SIERRA LEONE

NATIONAL HIV AND AIDS COMMUNICATION STRATEGY

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TABLE OF CONTENTS

ACRONYMS 1
ACKNOWLEDGEMENTS 2

1. INTRODUCTION 3

2. EXECUTIVE SUMMARY 4

3. SOCIO-ECONOMIC SITUATION 5

3.1. SITUATION ANALYSIS: HIV AND AIDS IN SIERRA LEONE 5
3.2. THE RESPONSE 7

4. THE STRATEGY 7

4.1. AUDIENCE SEGMENTATION FOR HIV AND AIDS 8
4.2. ACTIVITIES 9
4.2.1. Advocacy approaches..... *9*
4.2.2. Social Mobilisation approaches *9*
4.2.3. Behaviour development and behaviour change communication approaches *10*
4.3. COMMUNICATION STRATEGY MATRIX 12
4.3.1. Men. *12*
4.3.2. Youth. *15*
4.3.3. Uniformed Personnel: *18*
4.3.4. Refugees. *20*
4.3.5. Commercial Sex Workers (CSWs) *22*
4.3.6. Women. *24*
4.3.7. Children. *26*

5. REFERENCES 28

ACRONYMS

CBOs	**-**	Community Based Organisations
CDC	-	Centre for Disease Control
CAC/DAC/RAC	-	Chiefdom AIDS Committee/District AIDS Committee/Regional AIDS Committee
CSWs	**-**	Commercial Sex Workers
HIV/AIDS	**-**	Human Immuno-Deficiency Virus/ Acquired Immuno- Deficiency Syndrome,
IEC/BCC	-	Information Education Communication/ Behaviour Change Communication
KAPB	-	Knowledge, Attitude, Practice and Behaviour
MOHS	-	Ministry of Health and Sanitation
NAC	**-**	National HIV/AIDS Council
NACP	**-**	National AIDS Control Programme
NAS	**-**	National HIV/AIDS Secretariat
NGO	**-**	Non-Governmental Organisation
PLWHAs	**-**	People Living with HIV/AIDS
SHARP	-	Sierra Leone HIV/AIDS Response Project
STIs	-	Sexually Transmitted Infections
UNDP	-	United Nations Development Programme
UNICEF	**-**	United Nations Children's Emergency Fund

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1. Introduction

Recognizing HIV AIDS as a serious threat to national development the Government of Sierra Leone

- Produced the National HIV AIDS Policy Document
- Secured a $15 million World Bank Loan
- Established Sierra Leone HIV AIDS Response Project (SHARP) in December 2002
- Established the National AIDS Council (NAC) Chaired by the H.E. the President to advocate for and provide oversight to all national HIV/AIDS activities
- Set up the National HIV AIDS Secretariat (NAS) in October 2002 to reduce the spread of HIV/AIDS and mitigate its impact in the Community.

Since its inception in October 2002, NAS has been effectively collaborating with her partners and is coordinating HIV/AIDS activities at all levels. Considering the fact that an HIV/AIDS campaign requires a predominantly communication approach, one of the major activities undertaken by NAS has been the development of a National HIV/AIDS Communication Strategy that will be a guide for all national HIV/AIDS communication activities.

The first step in the process of developing, implementing, monitoring and evaluating this strategy was a workshop held in Freetown from June 25 - 29, 2002, at the instigation of the Ministry of Information and Broadcasting and UNICEF, facilitated by senior staff from the Johns Hopkins University Centre for Communication Programme (JHU/CCP). This was followed by a second workshop (August 6 - 16, 2002)

With the coming into existence of the National HIV/AIDS Secretariat, an IEC/BCC committee was set up which has reviewed the document that came out of the two workshops. The result of the review is this document that has now been adopted as the National HIV/AIDS Communication Strategy.

This communication strategy has the following components:

1. Introduction
2. Executive Summary
3. Situation Analysis
4. Audience segmentation
5. Communication Strategy Plan
6. References

2. Executive Summary

Sierra Leone held democratic elections in May 2002 to choose its first peacetime Government and President in over a decade. It has also just emerged from a long and debilitating civil war. During that time, HIV and AIDS were very low among national priorities. However the circumstances of war generalized violence, rape, sexual coercion, highly mobile populations of armed forces and refugees, all combined to launch HIV and AIDS into a potential epidemic. Across the country, it is estimated that 45,000 people or 0.9% of the population are already infected (CDC 2001).

HIV and AIDS now need to be addressed with urgency but strategically. The level of understanding of what HIV and AIDS are is very low; knowledge about prevention is very low and myths and misconceptions abound. Access to services for STI treatment and condom availability are extremely low; voluntary counselling and testing can only be found at a few urban sites and few providers have been given training in counselling skills; stigma of the disease and of the people who carry the disease is very high. There are, however, signs of hope now that the National Policy on HIV and AIDS has been approved by government. In addition, the Sierra Leone HIV/AIDS Response Project, or SHARP, a World Bank funded programme worth $15 million over four years, has come on stream. The development of the first national behaviour change communication (BCC) strategy is in consonance with the policies and objectives of both the National Policy and the SHARP programme.

This strategy identifies some key issues and approaches. It also identifies seven key audiences: Men, women, youth, children, refugees, uniformed personnel and commercial sex workers (and their clients). Each of these have been further segmented into important sub-groups, based on three criteria: their distinct behavioural characteristics which differentiate them within the overall group (e.g. non-sexually active youth vs. sexually active youth); by social and environmental issues that also influence their differences (e.g. rural vs. urban men); and by their relative level of impact on the overall public health agenda.

The key communication issues that emerge for almost all audiences are:

- Provision of basic information on causes, transmission and prevention of HIV and AIDS;
- Reduction of stigma of both the disease generally and of people living with HIV and AIDS (PLWHAs);
- Empowerment (building self-efficacy) of women of all ages and girls;
- Increasing understanding of rights of women and children in particular;
- Prevention messages including abstinence or delay of sexual onset (particularly for young people not yet sexually active); faithfulness or reduction of partners (among the already sexually active); and consistent use of condoms every time (for those with multiple partners).

