CREATING AN EFFECTIVE COMMUNICATION PROJECT IN THE PACIFIC REGION FOR HIV/STI AND OTHER SEXUAL AND REPRODUCTIVE HEALTH PROJECTS
Creating an effective communication project in the Pacific region: for HIV/STI and other sexual and reproductive health projects / [compiled by] Liz Kennedy.

I. Reproductive health – Pacific area. 2. Sexually transmitted diseases – Pacific area. 3. HIV infections – Pacific area. 4. HIV/AIDS & STD Project (Secretariat of the Pacific Community).

Dewey 614.409    ISBN 978-982-00-0238-8

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Behaviour Change Communication Training Program designed and implemented by the Secretariat of the Pacific Community-HIV Technical Team for the Pacific region (Powerpoint presentation and training handouts).


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Secretariat of the Pacific Community
BP D5, 98848 Noumea Cedex
New Caledonia
Telephone: +687 26 20 00
Facsimile: +687 26 38 18
Email: spc@spc.int
http://www.spc.int/

Funding for this guide was provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Population Fund.
CREATING AN EFFECTIVE COMMUNICATION PROJECT IN THE PACIFIC REGION

FOR HIV/STI AND OTHER SEXUAL AND REPRODUCTIVE HEALTH PROJECTS
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Acknowledgements

SPC thanks everyone who has given their support in preparing this guide. In particular, thanks go to the staff of Wan Smolbag, Fiji Network of People Living with HIV/AIDS (FJN+), Marie Stopes International, Palau Ministry of Health. The participants of the BCC training conducted in Suva, Fiji in October 2007 also provided invaluable support and input into this project. We also thank the many organisations across the Pacific who allowed us to use photos and images from their communication projects for this guide.

Thanks to the following agencies for allowing their materials to be reproduced:

Implementing AIDS Prevention and Care (IMPACT) Project
Program for Appropriate Technology in Health (PATH)
Family Health International (FHI)
Save the Children
The AIDS Control and Prevention (AIDSCAP) Project
Behaviour Change Communication Training Program designed and implemented by the SPC HIV Technical Team for the Pacific Islands region
UNFPA, East and South East Asia
UNFPA Pacific Sub-Regional Office
Macfarlane Burnet Institute and Australian Council for International Development (ACFID)
World Health Organization (WHO)
About this guide

This is a step-by-step guide to help you develop effective HIV/STI and other sexual and reproductive health communication projects. These steps include:

Step 1  Understanding vulnerability and risk in your community
Step 2  Identifying and assessing audiences
Step 3  Deciding on your behaviour change communication goal and objectives
Step 4  Designing a communication project
Step 5  Developing a workplan and budget
Step 6  Pre-testing
Step 7  Implementation and dissemination
Step 8  Measuring success/evaluation

Many health and community workers across the Pacific Islands region are involved in designing and implementing communication projects aimed at a specific audience with information and discussion on HIV/STI and other sexual and reproductive health issues. A communication project can include anything from organising World AIDS Day or other special events to radio and TV spots, peer education, developing posters and pamphlets, or it may be a combination of these methods. Regardless of how the messages will be delivered, this guide will support you to achieve a greater impact in terms of supporting positive attitude and/or behaviour change.

Why did we develop this guide?

This guide was developed in response to requests and feedback from health and community workers in the Pacific region during regional discussions and interviews and also during national behaviour change communication (BCC) training workshops. During these discussions workers asked for information that would help them understand BCC better, especially in the context of developing a communication project.

This is not a resource to help you to train others. It is a step-by-step guide to help you when you are planning, developing and evaluating your communication project. You do not need to read this guide from cover to cover in one sitting, rather it is best used one step at a time depending on what stage you are at in your project.

