



Franco-Australian Pacific Regional HIV/AIDS and STI Initiative

Review of HIV/AIDS & STI Information Materials

Report

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Abbreviations

ARH	Adolescent Reproductive Health
BCC	Behaviour change communication
BCI	Behaviour change intervention
CBO	Community-based organisation
CSO	Civil society organisations
IEC	Information, education and communication
FAQ	Frequently asked questions
FBO	Faith-based organisation
FSP	Foundation of the South Pacific
KAP	Knowledge, attitudes, practice
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
NAC	National AIDS Council
NGO	Non-government organisation
PICTs	Pacific Island Countries and Territories
PLWHA	People living with HIV/AIDS
PRHP	Pacific Regional HIV/AIDS Project
SPC	Secretariat of the Pacific Community
TNA	Training needs assessment

1. Introduction

A role of the Pacific Regional HIV/AIDS and STI Initiative within the Secretariat of the Pacific Community (SPC) will be to assist Pacific Island Countries and Territories (PICTs) to strengthen their health promotion responses to HIV/AIDS & STI and to strengthen behaviour change initiatives that target risk behaviours.

The design document for the Pacific Regional HIV/AIDS Project (PRHP) identified the role of the project in the development of regional behaviour change communication materials and methodologies¹. A key task is to undertake a review of generic HIV/AIDS/STI information materials in PICTs and identify gaps and needs for developing new materials. A qualitative assessment of IEC materials relating to HIV/AIDS & STI is being undertaken through a desk review, consultation with key contacts in PICTs and consultative visits to a sample of countries (sub-region). This review precedes the development of generic IEC materials and the provision of training in IEC methods.

This review was undertaken in collaboration with the Suva-based Regional Media Centre who also undertook a study of STI/HIV/AIDS Visual Education for Pacific Youth which is a Global Fund Initiative. This review is being undertaken simultaneously with the training needs assessment for BCC.

A review of the HIV/AIDS & STI information material available in the Pacific region was undertaken to determine the range and quality of currently available IEC materials used in HIV prevention programs as well as assess the need to develop new materials. The review also provided complimentary data on training and capacity development needs (outside of IEC) for the Pacific Regional HIV/AIDS Initiative and other technical and regional agencies.

1.1 Background

One of the most widespread approaches to behaviour change used in the battle against HIV/AIDS has been information, education and communication (IEC) campaigns focused on raising awareness about the virus and avoiding behaviours associated with increased risk. The basic intention of HIV/AIDS & STI information materials is to inform, inspire, and communicate with people to deepen their understanding and change their behaviour around the prevention, care and/or treatment of HIV/AIDS. These materials usually assume, explicitly or implicitly, that people can learn from written or visual information and then change their attitudes and behaviour².

IEC campaigns have been a focus of prevention initiatives in the Pacific - "*we are implementing IEC to all groups we target*" CBO worker, Samoa. The potential limitations of information alone leading to behaviour change are often not acknowledged, and expectations can be unrealistically high about what information sharing on its own can achieve. Good IEC materials, however, are an important component of a comprehensive HIV/AIDS strategy.

¹ pg. 43, Pacific Regional HIV/AIDS and STI Project, Project Design Document ,2003

² Wallace T (2004) Inform, Inspire, Encourage - A guide to producing effective HIV/AIDS materials

IEC is commonly seen in the Pacific as “*providing information and communication materials to raise awareness*” MoH worker, Solomon Islands. People want to learn about the issues, to deepen their understanding and to develop a better grasp of options. A great deal of ignorance and stigma still characterise discussions and understanding of HIV/AIDS, and good information at all levels is needed to challenge this. The information gap is still huge in many communities, and in some countries throughout the Pacific.

1.2 Methodology

Undertaking the IEC review involved a number of steps including:

- Review of Pacific Island Countries’ National HIV Situation Analyses and rapid in- country assessments conducted by the HIV/AIDS & STI Advisor and also the Suva-based PRHP team
- Development of key questions for the data collection and implementation of Review of HIV/AIDS & STI Information Materials in collaboration with Ian Rolls of the Regional Media Centre (SPC Suva) as part of a Global Fund Initiative (*Appendix 1: IEC Review Questionnaire*). Note the questionnaire incorporates the BCC Training Needs Assessment questions which is also being undertaken by the HIV/AIDS project
- Email discussion with Pacific Island experts working in response to HIV, particularly in the area of education and prevention
- Consultative missions were undertaken to Fiji, Vanuatu, Solomon Islands, Kiribati and Samoa over the period late April to early July. These countries were selected on the basis of their IEC material production and also their HIV/AIDS & STI prevalence, with attention to undertaking missions across the 3 sub-regions. Focus groups on IEC were facilitated in each of the 5 countries. Missions to countries yielded useful information regarding current IEC as well as identifying gaps and other needs through contact with key stakeholders/ educators and agencies (both government and civil society) (*Appendix 2: List of focus groups, interviews & meetings*). Focus group discussions in each country centred on review of overlaps & gaps in IEC materials available (*Appendix 3: Focus Group questions*)
- Meetings with regional stakeholders based in Fiji, for example representatives from UN agencies, Red Cross, Maire Stopes International Fiji, AIDS Task Force of Fiji, ARH Project
- Evaluation feedback from the HIV/AIDS information, education and communication (IEC) materials, developed by SPC/GFATM/UNAIDS for the 9th Festival of Pacific Arts in Palau during July 2004. A formal evaluation of the IEC materials was conducted during the festival. As well as providing specific information on the materials developed for the festival – the evaluation also provided useful general data on IEC needs in the Pacific. Focus groups were facilitated with performers/ participants from Tonga, Samoa, Solomon Islands, Fiji, Kiribati and Palau.

Key stakeholders and agencies were targeted for data collection (through survey and focus groups/ interviews) including:

- HIV/AIDS program managers
- Staff members of implementing agencies
- Staff with a “hands on” role in implementing HIV/AIDS & STI strategies
- Peer educators, outreach workers, counsellors and community workers whose primary responsibility is communicating with target populations
- And through the Palau Evaluation – community members and performers who attended the festival.

2. FINDINGS

2.1 EXISTING HIV/AIDS & STI INFORMATION MATERIALS

Existing HIV/AIDS and STI materials available and utilised in the Pacific region consist of print-based materials; video/ audio materials; mass media; drama media and condom distribution.

