I CAN CAMPAIGN IMPLEMENTATION TOOLKIT

THE CAMPAIGN. THE BRAND. THE TOOLS.
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**ACRONYM**

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>DEFINITION</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Anti-retroviral therapy</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanisms</td>
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<td>FAQ</td>
<td>Frequently asked questions</td>
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<td>FTS</td>
<td>Flip The Script</td>
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<td>HCW</td>
<td>Health care worker</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IP</td>
<td>Intellectual property</td>
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<tr>
<td>IPC</td>
<td>Inter-personal communications</td>
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<td>ITT</td>
<td>Interruption in treatment</td>
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<tr>
<td>J&amp;J</td>
<td>Johnson &amp; Johnson</td>
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<tr>
<td>KP</td>
<td>Key populations</td>
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<tr>
<td>LIS</td>
<td>Laboratory Information Systems</td>
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<tr>
<td>LOE</td>
<td>Level of effort</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MOH</td>
<td>Ministries of health</td>
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<tr>
<td>OOH</td>
<td>out of home</td>
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<tr>
<td>PCR</td>
<td>Polymerase chain reaction</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PLHIV</td>
<td>person/people living with HIV</td>
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<tr>
<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>PVC</td>
<td>Polyvinyl chloride</td>
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<tr>
<td>SBC</td>
<td>Social Behaviour Change</td>
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<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<tr>
<td>STIs</td>
<td>sexually transmitted infections</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>Number of adults and children currently receiving antiretroviral therapy (ART)</td>
</tr>
<tr>
<td>TX_ML</td>
<td>Number of ART patients (who were on ART at the beginning of the quarterly reporting period) and then had no clinical contact since their last expected contact</td>
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<tr>
<td>TX_NET_NEW</td>
<td>No treatment interruption</td>
</tr>
<tr>
<td>TX_PVLS</td>
<td>Percentage of ART patients with a suppressed viral load (VL)</td>
</tr>
<tr>
<td>TX_RIT</td>
<td>Number of ART patients with no clinical contact (or ARV drug pick-up) for greater than 28 days since their last expected contact who restarted ARVs within the reporting period</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV and AIDS</td>
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<tr>
<td>VL</td>
<td>Viral load</td>
</tr>
<tr>
<td>VLS</td>
<td>Viral load suppression</td>
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<td>WHO</td>
<td>World Health Organization</td>
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SECTION 01
INTRODUCTION:
As HIV treatment programs strive to reach the UNAIDS goals of 95-95-95, creating and sustaining demand for treatment services among people living with HIV (PLHIV) is critical. When treatment was primarily offered to those who were directly experiencing illness as a result of HIV, creating motivation to start and stay on anti-retroviral therapy (ART) was straightforward. Now, as we increasingly offer ART to younger, healthier clients we are seeing a gap in demand for ART, and challenges in supporting these clients to stay on ART after starting.
In 2020, the Bill & Melinda Gates Foundation together with the President’s Emergency Plan for AIDS Relief (PEPFAR) and Johnson & Johnson (J&J) invested in a new approach to demand creation for ART. Incorporating tools and approaches of strategic marketing, this approach aims to create a new “brand” for HIV treatment, that can be used across sub-Saharan Africa and potentially beyond to create demand for ART by presenting its benefits in a compelling way to PLHIV and their communities. Led by Population Services International (PSI), Ipsos Mori and Fieldstone-Helms, the Flip the Script project developed the I Can campaign, and piloted it in Malawi and Zimbabwe, countries with common challenges in sustaining long-term treatment adherence, but very different levels of viral load coverage, access to media and market sophistication. By choosing countries with very different media markets, the project developed different models for implementing the same overarching campaign, creating diverse tools and approaches for countries to choose from. This campaign has created new hope for PLHIV and a new awareness of treatment’s most meaningful benefits: long life, good health and freedom from worry about transmitting the virus.
Many countries are looking for ways to increase understanding of and demand for ART, while others may already have treatment literacy programs that could be enhanced by more explicitly addressing treatment as prevention. This toolkit is designed to support replication of the I Can campaign in additional countries, but it can also be used to strengthen existing treatment literacy efforts. All materials are open source and freely available online for reproduction or adaptation. We hope you find these tools helpful in creating your own I Can campaign, and we welcome your feedback.
01.1 PURPOSE

What is the I Can toolkit?

The purpose of this toolkit is to provide practical guidance to adapt and implement the I Can campaign in any country context. The objective of the campaign is to elevate and promote the benefits of HIV treatment as prevention across a range of audiences. While the concept of “Undetectable equals Untransmittable,” or “U=U,” has been a powerful tool for shifting that perception in the U.S. and Europe, this highly medicalized frame has not always resonated in many countries, particularly those in Africa. The I Can campaign approach uses the language of viral suppression to communicate the same concept in a more familiar way.

Who is this for?

The toolkit is for HIV practitioners and government managers who want to implement or adapt a HIV treatment literacy campaign to improve HIV treatment adherence. This toolkit is for practitioners who want to use the existing materials created for the campaign and adapt them to their context. The toolkit is best suited for country level implementation by governments, donors and their implementing partners including civil society organizations. With cross-border coordination, the toolkit may support design of a regional campaign.

The tools may also be used by advocates who seek to influence governments to adopt an I Can or similar campaign, or to influence planned or existing treatment literacy efforts that may not be communicating the benefits of treatment clearly or compellingly.

The tool may be used by funders or government leaders to plan their treatment literacy strategies or programs, or as an off-the-shelf campaign that may be adapted by their implementing partners.

How to use the toolkit

The toolkit is organized into five distinct content sections. Key Considerations (section III) provides practical guidance and summarizes lessons learned for introducing or scaling campaigns to improve ART uptake and adherence. I Can Campaign Research, Design and M&E (section IV) and I Can Campaign Materials (section V) provide information about the original I Can Campaign formative research, objectives, theory of change, and key indicators, and creative assets, as designed and implemented by PSI in collaboration with the governments of Malawi and Zimbabwe. The final two sections–Operational Considerations (Section VI) and Adapting for your Context (Section VII)–provide practical guidance and key information for adapting this type of campaign.
KEY CONSIDERATIONS FOR INTRODUCING OR SCALING COMMUNICATION CAMPAIGNS TO IMPROVE ART UPTAKE AND ADHERENCE

U=U and I Can

The I Can campaign amplifies the remarkable efforts of the Prevention Access Campaign including the concept of Undetectable = Untransmissible, or U=U. Started in 2016 by PLHIV advocates, the U=U campaign pushed governments, scientists and public health experts to break the silence around the science of viral suppression so that every person living with HIV could learn that treatment would protect them from spreading the virus. This movement has given rise to profound changes in the lives of PLHIV and their sexual partners, by ending the myth that people living with the virus are permanently “vectors of disease.” It has returned dignity, hope, romance, freedom, and sexual health to millions of PLHIV throughout the world.

The notion of “undetectability” has resonated in countries where viral load testing has been common for decades and capable of determining whether or not an individual’s viral load is below a very low threshold, typically 50 copies/mL of blood. However, in most countries this level of testing is not available, and patients may only learn that they are either “suppressed” (that is, their viral load is below 1,000 copies/mL) or unsuppressed (above 1,000 copies/mL). In these countries, adopting a standard of “undetectable” introduces a major roadblock in telling PLHIV that they can no longer transmit the virus, despite the fact that there is no evidence of HIV transmission among PLHIV whose viral load is below 1,500 copies/mL.

The I Can campaign model was designed for sub-Saharan African treatment settings, where the concept of “undetectable” is not in common use and most patients are getting viral load tests capable of detecting to less than 1,000 copies/mL. It uses language common to those treatment settings that resonates with PLHIV. It is one of many ways to adapt the U=U concept to new settings. For more options and to learn more about Prevention Access Campaign, visit their website.
Assessing readiness

Across multiple settings, we have found that the most compelling benefit of ART is the one least clearly communicated: that PLHIV who are virally suppressed do not transmit the virus through sex. Recent research has shown that giving PLHIV this information increases adherence, self-reported viral suppression, sexual health and disclosure to partners, as well as an overall sense of well-being. The success of any I Can campaign rests on being able to communicate this benefit clearly and compellingly. Thus, before beginning a local iteration of the campaign, it is imperative to understand the current context in your country and to assess potential barriers to communicating this powerful message which can lead to improved well-being of PLHIV and improved ART adherence.

There are several reasons why this benefit is rarely communicated clearly:

- Even though the science demonstrating that viral suppression prevents transmission is very robust, not all policymakers are familiar with it. Thus there may not be consensus about communicating this message; some may be concerned that it would lead to behavioral disinhibition.

- Even where policymakers are in agreement with this message, many frontline healthcare providers are not comfortable giving it to patients; they may not fully trust the science or feel they do not understand it enough to confidently communicate it to others. They also may not trust PLHIV to consistently take their medication to maintain a suppressed viral load.

- Viral load testing is essential to demonstrate that a patient has achieved viral suppression and access to viral load testing may be limited for a range of reasons, including lack of PCR machines, reagents, trained lab personnel, and sample transport. Likewise, systems to ensure return of results to providers and patients may also be lacking.

- Many public health experts are concerned about telling patients that they cannot transmit the virus without a viral load test that is sensitive to <50 copies/mL. However, many low and middle income countries rely heavily on sampling tools that don’t allow for this level of sensitivity. This leaves policymakers in a difficult position.

The work to get key stakeholders in-country aligned around this message and to resolve issues around viral load testing access can take time, but it is important in implementing a successful campaign. Those planning an I Can campaign are strongly encouraged to plan and budget for this effort. We have included a readiness assessment tool in the toolkit (see tools section Annex XXX) to help users determine the advocacy steps and resources that contribute towards a successful I Can campaign.

I Can and Condoms

I Can campaigns focus on motivating two behaviors among PLHIV: 1) to take their medication each and every day, and 2) to visit their provider for a viral load test. Many people ask “what about promoting condom use?” While many stakeholders want to keep promoting condoms within treatment literacy campaigns, doing so for HIV prevention can have negative consequences. For many PLHIV, the ability to have safe, condomless sex is a compelling benefit of treatment. When we talk about the prevention benefit of treatment but then tell PLHIV they still have to use condoms, we risk undermining that motivation and losing patients. We recommend that I Can campaigns either do not reference condoms or mention them specifically as a way to prevent unwanted pregnancy and other STI’s.
Roles in running an I Can Campaign

Considerations for Government

For Ministries of Health, an I Can campaign offers a tremendous opportunity to improve treatment uptake and adherence, reducing both HIV incidence and the costs associated with untreated HIV. The I Can campaign may be different than other public health communications campaigns you're familiar with, because it takes the approach of strategic marketing, which uses qualitative and quantitative research to identify the emotional and social needs of a target population, and builds a brand that will speak to those needs. In the case of I Can, we have focused on the emotional and social needs of those PLHIV who struggle with staying on treatment, and built a campaign designed to reassure them that ART can allay many of their concerns and fears.

Ministries of health (MOH) play an essential role in initiating, leading, coordinating, and ensuring the success of I Can campaigns. Not only is your leadership critical for endorsing the campaign and convening key stakeholders around it, your guidance to clinicians on issues of viral load suppression is necessary in order for the campaign to succeed.

Here are some specific roles and responsibilities that MOH will need to play in an I Can campaign:

- **Working with relevant stakeholders to address gaps in viral load testing coverage including sample collection and transportation, testing turnaround time, and results return. Currently, many programs have set a threshold of 1,000 copies/mL as the viral load suppression threshold PLHIV must reach in order to be declared “safe from sexually transmitting HIV.” MOH should review this threshold in light of what is necessary to ensure effective treatment outcomes.**
- **Communicating this threshold clearly through the health system, with guidance for ART providers on when and how to give patients the good news that, as long as they faithfully take their ARVs every day, they can no longer transmit to their partners.**
- **Convening HIV funders and donors to ensure alignment and harmony across investments related to treatment literacy and adherence initiatives. Funders may play a critical role in filling in gaps where an MOH identifies needs for additional alignment on viral load suppression at commodity (VL testing) availability that are necessary prior to running an I Can Campaign.**
- **Convening HIV communication and/or treatment literacy stakeholders to align and approve messages and create plans for disseminating the campaign messages through the public health system.**
- **Working with relevant stakeholders to address gaps in viral load testing coverage including sample collection and transportation, testing turnaround time, and results return. Currently, many programs focus primarily on informing patients whose results are greater than 1,000 copies/mL. An I Can or similar campaign will require clear communication of positive results to patients, along with simple messages explaining the benefits of a suppressed viral load for HIV prevention and personal health.**
- **Completing the readiness assessment tool, mentioned above.**
- **If the readiness assessment tool indicates a need for advocacy within government or other key stakeholders, government leaders should then conduct that advocacy to achieve the alignment needed for a successful campaign. We highly recommend getting alignment before beginning implementation. A lack of alignment will delay implementation, which could incur additional costs.**
- **Identifying the appropriate actors or implementers to take on the work of the campaign:**
  - An entity that can be responsible for testing and refining the I Can materials for the country context and work with a creative agency to produce adapted content. This entity might be a communications department within the MOH, or an organization with strong experience in both public health and social and behavior change (particularly strategic communication). If you choose to implement through a local organization (or several), they may also support small group and individual activities at the community level, in coordination with clinics. This entity would also be responsible for developing a media plan with help from a creative agency, purchasing media time and space, and monitoring the performance of media buys.
  - PLHIV Cadres to serve as ART Champions (see program design section below) may be identified by government from existing MOH community structures. ART Champions are a key channel to support return to treatment or continued adherence to ART. Government identification and oversight of these cadres leads to sustainability of investments and competency among this cadre to support ART adherence across government programs and partner projects; however, government may delegate the role of identifying/selecting ART champions to partner entity described in the point above.
  - Actors supporting HIV treatment who will train and support clinicians to communicate I Can messages. This might be the team responsible for HIV treatment within the MOH, or an implementing partner. This toolkit includes tools developed and tested for clinical settings that can be adapted by these actors. These tools have been shown to reduce the amount of time needed for clinicians to explain viral load suppression to patients, if the campaign includes a social media component that engages directly with the public, a structure will also be needed to support follow-up with PLHIV who seek assistance through those platforms.
  - An entity that will be responsible for monitoring the campaign. If monitoring roll-out and performance of media buys is sufficient for the investment, the entity responsible for the mass and social media components can play this role. If you want to measure the impact of the campaign on treatment outcomes, it may be necessary to engage the strategic information department within the MOH or an additional partner. This toolkit includes an M&E plan for measuring both process, performance, and outcome indicators.
  - Coordination of partners. In order to succeed, an I Can campaign needs to be implemented in both the community and in clinics, as well as through mass and social media. This will require multiple actors and coordination of activities.
  - Owning the campaign from the outset, particularly through endorsing and branding them with MoH logos. This supports adoption of materials by multiple partners, expands the reach and effectiveness of the campaign, and enables partners to place funder logos in support of MoH-endorsed materials. This approach does require routine coordination and monitoring for quality/fidelity to the tools and key messages of the campaign in order to ensure effectiveness across all partners.
  - Engagement of advocates. In many countries, advocates have been fighting for UNAIDS policy shifts for some years. These advocates should be at the center of planning and monitoring an I Can campaign, as they will bring essential insights into what is happening in clinics as well as understanding of where policy roadblocks lie.
Considerations for Donors

For donors supporting treatment programs, investing in I Can campaigns for treatment literacy can be a cost-effective way to improve treatment outcomes. Improving patient motivation to start and stay on ART reduces costs associated with treatment interruptions and reduces burden on providers and clinics. The I Can campaign may be different than other public health communications campaigns you’re familiar with, because it uses the approach of strategic marketing, which uses qualitative and quantitative research to identify the emotional and social needs of a target population, and build a campaign designed to reassure them that ART is the solution to their concerns and fears. This approach can be more effective than traditional public health communications, but its costs and timelines may be different.