At the back of this guide you will find the names of organisations around the Pacific that can offer you more support as you work on your communication project.
Look out for the following symbols as you read this guide

**CASE STUDY**
An example taken from a project in the Pacific that relates to the step you are reading.

**ACTION**
You are asked to think about a specific issue in your community.

**Activity**
You are instructed to complete a column in your communication planning chart.

**CHECKLIST**
You will be asked to complete an activity.

**CASE STUDY**
Developing effective communication is an important part of your overall HIV/STI and other sexual and reproductive health programme. To help you support long-term positive behaviour change in your community, your communication project will need to be implemented from within a larger BCC programme.

**CHECKLIST**
You or your steering or managing committee are asked to complete the BCC Project Monitoring Checklist.
Some definitions

**advocacy**
speaking out or acting on behalf of a particular issue, person or group.

**audience**
the group of people you are trying to reach and influence as part of your communication project.

**behaviour change communication**
behaviour change communication, or BCC, is a way of helping people to make positive, long lasting changes to habits and behaviour. BCC is a process that takes place over time.

**capacity building**
the process of supporting people/groups/communities to increase or improve skills or knowledge.

**campaign**
a combination of methods (e.g. radio, posters and peer education) to communicate a theme or key health message to a group of people.

**discrimination**
a negative judgement or opinion directed at a particular person, group, race or religion and often not based on facts.

**focus group discussion**
a discussion with around 8–10 people (from the audience) on a specific topic. Responses from these discussions are recorded and used to direct the focus of a campaign.

**gatekeeper**
people or groups who provide links between health projects/workers and the community. People or groups who may have influence over an audience being targeted.

**goal**
something you want to achieve and includes general information such as the type of project and who the project will reach (which audience).

**individual interview**
a discussion with one person (e.g. a member of a audience) and the person leading the interview (e.g. the health and community worker). Responses are recorded and used to inform project design.

**mass media**
the various ways of reaching a large audience, using TV, newspapers, magazines, radio and drama.

**media**
a type of communication.

**method**
the way in which you deliver your health messages (e.g. radio or peer education). The type of method you use will depend on the needs of your audience, project limitations and opportunities in local community. Sometimes called “approach”.

**media release**
a news story written in print (newspaper or magazine) or broadcast (for radio or television) style for use by the news media.

**objective**
is more specific than the goal (e.g. detailing who, what, when, and where information relating to the project) helping to achieve the project’s goal.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>primary audience</strong></td>
<td>people you would like to reach and influence to change their attitudes and/or behaviour.</td>
</tr>
<tr>
<td><strong>risk</strong></td>
<td>refers to a person’s attitude or behaviour, such as having more than one sexual partner or not using clean needles when getting a tattoo.</td>
</tr>
<tr>
<td><strong>secondary audience</strong></td>
<td>people who influence or are influenced by primary audiences.</td>
</tr>
<tr>
<td><strong>segmenting</strong></td>
<td>the process of separating one audience into smaller groups (e.g. separating “youth” into “youth from rural areas and youth from city/urban areas”).</td>
</tr>
<tr>
<td><strong>small media</strong></td>
<td>includes brochures, posters or flip charts.</td>
</tr>
<tr>
<td><strong>stakeholder</strong></td>
<td>people or groups that have an interest, skills, knowledge or experience that relates to the project being implemented.</td>
</tr>
<tr>
<td><strong>stigma</strong></td>
<td>when people in a community believe something (e.g. HIV, to be unacceptable or shameful) - resulting in stigma.</td>
</tr>
<tr>
<td><strong>vulnerability</strong></td>
<td>vulnerability refers to people that have little power or capability to make choices and to act on them.</td>
</tr>
</tbody>
</table>
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Some acronyms

