide adequate information to men on the importance of couple counseling and disclosure of STIs and HIV status to partners.
Educate men on the adverse effects of alcohol and drug abuse.
Educate men on the dangers of cultism and ritual practices that expose them to HIV infection.
Provide men with adequate information on the importance and need of seeking early and proper treatment for STIs.
Provide adequate information and educate men on the effects of stigma and discrimination to HIV transmission.
Educate men on the Cross River State anti-stigma law and the need to support its enforcement.
Educate men on the effects of harmful traditional practices that predisposes them to HIV infection.

Key content

Stick to one faithful partner. Don't engage in multiple sexual partnerships, transactional and inter-generational sex. It increases your risk of HIV infection.
Go for HIV counseling and testing now to know your HIV status so you can take appropriate measures to live a longer healthier life.
Support your wife to uptake HTC and PMTCT services to ensure a healthy family life.
Use condom correctly and consistently during casual sex to save you and your partner from contracting HIV and other sexually transmitted infections.
Treat sexually transmitted infections early and promptly at the nearest health facility to avoid HIV infection.
Go for couple counseling and disclose your HIV and sexually transmitted infection status to your partner to stop HIV transmission and live a healthy family life.
Abuse of drugs and alcohols will affect your health negatively, impair your sexual judgments, and expose you to HIV/AIDS.
Desist from cultism and ritual practices (e.g. oath taking with blood and use of same sharp objects to cut or pierce members' skin) that expose you to HIV infection.
Learn more and support the enforcement of the Cross River State anti-stigma law; and discourage stigma and discrimination that drives the spread of HIV/AIDS.

Positioning statement

A man who keeps to one partner and plans his sexual and reproductive life with his partner will improve his health and that of his family.

Strategic approach for intervention

Communication objective	Strategic approach	Activities/channels
1. Build skills and provide adequate information for men on correct and consistent use of condoms and safer sex practices to reduce HIV transmission	**Behavior change communication** to increase the knowledge of men on correct and consistent condom use during casual sex to prevent HIV transmission to their partner	• Peer education on the use of condoms • Other IPCs (small group discussion/interactive sessions, condom demonstration in small group session and meetings
	Community mobilization to promote condom negotiation and safer sex among men of childbearing age	• Establish linkage and collaboration with other NGOs for the provision of condoms and condom distribution outlets in communities.
	Advocacy to support condom use by couples	• Conduct advocacy to traditional and religious leaders to support condom promotion among couples
2.Educate men on the importance of and need to stick to one faithful partner and the implication of engaging in multiple concurrent sexual partnerships, transactional and intergenerational sex	**Behavior change communication** to increase the knowledge of men of childbearing age on HIV transmission and prevention particularly the implication of multiple concurrent sexual partnerships	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions
	Community mobilization for increased involvement to discourage multiple concurrent sexual partnerships, intergenerational and transactional sex among men	• Conduct community dialogue with CBOs and FBOs on the role of religious and community men groups in discouraging the practice of multiple sexual partnerships, intergenerational and transactional sex • Dialogue on positive behaviors and positive health attitudes by men of childbearing age

Communication objective	Strategic approach	Activities/channels
	Advocacy to promote values/norms that discourage multiple sexual partnerships, intergenerational and transactional sex	• Conduct advocacy with religious and community leaders to promote values/norms that discourage multiple sexual partnerships, intergenerational and transactional sex
3. Educate men on the importance of knowing their HIV status and encouraging their partner to access reproductive health, HIV/AIDS (HTC and PMTCT) and related services including family planning	**Behavior change communication** to provide men with information on the availability and importance of accessing reproductive health, HIV/AIDS (HTC and PMTCT) and related services with their partner including family planning	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for increased participation in activities to promote uptake of reproductive health, HIV/AIDS (HTCT and PMTCT) and related services including family planning by men and their partners	• Work with different men groups to conduct community dialogue on the use of family planning and modern contraceptives to limit or space childbirth. • Conduct community dialogue with men groups to encourage uptake of HTC and PMTCT services by women
	Advocacy to encourage men and their partners to uptake SRH, HIV/AIDS and family planning services	• Sensitize traditional and religious leaders on the need for men and their partners to uptake SRH, HIV/AIDS and family planning services • Hold advocacy meetings with health facility management to ensure the provision of friendly SRH, HIV/AIDS and family planning services in their health facilities
4. Provide adequate information to men on the importance of couple counseling and disclosure of STI and HIV status to partners	**Behavior change communication** to increase the knowledge of men on the importance of couple counseling and disclosure of HIV status to partners	• Develop, produce and disseminate messages through Mass media communication(Radio, Television, Posters and Leaflets • Peer to peer education • Other IPCs (small group discussion/interactive sessions)