The Strategy will promote the use of multiple channels of communication, e.g. radio, print media, community-based activities, folk media, interpersonal communication (peer education or counselling), based on the relevance, cost and access to those media by the respective audiences.

The strategy envisages the development of an umbrella slogan and logo, relevant to all the priority audiences, followed by the development of specific messages for each of the segmented audiences, as resources permit. Various activities including the design and development of IEC/BCC materials shall be undertaken based on the strategy.

3. Socio-economic situation

Poverty is chronic in Sierra Leone. The human development and social indicators, including literacy, primary school enrolment, life expectancy, maternal deaths, malnutrition and child mortality rates, are about the worst in the world. The UNDP Human Development Index ranks the country as the least developed in the world. The per capita income in 1999 was US$448 with growth rate of 3.8% in 2000 and 5% in 2001. (Government of Sierra Leone, 2001; UNICEF, 2002)

Table 1: Some of the vital indicators for the country

Total Population	4,300,000
Child population (0-14)	1,720,000
Crude Birth rate	47/1000
Crude death Rate	27/1000
Infant mortality rate	170/1000 live births
Maternal mortality rate	180/100000 live births
Life expectancy at birth -male -female	 38.3 years 37.0 years
Access to health services	38%
School enrolment 6-14 years	42%
Adult Literacy	30%

(Source, Briefing kit on Sierra Leone, UNICEF, 2002)

The low status of women, early marriage and harmful traditional practices also enhance the spread of HIV and AIDS. STI rates are high and their treatment very expensive if available.

The ten-year civil conflict also greatly contributed to the spread of the epidemic through movement of refugee and internally displaced persons, disintegration of the socio-political infrastructure, use of rape as a weapon of war, abduction of children as soldiers and abuse of drugs.

3.1. Situation Analysis: HIV and AIDS in Sierra Leone

Scant information on HIV prevalence was available for Sierra Leone in the 1990's. Inconsistent, incomplete and varied data collection methodologies, resulted in misleading reports about the level of HIV prevalence and the risk factors associated with HIV transmission in the general population. The 2002 update of the UNAIDS epidemiological fact sheet estimates that 7.0% of adults aged 15-49 years were living with HIV infection in Sierra Leone at the end of 2001. Small-scale ad-hoc surveys among groups of commercial sex workers obtained prevalence rates of 26.7% in 1995 and 70.7% in 1997 although the samples were not representative of the sex worker population. A 1993 survey in rural areas in the Northern parts of Sierra Leone concluded that pre-conflict HIV sero-prevalence was low. Only nine persons out of 9309 (0.096%) persons tested positive for HIV.

In 2002, as part of the post conflict reconstruction programme, the Government of Sierra Leone collaborated with the United States Centre for Disease Prevention and Control, (CDC) and the World Bank to conduct the first national HIV/AIDS sero-prevalence and behaviour risk factor survey. The survey did not cover former conflict zones that were inaccessible at the time. According to the survey report an estimated 45,000 persons (0.9%) in the country were already infected with the HIV virus. About one third of the infected cases were between the ages of 15-24 years. HIV sero-prevalence was higher in Freetown (2.1%) than outside Freetown (0.7%). The difference in infection rates among the sexes was marked. The

prevalence rate among females (1.3%) was over five times higher than the prevalence rates among males (0.2%).

HIV-reactive tests for persons aged 12-49 years in surveyed areas, including results based on Western blot testing, Sierra Leone HIV survey, April 2002

Characteristic	**Frequency**	**Percent Weighted**
All	31/2412	0.9
Location		
Freetown	23/1162	2.1
Outside Freetown	8/1250	0.7
Sex		
Male	6/991	0.2
Female	25/1421	1.3
Age (Years)		
12-24	0/242	0
15-24	11/1066	0.8
25-39	16/803	1.3
40-49	4/301	0.4

Ref Government of Sierra Leone (2002) HIV/AIDS Sero-prevalence and behavioural risk factor survey in Sierra Leone

The CDC report and other available sources have also discussed findings on other factors that will render individuals and communities vulnerable to HIV/AIDS.

Weak social and economic environment following 10 years of conflict

The decade long war in Sierra Leone, which spanned through the 1990's into 2001 has weakened the economy and the pillars of social cohesion. The consequences of a weakened economy and social structure, promote a milieu of factors that increase vulnerability to the risk of HIV/AIDS. The war has resulted in chronic poverty, high unemployment, lack of trained personnel, low literacy levels, high mobility, drug use/abuse, increased sex work, presence of foreign troops, destroyed public infrastructure including health facilities, poor diagnostic and therapeutic facilities for sexually transmitted infections.

Traditional practices also exist which increase vulnerability to HIV infection. Such practices include early marriage, wife inheritance, polygamy, multiple sexual partners, use of un-sterilized instruments for tribal/society marking and circumcision (both male and female).

Low level of knowledge and understanding about HIV/AIDS

Approximately 85% of the respondents surveyed for the CDC sero-prevalence and behavioral risk factor survey had misconceptions about HIV/AIDS. Approximately 20% of respondents were not aware that condoms can prevent HIV/AIDS and STIs. Two joint UNICEF/Sierra Leone government surveys conducted in 2002 targeting women and youths respectively also revealed knowledge gaps. Only half (54%) of women in the reproductive age who were surveyed have ever heard of HIV/AIDS; about 80 % did not know the three main ways to prevent HIV/AIDS transmission; 66% did not believe transmission of HIV/AIDS can occur from mother to child. Although over two thirds of youths have heard about HIV/AIDS, 55% did not know that HIV positive health carriers exist and 37% had never heard about condoms.