Print-based: (brochures/ pamphlets, fact sheets, posters, comics, booklets and education materials)

Most countries produce and distribute some forms of print-based IEC materials - “*We produce IEC including pamphlets, also translate IEC materials from other organisations*” NGO worker, Vanuatu. “*We have developed information sheet on syphilis, gonorrhoea*” MoH worker, Solomon Is. These materials range from a fairly extensive and well produced range such as those produced by Wan Smolbag (cartoon books, booklets, posters, and books which accompany videos) and the AIDS Task Force of Fiji (comics, posters, brochures) through to the basic brochures, fact sheets and posters produced and printed mostly ‘in house’ by most agencies/ organisations in the region.

Many organisations also distribute generic materials produced by regional donors and stakeholders eg. AusAID, Family Planning Australia, Family Planning New Zealand, International Planned Parenthood Federation, Australian Red Cross and SPC (Regional Media Centre, ARH project and earlier phases of the HIV/AIDS project).

Some countries have very little material at all, for example, Solomon Islands, Kiribati, Samoa: “*We have no current IEC materials*” Samoa MoH, health promotion staff. The most common materials produced by individual agencies are brochures and posters. These usually focus on frequently asked questions, covering a range of basic facts about HIV/AIDS. Posters tend to focus on awareness-raising through addressing myths, promoting condom use or informing people where they can obtain information/ services.

Video and audio materials:

Video material is another popular medium for IEC materials, with quality education materials being produced by organisations such as Wan Smolbag (WSB) in Vanuatu and Nei Tabera Ni Kai Video Resource unit, Kiribati. For some countries and organisations, production may be sporadic and based on funding availability and other resources; for others, new resources are regularly produced for example a new HIV video “*Sorry Suzy*” produced by Wan Smolbag (funded by GFATM), which was recently released (with accompanying comic book teachers resource materials). Wan Smolbag also produce audio tapes of plays. Various youth groups and musicians throughout the region have produced and recorded HIV/AIDS songs and raps eg. Listen, Learn & live! in Guam, and a Nuie ‘AIDS rap’ both produced for World AIDS Day activities.

Video materials are commonly used in outreach activities, by community educators and also shown in youth centres eg. Solomon Islands Planned Parenthood Association (SIPPA) has a popular youth centre in which young people access materials including videos. The Kam Pussum Hed youth drop in centre (WSB) in Vanuatu also has an extremely well used video room where

young people congregate to view videos. Nei Tabera Ni Kai in Kiribati produced an AIDS video which has been distributed widely throughout all the islands of Kiribati and is viewed in community halls.

Mass media: (TV, radio, print press)

Mass media is also used for communication and awareness-raising for a few Pacific Island countries - *“Utilisation of the media services such as radio, television and the newspaper”* MoH, Cook Is. *“Radio and TV spots used for education and prevention”* MoH staff, Fiji. In some instances the use of mass media is a key component of responses, particularly for NGOs. Successful ongoing examples include: Radio dramas such as Famili Blong Serah (WSB, Vanuatu); and Weekly radio programs eg. Solomon Islands Planned Parenthood, Radio Kiribati ARH program (KIFHA). In some instances weekly newspapers and newsletters are being utilised to communicate messages about HIV/AIDS e.g. regular material in the KPC newspaper, Kiribati in I-Kiribati. The National Centre for Health Promotion, Fiji has developed a cinema advert on HIV/AIDS which will screen as part of the previews in Fiji cinemas.

Apart from these ongoing programs, in many instances within the Pacific these mass media strategies feature around specific events or times of the year, with World AIDS day being a common time for focused activities- *“TV and radio spots around world AIDS day”* MoH worker, Samoa. This appears to be largely dependant on funding with many participants expressing that mass media is an expensive medium, particularly the community-based organisations.

Drama, theatre and puppetry:

Drama, theatre and puppetry are also popular and culturally appropriate mediums used in many countries. Many countries have theatre or drama groups which are being well utilised (particularly Fiji, Tonga, Vanuatu, Samoa, Kiribati). These range from community theatre based production eg. Te Itibwerere Community Theatre (Kiribati) to travelling performances by drama/ puppetry groups e.g. Samoa Family Health Association Roadshow, Red Cross drama group Kiribati, Fili Tonu youth drama group (Tonga Family Health Association) and Wan Smolbag. Some of these groups perform specifically on HIV/AIDS related issues, many have particular shows or scripts developed on HIV/AIDS and STIs which they perform on occasion or request.

Other drama groups could be better supported and developed within the region. Utilisation of this medium could be greater with improved collaboration and communication in all countries. For example the puppet shows in Samoa and Fiji – implemented in turn by the Samoan Red Cross (targeting stigma and discrimination) and Megalife Ministeries, Fiji (targeting general information on HIV), could be video-recorded for broader distribution as well as for follow up and reinforcement.

Condom distribution:

Currently, reliable distribution networks for condoms in the region do not exist and availability of condoms is for the most part poor, at best sporadic. The most effective community distribution is currently that which is undertaken by peer educators in various countries. However, on occasion the organisations undertaking this reported that they had difficulty getting supplies of condoms e.g.

in Samoa where Red Cross volunteers are forced to send people up to the hospital to access condoms as they do not have stocks to distribute.

In other countries, condom distribution is not really carried out, or only intermittently for example in Solomon Islands at the Oceanic games in May, or as part of World AIDS Day activities (this is the case in many countries). In many instances within countries condom packs may be available from clinic nurses, community health centres or school nurses, however this requires individuals to ask for them and there are many barriers to people (particularly young people) in doing so. In some instances there are other barriers to organisations distributing eg. Sautia Mai - Catholic Family Ministries, who work predominantly with youth (especially 'at-risk' youth) in Samoa, cannot distribute condoms but do talk about them as an option (unfortunately then young people still have difficulty accessing).

Some countries have investigated the use of condom vending machines for distribution and have had them installed. These are not always appropriately situated to be accessible, however, for example in Vanuatu the MoH has installed a vending machine at the airport – this has limited use in terms of increasing access to condoms for the Ni-Vanuatu. Other issues with condom vending machines include vandalism (as experienced in Fiji where machines had been installed) and reliability (servicing and maintaining supplies).