Communication objective	Strategic approach	Activities/channels
	Community mobilization for increased participation in activities to encourage men to disclose their HIV status to their partner	• Work with CBOs and FBOs to conduct community dialogue among different men groups in the community to break cultural silence that fuel stigma and discrimination • Provide education to men to encourage positive living including spousal disclosure
	Advocacy to support disclosure of status to partner by the men	• Conduct advocacy to traditional and religious leaders to discourage stigma and discrimination in their community, which hinder men from disclosing their HIV status to their partner
5. Educate men on the adverse effects of alcohol and drug abuse	**Behavior change communication** to increase men's knowledge of the adverse effects of alcohol and substance abuse	• Mass media communication (radio, television) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage alcohol and substance abuse	• Community dialogue with identified men groups in the community on the effect of alcohol and substance abuse by men
	Advocacy to men group leaders in the communities.	• Advocacy to men group leaders in the communities to support education on the implications of alcohol and substance abuse
6.Educate men on the dangers of cultism and ritual practices that expose them to HIV infection	**Behavior change communication** to increase the knowledge of individuals on the dangers of cultism and ritual practices, as it exposes men to HIV infection	• Mass media communication (radio, television, posters and leaflets • Peer to peer education • Other IPCs (small group discussion/interactive • Community drama

Communication objective	Strategic approach	Activities/channels
	Community mobilization to report to the law authorities on cultism and ritual practices	• Community dialogue to report to the law authorities on cultism and ritual practices
	Advocacy to law enforcement agencies, community leaders and faith-based organizations on the effects of cultism and ritual practices	• Dialogue with law enforcement agencies, community leaders and faith-based organizations on the effects of cultism and ritual practices
7.Provide men with adequate information on the importance and need of seeking early and proper treatment for STIs	**Behavior change communication** to increase the knowledge of women of childbearing age on the importance of seeking early and proper treatment for STIs	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive Sessions) • Develop and distribute take-home materials on early and proper treatment of STIs
	Community mobilization for increased participation in activities to promote early and proper treatment of STIs	• Work with CBOs to conduct community dialogue and education on early and proper treatment of STIs • Strengthen referral services
	Advocacy for the provision of STI services in the health facilities	• Conduct advocacy to health facilities executives to ensure the provision of friendly STI services in the health facilities
8. Provide adequate information and educate men on the effects of stigma and discrimination on HIV transmission	**Behavior change communication** to educate men on the implications of stigma and discrimination on HIV transmission Increase public awareness on the Cross River State anti-stigma law and the need for its enforcement	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions

Communication objective	Strategic approach	Activities/channels
9.Educate men on the Cross River State anti-stigma law and the need to support its enforcement	**Community mobilization** for increased involvement in discouraging stigma and discrimination that fuel HIV transmission	• Work with CBOs to conduct community dialogue with various men groups in the community to sensitize the men on the need to discourage stigma and discrimination Sensitize men in the communities on the Cross River State anti-stigma law
	Advocacy to solicit for support on efforts toward discouraging stigma and discrimination	Conduct advocacy to traditional and religious leaders to: • Support and educate their men to stop stigma and discrimination enforce the Cross River State anti-stigma law in the communities
10.Educate men on the effects of harmful traditional practices that predispose them to HIV infection	**Behavior change communication** to educate men on the implications of harmful traditional and cultural practices that expose people to HIV/AIDS	• Mass media communication (radio, television, posters and leaflets) Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for increased involvement in discouraging harmful traditional and cultural practices that expose people to HIV/AIDS	• Work with CBOs to conduct community dialogue with various groups in the community to sensitize community members on the need to discourage harmful traditional and cultural practices that expose people to HIV/AIDS

Communication objective	Strategic approach	Activities/channels
	Advocacy to solicit for support for efforts toward discouraging harmful traditional and cultural practices that exacerbate women's vulnerability to HIV/AIDS	• Conduct advocacy to traditional and religious leaders to support in educating their men to stop harmful traditional and cultural practices that expose people to HIV/AIDS

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7. Young People

Problem statement

The term 'young people' refers to males and females between ages 10 and 24 years[1], many of whom in Cross River State record early sexual debut[2]. The age at which boys and girls in Cross River State start having sex has been reported to be between 10 and 16 years, but some participants in FGDs reported 7 and 8 years[2]. This behavior is attributed to many reasons such as peer pressure, sexual assault and transactional sex, etc. Engaging in early sex has resulted to poor health condition including HIV infection, early pregnancy, and dropping out of school. Young people, especially those in tertiary institutions and out of school, were reported to engage in unprotected sex and multiple sexual relationships, which exposes them to HIV infection. They lack access to accurate sexual and reproductive health, including HIV, information and youth-friendly services.[2]

Desired change

Delayed sexual debut until 18 years of age.
Non-engagement in multiple, concurrent sexual partnerships.
Non-engagement in transactional and intergenerational sex.
Increased correct and consistent condom use among sexually active youth with partners (condoms at first sex).
Discontinuation of alcohol and drug abuse.
Access to youth-friendly centers to uptake SRH services and information freely.
Improved quality provider-client interaction with young people.
Enforcement of laws on young people's rights and prevention of sexual assault.