Poor Attitudes towards People Living With HIV/AIDS

There is evidence of a climate of stigmatization and discrimination towards people living with HIV/AIDS. Over half of surveyed respondents are not willing to care for a family member who is HIV/AIDS positive and is sick; 87% will not buy fruit or vegetable from a person

known to be living with the HIV/AIDS virus (CDC, 2002). One quarter of women in the reproductive age group and 60% of youth expressed stigma towards people living with HIV/AIDS (UNICEF/Government of Sierra Leone 2002)

Sexual Risk Behaviour

Sexual activity before marriage and with multiple partners is widespread. The CDC 2002 survey found that about one-third of respondents reported sex with a non-regular partner in the 12 months preceding the survey, but only 20% used a condom. The practice of giving gifts in exchange for sex is not uncommon. Almost 30% of men who reported having sex with a non-regular partner gave money, goods or services. Sexual activity also starts early, among youths. One third had first sexual encounter before they turned 15 years, and half by age 15 years. Fewer than 10% of young persons reported condom use at first sex. Young people between the ages of 12-24 are more likely to negotiate sex in exchange for gifts. Forty-two percent of young men and 9 % of women reported exchanging money, goods or services for sex.

3.2. The Response

The Government of Sierra Leone established the National AIDS Control Programme (NACP) in 1987 in the Ministry of Health and Sanitation (MOHS) to coordinate the HIV and AIDS activities in the country and included HIV/AIDS in the list of priority diseases for prevention in MOHS. A Cabinet sub committee on HIV/AIDS was established in May 2001 and a National policy on HIV/AIDS formulated and adopted into law in March 2002. A World Bank Loan was negotiated to support a multi-sectoral Sierra Leone HIV/AIDS Project (SHARP), and the first baseline survey on HIV/AIDS prevalence was conducted by the government of Sierra Leone in collaboration with the CDC Atlanta. In addition, a variety of NGOs, CBOs, and UN Agencies are implementing HIV/AIDS activities in the areas of care and support services, condom promotion and distribution and sensitisation. An AIDS policy has also been established in the national army.

4. The Strategy

Based on the foregone situation analysis, the following process was adopted in the formulation of the communication strategy.

- Causal Analysis
- Audience identification and segmentation
- Identification of main barriers
- Review of existing National policies
- Development of strategic communication plan

The process also identified risky behaviour and those mostly affected by such behaviour. The high-risk behaviour identified included multiple sexual partners, commercial sex work, unprotected penetrative sex, intravenous drug use and rape.

4.1. Audience segmentation for HIV and AIDS

The need for audience segmentation in order to communicate effectively was recognised. As a result, the audience has been segmented as indicated on the following matrix.

Primary audience	Primary Sub groups	Secondary audiences
Men	• Rural men • Urban men • Migrant workers	Women Policymakers
Women	• Pregnant women • Married women • Single women	Men Opinion leaders Health and social workers Hairdressers
Youth	• Adolescents • Young adults • Sexually active • Not sexually active • Rural and urban • Girls and boys	Parents Teachers Mass media figures Role models Faith based leaders
Children	• Young children (6 - 8 years old) • Children 9 - 12 years old • Vulnerable children (ex-combatants, street kids)	Parents Teachers Caregivers
Refugees	• Adolescents, • Children • Women	Aid and social workers Forces Host community
Commercial Sex Workers	• Beach and hotels • Slum-based • Roving workers	Clients Forces Long distance drivers
Armed Forces	• Other Ranks • Officers	Partners Dependants
People living with HIV and AIDS (PLWHAs)	Cross-cutting group, to be addressed within each of the other primary audiences	

Although other audiences were identified, those listed above are considered the priority audiences for the first phase of the BCC programme.

Segmentation of some audiences will need further examination, in order to make sure the messages are appropriately designed. While good data exists on youth audiences, further data is needed on the knowledge, attitudes and practices of some of the other audiences (e.g. refugees, CSWs, PLWHAs).

The strategy focuses on reaching the primary audiences, but in designing the umbrella theme and specific audience-appropriate messages, the secondary audiences will also need to be addressed.

Although they constitute a distinct group, PLWHAs will be addressed within each of the other primary audiences. In addition, the issue of stigma is a critical cross-cutting factor that will be addressed with every audience in the BCC strategy.

4.2. Activities

The following are the activities that will be pursued under the three key approaches of advocacy, social mobilization, and behaviour change communication (BCC). They have formed the development of the matrix for the communication strategy.

4.2.1. Advocacy approaches

There is a need for advocacy activities in order to increase political will, influence laws, policies and the amount of resources devoted to fighting HIV/AIDS in Sierra Leone. Some policies are already in place, but many still need to be fully implemented.

Audiences: President, Cabinet, parliamentarians, key public servants, respected statesmen and stateswomen, religious and traditional community leaders, social and business leaders, women's leaders, NGO leaders and any celebrities who may have a positive effect on public opinion. Some are already natural allies, already "on-board" in the cause and could become good advocates themselves. Some are "potential allies" who must be persuaded to join.

Strategies:

- Targeted interpersonal communication or "lobbying".
- Use of simple print tools such as pamphlets or pocket statistics cards.
- Presentations on the impact of AIDS based on computerised analysis on the current status of the epidemic, and projections, including the future impact on health, social and economic well being.
- Briefing and training of journalists (print and electronic) usually referred to as *media advocacy*.
- Holding visible events like conferences, workshops and meetings on policy issues, innovations and interventions.
- Engaging PLWHAs as spokespeople for HIV/AIDS programmes.

4.2.2. Social Mobilisation approaches

HIV/AIDS clearly affects all aspects of human life and therefore requires a multi-sectoral response. Sierra Leone has already drawn up a multi-sectoral response, as reflected in the SHARP Project, which is planning collaboration between all levels of government, NGOs and CBOs, faith-based organisations, foundations, service clubs as well as the private sector.