Donors play an essential role in the success of I Can campaigns beyond providing essential resources to cover their costs. By ensuring that all the key processes are adequately recognized and resourced, donors set the stage for success. Donors may also play a key convening role, especially when there are differing perspectives on messaging. Finally, donors often have access to expertise beyond what is available in a specific country; this expertise can be helpful or even essential in moving an I Can campaign forward.

Here are some specific roles and responsibilities that donors may need to play in an I Can campaign:

- Completing the readiness assessment tool, mentioned above.
- If the readiness assessment tool indicates a need for advocacy with government or other key stakeholders, conducting that advocacy alongside civil society in order to achieve the alignment needed for a successful campaign. We highly recommend getting alignment before your partners begin implementation. A lack of alignment will delay implementation, which could incur additional costs. In some countries, there may be entities other than the donor best placed to play this advocacy role (PLHIV networks, WHO, UNAIDS, etc.). We do not recommend leaving this work solely to an implementing partner. Because of the policy and cost implications of communications based on viral load testing, IP’s may not be in a position to exercise the influence needed to achieve alignment. IP’s can help staff and manage an advocacy process, but donors will likely need to be actively involved.
- Identifying the appropriate actors or implementers to take on the work of the campaign:
  - An entity that will be responsible for testing and refining the I Can materials for the country context and work with a creative agency to produce adapted content. This entity would typically be an organization with strong experience in both public health and social and behavior change (particularly strategic communication). This organization may also support small group and individual activities at the community level, together with treatment partners. This entity would also be responsible for developing a media plan with help from the creative agency, purchasing media time and space, and monitoring the performance of media buys.
  - Implementing partners supporting HIV treatment who will train and support clinicians to communicate I Can messages. This toolkit includes tools developed and tested for clinical settings that can be adapted by these partners. These tools have been shown to reduce the amount of time needed for clinicians to explain viral load suppression to patients. If the campaign includes a social media component that engages directly with the public, treatment partners may also need to support follow-up with PLHIV who seek assistance through those platforms.
  - An entity that will be responsible for monitoring the campaign, if monitoring roll-out and performance of media buys is sufficient for the investment, the entity responsible for the mass and social media components can play this role. If you want to measure the impact of the campaign on treatment outcomes, it may be necessary to engage an additional partner or add this to the role of the treatment partners. This toolkit includes an M&E plan for measuring process, performance and outcome indicators.
- Coordination of partners. In order to succeed, an I Can campaign needs to be implemented in both the community and in clinics, as well as through mass and social media. This will require multiple partners and coordination of activities. It may be possible for a lead implementing partner to play this role, but it may be more efficient and effective for the donor to do so. If the campaign is funded through PEPFAR, it may be appropriate for the PEPFAR coordinator to play this role.

Considerations for Advocates

PLHIV have been advocating that governments adopt U=U policies for some years. A decision to implement an I Can campaign is a major victory for these movements. However, funding for a campaign may not mean that all relevant policy hurdles have been overcome. Advocates have an essential role to play in ensuring that I Can campaigns communicate clearly and directly that PLHIV who are virally suppressed cannot transmit the virus, and do not need to wear condoms to prevent infecting others. They can push for revisions to national guidelines and strategies in settings where funders and implementers may be more limited. Most importantly, PLHIV advocates can speak with authority about the power of learning about treatment’s prevention benefits on their own lives and attitudes towards ART. Advocates should be at the center of campaign planning and advising on implementation.

Considerations for Implementers

For partners experienced in health communication or SBC but unfamiliar with strategic marketing approaches, launching an I Can campaign is a great opportunity to learn some new skills. The toolkit includes campaign content for mass media, social media, and interpersonal communication, as well as tools to help you validate the underlying insights behind those materials and adapt them appropriately.

A variety of resources exist to support learning and application of social marketing to behavioral programs. Linked here are a few to get you started:

- PSI keystone design framework overview describes a strategic marketing approach to program design: https://www.psi.org/keystone/
- High Impact Practice Brief: Social Marketing. This brief describes the social marketing discipline and approach, and provides evidence of impact, how-to tips, priority research questions, and indicators to track performance. The brief focuses on family planning programs, but may be used by any practitioner to understand and apply the discipline. https://www.fphighimpactpractices.org/briefs/social-marketing/
- Advocating for Social Marketing Programs to Local Stakeholders. This brief helps demonstrate the effectiveness of social marketing in increasing the use of health commodities by target populations, and in reaching national health goals. Although the brief focuses on USAID-supported family planning programs, many of the arguments used to advocate for the intervention are applicable to other health areas, including HIV/AIDS. https://thecompassforsbc.org/sbcc-tools/advocating-social-marketing-programs-local-stakeholders

Because the campaign includes components for mass media, social media, communities, and clinics, it will likely be implemented by multiple partners. Here are considerations and roles for the different types of partners likely to be engaged:

- Engagement of advocates. In many countries, advocates have been fighting for U=U policy shifts for some years. These advocates should be at the center of planning and monitoring an I Can campaign, as they will bring essential insights into what is happening in clinics as well as deep understanding of where policy roadblocks lie and leverage points to address those.
Communications or SBC Partners

This partner is likely to be responsible for testing and refining the I Can materials for the country context and working with a creative agency to produce adapted content, as well as for developing a media plan with help from the creative agency, purchasing media time and space, and monitoring the performance of media buys. You may also support small group and individual activities at the community level, together with treatment partners. Some considerations for communications partners:

• You may need to get approvals for specific message content from multiple stakeholders (MOH, National AIDS Council, PEPFAR, Global Fund CCM, networks of PLHIV, etc.). Working through existing TWGs and advisory groups can make this process more efficient, but take care to ensure that the stakeholder representatives on those groups are the right ones to represent the project back to their organization (e.g., representatives who specialize in communication may not have the ear of treatment experts within their organization). Plan for one-on-one meetings with key stakeholders in addition to meetings of these advisory boards to ensure that information is flowing appropriately. We strongly encourage donors to be actively involved in securing approvals and alignment from government stakeholders; you should ask your donor counterparts for their support from the outset of the work.
• The campaign materials are all based on insights gleaned from research and design work in Malawi, Mozambique, South Africa and Zimbabwe – the validity of the key insights has held across multiple countries, and thus the research will not need to be repeated. However, the materials may be reviewed, updated, or validated in your country to ensure the images are relevant and the language appropriate. The toolkit includes practical advice for validating and adapting materials (See Section VII), including advice on how to recruit PLHIV for testing materials before implementing at scale.
• A key component of I Can’s success is having PLHIV who are doing well on ART act as champions for the campaign. These champions should feature in social media, radio and TV testimonials, and at community events. Celebrities, actors, social media influencers and family members can be good boosters, but are not replacements for people who are living with HIV. The toolkit includes tips for identifying and working with PLHIV to play this role.

Treatment Partners

This partner is likely to be responsible for rolling out clinical and possibly community components of the I Can campaign, including training clinical and community providers to use adapted tools like the I Can Bead Bottles and the treatment roadmap. These tools are designed to make it easier and faster for providers to explain the benefits of viral load suppression. You may also play a role in monitoring the campaign’s effectiveness, by tracking its impact on key indicators at your sites. Some considerations for treatment partners:

• The I Can campaign centers on the message that those PLHIV who are virally suppressed no longer sexually transmit the virus, as long as they continue to take their medication every day. Many providers struggle with this message: they may not understand the science, or they may not trust PLHIV to be adherent. Before launching the new materials, it may be helpful to conduct a values clarification exercise with staff in health facilities so that resistance to giving this message can be aired and addressed.
• The most powerful communicators of treatment’s benefits are PLHIV who are successful on treatment, themselves. You may already have a cadre of expert patients who can be trained to play the role of champions for the I Can campaign. If not, it will be helpful to coordinate with other partners to identify PLHIV from the community who can play this role.
• Right now, clinics may be focused on returning viral load results for those patients who are not suppressed. However, communicating positive results to patients is equally important: it’s a critical opportunity to celebrate their “non-transmittable” status and motivate ongoing adherence. You may need to work with clinic managers to determine workflows for returning results to suppressed patients along with messages about their “new status”.
• Because an I Can campaign involves both national, sub-national level mass media and localized clinical and community activities, it requires considerable coordination across government and multiple partners. You’ll want to plan and budget for this coordination, ensuring that your treatment experts are part of the planning, since the interventions will impact service delivery.
I CAN CAMPAIGN RESEARCH, DESIGN AND CREATIVE ASSETS

Effective, quality social and behavior change programs are rooted in formative research and follow a rigorous design process. This section describes research and design processes used to develop the I Can campaign creative materials and approaches.

I Can Campaign Goal

The campaign goal is to rebrand HIV treatment - reframing it from being associated with HIV and its related stigma to being aspirational and a solution to the problems that an HIV diagnosis brings. The I Can campaign positions ART and viral suppression as a way to access pre-HIV diagnosis freedoms, such as freedom to work, experience sexual intimacy, fall in love, marry and attend school. By presenting HIV treatment as route to achieving life’s most important goals, the campaign motivates PLHIV to start and stay on ART. At the population level, this increased motivation can decrease morbidity and mortality among PLHIV by increasing the proportion of people on ART who are virally suppressed and increasing demand among PLHIV and providers for viral load results.

I Can Campaign Behavioral Objectives

- Increase in clients who newly initiate treatment
- Increase adherence to ART, decrease treatment interruptions
- Increase the number of clients who re-start treatment

Research to Support the I Can campaign

To lay the groundwork for developing a successful campaign, we conducted research with PLHIV, their main influencers at the community level, and healthcare workers. This research identified critical barriers and motivators to starting and staying on ART, as well as knowledge of and attitudes towards viral suppression and prevention of transmission. This research was conducted by Ipsos Mori and supported by PSI.

We conducted a three phased approach:

1. A literature review to landscape current U=U campaigns in Sub-Saharan Africa: what is already out there, and how effective they are.
2. A Qualitative phase in Malawi and Zimbabwe to dig deep into the lived experiences of n=24 PLHIV as well as their knowledge of ART/ emotional resonance. We also spoke to n=24 nurses and n=24 influencers such as maternal figures and aunties in the community, to uncover their scope of influencers in the lives of PLHIV and their understanding of key HIV messages.
3. A Quantitative segmentation of n=386 PLHIV and n=504 Healthcare Workers including nurses, counsellors, and community healthcare workers was conducted in order to understand who and how to target the campaign and each message.
4. Specifically, the studies aimed at understanding the following:
   - Current state of awareness of the benefits of treatment and continuity of care among young people living with HIV (PLHIV).
   - Current state of awareness of personal viral suppression status / viral load among young PLHIV.
   - The motivations for target groups to be virally suppressed and/or to take their medicine every day for life.
   - The current state of awareness of benefits of treatment, viral suppression, and continuity of care among influencers of people living with HIV, including HCW.
   - Key opportunities for health care workers to understand and counsel PLHIV on benefits of treatment, viral suppression, and continuity of care.
Qualitative research: methodology and summary of findings
Qualitative data were collected through interviews with young PLHIV (between 18-35 years), their influencers, and HCW from sampled districts across Zimbabwe and Malawi. Study participants were recruited from sampled health centers and clinics with the help of HIV treatment partner organizations. Key insights from PLHIV, HCW and Key influencers are summarized on the next page.

From PLHIV:
- Knowledge of treatment benefits is low. While most people had heard of viral suppression, almost none knew that ART prevents onward transmission. Many did not know that people on ART can live as long as people who don’t have HIV.
- ART = HIV. Taking treatment is the key signifier of having HIV. Respondents expressed that discontinuing pills feels like a break from being HIV positive. The urge to stop taking ART grows when people feel and look healthy. ART can also feel like a punishment and virtually all patients reported keeping their medications a secret.
- Nurses could help but often miss the mark. People often cite nurses as credible sources of information, but perceive them as callous or rushed.
- Language matters. The medical terms used in the clinic can be confusing and alienating, increasing the urge to distance oneself from treatment.
- Secretly compounds everything. Despite the fact that large numbers of people are on ART, the ongoing secrecy around it leaves people feeling isolated and fearful.
- Female PLHIV choose role models who represent independence, open-mindedness, and progress. An effective campaign takes an intersectional approach and shows female PLHIV that they too can be educated, independent, and valued members of society.
- Male PLHIV identified male role models who represent respect, financial success, and community spirit. An effective campaign shows male PLHIV that they too can be respected members of society.
- Many PLHIV enjoy the emotive experience of listening to gospel music and regard the artists as role models. PLHIV find solace in gospel music, which can help restore feelings of peace and hope.

From HCW:
- Disconnect in perceptions. Many nurses believe that stigma against HIV is “not that bad.” This can lead to a minimizing of patient privacy concerns around ART and missed opportunities to address challenges with adhering to ART.
- Judgement over empathy. While most HCW feel care and concern for their patients, many also express strong judgment, assuming that PLHIV acquired the virus because of “sinful behaviour.”
- Language matters. The use of medical terminology is an important way for HCW to feel and be perceived as professional, even though it may confuse and alienate patients.
- Distust of patients and exclusion. HCW often don’t communicate that ART prevents transmission because they don’t trust patients to use the information safely or because they don’t feel confident that they can communicate it clearly.

From HIV negative community influencers:
- Proximity matters. People who reported knowing someone living with HIV were very empathetic and supportive of their need to be on ART. “People who are on ART and those who are not, we are just the same.” But…
- Attitudes towards sex and marriage are the exception. While every participant said they would not have sex with someone who is HIV positive.
- Judgement over empathy. Like HCW, many assume that promiscuity is what leads to a positive status. Those who are not close to anyone living with HIV decide whether to be sympathetic based on how they assume the person became infected.
- Treatment literacy is LOW. Many still believe that treatment comes with terrible side effects. Almost no one knew that treatment prevents transmission or believed it when we told them. This sums to a perception that “HIV rules you forever.”
- PLHIV are trusted sources. All see PLHIV living healthy lives as role models, especially discordant couples. HCW and religious leaders are also trusted sources.

Further insights gained through implementing the I Can campaign:
- Support from other PLHIV on treatment is key. PLHIV with support of others are more likely to build successful habit loops for taking medication.
- Many PLHIV are struggling with poor mental health. Effective campaigns will be sure to resonate with people when they are going through tough times or are feeling down about life and the future.
- The relationship between HCWs and PLHIV can feel transactional to PLHIV which undermines their motivation to return to the clinic. HCWs can be trained to understand the types of support different patients need at different times and offer the kind of caring attention that patients may need.
- Explaining viral load testing and suppression using tactile tools such as the B-OK bead bottles or metaphors such as a bullseye improves patient understanding and motivation to adhere to treatment regimens.

Quantitative research: methodology and summary of findings
Ipsos Mori conducted a quantitative survey of 786 adult PLHIV and 504 Healthcare workers living in Zimbabwe and Malawi, based on the key themes emerging from the qualitative research, summarized above. These surveys enabled an understanding of the distribution of key beliefs and levels of knowledge across PLHIV and HCW, informing a psychographic segmentation of each group. In addition, the PLHIV quantitative research informed the channel selection (by reach and exposure) and trusted sources of information. The team used the PLHIV segmentation to identify a target audience for the campaign and build a brand architecture. The HCW segmentation helped identify the most commonly held misunderstandings and negative attitudes among HCW to inform the development of tools for use in clinical settings.

From the survey, we identified 5 segments of PLHIV common to each country, described in the table below. Through stakeholder consultation, we decided to adopt segment 4 as our target segment for the campaign.