Obstacles to change

Young people (male and female) being exposed to sex early for different reasons.
Cultural practices supporting early marriage.
Young people engaging in multiple sexual relationships for monetary gains.
Young people do not use condoms correctly and consistently with sexual partners.
Young women and men use alcohol and drugs, which impair their decision-making regarding safer sex.
Young people, particularly females, are restricted from participating in community activities, thus they cannot contribute to anything that affects their health.
Young people are often faced with peer pressure, which affects their sexual decision making.
Young people do not get proper information from parents on their SRH.
Culture of silence on sexuality issues affects the dosage and quality of sexuality information received by the youths.
Young people have low self-esteem, which affects safer sex negotiation.

Communication objectives

Educate young people on family planning and the benefits of delaying sexual debut.
Educate young people on the risks of having multiple sex partners.
Provide information to young people on correct and consistent condom use.
Educate young people on the dangers of alcohol and drug abuse.
Educate young people on the need to uptake HTC services.
Provide young people with information on how and where to access youth-friendly services.
Educate parents on the need to increase parent-child communication on sexuality issues.
Build the skills of young people on safer sex negotiation.

Behavioral Objectives

Increase the number of young people who delay sexual debut till 18 years.
Increase the number of young people who do not engage in multiple sexual partnerships.
Increase the number of sexually active young people who use condoms correctly and consistently with partners.
Reduce the number of young people who use alcohol and drugs, which impair their decision-making regarding safer sex.
Increase the number of young people who access health related services including HTC.
Increase the number of health care providers who provide friendly services to the young people.
Increase the number of policy makers who support the provision of more youth-friendly centers.
Increase the number of young people who attend and participate in peer sessions (HIV sessions).
Increase the number of parents and caregivers who communicate regularly with young people on sexuality issues.
Increase the number of communities discouraging early marriage.
Increase the number of young people who have high self-esteem and negotiate safer sex.

Key content

Delay sex till 18 years to prevent STIs including HIV infection.
Resist early marriage; it affects your health and your future dream.
Having multiple sex partners puts you at risk of contracting STIs including HIV.
Use condom correctly and consistently to protect yourself against STIs including HIV and unplanned pregnancy.
Avoid alcohol and drugs intake to live a healthy life free of HIV/AIDS.
Visit Heart-to-Heart centers today to know your HIV status, obtain quality information on sexual and reproductive health and HIV related services.
Parents share sexuality information with your children; quality parent-child communication on sexuality issues can save young people from peer influences.

As a responsible community member help to discourage early marriage. Early marriage is harmful to young women.
As a caring policy maker, support the provision of youth-friendly services and centers in communities around you.

Positioning statement
Youths empowered with life skills and SRH information and services make informed decision on sexuality to prevent HIV and other STIs.

Communication objective	Strategic approach	Activities/channels
1. Educate young people on family planning and the benefits of delaying sexual debut	**Behavior change communication** to increase individual knowledge of the benefits of delaying sexual debut till 18 years	• Radio and TV spot messages, jingles and short messages that run in the bar-line during programs and 7 pm mews on NTA Calabar • Peer education/mentoring • Other IPCs (small group discussion/interactive sessions,at hotspots, drinking bars, entertainment arenas, and viewing centers, special events and community theater
	Community mobilization for increased participation in activities to encourage the delay of sexual debut till 18 years	• Work with CBOs to conduct community dialogue on the effects of early marriage
	Advocacy to discourage the practice of early marriage	• Sensitize traditional and opinion leaders on the risks associated with early marriage and seek their support in discouraging the practice
2. Educate young people on the risks of having multiple sex partners	**Behavior change communication** to increase the knowledge of young people on HIV transmission and prevention particularly the implication of multiple concurrent sexual partnerships	• Mass media communication (radio, television, posters and leaflets) Peer to peer education • Other IPCs (small group discussion/interactive sessions
	Community mobilization for information dissemination to increase young peoples' knowledge of HIV transmission and prevention particularly the implication of multiple concurrent sexual partnerships	• Conduct community dialogue with CBOs and FBOs on reduction of the practice of multiple sexual partners

Communication objective	Strategic approach	Activities/channels
	Advocacy to promoting values/norms that discourage multiple sex partners	• Conduct advocacy with religious and community leaders on promotion of values/norms that discourage multiple sex partnerships
3. Provide information to young people on correct and consistent condom use 4. Build the skills of young people on safer sex negotiation	**Behavior change communication** to increase the knowledge of men on correct and consistent condom use during sex to prevent HIV and STIs transmission	• Peer education on the use of condoms • Other IPCs (small group discussion/interactive sessions, condom demonstration in small group session and meetings
	Community mobilization to promote condom negotiation and safer sex among youths	• Establish linkage and collaboration with other NGOs for the provision of condoms and condom distribution outlets in communities
	Advocacy to support condom use by sexually active youths	• Conduct advocacy to traditional and religious leaders to support condom promotion among sexually active youths
5. Educate young people on the dangers of alcohol and drug abuse	**Behavior change communication** to increase young peoples' knowledge of the adverse effects of alcohol and drug abuse	• Mass media communication (radio, television) Peer to peer education • Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage alcohol and substance abuse	• Community dialogue with parent-teachers associations and identified youth groups in the community on the effects of alcohol abuse by men
	Advocacy to leaders of youth group institutions in the communities	• Advocacy to schools authorities and organizations including religious organization with youth groups and youth group leaders in the communities to support education on the implication of alcohol and substance abuse