Audiences and actors: Many partners are required for a national social mobilisation programme. Advocacy helps to motivate such partners for action, e.g. collaboration between public sectors: health, nutrition, agriculture and fisheries, education, social services, law, sports, media, culture, children and youth, gender, transportation, telecommunications and uniformed services.

It also includes all levels of government: President's office, parliamentarians/ legislators, regional and municipal administrations. It includes collaboration with NGOs, CBOs, faith-based organisations, traditional leaders, other civil society organisations such as professional associations and networks, media associations and networks, universities, service clubs and the private sector, as well as the bilateral donors and UN agencies.

Strategies:

- Participation analysis of all organisations and people who are involved in each intervention area.

- Mapping of major capacities and on-going interventions at national, provincial and district levels, including major players.
- Using political, social and religious leaders as advocates
- Developing and disseminating a national logo that all players can identify with and rally around.
- Organising participatory planning workshops
- Use of a common communication and training tool by all partners.
- Conducting an analysis of capacity gaps and building communication capacity within partner organisations

Inter-sectoral collaboration is not the norm in most countries but has been planned for in Sierra Leone through the SHARP project. Networking and coalition building however, take time and energy, as well as resources.

4.2.3. Behaviour development and behaviour change communication approaches

Specific, well-researched, multi-media interventions need to be strengthened in Sierra Leone to bring about primary behaviour change. These approaches must be rooted in community perceptions and beliefs and must involve communities in their formulation and execution, especially where the object is community norm change. Often the "hidden norms" on sexual behaviour matters are not openly recognised and conflict greatly with the stated or public norms of community members and community "gatekeepers". Individual behaviour change is the end object of community involvement. But in Sierra Leone, as in other African countries, the individual is, perhaps, less in control of his or her own destiny and we must involve peers, families and communities – the immediate environment - for sustained behaviour change.

Audiences: As noted above, the audience for behaviour development and behaviour change communication approaches is the individual together with his or her immediate environment: peers, family and community. For HIV/AIDS prevention and care in Sierra Leone, the list of potential audiences is long and has been segmented for each issue: prevention amongst youth, men and women, children, refugees, CSWs and their clients, as well as care and support for PLWHA.

Strategies:
Behaviour development and behaviour change is possible through strategic communication interventions that are well founded on research and involve those most affected. Strategies that are reflected on the strategy matrices include:

- Use of participatory methods at the community level such as Participatory Learning and Action methods which involve community members in mapping the problem according to their own perceptions, or Appreciate Inquiry methods that start from the communities positive strengths and the history of dealing with similar threats.
- Use of community-level communication channels such as Community meetings, teen town meetings in schools, radio and video shows and theatre. It should be noted, however, that it is more difficult to control message quality and integrity through such channels and that "grass roots" programmers must be trained in these issues.
- Use of Interpersonal communication and counselling.
- Use of entertaining radio and video programming.
- Condom social marketing.
- Peer education.
- Life skills education designed to reach young adolescents both in or out of school.

It must be noted that use of these methods requires proper training to be effective. Partners will be encouraged to acquire this training by employing the services of consultants. The National Aids Secretariat will coordinate such training as and when required.

4.3. Communication Strategy Matrix

4.3.1. Men.

Segmented audience includes:

- **Men in rural areas** (limited access to information and services, low level of knowledge, low risk perception, very low condom use)
- **Men in urban areas** (greater access to information and services, higher level of knowledge, low condom use)
- **Migrant workers: Seafarers, long distance drivers, traders, Forces, development workers** (highly mobile, high risk behavior)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
1. To increase knowledge of HIV & AIDS among men by 50%	Advocate among policymakers and public and private sector for support for BCC initiative and increased services for men	▪ Establish national BCC Steering Committee ▪ Information kits for policymakers, media, community leaders ▪ Develop programme with Faith leaders ▪ Develop employee programmes with private sector	Data on KAPB on HIV and AIDS Data on policy environment	**Implementers** NAC **Partners** 1. Health. Ed unit (MOHS) 2. NAS 3. Media Houses 4. NGOs 5. Reproductive Health Unit 6. PLWHAs **Allies** 1. W.H.O. 2. U.N.F.P.A. 3. N.F.P. 4. CBOs 5. NGOs 6. Civil association 7. Community/opinion leaders 8. Employing authorities **Gatekeepers** 1. Religious groups 2. Community leaders	1. Establish steering committee to guide Communication Plan into action (done) 2. Meet with donors, NAC, SHARP, to determine next steps 3. Develop monitoring and evaluation plan (JHU/CCP)
	Develop Multi-media programme with umbrella slogan, logo appropriate for all audiences and messages specifically for men	▪ Develop umbrella slogan and logo appropriate for all audiences ▪ High profile launch of media campaign ▪ Mass media materials (radio, print) ▪ Community-based activities (folk media, interpersonal communication, peer education)	Data on KAPB on HIV and AIDS Data on quantity of condoms used over a given period Data on STI prevalence		1. Hold Message and Materials Design workshop to develop slogans, logo, messages
	Use Enter-educate approaches to reach men in rural, urban areas	▪ Drama, music, storytelling in communities ▪ Radio jingles, dramas			1. Message design workshop (see above)

Indicators

- Functional communication system
- Number of STI/HIV/AIDS communication materials about infection, transmission, prevention and myths produced targeting men.
- Number of men reached with STI/HIV prevention messages through meetings/ workshops/ dramas.