<table>
<thead>
<tr>
<th>Segment</th>
<th>Percent of all PLHIV</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13.5%</td>
<td>• Feels very negatively about life in general, having HIV and the future is a strong sense of hopelessness – they feel unsupported in the community, do not trust others and feel that HCWs do not understand them</td>
</tr>
<tr>
<td>2</td>
<td>11.5%</td>
<td>• Believes that the community is supportive of PLHIV and not judgemental about people taking medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understands information communicated by HCW and benefits of treatment</td>
</tr>
<tr>
<td>3</td>
<td>12.5%</td>
<td>• Feels negatively about having HIV and taking medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not currently adherent to medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Taking treatment every day is a consistent reminder that they have HIV, and they feel out of control and unable to lead a normal life</td>
</tr>
<tr>
<td>4</td>
<td>28%</td>
<td>• Negative feelings about life in general</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HIV still taboo in their community and they feel unsupported by the wider community, who say negative things about PLHIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Generally adherent to medication although no clear motivations to take treatment</td>
</tr>
<tr>
<td>5</td>
<td>36%</td>
<td>• Positive outlook about HIV and the future</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Good understanding of treatment benefits and they recognise the importance of managing viral load</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Motivated by maintaining a healthy lifestyle and likely to be adherent to medication</td>
</tr>
</tbody>
</table>
We identified 4 segments of HCW common to each country, described in the table below. This information was used to develop communication tools to support various provider segments, and to design empathy-based provider trainings to support improved provider counseling on ART, specifically viral suppression.

### Key audiences

Based on the formative research, the I Can campaign focused on segment 4 and designed a campaign to address the determinants of treatment adherence for that segment, while engaging various provider segments with empathy-based training and tools to support them to perform their work where they were previously resistant, hesitant, or not confident to deliver messages about the benefits of viral suppression with ART, and information that HIV-positive clients cannot transmit HIV to others through sexual contact.

The campaign’s primary audience (Segment 4) is comprised of men aged 20-34 and women aged 15-30. Across East and Southern Africa, PLHIV in these demographics are less likely to have started treatment and, in some countries, achieved viral suppression. We have also adapted materials for members of key populations (KP), who also experience lower than average rates of treatment initiation and viral suppression.

While PLHIV in Segment 4 are the primary target audience for this campaign, research told us there are two populations that have significant impact on their behavior and treatment journeys – HIV-negative peers and health care workers (HCWs). Each segment was recruited for the campaign as follows:

1. **Segment 1**
   - 39% of all PLHIV
   - Not motivated by external factors, more likely to have a passion for helping people
   - Does not stigmatize and knows that getting HIV can happen to anyone
   - Sees their role as educators and “heroes” to help tackle stigma
   - Feel well respected, and do not find their job difficult, but believe religious leaders can do more to support
   - Have empathy for PLHIV rather than sympathy
   - Believes that staff shortages are a key challenge

2. **Segment 2**
   - 21% of all PLHIV
   - Externally motivated to become a healthcare worker – motivated to earn a secure salary
   - Proud to be a HCW
   - Does not feel overwhelmed by their duties
   - Highly empathetic and sympathetic – feels sorry for PLHIV
   - Does not stigmatize and would not hide their medication if they were HIV+
   - Believes shortages (resources) is a key challenge

3. **Segment 3**
   - 26% of all PLHIV
   - Not motivated to be a HCW, or proud to be one
   - Unsure of their role
   - Does not feel well respected and finds their job difficult
   - Feels overwhelmed with their duties
   - Believes the community is highly negative towards PLHIV and that they have a lack of knowledge about the disease
   - No willingness to help tackle stigma
   - Does not believe resource shortages are a key challenge

4. **Segment 4**
   - 13% of all PLHIV
   - Highly motivated
   - Sees their role as an educator and hero to tackle stigma
   - Does not feel respected, finds their work difficult, but proud to be a HCW
   - Lacks empathy for PLHIV
   - Does not believe community stigmatizes PLHIV
   - Believes that people acquire HIV through promiscuity
   - Does not think religious leaders should do more to support PLHIV

### The Role of PLHIV as Agents of Change

In both the research conducted for the I Can campaign, as well as research done in South Africa, PLHIV expressed their disbelief that one could live a good life while on ART and challenged us to prove it. Through...
### Key audiences

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While PLHIV in Segment 4 are the primary target audience for this campaign, research told us there are two populations that have significant impact on their behavior and treatment journeys – HIV negative peers and health care workers (HCWs). Segment 4 reported real and perceived bias from their peers and potential sexual partners as a critical barrier to staying on ART. They also indicated that HCWs are their most trusted source of information about ART, followed by other PLHIV. With these influences in mind, the campaign also targets the broader community around PLHIV, as well as the HCWs who manage ART patients.

### The Role of PLHIV as Agents of Change

In both the research conducted for the I Can campaign, as well as research done in South Africa, PLHIV expressed their disbelief that one could live a good life while on ART and challenged us to prove it. Through experimentation, we have learned that the best proof is PLHIV, themselves, notably PLHIV who are on ART and living productive, fulfilling lives. Thus, the I Can campaign includes “ART Champions,” PLHIV who are trained to tell their stories with honesty and courage, as well as to provide critical information to their peers about treatment. These Champions can be existing members of the health workforce, such as expert clients, or they can be volunteers drafted from the community. For health areas such as HIV treatment where the behavioral determinant is deeply personal and the content technically complex, interpersonal communication is an essential channel. Research findings from South Africa, Malawi and Zimbabwe indicate that PLHIV are more likely to believe hopeful information about ART when it is delivered by a credible messenger, one of their own, a real life example of a person who they can aspire to be like. We recommend that a diverse range of ART Champions are recruited and trained to ensure equity of message delivery.

It is important to note that PLHIV Champions do not replace the essential role of health care providers. Instead, the Champions can serve as trusted sources of information, helping to bridge the gap between clients and providers. By providing real-life testimonials and sharing their personal experiences, they can help reduce stigma and increase trust among patients. PLHIV Champions can also be instrumental in addressing the psychological and emotional barriers that many patients face when starting ART.

### I Can Campaign Communication Objectives

Communication objectives are key ideas that health communicators want those who interact with a campaign to take away from it. These objectives guided creative campaign development and should guide any adaptation:

- With ART adherence, I Can reclaim pre-HIV-diagnosis freedom
- With ART adherence, I Cannot transmit HIV to my partners or children
- With ART adherence, I Can reduce my viral load to the point where I cannot transmit the virus or become ill
- Viral load can be measured with a test from my health provider
- I trust my health provider to explain the benefits of treatment and help me adhere to ART
### Key Indicators

#### 1. Mass Media, Print Digital Reach and Exposure Indicators:

<table>
<thead>
<tr>
<th>MEDIUM</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio, TV, billboard</td>
<td>Number of people reached with I Can campaign content by channel (Radio, TV, billboard, Facebook, Google Display Network, Landing Page) age and sex</td>
</tr>
<tr>
<td>Radio, billboard</td>
<td>Total person exposure by channel (Radio, TV, billboard), age and sex</td>
</tr>
<tr>
<td>Facebook, Google Display Network, Landing Page</td>
<td>Number of people who engaged with the platforms: Facebook, Google Display Network, Landing Page (disaggregated by media platform type, age/sex) (reach)</td>
</tr>
<tr>
<td>Radio, TV, billboard</td>
<td>Number of stories published that include references to U=U, I Can or benefits of ART</td>
</tr>
<tr>
<td>Radio, TV, billboard</td>
<td>Estimated circulation/viewer numbers for each article/news story, radio spot, or print ad</td>
</tr>
<tr>
<td>Radio, TV, billboard</td>
<td>Number of radio and TV spots flighted by media house and channel</td>
</tr>
</tbody>
</table>

#### 2. Community, Provider, and Individual-Level Indicators:

<table>
<thead>
<tr>
<th>Audience</th>
<th>Indicators</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Level</td>
<td>% of community and religious leaders who report increased knowledge about ART and VLS</td>
<td>Before &amp; After Survey, Qualitative In-Depth Interviews &amp; Focus Group Discussions</td>
</tr>
<tr>
<td>Provider-Level</td>
<td>% of providers trained in U=U messaging by district</td>
<td>Project reports, Training reports, Before &amp; After Survey</td>
</tr>
<tr>
<td></td>
<td>% of providers who report improved self-efficacy to counsel on benefits of ART adherence</td>
<td>Qualitative In-Depth Interviews &amp; Focus Group discussions</td>
</tr>
<tr>
<td>Individual-Level</td>
<td>% of expert clients who report improved self-efficacy to counsel on benefits of ART adherence</td>
<td>Before &amp; After Survey, Qualitative In-Depth Interviews &amp; Focus Group discussions</td>
</tr>
<tr>
<td></td>
<td>% of expert clients trained on U=U counseling</td>
<td>Project reports, Training reports, Before &amp; After Survey</td>
</tr>
<tr>
<td></td>
<td>% of PLHIV who report increased awareness of benefits of ART adherence and VLS</td>
<td>Qualitative In-Depth Interviews &amp; Focus Group discussions</td>
</tr>
<tr>
<td></td>
<td>% of PLHIV who report increased knowledge about ART and VLS</td>
<td>Before &amp; After</td>
</tr>
<tr>
<td></td>
<td>Level of client satisfaction with treatment services</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Monitoring Impact on Treatment, Retention and VL Suppression

<table>
<thead>
<tr>
<th>Data Collection Methods</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interrupted Time Series Analysis of key treatment indicators.</td>
<td>% of people newly diagnosed with HIV initiated on ART</td>
</tr>
<tr>
<td>Compare pre-past periods across key program indicators globally.</td>
<td>% of clients who attend all expected appointments (no treatment interruptions) (TX_NET_NEW), by age and sex</td>
</tr>
<tr>
<td>Targeting specific sites to receive site level intervention assets and monitor changes in program indicators.</td>
<td>% of adults currently receiving ART (TX_CURR)</td>
</tr>
<tr>
<td></td>
<td>% of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact (TX_ML)</td>
</tr>
<tr>
<td></td>
<td>% of ART patients who experienced an interruption in treatment (ITI) during any previous reporting period, who successfully restarted ART within the reporting period and remained on treatment until the end of the reporting period (TX_RTT)</td>
</tr>
<tr>
<td></td>
<td>% of ART patients with a suppressed viral load (VL) result (&lt;1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months (TX_PVLS)</td>
</tr>
<tr>
<td></td>
<td>% of HIV-positive results among the total HIV tests performed during the reporting period</td>
</tr>
</tbody>
</table>

- TX_NET_NEW
- TX_CURR
- TX_ML
- TX_RTT
- TX_PVLS
I CAN CAMPAIGN
CREATIVE MATERIALS

This section includes all the campaign materials developed by PSI and its creative partner Fieldstone Helms. The adaptable creative outputs can be found at the links included in the toolkit. The campaign uses an integrated channel strategy featuring radio, press, digital, print and outdoor as reinforcing mediums that complement interpersonal communications (IPC) as the core intervention.

The I Can campaign features testimonial-style executions of people living with HIV who have achieved important romantic, family, work, or educational milestones because of being on treatment. These executions are delivered through a mix of media types and that mix should be informed by evidence about media usage in your target audiences and reflected in a well-considered media plan.

Above the line (TV, billboard, radio, and digital) creative materials were developed using formative research, audience insights, and the creative expertise of Fieldstone Helms. Content, tone, visuals, and scripts were pre-tested iteratively with audience members to ensure resonance, comprehension, and emotional appeal.

IPC materials for use by both HCW and ART Champions were both adopted from other successful programs and developed through design workshops with healthcare providers in Malawi and Zimbabwe. These tools, and the training that accompanies them, are the core of the campaign because successfully communicating about treatment as prevention requires one-on-one or small group interactions.

I Can Brand Architecture

The campaign brand architecture uses a marketing lens to visualize the campaign brand’s equity, character, and building blocks. The overall equity is the hook or promise offered through the campaign executions. The brand character drives the tone, framing, and look/feel of the campaign. The Brand Building Blocks are the key takeaways that we want to remain with those exposed to the campaign through various channels. In Annex 06, you can find a sample creative brief that you can use to adapt the architecture with a creative agency.
Channel Mix

The channel mix summarizes the channels and formats that have been selected, using formative research and evidence, to deliver the campaign for the target audiences. The table below lays out channels, formats, and purpose of each asset developed through the campaign. Guidance on selecting your own channel mix can be found below in Section VII (How to Adapt the Campaign).

<table>
<thead>
<tr>
<th>Channel Type</th>
<th>Channel</th>
<th>Format</th>
<th>Purpose</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Media</td>
<td>Radio</td>
<td>Radio spot</td>
<td>Hook emotional appeal and campaign brand among men and HIV negative supporters. Hook emotional appeal among target segment and their primary influencers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Billboard/DOOH</td>
<td>Visualize campaign brand and identity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TV</td>
<td>TV spot (commercial)</td>
<td>Hook emotional appeal and campaign brand among men and HIV negative supporters. Hook emotional appeal among target segment and their primary influencers</td>
<td></td>
</tr>
<tr>
<td>Digital</td>
<td>Social Media</td>
<td>Facebook community page</td>
<td>Address XX determinants. Targeted paid adverts via google and Facebook. Campaign landing page</td>
<td><a href="https://icanlivepositively.com/plhiv">https://icanlivepositively.com/plhiv</a></td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>Provider and ART Champions</td>
<td>Bead Bottles</td>
<td>Improve treatment literacy, specifically related to comprehending viral suppression. Three bottles filled with beads, which serve as a simple and tactile tool to facilitate conversations between health care workers and ART clients.</td>
<td>You Can be HIV Safe Animation explainer ENGLISH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bead Bottle ART Champion job aid</td>
<td>This tool is designed to support correct and consistent use of Bead Bottles (above) to support ART champions and providers to use to explain viral suppression with ART.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Viral Load Explainer (bullseye)</td>
<td>A two-sided tent card that prompts Health Care workers to explain different viral load results to clients. The tool is designed to stay on the desks of ART providers and trigger clients to ask questions on viral load results. The back of the tool includes key points for providers to cover in counselling on viral load. Used in Malawi.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Viral Load Test Result Job Aid</td>
<td>A print material for providers and ART champions to communicate clearly with clients about how to understand viral load tests, and what viral suppression means.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treatment Journey Flipchart</td>
<td>An A2 sized PVC banner used to anchor small group conversations. Using the bead bottle illustration overlaid on an analogy of a road trip, the tool helps IPC agents and health care workers to visually describe a journey with HIV treatment, from ART initiation to undetectable viral load. (Malawi)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fact Sheet</td>
<td>An A4 sized print material that covers What to Expect After Testing Positive for HIV, describing ART treatment literacy basics, including viral suppression (Zimbabwe)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FAQ Brochure</td>
<td>An A4 sized brochure that answers frequently asked questions (FAQ) about treatment adherence and viral load suppression. (Used in Malawi)</td>
<td></td>
</tr>
</tbody>
</table>

ART Champions

At community level, the treatment literacy campaign is delivered through “ART Champions”, a group of Interpersonal Communication agents who are doing well on treatment; trained, equipped, well supervised and whose performance is under constant review.

IPC Recruitment Criteria

Aged between 18 and 40, the ART champion must be a thriving HIV positive person living within the targeted community. They must be willing to speak openly about their HIV status and ready to share their treatment journey with others. An ability to read and write helps them to understand the project job aides as well as to document performance through project data collection tools. Community acceptance of IPC agents is critical, so the ART Champion must be approved by local leadership and by the health facility team.

IPC Roles

The key role of an ART Champion is to conduct one on one coaching and support for PLHIV who are having challenges with treatment adherence. The Champion builds motivation for treatment and demand for viral load testing through conducting IPC sessions in the community and disseminating the new truth of U=U using project approved tools, as described above.