Communication objective	Strategic approach	Activities/channels
6. Educate young people on the need to uptake HTC services	**Behavior change communication** to increase knowledge of young people on the need to access HTC and youth-friendly services	• Develop, produce and disseminate messages through the mass media (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussion/interactive sessions)
7. Provide young people with information on how and where to access youth-friendly	**Community mobilization** for increased participation in activities to encourage young people to access HTC and youth-friendly services	• Work with CBOs and FBOs to conduct community dialogue among different youth groups in the community on the importance of accessing HTC and youth-friendly services
	Advocate for the provision of youth-friendly centers and	Sensitize schools and religious organizations and youth group leaders on the need to provide youth friendly centers and service • Hold advocacy meetings with health facility management to ensure the provision of friendly SRH, HIV/AIDS services for the youth
8. Educate parents and caregivers on the need to increase parent- child communication on sexuality issues	**Behavior change communication** to increase the number of parents and caregivers who communicate regularly with young people on sexuality issues	• Radio and television jingles • Production and distribution of posters and leaflets, etc. • Interactive small group sessions with women and male groups
	Community mobilization to involve parents and caregivers in parent-child communication	• Work with CBOs to enlighten parents and caregivers on the advantages of parent-child communication
	Advocacy to solicit for support for parent-child communication	• Advocacy to women and men group leaders in the community to support parent-child communication

[1]**References**
Chamberlain Diala, Seyi Olujimi, Folami Harri, Kale Feyisetan (2011). HIV- Related Knowledge, Attitudes, Behaviours and Practices of Young People in Cross River State and Kogi State, Nigeria. Washington DC: C-Change.
Federal Ministry of Health (1995). National Adolescent Health Policy, Nigeria.

8. Men Who Have Sex with Men (MSM)

Problem statement

MSM are men who have sex with other men. In Cross River State, they cut across all segments of the male population, both adults and the youths. They are an educated population with the majority completing secondary education and many of whom have completed tertiary education. MSM are an elite and highly mobile group. They represent a diverse group of people, who may engage in sex for different reasons – sexual preference, economic benefit, and sexual assault. MSM are considered to be at a higher risk of contracting and transmitting HIV due to the difficulty in penetration through the anus. They engage in multiple sexual relationships, which exposes them to HIV infection[1]. HIV prevalence among this group in Cross River State was reported to be 2.4%[1]. Because of the religious and cultural taboos and the illegal nature of their sexual preferences in Nigeria, they are a highly stigmatized population with limited access to relevant information and services appropriate to their needs. They are difficult to reach. Only few organizations are programming with this audience in Cross River State. Some MSM are married to women, with children, increasing the risk of HIV spreading into the general population.

Desired change

MSM use condom correctly and consistently.
Reduced number of multiple sexual partnerships.
Reduced intake of alcohol and other drugs.
MSM use lubricants during anal sex.
Increased uptake of HTC and other HIV related services.
Increased uptake of early and proper treatment of STIs as well as notification of partner to access treatment.
Access to relevant information and services appropriate to MSM needs.

Obstacles to change

Inconsistent and incorrect use of condom.
Non-use of lubricants during anal sex; when they do, they use oil lubricants with condom instead of water-based lubricants.
Engage in sex for money and material gain.
Lack of self-confidence and skills to negotiate safer sex.
Community's cultural norms, beliefs and practices against MSM make it difficult for them to access protective health services.
Laws against homosexuality make them hard to reach for programming.

Behavioral objectives

Reduce the number of multiple concurrent sexual partners.

Increase correct and consistent use of condoms and water-based lubricants among paying and non-paying male and female sexual partners.
Reduce reported alcohol and drug abuse.
Increase demand for and uptake of STI treatment, HIV testing and treatment services.
Improve the quality of provider-client interaction and adherence to treatment protocols.
Develop supportive environment and accessible health delivery system.

Communication objectives

Educate MSM on the negative implications of engaging in multiple sexual partnerships and transactional sex.
Build the skill of MSM on safer sex negotiation and provide them with adequate information on condom use with water-based lubricants.
Educate MSM on the need to uptake available health services including SRH, HIV/AIDS (HCT and PMTCT) early and proper treatment for STIs and to notify their partner.
Provide MSM with adequate information on HIV transmission particularly through anal sex.
Educate MSM on the side effects of alcohol and drug abuse.

Key content

Having multiple sexual partners puts you at risk of STIs including HIV infection.
Use condom correctly and consistently to protect yourself against STIs including HIV.
Use water-based lubricants and not oil-based lubricants to prevent exposure to STIs including HIV.
Avoid alcohol and drug abuse to enable you to take positive decision towards safer sex and live a healthy life.
Get quality information on sexual and reproductive health, HIV and related services when you visit a user friendly center.