Target groups for IEC materials

Respondents to the survey indicated that the groups most targeted for IEC materials were youth (particularly secondary school students); church and community leaders, in both urban and rural communities. Tertiary students, parents (mothers and fathers) and people living with HIV/AIDS (PLWHAs) were also popular targets. High risk groups did not feature as highly - *“at risk populations especially youth and sex workers are very much overlooked”* Youth worker, Kiribati.

Even less frequent targets for materials were: Primary School students, professional adults and business organisations. Overall the least targeted groups for materials were: Health personnel, Politicians/ Government, Regional Organisations/donors and sports people.

A number of participants indicated that they targeted all groups (yet material they produced was very generic).

2.2 QUALITY & ACCESSIBILITY OF EXISTING MATERIALS

Quality

Issues of quality are often more important to the producers of materials than to the users. For many of the users interviewed during this review (peer and community educators, youth workers) the issue of quality was outweighed by the need for large quantities of materials for widespread distribution. Some certainly appreciated good quality products with nice paper, photos and graphics, or well made videos, which they felt were appealing and attracted people to access. However, the preference was for good looking materials produced as cheaply as possible to ensure the widest possible distribution.

Production quality

Production quality varies enormously within the region, from more professional lay out and printing (materials produced by: National Centre for Health Promotion, Fiji; Wan Smolbag in Vanuatu; Nei Tabera Ni Kai Video Resource unit, Kiribati) to 'cut & paste' and photocopying (many organisations). The norm seems to be in-house productions on small scale of fairly low quality. In some instances this is due to country-based restraints on what printing capacity is available e.g. there are constraints on the quality of what can be printed in Kiribati. Apart from print quality, there are many issues with design for example sets of 8 'fact sheets' on STIs produced by the MoH, Solomon Islands were produced in large numbers for distribution, but lack readability – lots of text, poor design (only graphics - clip art). There is much evidence of lack of pre-testing or other processes in developing materials which has led in many instances to poor quality. Many organisations and workers requested assistance and support to gain skills in IEC development.

Some agencies/ organisations also have more professional versions of printed materials for specific projects and through support of organisations such as UNFPA, the ARH project and the Regional Media Centre (SPC) e.g. posters on HIV/STIs used by MoHs in Vanuatu and Solomon Islands. On the whole these are fairly out of date, however, and there is little evidence of anything having been produced since.

Content quality

The key issues identified in the review in terms of content quality are; currency and accuracy, range and repetition. An overarching issue is evaluation.

Currency and accuracy

In viewing the range (often fairly limited) of print-based IEC materials available, there were a number of instances of outdated and even inaccurate information in these materials. For example, organisations in both Samoa and Kiribati were found to be using translated versions of SPC booklets e.g. old SPC 'Understanding AIDS' booklet (1991) translated into Samoan/ I-Kiribati. Other organisations/ workers expressed concern about lack of accuracy in translations, which are being done by non-professionals, from English to local language – "*poor translations of material into Samoan*" NGO worker, Samoa.

The lack of currency of available materials was a strong theme in the focus groups and interviews across all five countries visited during the review. In describing

their IEC material needs, a lecturer from Fiji Sch Medicine requested - *“new updated material, there is also a need to develop new ones to assist students and community”*. The need for updated materials has also been noted by regional organisations: *“Training and materials updated would be useful”* Worker, Marie Stopes International Fiji.

There appears to be a lack of support for (and systems for) updating existing, locally produced material e.g. Nei Tabera Ni Kai Video Resource Unit, Kiribati have produced a HIV video (1998) which was widely distributed out to all islands, health clinics, island councils and church leaders. This is an excellent, locally produced and well distributed resource which needs updating, but there is no support within Kiribati to do so.

In all countries there is likelihood for misinformation in some of the material which is available e.g. inaccurate/ misleading information found in a Gonorrhoea leaflet produced by an NGO in Solomon Islands, and an FAQ brochure produced by an NGO in Fiji. In terms of accuracy and consistency of material, sources of information are an issue for a number of organisations. When describing their sources of information for the ‘in-house’ production of print-based material, many workers described downloading information from a range of internet sites and essentially ‘cutting and pasting’ into fact sheets.

Range

The range of materials and mediums available varied a lot from country to country (and region to region), with some having very little of any materials, print-based or otherwise: *“We just need more IEC materials, and videos”* NGO worker Solomon Is. *“We need more pamphlets on STI/HIV/AIDS”* Nurse, Tuvalu.

Overall, there is a great deal of focus on print-based materials in what is currently available in the Pacific with less of other mediums available. Print materials are only one of many channels which can be used to reach target populations with information and discussion on HIV/AIDS. In a comprehensive behaviour change communication strategy, multiple channels are used to ensure consistent messages are delivered and reinforced through many different media.³ Many workers and organisations in the Pacific are recognising that there is more to IEC campaigns than posters and pamphlets, and the limitations of print-based material - *“written materials are only beneficial to those who can read and those who can access it”* FBO worker, Fiji. This is yet to be translated into a greater range of mediums utilised in communication strategies, however.

There is also a growing awareness of newer technologies and the potential to harness these for IEC: *“CD-Rom based learning materials for use by adolescents would be useful”* HIV program manager, Kiribati. For young people in the Pacific a growing point of contact is the internet and in internet cafes *“young people would like to go there (internet) rather than to offices – it offers confidentiality”* Red Cross worker, Fiji. Once again, these newer technologies are yet to be realised in practice.

³ FHI (2002) Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences

There are a number of examples of excellent non-print mediums being used in the region (drama, video, some mass media), these need further support and development and critically, linking all mediums together for a consistent and comprehensive campaign.

In addition, materials which address particular aspects of HIV/AIDS and STIs need to be developed, a key area of need being stigma and discrimination. *“Information on discrimination and stigmatisation needs to be developed”* Youth Coordinator, Kiribati

Repetition

There are many examples of general brochures on HIV/AIDS available in most countries in the Pacific. Common titles for brochures are ‘The facts about HIV/AIDS’, ‘The myths about HIV/AIDS’ or ‘FAQ’s about HIV/AIDS’ and the review indicated many examples of a number of these being produced in any country by different organisations at any one time. Reflecting on the material presented by agencies at the Fiji focus group, one participant noted *“there is a lot of commonality in messages and materials that are going out”* Red Cross worker.