Men (contd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
2. To increase safer sex practices, including regular and consistent use of condoms, reduction of partners, faithfulness among married men, prompt STI treatment	Advocate among policymakers to support and increase resources for HIV and AIDS prevention initiatives	▪ Information kits for policymakers, media, community leaders ▪ Develop programme with Faith leaders ▪ Develop employee programmes with private sector			1. Hold Message and Materials Design workshop to develop slogans, logo, messages
	Social mobilisation--engage community based organizations to carry out participatory learning on HIV and AIDS prevention	▪ *Journey of Hope* and other activity kits/approaches developed for local CBOs ▪ Training for CBOs carrying out *Journey of Hope* activities ▪ Health providers and community health workers trained in counselling and interpersonal communication skills			JHU/CCP to provide Journey of Hope documents for review
	Establishing social marketing of condoms in selected communities	▪ Implement social marketing activities in urban, peri-urban and rural areas ▪ Engage local outlets as sales points for condoms ▪ Increase condom access for all men	Review other country experiences Assess current employer HIV and AIDS programmes Assess current access to condoms for rural, urban, migrant men		Donors, NAC to discuss start up of social marketing programme

Indicators

- Number of condom outlets established.
- Number of peer educators trained for condom promotion.
- % of men using a condom the last time they had sex with a casual partner.
- % of men using a condom in their last commercial sex act.
- % of men who had sex with more than one partner in the last 3 and/or last 12 months.
- % of men reporting symptoms of STI in the last 12 months who sought care at a service delivery point.

Men (contd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
	Peer education e.g in workplace, among migrant workers	▪ Train peer educators in workplaces, ministries, private sector ▪ Provide basic information and condoms for peer educators ▪ Use role plays and drama			Review and analysis of existing programmes Develop specific strategy for peer education

Indicators

SAME AS ABOVE

4.3.2. Youth.

*Segmented into specific audiences, based on differences in behaviour and risk: (**N.B)*

- **Sexually active** (at higher risk, low knowledge, low sense of personal risk)
- **Not sexually active** (lower risk but vulnerable to pressure, need information, life skills)
- **Urban and rural** (urban youth greater access to information, condoms; rural youth low on knowledge, access)
- **Males and females** (Girls need to build self-esteem, boys need to understand gender imbalances, gender rights)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
1. To improve access to information on STIs HIV and AIDS prevention for youth in Sierra Leone by the year 2005	• Advocacy among policymakers for increased resource allocation for youth prevention activities	▪ Information kits for policymakers, media, community leaders ▪ Develop programmes with Faith leaders ▪ Establish Youth Advisory Group to oversee youth programme development ▪ Engage youth at every level of activity	Data on STDs & HIV rates among youths	**Implementers** National aids secretariat Line ministries **Partners** 1. CBOs 2. Youth groups 3. NGOs 4. Performing arts groups 5. School clubs 6. Media practitioners **Allies** Information Ministry Health Ministry UNICEF W.H.O. U.N.F.P.A. Ministry of Education M.O.D.E.P. NACSA D.F.I.D. N.C.D.D.R. **Gatekeepers** Opinion leaders Line ministries Role models Law enforcement	Regular meetings of Steering committee with NAC, donors, stakeholders to develop programme Hold Message and Materials Design workshop to develop slogans, logo, messages
Objective #1 (contd)	• Community mobilisation for engaging youth in shaping their own futures	▪ Engage CBOs, youth groups, faith based groups, schools to carry out youth activities with integrated health and HIV and AIDS information ▪ Train local CBOs in participatory methods for engaging youth ▪ Supporting the establishment of youth networks for exchanging information, skills, lessons learned			Review existing youth oriented activities Develop network of potential partners for community action

Indicators

- Number of youth networks established
- Number of peer educators trained for condom promotion among youths.
- Number of STI/HIV/AIDS communication materials about infection, transmission, prevention, myths and misconceptions distributed to youths.
- Number of youths reached with STI/HIV prevention messages through meetings, workshops and drama.

Youth (contd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
Objective #1 (contd)	• Using Multi-media and enter-educate programmes to reach youth in rural and urban areas	▪ Build an umbrella slogan and logo appropriate for all audiences ▪ Develop specific messages for each segmented youth audience (e.g. sexually active, not sexually active) ▪ High profile launch of media campaign ▪ Mass media materials (radio, print) ▪ Community-based activities (folk media, interpersonal communication, peer education)			Hold Message and Materials Design workshop to develop slogans, logo, messages Form a group to monitor and evaluate
2. To increase safer sex practices among youth, including abstinence, delay of sexual onset, consistent condom use and faithfulness	• Condom social marketing	▪ Lobby policymakers, donors for broad implementation of condom social marketing for youth ▪ Implement social marketing activities in urban, peri-urban and rural areas ▪ Engage local outlets as sales points for condoms ▪ Encourage schools, local CBOs to provide condoms on demand	Surveillance on the practice of safe sex among youths		
Objective #2 (contd)	• Entertainment/education	Activities as with Objective #1 for youth			
Objective #2 (contd)	• Multimedia programmes	Activities as with Objective #1 for youth			

Indicators

- % of youths using a condom in last commercial sex act
- Mean age at first sexual encounter
- %of youths who had sex with more than one partner in the past 3 months or one year

Youth (contd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
3. To increase the ability of youths in Sierra Leone to make informed choices (by the year 2005)	• Peer education • Multimedia programme • Entertainment/education	• Train peer educators among groups working with youth, including faith-based, school clubs, sports groups, etc • Multi-media and Enter-educate programmes as per youth Objective #1	(i) % of youth with access to HIV and AIDS & STI services, condoms		
4. To improve access to services for youth on HIV and AIDS, STIs and VCT; increase distribution of condoms by the year 2005.	• Advocacy for improved services • Community mobilization	• Advocacy kits showing need for services for youth • Lobbying Min of Health for improved youth friendly services • Training of service providers to be youth-friendly • Developing youth centers with integrated health and life skills opportunities	(ii) data on existing services specifically addressing the youths		Steering committee to lobby for increased resources and more youth friendly services
5. To promote the creation of better living opportunities for youths in Sierra Leone by the year 2005	• Advocacy for skills development and career development for youth	• Training trainers in marketable skills • Distance education radio programmes in life skills • Creating youth networks • Small grant programmes	Data on existing facilities and policies		Inventory of existing income generation and career opportunity projects

Indicators

- % youths (by age & sex) who have been exposed to HIV/AIDS messages.
- # of condoms distributed to youths.
- % of youths who have received training for life skills.
- % of youths who received vocational and income generation training.