Positioning statement

Positive behavior and consistent use of condom and water based lubricants are key to avoiding HIV

Communication objective	Strategic approach	Activities/channels
1. Educate MSM on the negative implications of engaging in multiple sexual partnerships and transactional sex	**Behavior change communication** to increase the knowledge of MSM on HIV transmission and prevention particularly the implications of multiple concurrent sexual partnerships and transactional sex	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education Other IPCs (small group discussion/interactive sessions

Communication objective	Strategic approach	Activities/channels
	Community mobilization for increased involvement in increasing MSM knowledge on HIV transmission and prevention, particularly the implication of multiple concurrent sexual partnerships and transactional sex	• Conduct community dialogue with CBOs and FBOs on reduction of the practice of multiple sexual partner relationships and transactional sex by MSM
	Advocacy to promote values/norms that discourage multiple sexual partnerships and transactional sex	• Conduct advocacy to leaders of MSM group on promoting values/norms that discourage multiple sexual partnerships and transactional sex
2. Educate MSM on safer sex practices including provision of information on correct and consistent use of condoms and water-based lubricants	**Behavior change communication** to increase individual MSM knowledge on correct and consistent condom use; discourage use of oil-based lubricants with condom; and build their skills in the use of condoms with water-based	• Peer education/ mentoring with life skills • Other IPCs (small group discussion/interactive sessions; demonstration on condom and lubricant use)
	Community mobilization to promote safer sex among MSM	• Establish linkage and collaboration with other NGOs for the provision of condoms, lubricants and distribution outlets
	Advocacy to support condom and lubricant promotion among MSM	• Carry out advocacy among leaders of the organized MSM groups to solicit for their support for condom and water-based lubricant promotion among MSM

Communication objective	Strategic approach	Activities/channels
3. Educate MSM on the need to uptake available health services including SRH, HIV/AIDS (HTT and PMTCT), early and proper treatment of STIs and to notify their partners	increase MSM knowledge of the need to uptake available health services including SRH, HIV/AIDS (HCT and PMTCT). Also seek early and proper treatment for STIs and notify their partners	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education • Other IPCs (small group discussions/interactive sessions) • Develop and distribute take-home materials on early and proper treatment of STIs • Train health care workers on interpersonal communication to provide client-oriented and friendly services for MSM
	Community mobilization for increased participation in activities to promote uptake of available health services among MSM including SRH, HIV/AIDS (HTC and PMTCT), early and proper treatment of STIs and to notify their partners	• Work with CBOs to conduct community dialogue and education on the need for MSM to access available health services including SRH, HIV/AIDS and to seek early treatment for STIs • Strengthen referral services
	Advocacy for the provision of friendly health services for MSM including SRH, HIV/AIDS (HTC and PMTCT) and STI services in the health facilities	• Conduct advocacy to health facilities executives to ensure the provision of MSM-friendly STI services in the health facilities • Advocacy to facilitate training of health workers on IPC skills • Develop advocacy pack and conduct advocacy meetings with legislators to ensure supportive environment and accessible health care delivery system for MSM so that they can uptake HIV/AIDS (HCT and PMTCT) and STI services in the health facilities Sensitize opinion leaders in the communities on the

Communication objective	Strategic approach	Activities/channels
		need to support programs for MSM; and to discourage cultural norms, beliefs and practices against MSM that make it difficult for them to access protective health services
4. Provide MSM with adequate information on HIV/AIDS transmission particularly through anal sex	**Behavior change communication** to increase MSM's knowledge of HIV/AIDS transmission particularly through anal sex	• Mass media communication (radio, television, posters and leaflets) • Peer to peer education Other IPCs (small group discussion/interactive sessions) • Develop and distribute take-home materials on the routes of HIV transmission with emphasis on anal sex
	Community mobilization for increased participation in the provision of HIV/AIDS transmission education for MSM	• Work with civil society organizations and different • MSM groups to reach MSM with information on the routes of HIV transmission particularly anal sex
	Advocacy to solicit for government and civil society support and involvement in HIV/AIDS education for MSM	• Conduct advocacy meetings with government and civil society organizations to support and be committed to HIV/AIDS education for MSM
5. Educate MSM on the side effects of alcohol and drug abuse	**Behavior change communication** to increase MSM's knowledge of alcohol and substance abuse	• Mass media communication (radio, television) • Peer to peer education Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage alcohol and drug abuse	• Community dialogue with MSM through identified MSM groups in the state on the effects of alcohol abuse
	Advocacy to MSM group leaders in the state	Advocacy to leaders of MSM groups in the state to support education on the implications of alcohol and substance abuse

Reference

[1] Federal Ministry of Health (2010). HIV Integrated Biological and Behavioural Surveillance Survey (IBBSS).