Repetition of materials was brought up in a number of the focus groups, with participants expressing mixed feelings about it, with many participants of the view that this repetition was a waste of limited resources. Others felt there were positives to repetition: *“Repetition can be good. A mechanism for reinforcing same information through different angles, different approaches, presentation, as long as the information is accurate and covers the same message”* ARH Coordinator, Fiji focus group. The issue remains, however, that material in many cases lacks accuracy or currency.

There is a need for materials that complement each other rather than repetition. A focus on materials addressing different issues and aspects of HIV and the community would be of much greater value for information, education and communication on HIV/AIDS and STIs in the region.

Evaluation

“We don’t know how effective the materials are – the objective is to change behaviour for HIV/AIDS - will the materials as they are, bring about change in behaviour in target groups that materials are produced for?” MoH worker, Fiji

Evaluation of IEC materials is an area where many study participants expressed a need for skills. This was consistent across both government agencies and community-based organisations: *“There is no evaluation of the effectiveness of STI/HIV/AIDS education materials”* MoH, Palau. This issue was also previously identified within the Behaviour Change Communication Training Needs Assessment Report.⁴

There is a great deal of HIV/AIDS & STI information material being produced (particularly print-based) and distributed but no evaluation of them occurring. Evaluation is also lacking from other mediums being used to disseminate

⁴ Behaviour Change Communication -Training Needs Assessment report (August 2004)

messages in the region. There is little or no evidence that material is reaching target groups, whether it is effective if it does reach them or any evidence of impact on attitudes or behaviour. There are no formal feedback systems in place so it is unclear how effective any of the IEC materials which are produced are. Coupled with this is a distinct lack of pre-testing in developing materials.

Accessibility

Access to IEC materials was a big issue which came up consistently across countries in the region. In some countries in particular existing materials are scarce (e.g. Solomon Islands, Samoa, Tuvalu). In other countries the coverage is reasonable in the urban areas but little or nothing available in rural areas or outer islands (e.g. Vanuatu, Kiribati, Fiji). Study participants expressed concerns around the patchiness of access and the shortage of materials to share with large numbers of people and distribute effectively into all areas.

Where IEC materials (including condoms) are available from is also an issue and may be a barrier to access – for example, if they can only be obtained from nurses stations in rural areas, people may be too shy to ask for them. Frequently condoms are only available if individuals ask the clinic nurse, there are limited (or no) access points for condoms which are completely anonymous and confidential. In the Palau focus groups⁵ condoms were seen as the most direct and applied means of raising awareness and were also popular for providing actual protection against HIV. Therefore increasing access to them is critical

Barriers to accessing IEC materials was identified as an issue in Fiji and to overcome this they have tried another approach, implementing a direct mail initiative where HIV awareness materials go through with electricity bill – therefore reaching all households with electricity.

In some instances within countries there have been small resource centres established in an attempt to increase access for both workers and community member, but materials are still not very accessible - *“videos are kept in the office because they go missing”* NGO worker, Solomon Islands. There are also a number of instances of people needing to pay for IEC materials or to photocopy them e.g. an NGO in the Solomon Is. where materials can be viewed or read on site, but people must pay to photocopy any to take away. It is highly unlikely that community members will access material if there is a cost attached, especially for those most marginalised and therefore potentially most vulnerable.

Distribution

A lack of distribution networks for materials in many countries was identified as a very big issue, particularly countries with many islands or access issues such as limited or expensive transport (e.g. Solomon Islands, Vanuatu). Lack of collaboration was identified as one of the barriers to distribution - *“when IEC materials are distributed, they need to go to all partners”* MoH worker, Solomon Islands. This presented problems within countries but also on occasion with donor partners, for example in the Solomon Islands a video was produced by a donor partner working with a local NGO. When completed the video was not

⁵ Evaluation Report: HIV/AIDS Information, Education and Communication materials launched at the 9th Festival of Pacific Arts, Koror, Republic of Palau (Draft – August 2004)

distributed properly, with the NGO and youth community involved in its development not even receiving a copy.

In the focus group sessions, the ARH project materials (SPC/UNFPA) were consistently acknowledged as of very good quality but there were issues with distribution and availability; they were not seen to be well distributed, with many people not having had an opportunity to see or use the materials.

Survey results on distribution showed that IEC materials were distributed most frequently through Schools and Churches/ church groups. They were distributed less often through secondary school students, NGOs, tertiary institutions and community halls. Some distribution occurred through youth clubs, medical clinics and infrequent distribution through mass media outlets such as newspapers, TV and radio. Distribution through primary school students was very uncommon.

Literacy

Many study participants identified a need for more non-print materials for community members who have low literacy levels. It was noted that existing print-based mediums have too much writing on materials, need simpler language used and more graphics. In viewing available materials and conducting the desk review this is also apparent. Criteria for useful HIV communication materials with low-literate audiences recommends that they are short and easy to understand, using pictures and/or cartoons and minimising text, instead incorporating symbols that are meaningful to the audience.⁶

Vulnerable populations for HIV/AIDS are often in marginalised communities which have low literacy levels (e.g. sex workers, out of school youth, migrant populations). As well as low literacy rates they often have limited access to information and services.

Language

It was widely recognised that materials need to be in local language/s for the community to access. *“We need materials in Bislama so that more people can access the information”* NGO worker, Vanuatu. Many of the currently available materials within countries are in English. In some countries language issues are more complicated e.g. in Fiji, where there are a number of languages in usage (Fijian, Hindi, Rotumuan etc.). Participants in the Fiji focus group also noted that many people speak Hindi but are unable to read it. Language barriers was also one of the main themes emerging from the Palau focus groups - for many Pacific Islanders, English is a second language. *“For the messages to get through they need to be translated into local languages”* Palau focus group.

⁶ FHI (2002) Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences

3. SUMMARY

KEY ISSUES/ AREAS OF NEED

3.1 Collaboration and coordination

A strong consistency across all countries visited and contacted was a lack of collaboration and coordination within countries in terms of HIV/AIDS programs and particularly in IEC materials. *“There is simply a lack of cross-communication between organisations that deal with HIV/AIDS, and there are little tangible ‘take home’ materials”* Youth program coordinator, Kiribati This is a critical issue to address in order to improve communication between NGO and government bodies, reduce duplication, and to improve the quality of IEC materials and therefore ensure greater impact.