Curriculum and training

In order to effectively implement the I Can campaign, ART champions must receive training in: use of project materials and concepts, coaching through motivational interviewing, and sharing their testimonials. Detailed training guides and a summary agenda are provided in Annex 02.
01.5 OPERATIONAL CONSIDERATIONS

This Section of the toolkit provides important operational considerations that are needed to effectively adapt the I Can treatment literacy campaign to various country contexts. The general assumption is that the countries will use the existing visual content and tools from the I Can campaign, translating them into appropriate local languages and, in some cases, changing imagery or filmed content to fit context. We acknowledge that, in some countries, Ministries of Health or other key stakeholders may be uncomfortable with using content developed for other countries and require the development of completely new material. The operational considerations have tried to cover this scenario. Section X describes how to validate insights and adapt campaign materials. This section provides programmatic learnings and guidance about the operational areas required for implementing the campaign, specifically: staffing, project structure, budgeting, stakeholders and sample standard operating procedure used to implement and assure quality of planned activities.

Staffing

The following positions are crucial for the implementation of the campaign:

1. Senior level staff to manage advocacy with MOH and other in-country stakeholders. As part of our key learning, this role is critical to lead key decisions from the introduction of the campaign to dissemination of results. Required competencies include high level advocacy, strong relationships and representational skills with senior ministry officials, and HIV treatment literacy expertise. The introduction of this campaign is only successful when various systems level factors are in place, including government approval to communicate prevention benefits of viral suppression, commodity security for viral load tests and reagents, data systems to measure changes in ART initiation or retention in care, as well as government and funder mindsets and priorities that support investment and scale in this area.

2. SBC, Marketing or Communications Manager to manage relationship with creative agency and coordinate campaign design and execution: This role is critical in assuring validation of insights, quality program adaptation, program management and accountability, and technical oversight to the campaign. This role can be merged with the above advocacy function in cases where one person has all competencies, or the position does not exist in your current structure and recruitment is necessary.

3. Research and/or metrics teams to test translations and pre-test materials: For adaptation this does not need to be a full-time position and can be outsourced.

4. Program officers: These officer(s), depending on coverage, will be tasked with the day to day running of the project and will need to be able to train both HCW and influencers and offer supportive supervision to the frontline cadre. They should have strong emotional intelligence and experience with approaches like motivational interviewing or counseling which are crucial to the project model. Experience in SBC or demand generation programming is optimal.

5. M&E staff to develop and implement elaborate plans e.g. selecting facilities at which to track selected indicators, designing project qualitative metrics, conducting pre- and post-campaign surveys, managing media monitoring, etc.

6. Digital media community management team – digital has become a key communications channel post covid, and influencers are now touted as the new ‘brand’. This cadre will play a key role in content development and online community management, as well as respond to questions and requests for assistance via social media.

7. Admin and logistics staff to support the project, typically LOE can be covered by existing staff with time allocated for your I Can campaign project.
Budget considerations

**Staffing cost:** Assuming an adaptation of the campaign, we have estimated the percentage time costs to be budgeted under each of the recommended staff:

- Senior level staff to manage advocacy: 15%
- SBC, Marketing or communications manager: 50-100%
- Research and/or metrics team to test translations: 10% or outsource services as needed.
- Program Officers/Communications Coordinator: 100%
- M&E staff: 15-30%
- Digital media teams: 25%
- Admin and logistics staff: 50%

**Professional Services/Agency costs:** Rolling out the campaign will require the services of several agencies. Below are the key agencies that will need to be budgeted for.

- **Research agency** will validate insights, test the campaign assets, make the needed iteration for context, and ensure that the changes are tested before rollout. The research team in the implementing organization can also take the lead to cut this cost.
- **Creative agency** will be responsible for making the recommended language and visual context changes to the campaign. Agencies charge different hourly rates for creative elements. It would be best to compare the cost via a their sample works to get value for money.
- **Media planning and buying agency:** We recommend having agencies do the media planning and buying. These agencies have a better understanding of the media landscape in-country and are in a strong position to negotiate best rates for mass media placement and secure prime time slots for the campaign. The agency will typically charge a 15% fee for media planning and around 5-8% of the total placement budget for media buying.
- **Digital media agency:** Digital is a core channel for the I Can campaign; budget is required for an agency to carry out the content creation, handle paid media and be part of the community management.

**Implementation costs.** The information below sums up cost drivers for implementation, which includes common costs to implement a multi-channel campaign.

- **Campaign assets adaptation:** The core campaign assets for adaptation include the TV commercial, Radio spot, IPC job aids, and digital. Costs will cover translation into local languages and visual contextualizing. Set aside the budget for creative and production agencies to ensure you have sufficient funds for these conservative but important changes.
- **Placement costs:** This is the booking and paying for time slots of campaigns on radio and TV. The cost per slot is evidence-based reach in those countries. This varies from country to country and the media planning agency should be there to provide the media landscape and evidence for the most appropriate channels and investments needed per channel. Quick research into the cost for a spot on TV and radio and the objective of your program e.g., coverage, reach, and timelines should help you determine the budget to put aside for mass media placement. For instance, in most countries, radio offers the best reach and coverage for both urban and rural audiences, however, rates will vary depending upon the reach of the station and the time of day. For example, in Malawi where the campaign was piloted the cost per 60-second spot is $16 for the national stations and $5 for community-based stations, with higher rates for prime time. However, in Kenya, a 60-second radio spot averages $100. The case is similar to TV where the cost per TV spot in Kenya is $1500.
- **Digital marketing** costs will focus on content creation, community management, paid media costs, and agency fees. The community management elements is crucial as it involves engaging with clients seeking services and supporting them to access these services through available services delivery working in collaboration with the ministries of health and other implementing partners.

- **Community engagement through IPC one: one and small groups sessions:** In the I Can campaign model, mass and social media is complimented by activities that bring clear information about the benefits of viral suppression to PLHIV and their communities through one-on-one or small group activities. The costs drivers of these activities are: training health care providers and PLHIV ART champion influences to deliver this information using tools we have developed, conducting stakeholder meetings, vehicle and petrol costs for supervisory/quality assurance of interventions, and printing/producing data collection tools to monitor program progress. The key cost driver is the monthly allowance for ART Champions, which vary from country-to-country e.g., $100 in Kenya and Zimbabwe and $60 in Malawi, coverage, and project periods. During the pilot program, the campaigns in Malawi and Zimbabwe each saturated 3 high HIV burden districts, and 15 high-traffic facilities with 2 cadres trained per facility.

We have developed a costing tool (see Annex D4) that will provide more detailed guidance on the above costs, based upon your plans and project scope.

**Stakeholders Committee**

The greatest challenges with SBC, including treatment literacy programs, are mixed messaging and disharmony brought about by a lack of well-coordinated treatment literacy efforts in a country. To avoid this, stakeholder engagement, coordination, and alignment are key. The I Can campaign fashioned as a regional campaign benefited a lot from a two-tier stakeholder engagement plan consisting of Global stakeholders, coordinators and country advisory committees. We recommend the development of a stakeholders’ engagement body that will support the roll-out and implementation of the campaign, where this coordination mechanism does not already exist. Below are key pointers to consider.

- **Map out the relevant stakeholders** whose perspectives will be helpful across all the campaign phases from design to dissemination of results. Try to include SBC or communication representatives as well as advocates, clinicians, supply chain leaders, and other disciplines to ensure a holistic committee that can iron out barriers across the consumer journey.
- **Develop Terms of Reference** once you have identified the right membership of the stakeholders at various levels. TOR should be co-designed with the stakeholder group and include transparent operational procedures and work plan. Please see a sample of the project Global Stakeholders TOR in Annex XXX.
- **Craft Standard Operating Procedures** to implement the campaign in a standardized manner, which is critical for a communication campaign. The campaign’s efficacy is dependent on its adherence to the innovative approaches it employed like designing from insights, human-centeredness, and the use of strategic consumer marketing techniques. These approaches are well addressed in how we tested and contextualized the campaign’s mass media and community engagement tools to how we recruit, and train ART Champions.

See annexes for additional information on Pretesting, and recruitment and training of ART champions (Annex D5), and ART Champions Training Manual (Annex G2).
ADAPTING THE PROGRAM FOR YOUR CONTEXT OR AUDIENCE

This section guides you through the process to adapt the I Can Campaign to your context and audiences. We have drawn from existing program adaptation guidance such as PSI’s Keystone Design Framework, and The Compass for SBCC: How to Guide on How to Adapt SBCC Materials.

- Conduct situation analysis to assess treatment literacy landscape. This will help you define the problem, its severity and causes in your context; the people most affected by the gaps in treatment literacy; and factors affecting desired behavior (ART adherence or provider communication about treatment as prevention). This is done by reviewing existing evidence, tools, and needs. Guidance on how to conduct a situation analysis can be found here: https://thecompassforsbc.org/how-to-guides/how-conduct-situation-analysis
- Engage key stakeholders and assess readiness to adopt the campaign’s key messaging in your context. Use the readiness assessment tool in Annex XXX
- Conduct an audience analysis to identify priority audiences for the campaign, and validate program audiences, behaviors, and determinants. https://thecompassforsbc.org/how-to-guides/how-do-audience-analysis
- Review the sample creative brief in Annex 06 of this toolkit, and update it based on your key audiences and context.
- Validate campaign assets for literacy, emotional appeal, audience resonance and potential for effectiveness.
  - First, determine whether adaptation is appropriate to your audience and context based on audience needs, the campaign objectives in Section III, and the sample creative brief. This is a key step in determining: 1) whether to adapt the campaign materials, 2) deciding on your channel mix based on evidence of best channels to reach your audience, and 3) how much effort will be required to adapt to your context.
  - The creative agency or media buying partner should take lead in developing an evidence based channel strategy. Useful information to guide channel strategy development includes: national census and media consumption data, existing client insight collected on their preferred media channels and times they are most receptive to information, the budget available and timeline for campaign.
  - Determine modifications needed for each material. Focus on words, visuals, and formats of media in your channel mix.
  - Consider costs and resources. Assess whether sufficient time, staffing and financial resources are available to adapt the material or product and achieve the communication objectives.
  - Decide on the specific materials to adapt for your context and audience.
- Adapt resources for your key audiences.
  - Use your adapted creative brief to guide the process.
  - Adapt materials using standard materials design processes such as Keystone Design Phase, or the Compass for SBCC how to develop SBCC creative materials. You follow the same steps to adapt materials as you do to design them outright.
  - Pre-test concepts and draft materials with your primary audience.
  - Revise and finalize the materials.
  - Alternately, you can hire a creative agency to adapt the materials that you have determined are suitable for your program. They would follow a similar process to those listed here.
• Print and produce materials.
• Train staff in use of revised campaign tools, with focus on provider and ART champion IPC (using the ART Champions Training Curriculum in Annex 02) and digital media leads.
• Launch campaign.
• Conduct routine monitoring of campaign performance and adapt as needed.

Tips & Recommendations
• Always start by analyzing the audience’s needs and listening to their perspective on what content will work for them.
• Find out if there is a local SBCC or relevant communication/health promotion technical working group for the development of SBCC materials. Technical working groups often share materials and expertise. They are also useful for identifying partners with whom to collaborate during and after the adaptation process.
• Useful tips on Channel Mix Selection or Prioritization based on your timeline and budget:
  o Spend more where there is highest return on investment: Carefully consider budget allocations. Media markets differ from country to country, for Malawi and Zimbabwe, the bulk of media budget was allocated to radio which is the highest reach medium in the two markets.
  o Have clear objectives per channel: Each channel selected has unique attributes and contributions to the overall strategy. Have very clear objective and roles that each channel will play and ensure all channel compliment each other.
  o Be consistent but don’t be boring: A good media strategy will take into account the different in-channel executions or formats. Stay creative and find interesting ways to engage your audience within the channel they prefer but make sure to maintain a consistent look and feel for the brand/campaign.
• If the decision has been made to translate written material, it is important to hire professional translators who:
  o Are able to write well in their native language.
  o Have the necessary technical and cultural knowledge.
  o Can translate for meaning (instead of a literal translation, i.e., word for word).
  o Are experienced in writing for lower literacy audiences.
• Resources exist to support adapting materials for lower literacy audiences. You can find some of them here:
  o [https://www.thecompassforsbc.org/sbcc-tools/writing-text-reach-audiences-lower-literacy-skills](https://www.thecompassforsbc.org/sbcc-tools/writing-text-reach-audiences-lower-literacy-skills)
  o [https://www.thecompassforsbc.org/sbcc-tools/visual-and-web-design-audiences-lower-literacy-skills](https://www.thecompassforsbc.org/sbcc-tools/visual-and-web-design-audiences-lower-literacy-skills)
• For further information on communication materials design, seek out guidance from well established resources on health communication such as:
  o [https://www.thecompassforsbc.org/sbcc-tools/making-health-communication-programs-work](https://www.thecompassforsbc.org/sbcc-tools/making-health-communication-programs-work)
SECTION 02
I CAN ART CHAMPION SAMPLE SOPS

Annex:
Sample Standard Operating Procedures for I Can

Overview
1. SOP for District Mapping and Clustering
2. SOP for Recruitment of ART Champions
3. SOP for Training ART Champions
4. SOP for Mid Media Activities
5. SOP for Supervision and coaching

Description:
This SOP covers procedures for planning, conducting, and reporting of I Can Campaign district level interventions to be implemented in Blantyre, Lilongwe and Mangochi districts. The compilation also includes standard procedures for Interpersonal communication including recruitment and training of ART champions. Additionally, the document contains guidelines for supporting supervisors on effectively planning, implementing, and reporting Mid Media Activities under the project.

District Level Campaign Landing Activities and Interventions
To complete the integrated campaign and to address key secondary target audience who are influential in ensuring the primary target initiates and stays on treatment, the project employs a surround sound strategy at ensuring campaign messages filter into communities and this includes the use of community based mid-media interventions to land the campaign in communities and Interpersonal communications activities to directly target members of segment 4 and shift their attitudes and beliefs towards treatment.

The project hired District Coordinators and Community level IPC agents called ART champions. The district coordinators will work hand in hand with Ministry of Health District ART coordinators to execute community level activities. Through the ART coordinators, FTS district coordinators will identify support groups working with different facilities and provide capacity building and support delivery of project key messages to primary beneficiaries. Through support groups, the coordinators will identify ART champions who will identify PHLIV in segment 4 and conduct IPC sessions to increase their understanding of the benefits of treatment and support them in their treatment journey.

The project is being implemented in three districts, Mangochi, Blantyre and Lilongwe targeting Health facilities and surrounding communities (See Annex 4 List of targeted facilities)
Standard Operation Procedure (SOP) for District Mapping and Clustering

**Activity details:** District Area Mapping and Clustering  
**Post affected:** District Coordinators

**Scope**
This SOP covers the procedures for conducting District mapping and clustering wards. This is an exercise to help with territory planning to move ART Champions in a systematic manner as well as to determine the number of agents required for area coverage. This will also assist in limiting contamination of control sites.

**Process**
1. Each Districts receive their list of focus facilities (2 facilities per district)
2. District Coordinators conduct entry meetings and break down catchment areas for targeted facilities as well as control facilities.
3. The catchment area mapping exercise should document population sizes, estimates of the target population, Ministry of health support structures including # of Health Surveillance Assistance, PLHIV Support group/Community based organizations in the catchment area. Congregant settings include churches, companies, industrial areas, schools, markets, and shopping centers in the area. Community leadership structures including village heads and chiefs in the catchment area.
4. Depending on size of catchment area, district coordinator can break catchment area into distinct clusters. Each cluster should have a sizeable number of target audience e.g., known number of ART clients, a sizeable population size, have significant distance from the other clusters and have distinctive congregate settings i.e., its own set of drops, schools, etc. Once the clusters are planned determine number of ART champions to recruit and allocate clusters as operational areas.
5. It is ideal for the details of the cluster to be entered into an M&E system for the program to track and monitor coverage.