9. Uniform Service Personnel (USP)

Problem statement

The Armed Forces (Army, Navy and Air force), the Police and other paramilitary are referred to as uniform service personnel. These groups are considered to be at high risk of contracting and transmitting HIV, because of their job-related mobility, which may make them to increasingly patronize commercial and casual sex partners. HIV prevalence rate among the Police in Cross River State was 2.9% and for the Armed forces 1.4% [1]. Although current awareness of sexual transmission of HIV is high among the Armed Forces and the Police (57.6% and 36.2% respectively),[1] they believe that sharing toilets with infected persons can transmit HIV (13.5% Armed Forces and 16.8% Police),[1] which calls for concern. Their risk perception for contracting HIV was low; only a few of them were aware of the risk in their behavior such as changing sex partners (26.9% Armed forces and Police 19.5%)[1]. The Armed Forces (27.7%) and Police (23.0%)[1] were reported not to use condom correctly and consistently during sex. A few of them used injected narcotics (Armed Forces 5.4% and Police 13.0%),[1] which may impair their decision about safer sex.

Desired change

Increased knowledge of HIV and AIDS prevention.
Reduced multiple concurrent sexual partnerships.
Increased demand for correct and consistent condom use.
Increased and sustained personal risk perception.
Reduction in the use of injected narcotics.
Increased uptake of STI and HIV testing and treatment services.

Obstacles to change

Inadequate knowledge of HIV and AIDS issues.
Multiple concurrent sexual partnerships.
Condoms not used correctly and consistently during sex.
Use of psychoactive drugs, which highly put them to risky behaviors.
Poor uptake of STI treatment.
Poor uptake of HTC.

Behavioral objectives

Increase the number of uniform service personnel with adequate knowledge of HIV and AIDS issues.
Reduce the number of uniform service personnel with multiple concurrent sexual partners.

Increase the number of uniform service personnel who use condom correctly and consistently during sex
Reduce the number of uniform personnel who use psychoactive drugs.
Increase the number of uniform personnel who uptake STI treatments services.
Increase the number of uniform personnel who uptake HTC services.
Increase the number of uniformed service personnel who access other key SRH/HIV related services including HIV treatment.
Increase the number of uniformed service personnel who notify their sexual partners about their HIV status.

Communication objectives

Provide adequate information to enhance uniform personnel's knowledge of HIV and AIDS issues.
Educate uniform personnel on the implications of engaging in multiple concurrent sexual partnerships.
Educate uniform personnel on correct and consistent use of condoms during sex.
Educate uniform personnel on the negative implications of psychoactive drug use.
Provide adequate information on the need for uniform personnel to uptake STI treatment early and promptly.
Educate uniform personnel on the need to uptake HTC services.

Key content

Reduce the number of your sexual partners to avoid HIV infections.
If you must have casual sex, use condom correctly and consistently.
Uptake HIV testing and counseling to know your HIV status and make informed decision for healthy living.
Uptake early treatment of sexually transmitted infections to avoid the risk of contracting HIV.
Notify your partner of your HIV status.

Positioning statement

Be healthy for a better service to the nation protect yourself from HIV/AIDS: Desist from engaging in multiple sexual relationships and use condoms correctly and consistently if you must engage in casual sex.

Strategic approach for intervention

Communication objective	Strategic approach	Activities/channels
1. Provide adequate information to enhance uniform personnel's knowledge of HIV and AIDS issues	**Behavior change communication** to increase uniform service personnel's knowledge of HIV/AIDS transmission and prevention	• Mass media communication (radio, television, posters and leaflets) • IPCs (small group discussion/interactive sessions) • Develop and distribute take-home materials on the routes of transmission and prevention of HIV/AIDS
	Community mobilization to encourage increased participation in the provision of HIV transmission and prevention education to uniform personnel	• Work with civil society organizations to reach greater number of uniform personnel with information on the routes of transmission and prevention of HIV/AIDS
	Advocacy to solicit for government and civil society support and involvement in HIV/AIDS education for uniform personnel	• Conduct advocacy meetings with government and civil society organizations to support and be committed to HIV/AIDS education for uniform personnel
2. Educate uniform service personnel on the implications of engaging in multiple concurrent sexual partnerships	**Behavior change communication** to increase uniformed personnel's knowledge of HIV transmission and prevention particularly the implications of multiple concurrent sexual partnerships	• Mass media communication (radio, television, posters and leaflets) • Create awareness through peer to peer education and other IPCs (small group discussion/interactive sessions) • Viewing centers at *mami* markets where uniform personnel relax in the barracks
	Community mobilization for increased participation in activities that promote positive health attitude and positive living among uniform personnel	• Community dialogue on HIV transmission and prevention in the barracks • Provision of information materials • Establishment of condom distribution outlets in the barracks
	Advocacy to support HIV/AIDS prevention programming for uniform service personnel	• Conduct advocacy to executives of the uniform service personnel to solicit for their support in programming HIV/AIDS prevention for uniform personnel