With coordination it is possible to share knowledge and skills and implement IEC development and distribution processes; using these systems to develop, focus test, check technical content, distribute materials to health workers and community, ensure currency of materials, undertake regular updates and evaluation. Collaboration with all agencies within a country would also enable the development and production of consistent messages that all can use, to cut down on the duplication and repetition that is currently evidenced. This issue was clearly identified at the Fiji focus group:

“Looking at all the materials for the first time – there is clearly duplication of materials and duplication of funds. If there was a body to coordinate IEC material in the country, to know who is producing what....” HIV Program Manager, Fiji.

This issue was raised in each of the five countries visited for the review - *“Many have materials/ radio shows – there is little collaboration though, we need to improve communication and coordination for IEC”* NGO worker, Kiribati. *“Lack of collaboration and support is an issue in Samoa; we need better coordination/ collaboration of IEC and programs”* MoWA worker, Samoa.

With collaboration it would also be possible to capitalise on (and develop further) localised initiatives which are culturally appropriate and produce relevant IEC materials. Examples include:

- Samoa - The Red Cross puppet show which focuses on stigma and discrimination using scripts based on Samoan real life stories. This could be video recorded for additional IEC; the MoH has the necessary facilities.
- Vanuatu - A book/ posters using photos from a WSB play eg. Solid Sistas (stills with information and education). Also video record plays for greater distribution/ access for islands outside Efate.
- Solomon Islands – SIPPA run workshops on sexual and reproductive health for young local artists, the artists produce a painting/ drawing etc. based on what they have learnt – this could be built on to develop localised material – posters, fliers etc.

Increased collaboration would also address the need to improve distribution networks for IEC materials in countries.

3.2 Increased access to information materials including condoms

Distribution

There is currently a lack of organised distribution networks for materials in countries. This includes distribution of IEC materials to partners. Yet there are existing networks in place in most instances, which could potentially be used for distribution of IEC including condoms e.g. Peace Corps Volunteers in Kiribati; Red Cross volunteers in Samoa; and in Save the Children in Solomon Islands all have very good networks for potential distribution.

Utilisation of mass media

Mass media is an important but currently under-utilised medium. There is also a need for it to be utilised regularly, not just once a year, as HIV/AIDS is an issue for the whole community, year round. As more people become aware of prevention messages, there will be more open discussion about the many issues surrounding HIV/AIDS and STIs in the community. For this reason, mass media can be a very powerful tool in prevention strategies. If mass media messages are delivered by strong role models, behaviour change can be dramatic. Mass media affects people's perception of social norms which in turn supports people's efforts to change behavior⁷. Communication through mass media can ensure that correct information reaches a specific population and can model positive attitudes. In addition, for more comprehensive and consistent coverage, as well as reinforcement, there is a great deal of value in linking characters from mass media programs to print-based material. For example, Wan Smolbag uses the characters from the radio drama *Famili Blong Serah* in print-based material.

The Palauan focus groups also noted that careful consideration is necessary of the best approach to disseminate and market the IEC prevention messages. Messages need to be broadcast via and through appropriate cultural and social channels. Local cultural practices and methods of addressing communities need to be acknowledged, respected and utilised.

Centralised resource access

The establishment of a centralised resource centre in each country would assist in increasing access to resources, particularly for smaller organisations who do not have funds to produce materials or whose focus is on other forms of IEC (eg. drama mediums): *"There is a need for a pool of things that NGOs could take and return, in Vila"* NGO workers, Vanuatu. This would also increase awareness of what existing resources are in the country, whether locally produced or from donor partners/ other sources. It would serve as a small 'clearinghouse' for IEC materials. Solomon Islands MoH is in the process of developing such a resource centre which can be accessed by both workers and community members.

⁷ AIDSCAP Project Behavior Change Through Mass Communication, Family Health International

3.3 Increased skills in IEC material development and production

HIV/AIDS information needs to be more specialised and carefully targeted than the current very general messages and material. However, it challenges organisations to be clear about whether there is a need for their materials, whether they have a clear purpose and strategy, whether their materials are relevant, and where they can collaborate over materials production and distribution.

More training on skills in designing IEC materials was nominated by the majority of participants in the study. Areas of skills nominated for training include: pre-testing, targeting, specific areas of need (e.g. materials which focus on reducing stigma & discrimination), simple IEC. This training should also include the participation of target groups and developing needs based materials with a collaborative approach. The Palau focus groups identified the importance of engagement with community stakeholders in developing IEC materials, to gain their support and involvement in prevention and education.

A common request was for more specific material IEC materials *“we need IEC materials for specific groups e.g. workforce, industries, sex workers, taxi drivers, passengers in taxis, carers and families, seafarers, Church groups, and especially for health workers”* Fiji focus group. Currently materials are extremely generic and tend to be used with all target groups. There are indications that due to limited resources and skills materials are perceived to need to be able to cover every audience.

It was also strongly identified that updated, localised IEC is required by countries. The majority of people interviewed preferred materials rooted in their own country, and often within their region of a country e.g. within Vanuatu, a preference was expressed for images in materials for Tanna to be from that particular island. Far fewer study participants responded positively to ideas and approaches developed in contexts very different to their own, the exception to this being for generic, well-referenced fact sheets (using credible source material) updated regularly which could then be adapted and utilised in localised materials (see below under generic IEC materials).

In addition, radio drama (as well as other forms of drama) was frequently identified for greater utilisation and as being particularly suitable in the Pacific context. To enable this, training in script-writing and radio production is needed.

To engage the media further and utilise mass media approaches there is also a need for HIV awareness training for media personnel including journalists, producers and writers.

Materials specifically targeting stigma & discrimination

Discrimination issues are very much at the forefront in the Pacific HIV epidemic. This is evidenced by the very few PLWHA who are prepared to be openly acknowledged or known within their communities due to the enormous amount of existing stigma and discrimination. This needs to be urgently addressed in all countries in order to make progress in prevention and support efforts.