1: District, Facility Mapping and Clustering

**Standard Operation Procedure (SOP) – Recruitment of ART Champions**

**Activity details:** Recruitment of ART Champions  
**Post affected:** District Coordinators working with treatment partners, MOH and PLHIV support groups

**Scope**
This SOP covers the selection of ART champions for IPC activities

**Process**
1. Review selection criteria for ART Champions
2. Consult with local stakeholders e.g., treatment partners, MOH and PLHIV support groups for identifying potential candidates.
3. Report information on the number of new agents recruited
4. Make deliberate efforts to recruit male ART Champions at least 30% Male

**Abbreviations used**
- IPC: Interpersonal Communication
- DCs: District Coordinators
Annex – 1 ART Champions selection criteria:

Who is a ART Champions?
The ART Champion is the heart of the interpersonal communication program. The ART Champion is the first point of contact for a target population under segment 4 looking for ART services.

What is the role of a ART Champion?
The key role of a ART Champion is to conduct one on one coaching for PLHIV who are having challenges with ART treatment adherence (segment 4), coaching, and encouraging people to go for HIV testing and start treatment after appreciating HIV treatment benefits of viral load suppression and being untransmissible. The ART Champion conducts outreach in a community to disseminate HIV treatment benefits of U=U using FTS project MOH-approved tools.

ART Champions are encouraged to recruit at least 5 PLHIV with challenges in treatment adherence from the communities and take them through a process of back to care, viral load testing and receiving results at the end of 6 months. ART Champions are encouraged to make deliberate efforts of recruiting at least 1 male segment 4 participant.

1. Selection Criteria/ Qualities

<table>
<thead>
<tr>
<th>ART Champions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young to middle age</td>
</tr>
<tr>
<td>Someone staying within the targeted community and is a member of a PLHIV support group/CBO</td>
</tr>
<tr>
<td>Must be HIV positive and a role model in positive living</td>
</tr>
<tr>
<td>Willing to speak openly about his/her HIV status to share treatment benefits testimonies</td>
</tr>
<tr>
<td>Able to read and write English and Chichewa</td>
</tr>
<tr>
<td>Good negotiation/coaching and communication skills</td>
</tr>
<tr>
<td>(Men are strongly encouraged to be part of the ART Champions team)</td>
</tr>
</tbody>
</table>

Standard Operating Procedure (SOP) For Community Engagement Activities

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise awareness of HIV treatment benefits in the community</td>
<td></td>
</tr>
<tr>
<td>Promote uptake of HIV treatment to attain viral load suppression</td>
<td></td>
</tr>
<tr>
<td>Develop community strategies to address identified barriers to accessing and uptake ART services</td>
<td></td>
</tr>
</tbody>
</table>

| Type of Activities | i. Community dialogue  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ii. Drama/edutainment</td>
<td></td>
</tr>
</tbody>
</table>

Preparation

- Step 1: The DCs in consultation with ART Champions develop a plan and budget to be shared with the FTS Manager. The manager reviews and sends it to the Communications Advisor and Head of Department for approval.
- Step 2: Once the plan and budget are approved secure access to the budget
- Step 3: Conduct sensitization meetings to secure program buy in by key stakeholders (Treatment partners, DHO, and HACC)
- Step 4: Engage village health committee/Zonal IEC focal person/PLHIV support group leads, HSAs to lead planning and execution. Take them through the agenda. Agree on agenda, location, time, roles, and responsibilities, as well as the plan/ IEC materials and budget.
- Step 5: Ensure adequate permission to host event and pre—event sensitization of local partners and stakeholders e.g., local municipal leaders and Community policing committee for law enforcement.
- Step 6: Allow for pre—event resource mobilization for materials like chairs, tent, PA system and equipment from nearby school to be sourced from immediate community.
- Step 7: Use ART Champion and village health committee to promote the event, using event announcement posters, flyers etc. [starting a week before the event]

Conducting

- DC’s assists in venue set—up and all resources required
- You can change the structure of the program in consultation with village health committee (e.g., change of speakers to do welcome remarks etc.)
- Assist the team in cleaning up the venue

Reporting

DCs need to fill the mid media effectiveness tool for each activity conducted
iv. Road Shows:

**Purpose**

1. To promote HIV treatment literacy and motivation for HIV test and starting treatment.

**Frequency**

- As per the workplan and District targets

**Type of Activities**

1. Dramas
2. Music
3. Dance Competitions
4. 1-1/1-G IPC sessions

**Tools required**

- Promotional Materials in appropriate languages
- Vehicles
- Tents
- IPC tools
- Stationery
- PA system

**Preparation**

1. District Coordinators in consultation with their ART Champion team develop a plan to conduct roadshows as per their District deliverable which then is shared with PM for approval hierarchy.

2. Once the plan is approved, the District Coordinator identifies the local implementing partner who meets the set standards and shares it with the PM who then reviews and sends it to Procurement and Marketing. The role of Procurement is to facilitate procurement of service providers while Marketing department will provide guidance on specifications.

3. The DCs will train the roadshow team on discussion guide and FTS key messages.

**Conducting**

- Ensure adequate ART Champions are assigned and are conducting IPC session (1-1)/ (1-G)
- Ensure proper branding

**Reporting**

- Implementing partner fills the event monitoring tool
- District Coordinators need to fill in the mid media effectiveness tool for each activity conducted

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**Example District Plan: ART Champions Recruitment Plan for Lilongwe**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Number of ART Champions to recruit</th>
<th>Proposed Panelists</th>
<th>Gender distribution</th>
<th>Age ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bwaila</td>
<td>Martin Pruce</td>
<td>5</td>
<td>FTS PM ART Coordinator MANET Plus</td>
<td>3 Female 2 Male</td>
<td>18 to 35</td>
</tr>
<tr>
<td>Mitundu</td>
<td>Health Centre</td>
<td>5</td>
<td>FTS PM ART Coordinator NAPHAM</td>
<td>3 Female 2 Male</td>
<td>18 to 35</td>
</tr>
<tr>
<td>Chitedze</td>
<td>Health Centre</td>
<td>5</td>
<td>FTS PM ART Coordinator NAPHAM</td>
<td>3 Female 2 Male</td>
<td>18 to 35</td>
</tr>
</tbody>
</table>

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**JOB DESCRIPTION**

1. **JOB IDENTIFICATION:**
   
   - **JOB TITLE:** ART Champion
   - **DEPARTMENT:** HIV
   - **GRADE:** ……

2. **ORGANIZATIONAL RELATIONSHIP**
   
   - Directly reports to: District Coordinators.

3. **JOB SUMMARY**
   
   Supports the Project Manager in coordinating IPC and community level aspects of Flip the Script Project, a 2-year BMGF, PEPFAR, J&J funded multi country HIV treatment literacy campaign. He/she will be responsible for coordinating Below the line activities of FTS treatment campaign implementation at community level. The Flipper should have demonstrated experience in interpersonal communication, coaching, counselling, and encouraging PLHIVs to partake HIV treatment. Flipper should be current role models for HIV treatment adherence in their communities, should be PLHIV support group members. The successful candidate should be familiar with Malawi Ministry of Health ART facilities function and community HIV structures. Should be able to understand and pay attention to Health Centre and communities’ protocols.

4. **SPECIFIC DUTIES**
   
   - Supports Health facility and community level campaign development and implementation among core target population according to strategy and plans designed in tandem with National program team.
   - Coordinating BTL community level work plan
   - Conduct IPC activities
   - Data collection at community and facility level
   - Stay up to date on campaign trends and support adjustments
   - Compile monthly reports
   - Any other relevant duties assigned from time to time.

5. **QUALIFICATIONS (i.e., EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS)**
   
   - The Community Mobilisers must have a minimum qualification of MSCE and be a PLHIV
   - Writing skills.
   - Must be talented and team player.
   - Experience in mentoring PLHIV on ART
   - Experience in conducting community sensitization meetings
Annex:
Sample Standard Operating Procedures for I Can

Budgeting an “I CAN” campaign for treatment literacy and adherence motivation

Background
The Bill and Melinda Gates Foundation (BMGF), Johnson & Johnson (J&J) and PEPFAR are co-sponsoring a project to develop a new branded campaign to improve uptake and continued use of HIV treatment in Sub-Saharan Africa. The project is being led by PSI; Fieldstone Helms is the lead creative agency. The campaign has been developed and piloted in Malawi and Zimbabwe, with a goal of producing content and tools that can be adapted and used anywhere in the region.

To assist PEPFAR country programs in planning an “I CAN” campaign, PSI has developed a costing tool, an excel spreadsheet that includes costs for the core components of the campaign. These notes complement that tool and provide some additional guidance for the purposes of COP planning. The project aims to release a full suite of tools and materials by the end of FY22; these deliverables will allow implementing partners in other countries to roll out an I CAN campaign adapted to their own context.

For questions or comments, please contact the Project Director, Tom Ngaragari: tngaragari@psi.org.

Notes
• This costing tool assumes that you will use the existing visual content and tools from the I CAN campaign, translating them into appropriate local languages. This content should be effective throughout East and Southern Africa, but in some cases images or filmed content may need to be reshot to resonate within your context. We have provided ranges for the cost of creating visual content to reflect these possibilities.
• In some countries, Ministries of Health or other key stakeholders may be uncomfortable with using content developed for other countries and require the development of completely new materials. If that is the case, please contact Tom Ngaragari at PSI (tngaragari@psi.org) for discussion of costing.
• The biggest cost driver is purchasing advertising time on TV, radio, billboards, and social media. These costs vary from market to market. We have presented budgets for two countries to give you a range: Kenya, which should represent a larger country with a more sophisticated (and therefore more expensive) advertising market and Malawi, a smaller country with a less expensive ad market. In addition to using these estimates as a guide, we recommend consulting with someone in your country familiar with advertising costs as you develop an overarching budget for your project.
• This costing tool estimates the costs for Year 1 of the project, which should be higher than any out years due to the need to cover translation and training. Costs in out years will be a function of how much mass and social media time you purchase, and the costs of refresher training and ongoing quality assurance. We encourage you to plan to run an I CAN campaign for at least two years, refreshing mass media content and training of staff in year 2.

• There are some staffing requirements for running a campaign that we assume your implementing partners (IPs) will be able to cover that are not included in the costing estimate. Please be sure to consider these costs as you budget for the campaign. It is important to budget both for the IP that will roll out and manage the campaign, and for your treatment IPs to manage and monitor interventions at the clinic and community level. If your IPs do not currently have this expertise in-house, they may need an additional budget. These positions for year 1 are:
  o Senior level staff to manage advocacy with MOH and other in-country stakeholders: 15-20% (just year 1)
  o Marketing or communications manager to manage relationship with creative agency and coordinate campaign: 50% year one, 30% following years
  o Research and/or metrics team to test translations: 10%
  o Trainers for both HCW and for influencers. The trainer for the influencers will need to have strong emotional intelligence and experience with approaches like motivational interviewing or counseling: 25% in year one, 10% in out years for refresher training
  o Supportive supervision of HCW implementing I CAN tools: 10%
  o M&E staff to develop plans for your country and implement, e.g., selecting facilities at which to track selected indicators, potentially conducting pre- and post-campaign surveys: this will depend on how substantial your plan is. 15-30% time
  o Digital media response team – content experts to respond to questions and requests for assistance via social media: 25%
  o Admin and logistics: 50%

• We assume that you will translate and test the I CAN materials in your country. This involves running small focus groups and potentially “person on the street” interviews to ensure the translations are effective and capture the intended message. This testing incurs some costs (travel, payment of FG participants) and these are represented in the costing tool. However, the staff time for conducting these activities is not – see list of necessary staff, above.

• We recommend having your creative agency do the media planning and buying; these agencies have a better understanding of the media landscape in-country and are in a better position to negotiate best rates for mass media placement and secure prime time slots for the campaign. The agency will typically charge a 15% fee for media planning and around 5-8% of the total placement budget for media buying.

• In Malawi and Zimbabwe, the I CAN campaign rolled out on radio and TV based on evidence of reach in those countries. This can vary from country to country, and you should ask the media planning agency to provide evidence of the most appropriate channels and investments needed per channel. The costing tool has provided for Malawi’s current costs and estimates for Kenya for each available channel.

• In most countries, radio offers the best reach and coverage for both urban and rural audiences, however rates will vary depending upon the reach of the station and the time of day. For example, in Malawi the cost per 60 second spot is $16 for the national stations and $5 for community-based stations, with higher rates for prime time. However, in Kenya, a 60 second radio spot averages $500. The case is similar with TV where the cost per TV spot in Kenya is $1500. We recommend a different airing approach in each country to achieve the best value for money.

• We recommend hiring a creative agency that specializes in digital media to run your campaign and we have reflected this additional cost in the tool. This agency should work closely with the IP that is managing the overall campaign, as well as the treatment of IPs. Social media done well will trigger a lot of clinical questions and requests for assistance from PLHIV; your treatment IPs should have budget and plans to respond to these questions and assist PLHIV who need help starting or re-engaging on ART. Much of the value of the campaign derives from engaging PLHIV on social media and helping them access services, so it is essential that treatment IPs are prepared to respond to requests via these channels.

• In the I CAN campaign model, mass and social media are complemented by activities that bring clear information about the benefits of viral suppression to PLHIV and their communities through one-on-one or small group communication. The costs of these activities derive from training health care providers and PLHIV influencers to deliver this information using tools we have developed (we have also budgeted a small amount for testing and adapting these tools for your context but assume that you will not create new tools). These costs also cover a monthly allowance for PLHIV influencers of around $100 in Kenya and $60 in Malawi. The campaigns in Malawi and Zimbabwe are each saturating three high-burden districts, and 15 high-traffic facilities with two cadres trained per facility. You can use the costing tool to estimate costs for more districts or facilities, based on your plans. Based on your plans, you can use the costing tool to estimate costs for more districts or facilities.
Annex:
I Can Program Readiness Assessment Tool

Description: This tool is intended to be used by Ministry of Health, funders, or program implementers to assess systems readiness before planning and implementing an I Can Campaign in your country. The left most column describes the dimension of assessment by categories: Policy and Budget, Supply Chain Systems for viral load testing, data availability and use, and program readiness. The Indicators column provides one indicator that this dimension is sufficiently in place to plan an I Can Program. The means of verification column provides suggestions of how to collect or validate this information. The Yes/No to indicator column is for you to note whether the indicator has been met (yes) or not (no). Notes/Actions required based on assessment is a space for you to document what actions you will take to advocate for or influence the current system to ensure that the required health system factors are in place in order to plan and deliver a successful I Can Campaign. The program readiness section will help guide in selection and identification of entities responsible for adapting, delivering, and monitoring I Can Campaigns.
### Policy and Budget

**Policy on communicating benefits of viral suppression for HIV prevention.**
- Policy exists within National Health Program to communicate benefits of viral suppression for HIV prevention.
- ART must reach a viral load of 1,000 copies/mL.

**Consensus and approval for communicating viral suppression.**
- MOH has reached and documented internal alignment on the viral load suppression threshold.
- PLHIV must reach a viral load of 1,000 copies/mL.

**Guidance.**
- Guidance exists for ART providers on when and how to communicate to all patients that if they adhere to ART regimens and achieve viral suppression, they can no longer transmit HIV.
- Clinicians must reach a viral load of 1,000 copies/mL.

**Budget.**
- Budget lines, allocation, and release of funding are sufficient to cover supply chain and human resources required for viral load testing.
- Training providers on communicating benefits of viral suppression; assuring quality of testing and communication efforts; and using data too.

**Funder Alignment.**
- MOH funds and donor alignment and investments harmonized across treatment literacy and adherence initiatives.

**PCR machines.**
- PCR machines sufficiently available nationwide to test viral load nationwide in a timely manner.

**Reagents.**
- Reagents are sufficiently and routinely available nationwide without stock-outs to test viral load in a timely manner.