**N.B. Segmentation of the youth audience will need further review. Segmenting by age and risk behaviours will help to focus messages during the next phase: Message and Materials Design. Messages for sexually active youth will, of course, be different from messages for Non-sexually active youth (e.g. regular condom use and reduction of partners vs. abstinence or delay of sexual onset).

4.3.3. Uniformed Personnel:

Segmented audience includes:

- **Personnel in rural areas** (limited access to information and services, low level of knowledge, low risk perception, low condom use)
- **Personnel in urban areas** (greater access to information and services, higher level of knowledge, low condom use)
- **Personnel on foreign mission** (Navy, Peace Keepers, Immigration officers)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
3. To increase knowledge of HIV & AIDS among uniformed personnel by 50%	Advocate among the command structure (policymakers) and public and private sector for support for BCC initiative and increased services for armed forces	▪ Information kits for policymakers, media, commanding officers, community leaders ▪ Develop programmes with armed forces command structure	Data on KAPB on HIV and AIDS Data on policy environment	**Implementers** ▪ NAS ▪ Ministry of Defence ▪ Ministry of internal Affairs **Partners** 7. Health. Ed unit (MOHS) 8. Armed Forces medical Corps 9. ARG/MOHS 10. Media Houses 11. NGOs 12. PLWHAs **Allies** 3. W.H.O. 4. U.N.F.P.A. 9. N.F.P. 10. CBOs 11. NGOs 12. Civil association 13. Community/opinion leaders **Gatekeepers** 3. Commanders 4. Spouses 5. Religious groups 6. Community leaders	1. Meet with donors, NAC, SHARP, top determine next steps 2. Develop monitoring and evaluation plan (JHU/CCP)
	Develop Multi-media programme with umbrella slogan, logo appropriate for all audiences and messages specifically for uniformed personnel.	▪ Develop umbrella slogan and logo appropriate for all audiences ▪ High profile launch of media campaign ▪ Mass media materials (radio, print) ▪ Community-based activities (folk media, interpersonal communication, peer education)	Data on KAPB on HIV and AIDS Data on quantity of condoms used over a given period Data on STI prevalence		2. Hold Message and Materials Design workshop to develop slogans, logo, messages
	Use Enter-educate approaches to reach uniformd personnel areas of deployment.	▪ Participatory/Drama, music, storytelling in barracks/areas of deployment ▪ Radio jingles, dramas	Rapid assessment survey on level of understanding of the concept of HIV/AIDS		2. Message design workshop (see above)

Indicators

- # of STI/HIV/AIDS Radio/TV Programs about injection, transmission, prevention, myths and misconceptions targeting uniformed personnel.
- # of STI/HIV/AIDS prevention meetings/workshops/dramas/videos held targeting uniformed personnel.
- # of STI/HIV/AIDS communication print materials by type distributed to uniformed personnel
- % of uniformed personnel who can cite 3 ways of protection to reduce risk of HIV

Uniformed personnel (contd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up	Indicators
4. To increase safer sex practices, including regular and consistent use of condoms, reduction of partners, STI treatment	Advocate among policymakers to support and increase resources for HIV and AIDS prevention initiatives	▪ Information kits for policymakers, media, community leaders ▪ Develop programme with Faith leaders ▪ Develop employee programmes with private sector		**Implementers** Ministry of Defence Ministry of Internal Affairs NAS	2. Hold Message and Materials Design workshop to develop slogans, logo, messages	• % of uniformed personnel who report using a condom in last sexual act.
	Social mobilisation-- engage units(including medics) to carry out participatory learning on HIV and AIDS prevention and sensitisation skills	▪ Training for uniformed personnel in carrying out *Journey of Hope* activities ▪ Health providers and community health workers trained in counselling and interpersonal communication skills		**Partners** ARG/MOHS NGOS UNAIDS	JHU/CCP to provide Journey of Hope documents for review	• % of uniformed personnel who report using a condom the last time they had sex with a casual partner.
	Establishing promotion and distribution of condoms within forces areas of deployment and selected communities	▪ Implement condoms promotion and distribution within forces structure ▪ Engage local outlets as sales points for condoms ▪ Increase condom access for all uniformed personnel	Review other country experiences Assess current employer HIV and AIDS programmes Assess current access to condoms for un uniformed personnel	**Gatekeepers** ▪ Commanding officers ▪ Community leaders ▪ Religious Leaders ▪ Traditional Leaders	Donors, NAS to discuss start up of condom distribution	• % of uniformed personnel who report using a condom on last commercial sex act.
	Peer education e.g in workplace, among migrant workers	▪ Train peer educators in workplaces, ministries, ▪ Provide basic information and condoms for peer educators ▪ Use role plays and drama			Review and analysis of existing programmes Develop specific strategy for peer education	• % of uniformed personnel who report having sex with more than one partner in last 3 months or last 12 months.

4.3.4. *Refugees.*

Segmented into audiences with specific needs and issues:

- **Youth refugees**
- **Women**
- **Refugee workers**

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
To increase safer sex behaviours in refugee camps through increased knowledge, self-esteem and access to services	Advocate better services for refugees	• Work with policymakers and NGOs to improve services in camps • Lobby to establish VCT services • Disseminate information packages to refugee workers	• Data on STIs, HIV and AIDS • Condom demand • HIV and AIDS KAPB studies	**Implementers** NaCSA **Partners** NGOs CBOs Law enforcement MSGCA Ministry of Youths and Sports **Allies** Camp leaders MOHS NGOs (PPASL) UNHCR UNICEF UNFPA W.H.O. **Gatekeepers** Policy makers Govt. Opinion leaders Camp leaders Community Leaders Drug pushers Producers	Link with UNFPA/MOH for condom supply Lobby for increased services in refugee settings
	Initiate Multi-channel information programme	• Train health workers, volunteers on providing interactive health talks • Use local folk media to address issue (drama, poetry, puppetry, etc) • Develop message support for VCT • Introduce VCT pre and post-test counselling			Hold Message and Materials Design workshop to develop slogans, logo, messages Develop training strategy for aid and health workers
	Initiate Social marketing campaign in camps	• Bring in social marketing expertise • Establish outlets for wide scale condom distribution			Lobby for social marketing programme
	Build career skills among refugees	• Establish peer education programmes • Develop low literacy print materials for refugees • Establish linkages with income generation groups	HIV and AIDS KAPB survey		Review existing opportunities, gaps