This was also one of the main themes which emerged from the Palau focus groups which were held with community members (festival performers and participants) from 6 PICTs. Two main reasons appear to exist for observed discrimination

against PLWHA in the Pacific. Firstly fear of AIDS, the “deadly disease”. This leads to alienation and rejection of infected persons – people are simply frightened of getting infected. There is as much work to do on dispelling myths and explaining how you do not get infected, as there is to do on educating the public on actual real methods of transmission. Secondly encroached, community moral values (often religious based) lead to branding of PLWHA as sinners who should be outcast from society. There is a lot of work to do to change community attitude, remove the taboo on discussions about sex and increase openness and discussion about sexuality and HIV/AIDS⁸.

Carefully targeted IEC materials and campaigns which are developed with the full participation of PLWHA are needed to change community attitudes and address issues of stigma and discrimination to create a more supportive environment.

3.4 Increased range of IEC materials and mediums

In developing effective behaviour change communication material a focus on comprehensive, linked material is critical. Simplistic prevention approaches that provide information alone, while easy to undertake are likely to prove ineffective⁹. IEC campaigns are made up of a complex set of elements aimed at several aspects of community life such as printed resources, strategic community media placements, workshops, drama performances, community outreach and other initiatives. If a video is developed, there is a need for training manuals and support materials to go with the video, stills from the video can be used for posters/ booklets etc. Ongoing TV and radio spots will reinforce written material, and inclusion of radio drama could work well to ensure that aspects of the information received by the target populations reinforce each other. Mutually reinforcing messages lend legitimacy to one another and stimulate community discussion and dialogue¹⁰.

3.5 Monitoring and Evaluation of IEC materials

There is a strong need throughout the region for specific skills in monitoring and evaluation of IEC programs and particularly how to incorporate these areas into project/ campaign design: “*We don’t know the impact of our materials*” NGO Manager Solomon Islands.

Monitoring receives inadequate attention, both in terms of collecting information and, still more often, in making sure it gets fed back in usable form to people who need it for decision-making and implementation. There appears to be nothing formalised for any of the agencies – some organisations/ agencies have informal and verbal systems, but this data is rarely formally or consistently documented. Specific personnel must be designated to make sure that the monitoring plan is developed with input from the people who will use it; to make sure that everyone involved knows the expected outcomes and has the appropriate tools and skills;

⁸ For further information see Evaluation Report: HIV/AIDS Information, Education and Communication materials launched at the 9th Festival of Pacific Arts, Palau.

⁹ FHI (2001) Effective Prevention Strategies in Low HIV Prevalence Settings

¹⁰ Family Health International (2002) Behavior Change Communication (BCC) for HIV/AIDS: A Strategic Framework

and to make sure that there is budget and time enough to carry the plan out. Wan Smolbag in Vanuatu is one of the few organisations in the region which dedicates resources to research and monitoring.

Needs change over time and vary between target groups. Ways of monitoring what people want, what they find easy to use, what they find most helpful or valuable are essential if materials are to meet needs, and not simply be supply driven. Many are currently driven primarily by the ideas and vision of the producers of materials. There needs to be a real shift now to build in listening and learning mechanisms to ensure IEC materials meet real demands and needs. At the moment this process of feedback and learning is clearly lacking in the area of information dissemination for HIV/AIDS in the Pacific.

3.6 Generic materials produced at the regional level

Although it has been recognised that there is a need for updated, well produced and localised IEC there is a place for some generic material produced at the regional level. The study identified a need for generic materials which can be adapted across countries – in particular there is a need for downloadable, up to date, reliable fact sheets (and possibly posters where appropriate) on HIV/AIDS, and other STIs. *“Practical, standard information in English then translate to any other language, basic information to address the issue is needed”* Vanuatu focus group.

The suggestion is to produce a design template which is electronically available (downloadable and also provided to countries on disc/ CD) with information that can be easily translated to local language and local setting. Local images or artwork could be added in addition. It is worth noting that many countries identified a desire for support/ assistance in translation of materials to the vernacular. A myth-breaking approach was also recognized as valuable - *“There are tons of myths running around, they (youth) need basic fact information”* Youth worker, Kiribati.

The other area where regional level support could assist is the development of a sexual health database – a central electronic ‘storage’ of both factual information on HIV/AIDS and STIs (with currency maintained) as well as a collection of FAQs (with answers) from workers, peer educators and community members. The entry point could be the SPC HIV/AIDS program website. This is a model that has been very successfully implemented in an Australian youth-focused project *Somazone* www.somazone.com.au (this project covers all areas of health, however). With growing numbers of young people in the Pacific accessing the internet for information, this could be a valuable resource – a number of organisations are now investigating computer access for young people in resource centres eg. Kam Pussem Hed drop in centre, Vanuatu. Also as there are well acknowledged distance and communication barriers for health and community workers to access up to date information, this could also assist in meeting this need.

4. RECOMMENDATIONS

Based on the findings of the review of HIV/AIDS & STI information materials, the following recommendations are made:

1. Implementation of IEC Training workshops

To develop skills of workers and organisations in the region in developing producing IEC methods and materials with behaviour change approaches.

Recommended approaches:

- i. The IEC training program be developed with national partners and be responsive to localised issues and needs but also incorporate the foundation areas (where levels of knowledge and skills are low) of:
 - Needs assessment and risk factors
 - Selecting target audiences
 - Understanding the behaviour change process
 - Desired behaviour & attitude changes
 - Creating a communication strategy
 - Developing effective messages
 - Communication channels & media
 - Pre-testing
 - Monitoring and evaluation
- ii. BCC specialist to support and facilitate training at a national level in collaboration with NAC staff.
- iii. The PRHP project to provide further support to countries on developing specific skills and methods in monitoring and evaluation.
- iv. At regional level, agencies and donors support the further utilisation of drama media in the region through provision of resources, support and training in script-writing and radio/ drama production.
- v. Encourage countries to further utilise mass media approaches and advocate for HIV awareness training for media personnel including journalists, producers and writers.

2. Development of IEC materials for vulnerable groups

As acknowledged in the BCC Training Needs Assessment report and in keeping with the recommendations of the YGVG strategy and the Situational and Response Analyses Report there is a need to work with young people and vulnerable groups from around the region to develop specific behaviour change initiatives including IEC development and social marketing of condoms.