### Supply Chain Systems for Viral Load Testing, Resulting, and Delivering Results

<table>
<thead>
<tr>
<th>Data</th>
<th>Means of Verification</th>
<th>Notes/Actions Required Based on Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of data</td>
<td>Data sufficiently available and of high quality to enable routine monitoring of viral load testing, viral suppression, and treatment adherence.</td>
<td>+ Meetings with HIV program leadership stakeholders + DHIS2 data or TWGs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLHIV Advocate Leadership</td>
</tr>
</tbody>
</table>

| Coordination Processes | Routine meetings conducted to coordinate and drive program across all treatment literacy and adherence partners. |

| Clinical Trainers | Clinical trainers available from MOH to train providers on use of I Can tools and counseling guidelines for communicating about viral suppression to priority audiences. |

### Means of Verification

- **Policy and Budget**
  - Policy documents
  - Meetings with Ministry of Health and HIV program leadership

- **Consensus and approval for communicating viral suppression**
  - HIV Treatment Adherence strategy
  - National HIV program strategy
  - Meetings with MOH and HIV program leadership

- **Guidance**
  - Treatment guidance documents
  - ART treatment literacy working groups
  - Meetings with MOH HIV leadership

- **Budget**
  - Annual operational plan and budget
  - Meetings with Ministry of Finance and Ministry of Health

- **Funder Alignment**
  - Funder strategic priorities
  - Program descriptions for donor-funded treatment literacy/adherence programs
  - Meetings with funding bodies and MOH

- **PCR machines**
  - Meetings with HIV Supply Chain leaders, technical working groups, etc.
  - Documentation of needs/barsriers in national HIV program strategy

- **Reagents**
  - Meetings with HIV Supply Chain leaders, technical working groups, etc.
  - Documentation of needs/barsriers in national HIV program strategy

- **ART Champions**
  - PLHIV Cadres exist and available to serve as ART Champions

- **Measurement**
  - Entity identified to measure I Can campaign performance, based on desired measures of success (media exposure, change in determinants, change in behavior).
  - MCH Department, local university or implementing partner capable of media monitoring, intermediate determinant evaluation or behavior change evaluation.
FTS Training Curriculum

Day by Day agenda for the training

Day 1: Sessions
1. Introduction, welcome and big picture objectives, Climate, and norm setting.
2. HIV 101: Refresh on HIV origin, transmission, treatment, and Treatment as prevention.
3. My HIV journeys

Objectives:
Create group cohesion, set the tone for the training, quickly develop a culture of interpersonal feedback and communication through scoring each other’s introduction performance.

Provided a technical refresh on HIV, breakdown treatment as prevention, understand the objectives FTS project in addressing this.

Grow inter group empathy and understanding the diversity of people’s lived experience and journey living with HIV.

Understanding the power of one’s own HIV journey as an ART Champions’ primary communication resource and capacity to influence their audiences.

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<tr>
<th>Time</th>
<th>Step</th>
<th>Description</th>
<th>Materials</th>
<th>Lead</th>
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</thead>
<tbody>
<tr>
<td>8.00 - 10.30</td>
<td>Intro</td>
<td>Welcome, climate and norm setting</td>
<td>Facilitator; Facilitator, MOH</td>
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<tr>
<td></td>
<td>1. PSI lead opens, invites ministry for opening remarks, big picture direction.</td>
<td>Instructions: 1. PSI lead opens, invites ministry for opening remarks, big picture direction.</td>
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<td></td>
<td>2. Introductions (per TOT/ PPT): tell us who you are, where from and something nobody knows about you. Make it participatory by scoring for the communications skills identified.</td>
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<td></td>
<td>3. Climate and norm setting – agree on basic rules of the road, rearrange chairs if not done from the beginning, clarify on all planning for the training venues, allowances, etc.</td>
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<td></td>
<td>PSI lead facilitator, MOH</td>
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Notes to the Facilitator
This exercise begins to lay the foundation for the entire training session and should not be rushed.

It gives the participants an opportunity to share something about themselves while also revealing their ability to present in public.

The Trainer needs to be super honest in giving their feedback (It sets the ‘tone of truth‘ for the entire session) yet super supportive of the participant’s growth potential. (Setting the tone once again, of the building of self-esteem that will follow)

Participants will initially feel quite scared and personally threatened by being judged by their peers, so the Trainer needs to facilitate in a fun but direct way.

The Trainer needs to be careful not to embarrass any individual or overpraise good performance.

It may not be immediately apparent, but this is a team building exercise that bonds the group.

More importantly, it sets a standard for communication skills that underpins participant confidence, both of which will improve drastically throughout the training if a firm, fair and fun vibe is maintained by the Trainer.
## Time Step Description Materials Lead

### Break

**11-1 pm**

**HIV 101:** Refresh on origin, transmission, prevention, treatment

**Instructions:**

1. MoH Staff provides an overview of HIV, treatment as prevention.
2. PSI Presents on FTS and how seeks to address this, insights, target audience, channel mix.
3. Play mass media assets and show collateral.
4. Take questions and clarify

**Slide decks from Ministry, PSI, FTS project slide and comms outputs: mass media campaigns, collateral.**

**Lead:** MOH, PSI, ALL

### Break

**2pm - 4.30 pm**

**My HIV Journey**

1. (Per Tou/ PPT) The participants share their HIV journey taking as long as they need.
2. Ensure participants focused listening, nonjudgmental, there is ground empathy and bonding
3. Close day by summarizing, key reflections and take outs.

This is the bedrock of the training session. It should not be time pressured – let it run if it needs to.

It is an intimate opportunity for the ART CHAMPIONS to bond and empathize with each other and build honesty and trust within the group.

ART Cs may be feeling vulnerable – create a safe space for them.

Creating a safe space should have already started from the climate setting achieved in the first introduction. Facilitators should be fully conscious of the conditions for participants to feel safe. These include comfortability with the new "self-exposing" style, this can emerge as a direct result of the facilitator exposing their true authentic self from the beginning and exhibiting comfortability themselves, feelings of safety cannot exist without this facilitator - led element.

In line with this ‘facilitator first’ method, at the beginning of the ‘My HIV Story’ it’s critical that again the facilitator starts off the sharing session with their own HIV story, even if they are not living with HIV, the facilitator is modelling deep sharing at this point, showing their ability and comfortability to share with the group, the content is secondary for the facilitator.

NB It is very important that the Facilitator gets agreement from each participant that should things get emotionally difficult during the session that they will try to stay in the room as leaving increases the safety -because leaving will result in wholesale unknowable anxiety from the group. This suggestion is not a directive and should be made as a common sense notion that people need to ‘buy into’.

The Trainer should go with the flow, laugh at the funny moments, and respect the serious ones.

### Day 2: Sessions

**Day 2 Sessions**

1. Growing Empathy towards Peoples current fear of HIV and barriers
2. The NEW STORY about HIV
3. How to present the B-OK bottles for explaining VLS and U=U
4. Words Matter
5. The Conversion Process - how people change their mind

**Objectives:**

Develop understanding of the kinds of fears and barriers that exist ‘Out there’ in Malawi / Zimbabwe and brainstorming tactics / information / strategies to address and overcome them.

**Outcome:** Understanding the diversity of HIV beliefs and values and preparedness to offer approaches away from the traditional ‘one size fits all approach’.

Introduce and demonstrate how to use the B – OK bottles

**Outcome:** Ability to deftly present the B-OK bottles to a wide range of audiences.

A lot of the technical terms alienate our audience, and some words are outdated and negative

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<tr>
<td>8.00-10.30</td>
<td>Growing Empathy towards Peoples current fear of HIV and barriers</td>
<td>Instructions: 1. Discussion what people know say, hear, do about HIV in Zims/ Malawi. 2. Use TOT/Deck to share Matboxology immersion quotes for further sense checking. You cannot hear what people are saying if you do not have empathy for them. This session highlights some of the key issues - barriers or negative pre-dispositions - shared by Malawians/ Zims. You need to help ART Champions understand and respond to some of the barriers they will encounter in the field. Trainers facilitate discussions around each issue and help ART Champions find a way to navigate through them to tell the new U=U story. There is no right or wrong approach. Look for an approach that does not undermine people’s belief but acknowledges them and contrasts their beliefs with the new story.</td>
<td>TOT Slides Role plays Return demonstrations</td>
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<td>11-1</td>
<td>BREAK</td>
<td>A quick understanding of viral load.</td>
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<td>Instructions:</td>
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<td>Mixed bottle – ARVs working on making the virus sleep</td>
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<td>Black bottle [with 1 red] – ARVs have pushed the virus down to the point where you are living a healthy life and HIV SAFE. You will NOT infect your sexual partner.</td>
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<td>2. Have all Participants practice – important to assess ability in the field.</td>
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Time Step Description Materials Lead
11-1 pm How to Present the B-OK Bottles (Other tools) Instructions:
1. Demo on how to use the B-OK Bottles in explaining VLS and ART.
2. Have all Participants practice – important to assess ability in the field.
Trainer describes the idea of the bottles of beads as representing the amount of virus in the body from certain death through treatment to non-infective healthy life.

HOW TO USE THE BEAD BOTTLES:
1. Explain what each bottle represents.
2. Ask the person which bottle they would prefer to have.
3. Everyone should prefer to be the black beads bottle. Explain that anyone CAN be the black beads bottle by taking their ARVs daily.
Red bottle – HIV virus taken over the body and its immune system – No ARVs (sexually UNSAFE)
Mixed bottle – ARVs working on making the virus sleep
Black bottle [with 1 red] – ARVs have pushed the virus down to the point where you are living a healthy life and HIV SAFE. You will NOT infect your sexual partner.

These explicit points must be covered during this exercise:
• ARVs work by preventing the virus from multiplying in your body.
• Eventually the number of viruses in your body is so low that it cannot be detected.
• At that point you cannot infect anyone.
• Most people reach that point from 8 weeks of being on treatment.

BUT NOTE: The virus NEVER leaves your body completely. When you stop your treatment, it will start multiplying again. That is why it is important to be adherent.

The trainer facilitates each ART Champion to demonstrate the bead bottles and corrects where and if necessary.

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<td>Words matter</td>
<td>Instructions:</td>
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<td>1. As we communicate the new story, we lose our audience with Jargon.</td>
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<td>2. Share Slide and Let us discuss the meaning of each of these words and the feelings these words create and why that can be a problem.</td>
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<td>3. Then let us find new ways to talk about these things that are more accurate and more helpful.</td>
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<td>4. Tell me what you think might be wrong with each of these words. What can we say instead?</td>
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Defaulters
When we use this word to describe someone who has stopped taking their HIV meds, it sounds like they have done something illegal like missing the rent or failing to pay back a loan.

What can we say instead? Better examples might include “someone who has missed their treatment,” “someone with a treatment interruption,” “someone who is not taking their meds,” or “someone who has not managed to get back to the clinic.”

Lost to follow up
This is another word sometimes used to describe someone who has stopped coming back to the clinic. It is another word that feels negative. Besides, that person is not really lost. He knows where he is. For whatever reason, he just is not coming to the clinic. It is our job to find out why and help him overcome that.

What can we say instead? (See the examples under “Defaulters.”)

ARVs
This is a very technical word that is short for anti-retrovirals but really does not mean anything to anyone really. It is just part of the HIV jargon.

What can we say instead? In the Coach Mpilo program, we like to call it Impilo, to remind men that it brings life and health. You might also sometimes just call it “your pill” or “your meds.”

AIDS
AIDS is what happens when HIV gets out of control, and you are about to die from it.

If you are taking your meds and staying healthy, you are living with HIV, not living with AIDS.

Nowadays no one should ever get to AIDS stage because Impilo is powerful and available to
**Words matter**

When we say HIV-positive, it can become a label. It can feel like who that person is rather than just something they have.
We even hear people shortening it and saying, “I am HIV.” But no one is HIV. It is just something they are dealing with.
We do not do this with any other health issue—no one says “diabetes-positive” or “hypertension-positive.”
What can we say instead? Things like ‘I have HIV’ or ‘he is living with HIV.’

**Disease**

Like with the word AIDS, we give HIV too much power when we call it a disease. Disease tells someone they are sick and dying.
But if we take our Impilo, HIV is just a health condition that we manage and control. We can have HIV and be perfectly healthy.
What can we say instead? We can call HIV a health condition or a virus.

**Status**

After so many years of the HIV epidemic most people know what ‘Status’ means, but it remains a dislocated way of simply saying if you are living with HIV or not, it is also a binary concept HIV or not when there are many degrees of HIV status.
(Nobody usually uses this word especially second English language speakers)
Viral Suppression – see bead exercise
Side Effects – Use ‘treatment effects’ because they are not experienced as a side issue
Other technical terms
While they might not feel negative, we should also try to avoid jargon and ‘big words’ when there is a simpler way to say the same thing.
“Disclosure” is just telling someone you have are living with HIV.
“Adherence” is just making sure you take your Impilo every day.
“Discordance” is just when you have HIV, and your partner does not.
These big words do not really help us. Often, they just confuse people.
You need to know what they mean, and you might hear them in the clinic but try not to use them too much with people.

**Time** | **Step** | **Description** | **Materials** | **Lead**
---|---|---|---|---
11-1 pm | Words matter | HIV Positive | TOT Slides | TOT
| | | When we say HIV-positive, it can become a label. It can feel like who that person is rather than just something they have.
| | | We even hear people shortening it and saying, “I am HIV.” But no one is HIV. It is just something they are dealing with.
| | | We do not do this with any other health issue—no one says “diabetes-positive” or “hypertension-positive.”
| | | What can we say instead? Things like ‘I have HIV’ or ‘he is living with HIV.’
| | Disease | Like with the word AIDS, we give HIV too much power when we call it a disease. Disease tells someone they are sick and dying.
| | | But if we take our Impilo, HIV is just a health condition that we manage and control. We can have HIV and be perfectly healthy.
| | | What can we say instead? We can call HIV a health condition or a virus.
| | Status | After so many years of the HIV epidemic most people know what ‘Status’ means, but it remains a dislocated way of simply saying if you are living with HIV or not, it is also a binary concept HIV or not when there are many degrees of HIV status.
| | | (Nobody usually uses this word especially second English language speakers)
| | | Viral Suppression – see bead exercise
| | | Side Effects – Use ‘treatment effects’ because they are not experienced as a side issue
| | | Other technical terms
| | | While they might not feel negative, we should also try to avoid jargon and ‘big words’ when there is a simpler way to say the same thing.
| | | “Disclosure” is just telling someone you have are living with HIV.
| | | “Adherence” is just making sure you take your Impilo every day.
| | | “Discordance” is just when you have HIV, and your partner does not.
| | | These big words do not really help us. Often, they just confuse people.
| | | You need to know what they mean, and you might hear them in the clinic but try not to use them too much with people.

**Time** | **Step** | **Description** | **Materials** | **Lead**
---|---|---|---|---
2pm – 4.30 pm | The Conversion Process - how people change their mind | Instructions:
| | | Approach 1: TOT/ Deck approach
| | | Present the Stages of changes as per the TOT Slides - apply Thulani approach.
| | | Approach 2:
| | | 1. Ask an individual to share what behaviour they have successfully changed, and what behaviour they are struggling to change.
| | | 2. Share the S.O.C –there is a simpler version of:
| | | 3. NOT- THINKING-THINKING - TRIAL(ACTION/ PRACTICE)- DOING ALWAYS-ADOVOCACY -REPLACE
| | | 4. Ask what behavior we want to change as regards ART adherence in the community.
| | | 5. Ask what the community members are likely to say at each stage.
| | | SHARE: That different support is needed based on which stage of the adoption ladder each member is
| | | Our work is to apply different techniques with the objective of getting someone to always take their medication every day and preventing them from relapsing.
| | | -This is a good Segway into - different strokes for different folks’ session Closed by Reflecting on the day.

**TOT Slides**

**S.O.C ruler** – people standing in a line holding the stages.

**Role plays**

**Return demonstrations**
Day 3: Sessions

- Identifying diverse kinds of people and developing communication tactics for them (different strokes).
- Building your Network and Social Media Skills Building.
- Building professional and personal self-awareness (using the training group’s personal feedback).
- Speaking in Public.

Develop HIV insights and communication strategies based on diverse kinds of people and segments as shown on the slides. Outcome: A growing ability to ‘think on one’s feet’ enhanced interpersonal 360-degree observation, enhanced communication agility and flexibility.