Communication objective	Strategic approach	Activities/channels
Educate uniform personnel on correct and consistent use of condoms during sex	**Behavior change communication** to equip uniform service personnel with skills on correct and consistent condom use with all sex partners	• Mass media communication (radio, television, posters and leaflets) • IPCs (small group discussion/interactive sessions) • Establishment of viewing centers in partnership with joints owners at *mami* markets and officers mess where uniform service men relax
	Community mobilization for increased participation in activities to promote consistent condom use	• Work with CBOs to conduct community dialogue on HIV prevention through 100% condom use with their girlfriends and casual sex partners Collaborate with government partners and NGOs to establish condoms outlets at *mami* markets and officers mess.
	Advocacy to increase uniform service personnel's access to condoms	• Seek support of uniform service personnel executives to support condom promotion
4. Educate uniform personnel on the negative implications of psychoactive drug use	**Behavior change communication** to increase uniform personnel's knowledge of the adverse effects of psychoactive substances	• Mass media communication (radio, television) • Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage psychoactive substance use among uniform personnel	• Work with civil society organizations to conduct community dialogue with uniform personnel on the effects of psychoactive substance use
	Advocacy to support programs aimed at discouraging uniform personnel from using psychoactive substances	**Advocacy** to CSOs on the need to support programs that aim to discourage uniform personnel from using psychoactive substances

Communication objective	Strategic approach	Activities/channels
5.Provide adequate information on the need for uniform personnel to uptake STIs treatments early and appropriately	**Behavior change communication** to increase the knowledge of individuals on STIs and HIV transmission and prevention among uniform personnel	• Mass media communication (radio, television, production of CDs and cassettes, posters and leaflets) • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for increased participation in encouraging uniform personnel to access STI treatment early and to notify their sexual partners	• Work with CBOs to conduct community dialogue on HIV and STIs prevention with emphasis on early treatment and disclosure to sexual partners
	Advocacy to support programming for STIs and HIV transmission, prevention and treatment among uniform personnel	• Conduct sensitization meetings with uniform personnel executives on the importance of accessing STI treatment early and to notify their sexual partners
6. Educate uniform personnel on the need to uptake HTC services	**Behavior change communication** to increase individual knowledge on HIV transmission and prevention among uniformed personnel	• Mass media communication (radio, television, posters, CDs, cassettes and leaflets) • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for increased participation in activities on stigma reduction particularly among uniform personnel	• Support routine mobile testing services at *mami* markets and other hotspots • Create awareness on the existence of the state HIV and AIDS anti-stigma law
	Advocacy to promote uptake of HIV services in the barracks	• Dialogue and seek for the support of the uniform service personnel executives on routine testing at *mami* markets and other hotspots

References
1. Federal Ministry of Health (2010). HIV Integrated Biological and Behavioural Surveillance Survey (IBBSS).

10. Injecting Drug Users (IDUs)

Problem statement

Injecting drug users are defined as persons who inject drugs for non-therapeutic purposes irrespective of the type of drug injected[1]. IDUs are considered to be at high risk of contracting and spreading HIV primarily through the sharing of needles and syringes and through unsafe sex because their decision about safer sex is impaired by the drugs. HIV prevalence among IDUs in Cross River State is 3.3% [2]. Some 45.1% of IDUs reported having sex with casual partners, 72.2% had sex with a girl-friend and 38.1% with regular partners.

Desired change

IDUs stop injecting themselves with drugs.
Reduced unprotected multiple sexual partnerships.
Increased correct and consistent condom use.
Increased personal risk perceptions.
Increased access to supportive health care services.
Increased access to rehabilitation services.
Increased uptake of occupational/recreational therapy and referral services.

Obstacles to change

Inadequate knowledge of HIV and AIDS.
Low risk perception of HIV infection.
Multiple concurrent sexual partnerships.
Injecting drugs which predispose them to risky behaviors.
Negative attitude towards the use of condom.
Not willing to access STIs treatments.
Low uptake of HTC and other health care services.

Behavioral objectives

Increase the number of IDUs who are knowledgeable about HIV and AIDS issues.
Increase the number of IDUs who are knowledgeable about the side effects of psychoactive substances.
Increase the number of IDUs who perceive themselves at risk of HIV infection.
Reduce multiple concurrent sexual partnerships.

Increase the number of IDUs who would use condom correctly and consistently.
Increase the number of IDUs who access STIs treatment.
Increase the number of IDUs who uptake HTC and other health care services.

Communication objectives

Provide IDUs with adequate information on HIV and AIDS issues.
Provide IDUs with adequate information on the side effects of psychoactive substances.
Provide IDUs with adequate information on HIV transmission and conduct personal risk assessment among them.
Educate IDUs on the negative implications of engaging in multiple concurrent sexual partnerships.
Educate IDUs on the importance of using condoms correctly and consistently.
Provide adequate information on the availability of STI services and the need for IDUs to access appropriate services early.
Educate IDUs on the need to uptake HTC and other health care services.

Key content

Reduce the number of your sex partners to avoid HIV infection.
Reduce the intake of alcohol and stop the use of psychoactive substances.
Use condoms correctly and consistently to prevent HIV infection.
Promote safer sex practice and stay free of HIV and sexually transmitted infections.
Uptake HIV testing and counseling services to know your status and make informed decision.
Uptake appropriate and early treatment of STIs to avoid the risk of contracting HIV.