Recommended approaches:

- i. Incorporate representatives of vulnerable groups (or those who work with them) in National level IEC training
- ii. Develop specific IEC materials with identified vulnerable populations and those who work with them

- ii. Develop and support the development of materials which specifically target stigma & discrimination with the full participation of PLWHA and other key partners such as the Pacific Island AIDS Foundation (PIAF) and Regional Rights Resource Team (RRRT).

3. National IEC committees/ working groups

There is a need to improve communication, collaboration and coordination in IEC development and distribution amongst partners within countries - *“We need to instigate a national IEC committee/ working group”* HIV Program MoH, Solomon Islands.

Recommended approaches:

- i. Advocate with NACs for the instigation of National IEC working groups as a sub-committee of the NAC
- ii. Advocate with NACs for the development of National Resource Centres
- iii. Advocate/ collaborate with PRHP – Suva-based team for incorporation of collaborative IEC development into National Strategic Plan reviews or development including clear implementation plans.

4. Development of generic IEC materials

To provide a source of reliable and up to date information there has been a need identified for generic materials which can be readily adapted across countries.

Recommended approaches:

- i. In consultation with regional partners and country contacts, develop generic fact sheets on HIV/AIDS, and other STIs which can be locally adapted
- ii. Investigate the development of a sexual health database with other partners eg. SPC youth bureau, UNICEF/ UNAIDS, WHO (technical support), ATFF etc.

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SPC SURVEY OF STI/HIV/AIDS VISUAL EDUCATION FOR YOUTH IN THE PACIFIC

Global Fund for AIDS Tuberculosis & Malaria Regional Programme & AUSAID BCC Project

Please fill out and return this survey to the team at:

The Regional Media Centre, SPC Private Mailbag Suva, Tel: (679) 3370733, Fax (679) 3370021, email: rmc@spc.int

Name:	<input type="text"/>	to be completed by researcher name: _____ Data collection period day / month/ year from: ____/____/ 04 to: ____/____/ 04
Job title:	<input type="text"/>	
Organisation:	<input type="text"/>	
type:	Private sector <input type="checkbox"/> NGO <input type="checkbox"/> Government <input type="checkbox"/> Regional org <input type="checkbox"/> UN org <input type="checkbox"/>	
Address:	<input type="text"/> Country: _____ <input type="text"/> Tel: _____ <input type="text"/> Fax: _____ email: _____	

SECTION 1 : FOR PRODUCERS OF HIV/AIDS & STI MEDIA

1. Indicate the title and format of any kinds of material that you have produced concerning HIV AIDS or STIs and the years that they were first implemented in your country.

Title:	<input type="text"/>	Year	<input type="text"/>
Format:	Print <input type="checkbox"/> TV/Video <input type="checkbox"/> Radio <input type="checkbox"/> Performance <input type="checkbox"/> other <input type="checkbox"/>		
Title:	<input type="text"/>	Year	<input type="text"/>
Format:	Print <input type="checkbox"/> TV/Video <input type="checkbox"/> Radio <input type="checkbox"/> Performance <input type="checkbox"/> other <input type="checkbox"/>		
Title:	<input type="text"/>	Year	<input type="text"/>
Format:	Print <input type="checkbox"/> TV/Video <input type="checkbox"/> Radio <input type="checkbox"/> Performance <input type="checkbox"/> other <input type="checkbox"/>		
Title:	<input type="text"/>	Year	<input type="text"/>
Format:	Print <input type="checkbox"/> TV/Video <input type="checkbox"/> Radio <input type="checkbox"/> Performance <input type="checkbox"/> other <input type="checkbox"/>		

2. What language(s) were used in the material?

3. What message or messages were/are this IEC material carrying?

4. Who was/were the target audience/s?

- | | |
|--|--|
| <input type="checkbox"/> Primary School students | <input type="checkbox"/> Sports people |
| <input type="checkbox"/> Secondary school students | <input type="checkbox"/> Health personnel |
| <input type="checkbox"/> Tertiary students | <input type="checkbox"/> Rural communities |
| <input type="checkbox"/> Mothers | <input type="checkbox"/> Urban communities |
| <input type="checkbox"/> Fathers | <input type="checkbox"/> Politicians/ Government |
| <input type="checkbox"/> Professional adults | <input type="checkbox"/> Regional Organisations/donors |
| <input type="checkbox"/> Church/community leaders | <input type="checkbox"/> High risk groups |
| <input type="checkbox"/> Business organisations | <input type="checkbox"/> PLW HIV/AIDS or STIs |

Others , please specify

5. How was the material distributed?

Through...

- | | | |
|--|--|--|
| <input type="checkbox"/> Schools | <input type="checkbox"/> NGOs | <input type="checkbox"/> Youth clubs |
| <input type="checkbox"/> Primary school students | <input type="checkbox"/> Medical Clinics | <input type="checkbox"/> local Press(newspapers) |
| <input type="checkbox"/> Secondary school students | <input type="checkbox"/> Churches/groups | <input type="checkbox"/> TV Broadcast |
| <input type="checkbox"/> Tertiary Institutions | <input type="checkbox"/> Community halls | <input type="checkbox"/> Radio |

6. Approximate cost of production in US\$

- 50-100 100-500 500-1000 1000-5000 5000-10000

7. Approximate cost of distribution in US\$.

- 50-100 100-500 500-1000 1000-5000 5000-10000

8. Any indication of change in behaviour from the target audience as a result of receiving the information disseminated through this medium.

.....

9. Baseline information: Why was there a need to create this material?

.....

SECTION 2: TRAINING NEEDS ASSESSMENT

Behaviour Change Communication in HIV/AIDS & STI Prevention

Please indicate your YES or NO answer to each question by circling the appropriate response, or respond with a few words/ sentences, as appropriate.

- | | | |
|------|---|------------------------|
| 1. | Do you have experience in | (circle "Yes" or "No") |
| i) | Designing HIV/AIDS & STI education and prevention activities ? | YES / NO |
| ii) | Implementing HIV/AIDS & STI education and prevention activities ? | YES / NO |
| iii) | Evaluating HIV/AIDS & STI education and prevention activities ? | YES / NO |

If yes to any of these, please describe briefly.

.....