Self and Professional Awareness: Using the ‘Hot Seat’ intimate personality feed - back exercise, participant will be exposed to perceived professional and personal strengths and weaknesses. Differences in self-perception and ‘other’ perception will be discussed. Outcome: Enhanced professional and personal self-awareness and understanding of the communication impact this may have.

Understanding the critical nature of amplifying an ART Champions impact using community networking and social media. Outcome: Enhanced and Strategic capacity to amplify an ART Champions impact. Understanding the challenges of speaking in public, the do’s and don’ts and the skills needs to be successful at Outcome: Enhanced ability to speak in public and key messages required.

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<tbody>
<tr>
<td>8.00-</td>
<td>Identifying diverse kinds of people and developing communication tactics for them (different strokes).</td>
<td>Instructions: 1. Show the TOT/PPT on the different pictures of people and ask the participants; 2. The questions and listen for differing perceptions and interesting answers. Point these out to the participants. How do they feel about the world? How do they feel about themselves? What do they want out of life? What are their weak points? What is their strongest value? What does their sex life look like in terms of HIV? Do they ever take risks? How would you get them to feel comfortable about HIV? Where would be the best place to meet them? If they were not interested in what you have to say would you do? What do you think is their biggest fear around HIV? What kind of relationships do they have? How do they behave in their romantic partnerships? How trustworthy are they? Do they ever get abusive? Do you think they would like you/ respect you as an ART Champions?</td>
<td>TOT Slides</td>
<td>TOT</td>
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<tr>
<td>10.30</td>
<td>Building your Network and Social Media Skills Building.</td>
<td>Instructions: 1. Have participant role play on how they would begin conversation on ART Adherence with a community member at a park bench. 2. Score his/her performance and suggest improvements 1. Share slides on community network to reinforce touch points to reach community members. 2. Discuss in detail one of the suggested networks. Trainer: Explain how to create a map to work out all the relevant places and people in the community.</td>
<td>S.O.C ruler – people standing in a line holding the stages. Role plays Return demonstrations</td>
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Time | Step | Description                                                                                                                                   | Materials | Lead |
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<tr>
<td>8.00-</td>
<td>Using this network diagram will enhance an ART Champions understanding of their allocated catchment area and assist in targeting certain sub communities and keep track of progress. These tactics need to make explicit by trainer: MAPPING - The ability to do basic mapping of an ART Champions locality to get a good idea of where potential recruits are. LOCAL KNOWLEDGE - This requires the ability to know and understand the local community, what social issues are occurring: points, people, and places of influence. ‘Knowing your community’ with the ART Champions. STRATEGIC PLANNING - The ART Champions should avoid the idea of ‘just going out and communicating with people’. They will need to draw up a geographical plan of action which records areas / places covered and cover their allowed catchment area in a way that is strategically aligned to fellow ART Champions coverage plans.</td>
<td>TOT Slides</td>
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<td>9.30</td>
<td>Building professional and personal self-awareness (using the training group’s personal feedback)</td>
<td>Instructions: 1. Use the ‘Hot Seat’ intimate personality feedback – back exercise [TOT /PPT] 2. Each participant takes the Hot seat, and the others get to give feedback based on the slide questions. 3. The participants then get a chance to respond to the questions and how he felt from the feedback of the team. 4. Discuss Differences in self-perception and ‘other’ perception from all. Differences between self-perception and ‘other’ perception will occur frequently during this exercise. The point of revealing these differences here, is for the person on the “hot seat” to absorb differences revealed and strive to “close the gap” thereby aligning their authentic self with the ‘seen’ self that people interact with. This idea – ‘Self / Other ‘ congruence will increase an ART c’s communication efficacy with whomever they communicate the flip the script communications to. Facilitation of this session therefore is about making the most meaning of the divergences for the individual on the hot seat first and the wider group second.</td>
<td>TOT Slides</td>
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<td>11.00-</td>
<td>Identifying diverse kinds of people and developing communication tactics for them (different strokes).</td>
<td>Instructions: 1. Show the TOT/PPT on the different pictures of people and ask the participants; 2. The questions and listen for differing perceptions and interesting answers. Point these out to the participants. How do they feel about the world? How do they feel about themselves? What do they want out of life? What are their weak points? What is their strongest value? What does their sex life look like in terms of HIV? Do they ever take risks? How would you get them to feel comfortable about HIV? Where would be the best place to meet them? If they were not interested in what you have to say would you do? What do you think is their biggest fear around HIV? What kind of relationships do they have? How do they behave in their romantic partnerships? How trustworthy are they? Do they ever get abusive? Do you think they would like you/ respect you as an ART Champions?</td>
<td>TOT Slides</td>
<td>TOT</td>
</tr>
<tr>
<td>1 pm</td>
<td>Building your Network and Social Media Skills Building.</td>
<td>Instructions: 1. Have participant role play on how they would begin conversation on ART Adherence with a community member at a park bench. 2. Score his/her performance and suggest improvements 1. Share slides on community network to reinforce touch points to reach community members. 2. Discuss in detail one of the suggested networks. Trainer: Explain how to create a map to work out all the relevant places and people in the community.</td>
<td>S.O.C ruler – people standing in a line holding the stages. Role plays Return demonstrations</td>
<td></td>
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<tr>
<th>Time</th>
<th>Step</th>
<th>Description</th>
<th>Materials</th>
<th>Lead</th>
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<tbody>
<tr>
<td>11- 1 pm</td>
<td>Building professional and personal self-awareness (using the training group’s personal feedback)</td>
<td>Instructions: 1. Use the ‘Hot Seat’ intimate personality feedback – back exercise [TOT /PPT] 2. Each participant takes the Hot seat, and the others get to give feedback based on the slide questions. 3. The participants then get a chance to respond to the questions and how he felt from the feedback from the team. 4. Discuss Differences in self-perception and ‘other’ perception from all. Differences between self-perception and ‘other’ perception will occur frequently during this exercise. The point of revealing these differences here, is for the person on the “hot seat” to absorb differences revealed and strive to “close the gap” thereby aligning their authentic self with the ‘seen’ self that people interact with. This idea – ‘Self / Other ‘ congruence will increase an ART c’s communication efficacy with whomever they communicate the flip the script communications to. Facilitation of this session therefore is about making the most meaning of the divergences for the individual on the hot seat first and the wider group second.</td>
<td>TOT Slides</td>
<td>TOT</td>
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<tr>
<th>Time</th>
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<tr>
<td>2 pm</td>
<td>Speaking in Public</td>
<td>Instructions: 1. Get each participant to stand and share interesting topic 2. Advise that the need to tell what the Topic is about, talk about it and then remind us of what they just talked about. 3. Have the team review the participant based on the ability to show public, speaking skills as per TOT slide - Audibility, authenticity.</td>
<td>TOT Slides</td>
<td>TOT</td>
</tr>
</tbody>
</table>
**Day 4: Sessions**

The day focuses on shared project specific, operational, administrative, and logical issues.

- **Artistic conduct:**
  - Provide ART Champions with a clear understanding of what will be expected of them in terms of conduct, working with personal boundaries and managing public notoriety. Developing resilience and self-monitoring of personal conduct and what constitutes bad conduct. A developed ability to self-monitor and seek help and support if required.

- **Professional parameters:**
  - What constitutes good conduct and what constitutes bad conduct. A developed ability to self-monitor and seek help and support if required.

- **Mental health awareness:**
  - Provide ART Champions with a clear understanding of what will be expected of them in terms of conduct, working with personal boundaries and managing public notoriety. Developing resilience and self-monitoring of personal conduct and what constitutes bad conduct. A developed ability to self-monitor and seek help and support if required.

- **Administrative, ART Champions Conduct:**
  - "Flip the Script" objectives – "staying in the lane."
  - Mentoring and debriefing

- **Reflections on training:**

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<th>Time</th>
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<tbody>
<tr>
<td>8.00-10.30</td>
<td>ART Champions Conduct</td>
<td><strong>Instructions:</strong> 1. Show the TOT/PPT on who is an art champion and discuss 2. Share the slide on role as team-layer Personal boundaries: TOT/PPT 1. The Trainer &quot;role plays&quot; conversations with ART Champions and pushes boundaries on the following topics, Trainer in the role of someone who an ART Champion approaches makes the following statements to the ART Champion in front of the group. ART Champion’s responses are then discussed 2. Religion, &quot;What is your religion? Tell me your religion and I will decide if I want to speak to you.&quot; 3. Personal Attraction – &quot;I like you, how’s about we go out to dinner or a walk together, I really want to get to know you better.” 4. Money Lending – &quot;OK, OK I get what you are saying, but right now I need money to go home, can you help me out?&quot; 5. Traditional Beliefs – &quot;I hear what you are saying but let us visit my traditional healer and see what he/she says about it.&quot; 6. Family Involvement – &quot;Do you have a sister/brother I am looking for a wife, if you do, I would love to meet her.&quot; 7. Gift Giving – &quot;Thank you for sharing what you’ve shared, wow, let me by you lunch as a thank you.” 8. Salary – &quot;Tell me, how much do they pay you to talk to me?&quot; 9. ART Champion Qualification – &quot;what qualifies you to stand in front of me and tell me all this stuff, who trained you?&quot; 10. Campaign Agenda – &quot;Who is behind this campaign? What do they really want?&quot; 11. Have participants review how well the individual performed and suggest improvements. Focus on the discussion, brainstorming and role play, ART Champions need to understand that maintaining personal boundaries is good for them and the people they encounter although it might feel awkward now. Trainers must make the following explicit: Having good boundaries helps keep control of the encounter and makes it more predictable and safer. Maintaining good boundaries is not a science and has more to do with consciousness, awareness and preparedness and thinking about consequences. Things like generosity, vulnerability, dependency, authority, intimacy, can contribute to inconstant or broken boundaries.</td>
<td>TOT Slides</td>
<td>Role plays</td>
</tr>
</tbody>
</table>

**Day 5: Sessions**

The day focuses on M&E and Reporting.

- **M&E training and practice:**
  - "Flip the Script" objectives – "staying in the lane."
  - Mental health awareness

- **ART Champions understanding of the role of M&E in the project and what will be required of them:**

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<th>Time</th>
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<th>Description</th>
<th>Materials</th>
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<tbody>
<tr>
<td>9.00am - 11am</td>
<td>What is M&amp;E</td>
<td>TOT Slides Role plays Return demonstrations</td>
<td>TOT Slides</td>
<td>Role plays</td>
</tr>
<tr>
<td>11-12.30 pm</td>
<td>Practice filling M&amp;E forms</td>
<td>TOT Slides Role plays Return demonstrations</td>
<td>TOT Slides</td>
<td>Role plays</td>
</tr>
</tbody>
</table>
2.5 / I CAN CREATIVE BRIEF SAMPLE

I CAN CREATIVE BRIEF SAMPLE

CAMPAIGN BRIEF

Flip the Script

BACKGROUND / OVERVIEW / BIG PICTURE

Many people living with HIV do not start, stay on or get back on antiretroviral treatment (ART), the lifesaving once-daily medication that keeps the virus level so low in their bodies that it becomes undetectable. This treatment keeps them alive and allows them to live virtually “normal” lives. But many people still don’t take their medication regularly because after taking treatment for a while, they feel well and forget to keep taking the medication.

WHAT IS THE PROJECT?

While ART and diagnostics are widely available, people living with HIV still do not take their treatment consistently, which leads to more transmission and more death.

Awareness of ART is high in Zimbabwe and Malawi, but there has been a long-held association with HIV and death – death of life, death of their past lives as they once knew them and death of the freedoms they used to have. The benefits of ART are not fully understood or accepted, including understanding of U=U, which health care workers are reluctant to share with PLHIV.

The goal of the project is to rebrand HIV treatment - reframing it from being about death and dying to being aspirational - all about life and reclaiming all of the freedoms of which they thought their HIV diagnosis had robbed them.

WHY ARE WE DOING THIS?

To help save lives by getting more people living with HIV to start, stay on and restart treatment.

OBJECTIVE: WHAT IS THE GOAL OF THE AD OR CAMPAIGN?

The campaign’s objective is to deliver on the brand strategy (below) by bringing to life the emotional benefits of ART in a way that makes it so appealing and aspirational that PLHIV won’t ever want to miss a day of treatment again.

TARGET AUDIENCE: WHO ARE WE TALKING TO?

I’m Motoba and am 25 years old. I live at home with my parents and I work when I feel up for it at a few different construction sites near my house. But some days there is no work, so I just stay home and watch the days go by.

I was diagnosed with HIV about 6 years ago when my girlfriend told me she was positive, and so I went to the clinic and got tested. I really wanted to make sure to do what the nurse told me to do – to take my pills and to always wear a condom, but sometimes I felt that she didn’t really understand what I was going through, and I didn’t understand all of the big words she was using. We just didn’t seem to understand each other. I used to have a few girlfriends, but ever since I was diagnosed with HIV a few years ago, I stopped having multiple partners and always use a condom with my main partner.

Many people in my family have had and died of HIV – my father, my grandmother and even my sister – so I’ve known about HIV and ART for a long time. It feels like a pretty normal part of life now, and even though I know that some people in my community say rude things about people like me, I’m not really bothered by it.

The way I look is really important to me. When I look good, I feel like I fit in and can focus on the things that are important in my life instead of HIV. So that’s what keeps bringing me back to my ART. Life is just easier for me when I fit in, I don’t have to explain anything to anyone, and I don’t have to feel different. I feel like I can just go about my day how I want to. Sometimes, after taking my treatment for a while, I feel so good that I forget to take my pills, and then I get sick again. And then I’m trapped back in the grips of HIV, focused on HIV again, instead of the things I need and want to do, until my treatment kicks in again. I wish I could end this vicious cycle.

NOTE: While the archetype above is male, 42% of this bullseye segment is female.
FOCUS: WHAT’S THE MOST IMPORTANT THING TO SAY OR SHOW?

PLHIV can break free of the chains of HIV and reclaim their pre-diagnosis freedoms, through the simple, daily ritual of taking one pill a day.

CAMPAIGN STRUCTURE

Umbrella Campaign Idea: The umbrella campaign direction should focus on breaking free of the limitations and chains of HIV to reclaim the things PLHIV feel they lost after diagnosis. This umbrella should allow for several benefits to come to life under the campaign, through various channels of execution.

Mass-media Communication Idea: The prioritized segment’s primary motivation for taking ART is looking healthy and fitting in, instead of standing out among the crowd, so they have the freedom to focus on their priorities. These executions will come to life through mass-media channels and live under the umbrella campaign idea.

Mid-media and Below-the-Line Communication Ideas: The other brand benefits, including sexual freedom, not missing out, longevity of life, and being in control can be communicated through mid- and below-the-line channels including social media, clinics (via HCWs) and at the community level.

MASS-MEDIA COMMUNICATION: REASONS WHY: WHAT ARE THE MOST COMPELLING REASONS TO BELIEVE, TO TRY, TO BUY?

When people take their treatment consistently, every day, they no longer have to worry about getting sick and looking or feeling different from those around them - they have the freedom to focus on the priorities they care most about.

CONSUMER INSIGHT, BENEFIT & RTB

INSIGHT: When I look good, I fit in with my family, friends and community and am able to focus on the things that I care most about. But when I start feeling well, I forget to continue my treatment and get sick and start to look ill, which makes me really worried about no longer fitting in, and I have to turn my focus to HIV again.

BENEFIT: When taking ART consistently and daily, you can break free of the cycle of feeling sick and looking ill from HIV - keeping you looking healthy, fitting in and able to focus on the things you care most about.

RTB (if needed): ART keeps your viral load so low that you’ll no longer have periods of sickness from HIV.

OVERALL BRAND EQUITY

Reclaiming pre-diagnosis freedoms, post-diagnosis

BRAND CHARACTER

One of the most compelling voices to this segment are other PLHIV who are a living testament to the claims of the benefits of ART ("seeing is believing").