<u>Indicators</u>

- % refugees (by sex & age) who have been exposed to HIV/AIDS messages.
- % of refugees who can cite at least 3 ways of protection to reduce the risk of HIV.
- # of VCT centres established in refugee settlements.
- # of refugees counselled for VCT.
- # of refugees tested for HIV status.
- # of refugees who received condoms at VCT sites.

Refugees (cont'd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
Reduce drug and substance abuse in refugee camps	• Advocacy for law enforcement • Peer education • Counseling	• Work with policing agencies to inform public and enforce laws • Train peer educators for each refugee population • Improve counselling services • Advocate for other facilities--sports, recreation, education, libraries	Data on drug and substance abuse	3.	Work with refugee camp managers, refugee committees, law enforcement to develop strategy
To improve relationship between host community and refugees	• Advocacy • Community Mobilisation • Capacity building in BCC	• Set up inter-community committees for discussion of issues • Establish inter-community activities, programmes (e.g. clean-up) • Train refugee groups in enter-educate for BCC (drama, puppetry, poetry, etc)	Socio- economic profile of host community		Set up working committees including both refugee and host community representatives
To improve access to services and recreation	• Advocacy • Social mobilisation	• Advocate with donors, private sector, government, NGOs, for increased services and recreation • Train providers in client-friendly approaches	14. Data on available services 15. Needs assessment		Lobby for better services

Indicators

- % of refugees who have used at least one drug type.
- % of refugees who have tried injecting drugs using a syringe.

4.3.5. Commercial Sex Workers (CSWs)

Segmented into three sub-groups:

- **Beach and hotel CSWs** (More affluent, better informed, better self-esteem, still low condom use)
- **Slum-based CSWs** (Low self-esteem, low income, low literacy, high risk behaviours, few services available)
- **Roving, migrant CSWs** (low self-esteem, low literacy, low income, high risk behaviours, few services)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
1. Facilitate ways of reaching CSWs to initiate BCC	Advocate among gate keepers for BCC programme for CSWs	• Provide information to local policymakers, community leaders • Initiate opportunities for open discussion of issues in community • Engage gatekeepers in providing access to CSWs	Status of legislation on CSWs Level of services available for CSWs Participatory approaches to identify gatekeepers	**Implementers** NAC **Partners** Private sector INGOs NGOs Faith Based Organisation CBOs **Allies** Other UN agencies Line ministries NACSA **Gatekeepers** Policy makers/ Community leaders/Traditional chiefs Hotel managers Police Clients Pimps/Bras and 'Sisi's' Vocational institution Micro credit financing institution The family Health and social workers	Set up coordinating committee including CSW and host community representatives
2. Increase knowledge on HIV and AIDS transmission and prevention	Participatory methods to find out needs Community based programmemes	• Production of BCC materials • Workshops, seminars • Peer education • Condom distribution	KAP studies Media audience research to determine medium to reach them		Hold Message and Materials Design workshop to develop slogans, logo, messages
3. To reduce stigmatisation of CSWs within their communities	Community sensitization Parallel programme with CSW clients (see Men: migrant workers)	• Dramas, local folk media, town hall meetings • Establish CSW committees to address social issues, meet local community leaders	Community perception on CSWs		Develop network of CBOs who can carry out BCC activities once messages have been designed, produced
4. To offer alternative skills and improve self-esteem	Vocational and Income generating training	• Network with CBOs and NGOs to provide combined HIV and AIDS and skills training	Motivation to be CSWs Desired alternatives		Review existing opportunities, gaps in career skills building Identify potential partners for action
	Life skills training	• Negotiation skills for CSWs	CSWs perception of the profession		

Indicators

- Number of CSW trained for life skills.
- % of CSW who have been exposed to HIV/AIDS messages.
- % of CSW who can cite at least 3 ways of protection to reduce the risk of HIV.
- % of CSW who report using a condom in last sex act.
- Number of CSW who received vocational and income generation training.
- % of CSW who reported symptoms of STI and sought care at a service delivery point.

Commercial Sex Workers (cont'd)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
5. Increase access to new services and more use of existing services	Advocacy, Service provider training Social marketing of condoms Improve quality of existing services	• Advocate for new services • Promote existing services • Train providers to be CSW friendly • Establish VCT sites • Monitor access to and quality of services	Availability of services Utilisation of services Reasons why services are not used by CSWs		Lobby for better and more services that will be used by CSWs Identify types of services that will be appropriate

Indicators

SAME AS ABOVE

4.3.6. Women.

Segmented into following audiences:

- **Pregnant women** (low knowledge of danger of MTCT of HIV infection)
- **Married** (lack ability to negotiate safer sex practices with partner, low knowledge about HIV and AIDS)
- **Single** (higher risk behaviours, low knowledge of HIV and AIDS, low risk perception, vulnerable to abuse and coercion)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
1. To ensure that gender equality is part of all relevant legislation	▪ Advocacy and social mobilization for implementation of national policy ▪ Advocate for equitable and fair laws around gender issues ▪ Social mobilisation for support for national policy ▪ Peer education	▪ Provide information kits on current gender imbalances ▪ Lobby policymakers for revision of laws where necessary	Final copy of national policy Total number of health facilitators	**Implementers** NAC/SHARP Multi media Peer education **Partners** INGO/NGOs Line ministries Media practitioners **Allies** UN agencies GOSL line ministries Other donors **Gatekeepers** Traditional healers 'Sisi's'/'Bra's' Health officers Husbands/spouses	Lobby for implementation of gender equity laws, support for women's rights Develop messages for BCC programme to support gender equality
2. To reduce negative male attitudes and improve women's ability to negotiate safer sexual practices with their partners	▪ Social mobilisation ▪ Multi media programmes ▪ Improve Life skills training for women ▪ Career and economic opportunity improvement	• Training materials and training of personnel	• Status of HIV & AIDS • Capacity of • Electronic • Print • Folk • Media		Hold Message and Materials Design workshop to develop slogans, logo, messages

Indicators
• % of women who report asking partners to use a condom the last time they had sex.