- | | | |
|------|---|------------------------|
| 2. | Do you have experience in | (circle "Yes" or "No") |
| i) | Peer education strategies in HIV/AIDS & STI ? | YES / NO |
| ii) | Information, Education & Communication (IEC) programs in HIV/AIDS & STI ? | YES / NO |
| iii) | HIV/AIDS & STI research activities ? | YES / NO |
| iv) | HIV/AIDS & STI Strategic planning and policy development ? | YES / NO |
| v) | Providing HIV/AIDS & STI counselling services ? | YES / NO |

If yes to any of these, please describe briefly.

.....

Behaviour Change Communication is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors.

- Q3. Do you have experience in (circle "Yes" or "No")
- ii) Designing Behaviour Change Communication (BCC) activities YES / NO
 - iii) Implementing BCC activities YES / NO
 - iv) Evaluating BCC activities YES / NO

If yes to any of these, please describe briefly.

.....

.....

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Behaviour Change Intervention is a combination of activities/interventions tailored to the needs of a specific group and developed with that group to help reduce risk behaviors and vulnerability to HIV by creating an enabling environment for individual and collective change.

- Q4. Do you feel confident in the following: (circle "Yes" "No" or Unsure)
- i) Your knowledge/ understanding of approaches, strategies and activities that best help facilitate BehaviourChange? YES / NO / UNSURE
 - (i) Your ability to implement Behaviour Change Interventions? YES / NO / UNSURE

If yes, please describe briefly.

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Q5. Please list any particular topics or issues that you wish to find out more about during training workshops on Behaviour Change Communication in HIV/AIDS & STI

- stages of behaviour change
- creating enabling environments
- capacity development for behaviour change
- designing strategies/ activities
- evaluating activities or strategies

Other – specify

.....

.....

LIST OF MEETINGS HELD DURING THE REVIEW

Focus groups and individual interviews during consultative

missions: Both focus groups and individual interviews during agency visits were audio recorded and transcribed.

Fiji:

Focus group attendees (20th April 2004)

Fiji Red Cross Lavenia Rasanivatu, Health and Care Director
Temu Sausau, Information Officer

Marie Stopes International, Fiji Caroline Mohammad

MoH Fiji Dr Jiko Luveni, HIV/AIDS Program Officer
National Centre for Health Prom. Premila Deo
Philip Komai
Sera Waqa

Seventh Day Adventist Church Simione Nauluvula
Megalife Ministeries

SPC ARH Programme Dr Rufina Latu

Pacific Regional HIV/AIDS Project Jerry Cole, Grants Manager

Agency visits

AIDS Task Force of Fiji

Vanuatu: (14- 17 May)

Focus group

Wan Smolbag Alison Moore

MoH - Public Health Diana Sant Angelo (VSO)
Jean Jacques Rory

Vanuatu Family Health Association Blandine Baulekome

Foundation of the South Pacific Vanuatu Odina Lala

Agency visits

Wan Smolbag (Peter Walker & Jo Dorras) Jo Dorras & Peter Walker (directors)
KPH Clinic – Nurses: Leimako & Norley, Joe Kalo – Clinic administrator
Peer Educators – Leina & Charlie

FSP Vanuatu (Amon Gwero E.D. & Morgan Armstrong- Technical Adviser), Amon
Gwero (ED)

Morgan Armstrong - Advisor & HIV/AIDS focus
Odina Lala – youth program/ peer educator

MoH, Jean Jacques Rory & William (Health Promoton
Vanuatu FHA. Mme Boulekone (ED) Danstan – schools focus Noel – Youth project

Solomon Islands: (18 – 20 May)

Focus group

MoH	Amos Lapo Sarah Ben - Reproductive Health Dept. Alby Lovi- Health Promotion Dept. Ken Konare -ARH Project
Save the Children	Divine Waiti
Family Support Centre	Lovelyn Kwaoga Macson Sake
Sol.Is. Planned Parenthood Assoc.	Roland Gitto

Agency visits

Save the Children (Ian Rodgers- Manager), SIPPA (Tasi Meone E.D. & Steven & George- Community & Yth programs)

Kiribati: (22-24 June)

Agency visits

MoH	Ms. Mamao Robate - HIV/AIDS coordinator Lauren Kendt HIV/AIDS Desk & Danielle Bennett – Youth Worker (PCV)
Broadcasting Publishing Assoc. Task Force)	Roz Terubea, Radio Editor (& member of AIDS
Nei Tabera Ni Kai Video Resource Unit	Linda Uan, Manager
Kiribati Red Cross Society	Mr. David Teabo, Secretary General
Foundation of South Pacific, Kiribati	Ms. Komera Otea, Social Programs Coordinator
Kiribati Family Health Assoc.	Katikoua Amon – Executive Director

Samoa: (28 – 30 June)

Focus group

MoH - ARH Project	Mr Manu Samuelu
MoH - Health Promotion Services	Ms Aaone Tanumafili
Samoa Family Health Association	Ms Faalua Poese Mataaga
Catholic Family Ministries Sautiamai	Mr Palapoi Sione Pula Mr Faafouina Matua

Agency visits

Samoa Red Cross (Tautala Mauala - Sec. General); Ministry of Woman's Affairs (Palanitina Toelupe- Assistant Sec.); SFHA (Apineru Peniamina – Executive Director); CFM Sautiamai; World Health Organisation (Dr Asaua Faasino).

Appendix 3

IEC Materials Focus Groups

2-3 hours (including break)

Facilitators: Ian Rolls and Robyn Drysdale

5-10 min Introduction – **Ian Rolls**

20-40 min Agency Presentations

5 min **brief overview of their IEC materials by each agency**

In your presentation please:

- Identify the **target group/s** for the materials
- Describe any **feedback** obtained on the materials from the target group
- Any **lessons learnt** in producing IEC materials

30 min – Tea Break

60-90 min **Focus Group session**

The group will discuss the following questions during the general session

- 1: Overall comment about what is currently available in?
(*insert country name*)
- 2: Is there repetition in IEC material production?
If so, where?
- 3: Is there a contradiction in the content of IEC materials?
If so, where?
- 4: Do you think that there is enough information available about
HIV/AIDS & STIs?
If not, where are the gaps?
- 5: What are the constraints in addressing these gaps?
- 6: Is there a better way to produce IEC materials in?
(*insert country name*)
- 7: Any other comments?