The brand character is: confident, resilient, knowledgeable and optimistic.

CREATIVE CONSIDERATIONS

While PLHIV are the primary target audience for this campaign, there are two populations that have significant impact on their behavior and treatment journeys – the HIV(-) community and Health Care Workers (HCWs). PLHIV face real and perceived bias from the HIV(-) community (especially from a sexual perspective), which can be a barrier to their treatment-seeking journey. HCWs are a critical part of a PLHIV’s treatment, especially at treatment initiation, and the way the PLHIV is educated and counseled in that setting and context leave a significant impression on the PLHIV, either supporting their forward movement or holding them back. With these influences in mind, while this campaign focuses on PLHIV as the primary target, it also needs to resonate with the HIV(-) community and HCWs, as they all need to shift in concert to enable change in perception and behavior of PLHIV.

Given the stigma that exists about PLHIV, it is critical that while the campaign will center around fitting in, the campaign does not perpetuate stigma about PLHIV being different from others. It is a fine line but the beauty of the creative challenge!

SCHEDULE: WHAT DO WE NEED FROM THE CREATIVE AGENCY, AND WHEN DO WE NEED IT?

Round 1: Creative Directions for review & prototyping by FS team – by Thursday, June 26
Round 2: Creative Executions for review & prototyping by FS team – by Thursday, July 1
Round 3: Revised Creative Executions for review & prototyping by FS team – by Monday, July 5
Round 4: Final Revised Creative for sign-off by Trilogy – by Tuesday, July 6

DELIVERABLES

Round 1: Creative Directions – 3 creative directions that deliver on the brand strategy with rationale and an example one key visual execution and one key auditory execution (ex. radio) for each direction
07.1 /
CAMPAIGN LOGO

THE FULL LOGOTYPE

The I CAN Masterbrand or Corporate Logo comprises two elements, the logo type and powerful colour background.

It has a particular relationship with the I CAN name. The Logo Type has been carefully chosen for its modern and yet refined, highly legible style, which has been further enhanced by the use of upper case letters. The typeface is Cocogoose Pro and it balance perfectly with the logo symbol.

The corporate logo is presented through the use of colour as well as shape and form. The corporate colours are Yellow and Grey. It is a fresh blend of colours chosen for their strong combination - modern - classic - timeless.

ATTENTION:
The use of any stylized, animated, hand drawn or other versions of an official logo is not permitted. This undermines the logo system and brand consistency.

THE GENERAL LOGO

The main logo is the dark logo used on yellow background. For darker backgrounds you will find an alternative below.

THE LOGO TYPE

Consists of a powerful font evoking the nature of services of the brand.

THE LOGO LOCKUPS

Carefully chosen for its modern and yet refined, highly legible style, which has been further enhanced by the use of upper case letters in grey tone of the chosen corporate color. The fonts that are used here are Cocogoose and Century Gothic family.

RECOMMENDED FORMATS ARE:
.ep | .ai | .png | .jpg | .tiff
2.6.1 / LOGO CONSTRUCTION

2.6.2 / CLEARSPACE AND COMPUTATION

LOGO CONSTRUCTION

It is important to keep corporate marks clear of any other graphic elements. To regulate this, an exclusion zone has been established around the corporate mark. This exclusion zone indicates the closest any other graphic element or message can be positioned in relation to the mark of the symbol itself and our company name – they have a fixed relationship that should never be changed in any way.

CLEARSPACE AND COMPUTATION

<table>
<thead>
<tr>
<th>COMPUTATION</th>
<th>DEFINITION</th>
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<tr>
<td>To work out the clear space take the height of the logo and divide it in half. (Space = height / 2).</td>
<td>Whenever you use the logo, it should be surrounded with clear space to ensure its visibility and impact. No graphic elements of any kind should invade this zone.</td>
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</tbody>
</table>

CLEARSPACE

Full Logo
2.6.3 / I CAN LOGO ON LOCK-UP

2.6.4 / LOGO/LOCK-UP MESSAGING

2.6.5 / INCORRECT LOGO APPLICATIONS

APPLICATION ON LOCK-UPS

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

LOGO MESSAGING

The lock-up/holding device rejuvenates the whole look and feel of the campaign, making the messaging pop out more. Different colour variations are used for specific messages. The use of I CAN is clearly illustrated here with examples.
I CAN CAMPAIGN TOOLKIT

I CAN CAMPAIGN
BRAND MANUAL

LOCK-UP USAGE

In all instances, the campaign lock-up should have good contrast against any background it is placed on.

Do not alter or recreate the lock-up or its elements.

CORRECT LOGO APPLICATIONS

Standard application with shadows and good contrast.

Flat application
No shadows and good contrast.
Suit for embroidery and engraving.

INCORRECT LOGO APPLICATIONS EXAMPLES

Do not alter or create outlines.

Good contrast on backgrounds or images.

Flat application with No shadows and good contrast.

Bad contrast.

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

I CAN LIVE without passing on the virus.

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

I CAN LIVE without passing on the virus.

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

I CAN LIVE without passing on the virus.

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

INCORRECT LOGO APPLICATIONS EXAMPLES

Do not alter or create outlines.

Good contrast on backgrounds or images.

Flat application with No shadows and good contrast.
THE PRIMARY FONT
EXPLANATION AND EXAMPLES

Typography plays an important role in communicating an overall tone and quality. Careful use of typography reinforces our personality and ensures clarity and harmony in all I CAN communications. We have selected Cocogoose Pro Letterpress for headlines, which helps inject energy and enthusiasm into the entire I CAN communications, and Century Gothic family as the primary font for Sub-Headlines ad body copy.

COCO GOOSE PRO LETTERPRESS:

COCO GOOSE PRO LETTERPRESS:

COCO GOOSE PRO LETTERPRESS:

The font Cocogoose Pro has little variation in stroke weight and the letterpress is thicker than a grunge ‘ragged’ style. This generates an intense bold feel.

The typeface is balanced and manually spaced to use very few kerning pairs, especially important for web font use.
07.7 / SUB HEADLINES AND BODY COPY

Typography and Text Hierarchy

Typographic hierarchy is another form of visual hierarchy, a sub-hierarchy per se in an overall design project. Typographic hierarchy presents lettering so that the most important words are displayed with the most impact so users can scan text for key information. Typographic hierarchy creates contrast between elements. There are a variety of ways you can create a sense of hierarchy. Here are some of the most common techniques for I CAN layouts.

**Century Gothic**
- Regular
- Bold

**Figures**

**Special Characters**

**Context Text and Inner Headlines**

**Caption Text**
- I CAN typo captions
  - Century Gothic Regular
  - 6.5 pt Type / 12 pt Leading

**Copy Text**
- I CAN typo copy text
  - Century Gothic Regular
  - 9 pt Type / 12 pt Leading

**Sublines Sections**
- I CAN typo headline
  - Century Gothic Bold
  - 14 pt Type / 18 pt Leading

**Context Text and Inner Headlines**

**Headlines and Typo Breaks**

**Headline 01**
- I CAN TYPO
  - Cocogoose Pro Letterpress - Capital Letters
  - 22 pt Type / 22 pt Leading

**Headline 02**
- I CAN TYPO
  - Cocogoose Pro Letterpress - Capital Letters
  - 35 pt Type / 35 pt Leading
THE PRIMARY COLOR SYSTEM AND COLOR CODES

Color plays an important role in the I CAN corporate identity program. The colors below are recommendations for various media. A palette of primary colors has been developed, which comprise the “One Voice” color scheme. Consistent use of these colors will contribute to the cohesive and harmonious look of the I CAN brand identity across all relevant media. Check with your designer or printer when using the corporate colors that they will be always be consistent.

EXPLANATION:
The I CAN Campaign has two official colors: Yellow and Gray. These colors have become a recognizable identifier for the campaign.

USAGE:
Use them as the dominant color palette for all internal and external visual presentations of the campaign.

I CAN GRAY
Gray represents neutrality and balance.

COLOR CODES
CMYK: C75 M60 Y31 K10
Pantone: 7545C
RGB: R81 G98 B130

I CAN YELLOW
Yellow is the color of the life, smiley faces and the sun. It’s a happy colour, full of hope and positivity.

COLOR CODES
CMYK: C6 M0 Y90 K0
Pantone: 102C
RGB: R247 G236 B51

COLOR TONES
100 % 80 % 60 % 40 % 20 %

Red Gradient

COLOR TONES
100 % 80 % 60 % 40 %

Red Gradient
THE SECONDARY COLOR SYSTEM AND COLOR CODES

EXPLANATION:
The Secondary colors are complementary to our official colors, but are not recognizable identifiers for I CAN company. Secondary colors should be used sparingly, that is, on the different colour coded messaging (HAVE KIDS, MARRY & AGE WELL).

USAGE:
Use them to accent and support the primary color palette.

HAVE KIDS COLOR CODES
CMYK : C25 M96 Y85 K21
Pantone : 201C
RGB : R158 G39 B46

Maroon in the colour of family, depth and passion.

MARRY COLOR CODES
CMYK : C0 M100 Y65 K6
Pantone : 192C
RGB : R232 G21 B71

Rose colour represents love, kindness and affection.

AGE WELL COLOR CODES
CMYK : C100 M0 Y85 K62
Pantone : 3425C
RGB : R0 G86 B47

Green is the colour of health and longevity.
I CAN CAMPAIGN TOOLKIT

I CAN CAMPAIGN
BRAND MANUAL

2.6.9 / THE ADVERTISING TEMPLATES

THE CAMPAIGN TEMPLATES

USAGE:
The template will be used for all official communication that is going out of I CAN campaign.

EXPLANATION:
The campaign I CAN is emphasized by the use of #Icanlive placed at the top left of the artwork.

The lock-up should be placed centrally on common portrait layouts with the I CAN messaging in Cocogoose Letterpress typeface and the body copy in Century Gothic family.

Always ensure the spacing and sizing of artwork elements are as per this guide demonstrated here.

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.
With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.
With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

#icanlive
With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.
With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.
APPLICATION & BTL ROLL OUT

2.6.11 / OOH Samples
THE POSTERS
I CAN LIVE with HIV treatment

With HIV treatment, I CAN LIVE without passing on the virus.

Ask your nurse or counselor about getting a viral load test.

I CAN LIVE with Self-Inject contraceptive

With HIV treatment, I CAN LIVE without passing on the virus.

Ask your nurse or counselor about getting a viral load test.

#Icanlive

THE TEAR DROP BANNERS

THE MERCHANDISE
THE MERCHANDISE

With HIV treatment
I CAN HAVE KIDS
without passing on the virus.

With HIV treatment
I CAN MARRY
without passing on the virus.

With HIV treatment
I CAN AGE WELL
without passing on the virus.

THE TENT CARD SAMPLE

How the HIV virus enters the body

1. Intact Defense
   - The body's defense system is intact and well functioning.
   - HIV cannot enter the body.

2. Breached Defense
   - The body's defense system is breached by HIV.
   - HIV can enter the body.

3. Repaired Defense
   - The body's defense system has repaired itself.
   - HIV cannot enter the body.

How the HIV virus enters the body

1. Intact Defense
   - The body's defense system is intact and well functioning.
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   - The body's defense system is breached by HIV.
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3. Repaired Defense
   - The body's defense system has repaired itself.
   - HIV cannot enter the body.
THE AUDIO VISUAL

TVCs

Slices of life of a person living with HIV showing everything they are capable of.

From physically challenging things, to emotional expressions of love and joy. The audio visual asset should show that if you take your medication, your life shall be wholesome and fulfilling.

The actors do not have to speak on the asset. This allows for Voice Over dubs in different languages.
THE AUDIO VISUAL

MBC Panel Discussion #6 I CAN ATTAIN MY EDUCATION AND ACHIEVE MY DREAMS

https://www.youtube.com/watch?v=IPiq6qGV3pQ&t=13s

MBC Panel Discussion #7 I CAN LOVE AND MARRY WITH ART

https://www.youtube.com/watch?v=7xX15s3X4m0&t=338s

THE AUDIO VISUAL

https://www.youtube.com/watch?v=VjNuB-jDi&t=5s

https://www.youtube.com/watch?v=dIAyUias-PHM&t=47s

https://www.youtube.com/watch?v=yWY-1c6ZqHU&t=4s
The lock-up can easily be used on digital material with examples demonstrated here.

WEBSITE SAMPLE

Simplicity and cleanliness of the campaign elements make them user-friendly and applicable on any platform.
With HIV treatment, you can reduce the virus in your body so much, you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.
With HIV treatment, you can reduce the virus in your body so much that you cannot pass it on to others. Ask your nurse or counselor about getting a viral load test.

#icanlive

With HIV treatment, you can age well without passing on the virus.
EXPLANATION:
Images are responsible to transfer the values of I CAN to our target audience. It is a composite psychological impression that continually should depict life and wellbeing. Models should appear in their natural set-up looking happy, healthy and strong.

EXAMPLES FOR I CAN CORPORATE IMAGE SYSTEM

- natural set-up
- wellbeing
- sharp images
- minimalist look

IMAGES AND BLENDING MODES
2.6.14
I CAN IMAGES
SECTION 03
Adhering to ART keeps my viral load low

I can sail through to healthy living with HIV

1. Viral load suppression attained a normal range, Healthy and productive life

2. Viral load maintained low, ART adherence ensures 

3. Viral load suppression maintained, ART adherence ensures

4. Viral load suppressed, ART adherence ensures
You’ve been diagnosed with HIV. Where do you go from here?
Follow our roadmap to help you live well with HIV.

GET ON TREATMENT
Getting on HIV treatment is your first step to being healthy. Taking your HIV medication at the same time every day helps bring your viral load to undetectable levels.

GET IN CARE
Once you are on treatment, we recommend avoiding complications. This is why we encourage you to stay in care and ensure you are taking your medication as prescribed.

STAY IN CARE
Once you are on a treatment plan, work with your health service provider to set goals for your health and wellness journey. If you feel your needs are not being met, you can always request a consultation or change your health service provider.

CONTENTS PAGE
• Viral load is the term used to describe the amount of HIV in your blood. The more undetectable viral load you have, the less likely you are to transmit HIV to others.
• You will get your first viral load test after 6 months of starting ART but it could take more time for a small portion to become undetectable.
• High viral load means your body has a lot of HIV. The more you reduce your viral load, the better you feel and the more likely you are to be healthy.
• Getting on treatment is to make you undetectable. This means that your viral load (the level of HIV in your blood) is so low that it can't be measured by the current test.
• Low viral load keeps your body and mind healthy and enables you to continue living a full, normal life.
• When your viral load is undetectable, you are at minimal risk of transmitting HIV to your partner through sexual intercourse.
• Most people will achieve viral suppression within 6 months of starting ART but it could take more time for a small portion to become undetectable.
• You don't have to manage on your own – having someone to talk to about your feelings can help. There are clinicians, counsellors, and nurses who can help to answer your questions.
• Undetectable viral load puts you at low risk of HIV transmission, and your viral load reduces risk of HIV transmission to your baby if you are pregnant.
• Not everyone will achieve undetectable viral load. The only way to know if you have an undetectable viral load is by getting tested regularly. Visit your nearest facility to confirm your viral load is by accessing tests.
• A cure for HIV is not available yet. HIV Medication are rare. You should tell your health service provider if you experience any side effects.

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WHAT TO EXPECT AFTER STAYING POSITIVE

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• You may have good days and bad days around HIV treatment. Your clinician or health care provider is there to assist you – having someone to talk to about your feelings can help. There are clinicians, counsellors, and nurses who can help to answer your questions.
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SECTION 04
CONTACTS & RESOURCES

Thank you for reviewing the FTS campaign guidelines.

We appreciate your commitment to preserving the integrity of our brand across all communication.

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OUR PARTNERS

KEY PARTNERS

IMPLEMENTING TEAM
THE CAMPAIGN. THE BRAND. THE TOOLS.

I CAN LIVE