Positioning statement

Desist from illicit drugs intake: Drugs and substance abuse or addiction exposes you to poor health condition including HIV infection.

Strategic approach to intervention

Communication objective	Strategic approach	Activities/channels
1. Provide IDUs with adequate information on HIV and AIDS issues and conduct personal risk assessment among them	**Behavior change communication** to increase IDUs' knowledge of HIV/AIDS transmission and encourage them to conduct personal risk assessment of HIV infection	• Mass media communication (radio, television, posters and leaflets) • IPCs (small group discussion/interactive sessions) • Develop and distribute take-home materials on the routes of transmission and prevention of HIV/AIDS; and personal risk assessment among IDUs
	Community mobilization to encourage increased participation in the provision of HIV/AIDS transmission and prevention education to IDUs	• Work with civil society organizations to reach a greater number of IDUs with information on the routes of transmission and prevention of HIV/AIDS; and conduct personal risk assessment for IDUs
	Advocacy to solicit for government and civil society support and involvement in HIV/AIDS education for IDUs	• Conduct advocacy meetings with government and civil society organizations to support and be committed to HIV/AIDS education for IDUs
2 Provide IDUs with adequate information on the side effects of psychoactive substances	**Behavior change communication** to increase uniform IDU's knowledge of the adverse effects of psychoactive substances	• Mass media communication (radio, television) • Other IPCs (small group discussion/interactive sessions)
	Community mobilization to discourage psychoactive substance use among IDUs	• Work with civil society organizations to conduct community dialogue with IDUs on the effects of psychoactive substance use
	Advocacy to support programs aimed at discouraging IDUs from using psychoactive substances	• **Advocacy** to CSOs on the need to support programs that aim to discourage IDUs from using psychoactive substances

Communication objective	Strategic approach	Activities/channels
3. Educate IDUs on the negative implications of engaging in multiple concurrent sexual partnerships	**Behavior change communication** to increase IDUs' knowledge of HIV transmission and prevention particularly the implications of multiple concurrent sexual partnerships	• Mass media communication (radio, television, posters and leaflets) • Create awareness through peer to peer education and other IPCs (small group discussion/interactive sessions) • Provide information at recreational centers
	Community mobilization for wider participation in activities that promote positive health attitude and positive living among IDUs	• Community dialogue on HIV transmission and prevention at hotspots (i.e. recreational centers) • Provision of information at recreational centers
	Advocacy to support HIV/AIDS prevention programming for IDUs	• Conduct advocacy to civil society organizations to solicit for their support for programming HIV/AIDS prevention for IDUs
4. Educate IDUs on the importance of using condoms correctly and consistently	**Behavior change communication** to equip IDUs with skills on correct and consistent condom use with all sex partners	• Mass media communication (radio, television, posters and leaflets) • IPCs (small group discussion/interactive sessions)
	Community mobilization for increased participation in activities to promote consistent condom use	• Work with CBOs to conduct community dialogue on HIV prevention through 100% condom use by IDUs with their girlfriends and casual sex partners • Establish condom distribution outlets at hotspots and recreational centers
	Advocacy to increase IDUs' access to condoms	• Conduct advocacy with owners and managers of recreational and entertainment centers to institutionalize policy on condoms availability at all recreational and entertainment centers

Communication objective	Strategic approach	Activities/channels
5.Provide adequate information on the availability of STI services and the need for IDUs to access appropriate services early	**Behavior change communication** to increase the knowledge of individuals on STIs and HIV transmission and prevention among IDUs	• Mass media communication (radio, television, production of CDs and cassettes, posters and leaflets) • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for increased participation in encouraging IDUs to access STIs treatment early and to notify their sexual partners	• Work with CBOs to conduct community dialogue on HIV prevention and STIs with emphasis on early treatment and disclosure to sexual partners
	Advocacy to support programming for STIs and HIV transmission, prevention and treatment among IDUs	• Conduct sensitization meetings with IDUs' executives on the importance of accessing STI treatment early and to notify their sexual partners
6. Educate IDUs on the need to uptake HTC and other health care services	**Behavior change communication** to increase individual knowledge on HIV transmission and prevention among IDUs	• Mass media communication (radio, television, posters, CDs, cassettes and leaflets) • Other IPCs (small group discussion/interactive sessions)
	Community mobilization for increased participation in activities on stigma reduction particularly among IDUs	• Support routine mobile testing services at motor parks and other hotspots • Create awareness on the existence of the state HIV and AIDS anti-stigma law
	Advocacy to promote uptake of HIV services among IDUs	• Dialogue and seek the support of IDUs' executives on routine testing at motor parks and hotspots

References

1. Cross River State Agency for the Control of AIDS (2011). Cross River State HIV Prevention Prioritization and Implementation

2. Federal Ministry of Health (2010). HIV Integrated Biological and Behavioural Surveillance Survey (IBBSS).

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INNOVATIVE APPROACHES TO
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Cross River State Agency for the Control of HIV & AIDS