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
3. To reduce risk of HIV and AIDS infection among women through greater access to information and services for women	• Improve Life skills training for women • Career and economic opportunity improvement • Multi-channel media programmes promoting women's rights • Peer education • Women's Training programmes	▪ Life skills TOT among CBOs ▪ Career skills training ▪ Facilitating communication for women's networks ▪ Distance education for community health workers	Available training outlets and personnel Copy of law relating to gender Profile of implementing partners		Lobby for counselling skills for providers, STI treatment programmes and VCT implementation
4. To reduce the risk of HIV infection through Mother to child transmission	• Advocacy for drugs for treatment of mothers and babies • Multi-channel BCC programmes to inform public on risks of MTCT	• Advocacy kits for policymakers, women's groups, journalists, on MTCT risks and prevention • Radio, print materials for public dissemination • Training of providers in MTCT protocols • Peer education (Mothers' clubs)			Lobby for access to appropriate treatments for mothers and babies Develop messages and media approaches for pregnant women

Indicators

- # of peer educators trained to promote condom negotiation, targeting women.
- # of women trained in life skills.
- % of positive antenatal clients receiving Nevaripine.
- HIV prevalence among antenatal clients.
- Syphilis prevalence among antenatal clients.

4.3.7. Children.

Segmented into three sub-groups:

- **Children six to eight years old** (not yet sexually active, little reproductive health or life skills knowledge)
- **Children nine to twelve years old** (most not sexually active, little knowledge but subject to increasing peer pressure, vulnerable to risks of sexual abuse and coercion)
- **Vulnerable children** (ex-combatants, child soldiers being re-integrated into communities)

Objective	Strategy	Activities	Background Info. Required	Implementers/ Partners/ Allies/ Gatekeepers	Follow-up
1. To provide accurate relevant information on reproductive health and HIV and AIDS to children	Advocacy with policymakers for children's programmes Education: Life skills curriculum through primary and secondary schools Peer education Multi-media campaign Reach secondary audiences: parents and caregivers	• Information kits about circumstances of children re HIV and AIDS • Implementation of life skills programme in schools • Training of teachers • Establishing children's groups for peer education, exchange • Radio programmes, SARA type comics • Multi-media addressing adults, focussing on children's rights	Data on primary and secondary statistics Review of existing BCC materials in schools and among CBOs, NGOs targeting children KAPB re adults perceptions of children's rights	**Implementers** Social welfare NAC **Partners** Policy makers NGOs (e.g CAW, FAWE) Reform institutions Don Bosco CBOs SAPA, micro credit institutions NGOs Faith based org. School **Allies** Reform institutions Policy makers PLWHAs Children UNICEF UNDP WHO MOH UNFPA Ministry of Education **Gatekeepers** Parents CSWs Civil Right Movements CAW CBOs Faith Based Organizations	Development and submission of proposal for funding of life skills curriculum into schools Develop monitoring and evaluation plan for school-based programme
2. To provide children with basic coping life skills and value systems	Promotion of Life skills curriculum in schools	•	Review and revision of life skills curriculum (almost complete)		Introduction of life skills curriculum into schools Work with Faith-based groups to incorporate life skills into their programmes

Indicators

- # of radio & TV programmes produced about infection, transmission, myths, misconceptions, targeting children aged 9 – 12 years.
- # of children's groups formed for peer education and exchange.
- Existence of life skills curriculum for schools.
- % of children aged 9 – 12 years who have been exposed to HIV/AIDS messages.

Children (contd)

3. To reduce stigma among children towards people living with HIV and AIDS	Multi-channel BCC programmes Engaging faith-based leaders	• Drama, role plays at schools, in communities • Radio programmes including PLWHAs • Promote care and support at home and in communities	KAPB of children's and adults' perceptions of PLWHAs		Hold Message and Materials Design workshop to develop slogans, logo, messages Develop community programmes for care and support within families
4. To reduce the level of abuse and neglect (and effect of bad cultural practices) on six to eight year olds	Advocacy Education Reach secondary audiences (parents, caregivers, siblings) with relevant information on rights of child	• Promote strong implementation of legislation for protection of children's rights • Implement life skills curriculum • Radio, print, community based activities supporting fair treatment of children			Introduce life skills programme into primary and secondary schools Develop messages for parents, caregivers, teachers
5. To minimize negative peer influence among 9- 12 year olds	Multi-channel BCC programme	• Mass media messages on empowerment, rights, respect for children • Community-based participatory activities among 9 - 12 year olds			Hold Message and Materials Design workshop to develop slogans, logo, messages
6. To provide counselling services and effective rehabilitation and re-integration programme for ex-combatant and child soldiers	Advocacy for counselling and rehabilitative services Community-based programmes to address re-integration	• Working with Government and NGOs to incorporate counselling services, skills in communities	Review existing services and resources: • Financial • Human • (Trained personnel)		Lobby for more programmes for ex-combatants Identify gaps in programmes Identify partners, networks for action

Indicators

- % of children aged 9 – 12 years who expressed accepting attitude to PLWHA
- # of ex-combatants and child soldiers receiving life skills training.

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