**AIDS**  acquired immune deficiency syndrome  
**BC**  behaviour change  
**BCC**  behaviour change communication  
**CBO**  community-based organisation  
**DIL**  day in the life of  
**HIV**  human immuno-deficiency virus  
**IEC**  information, education, communication  
**KABP or KAP**  knowledge, attitudes, beliefs and practices (information on these usually collected through surveys)  
**NGO**  non-governmental organisation  
**PLHIV**  people living with HIV  
**SMART**  specific, measurable, appropriate, realistic & time bound  
**SPC**  Secretariat of the Pacific Community  
**SRH**  sexual and reproductive health  
**STI**  sexually transmissible infection  
**SWOT**  strengths, weaknesses, opportunities and threats analysis  
**TOMA**  top of the mind analysis  
**UNAIDS**  Joint United Nations Programme on HIV/AIDS  
**UNDP**  United Nations Development Programme  
**UNFPA**  United Nations Population Fund  
**UNICEF**  United Nations Children’s Fund  
**WHO**  World Health Organization
Understanding BCC or behaviour change communication

- Stages of behaviour change
- Creating a supportive environment
- Building community capacity (or ability) to support positive behaviour change
- Involving people living with HIV in your project
- Eight steps to developing an effective communication project
Understanding BCC – Behaviour Change Communication

Behaviour change communication, or BCC, is a way of helping people to make positive, long-lasting changes to habits and behaviour. For example, using condoms for safe sex, or taking up regular exercise to get fit. Helping people to make these changes is not always easy, occurs in stages and can take a long time. This means that messages must be carefully designed and made available using the right methods (such as radio, peer education, drama, leaflets and posters) to the right group of people at the right time. Behaviour change communication is one part of a broader behaviour change programme.

BCC is an important part of any health programme. Before people and communities can reduce their risk to a particular health issue (for example, HIV/STI and unplanned pregnancy) they must first:

- understand the basic facts about the health issue
- believe that they and others in the community are at risk
- learn about how to reduce their risk
- have access to products and services that will help them change their attitude and behaviours
- believe that others in their community feel that a change in behaviour is necessary.

**Communication activities that work, as part of a behaviour change programme, need to:**

1) increase people’s knowledge of the basic facts, 2) get people to talk about health issues, and 3) promote changes to people’s attitudes. Successful communication projects 4) urge health and community workers and others to be non-judgemental and to treat people fairly. They also 5) encourage people to ask for and use services and information 6) promote changes to government policy, and 7) improve people’s skills and their belief that they can make a change.

In summary, changing behaviour is brought about by communicating the right message, through the right mediums, to the right audience, together with building people’s skills to change, and creating a supportive environment within which this can all take place.

Many health and community workers believe that people change their behaviour easily and quickly, thinking for example, that young people will act differently after reading a pamphlet about the risks that they face when having unprotected sex. This is not the case, because long-term behaviour change is much more complicated than this for several reasons.

Firstly, people and communities go through different stages of change when they learn about and take on new behaviours. This means that health messages must be developed with an understanding of where the audience is located on their path to changed behaviour. To help you understand, the stages of behaviour change are given on the next page.

Secondly, communicating about behaviour change is unlikely to work if barriers to behaviour change are still in place. Behaviour change programmes need to include broader efforts to:

- Develop individuals’ personal skills
• Create supportive environments
• Strengthen community involvement and action
• Develop healthy public policy
• Ensure appropriate health services are available. (These issues are discussed briefly on page 13–14).

Stages of behaviour change

For most people, behaviour change is not easy, and is often a long, slow and frustrating process. People go through different steps on their way to long-term change. You’ll need to know where people are at when you begin to try to communicate about behaviour change. The most important thing to remember is that **change occurs slowly**.

**Stages of behaviour change**

**Not thinking about it**: This is the stage when a person has not begun to think about the need or reason for making a change.

**Thinking about it**: This happens when a person starts to think about changing his or her behaviour because of someone or something. For example, a friend tells a person about the dangers of smoking.

**Preparation**: This is when a person prepares for change. This stage means that a person must learn about and develop the skills that will help them make the change.

**Action**: This is when a person finally changes his or her behaviour.

**Maintenance**: Maintenance (or lasting change) involves taking on and continuing a new behaviour. When the new behaviour becomes familiar and becomes a part of daily life without actively thinking about it, then the new behaviour is said to be maintained.
People may enter or leave these five stages at any time. For example, many people think about giving up smoking (thinking about it) – and may actually do so for short periods (action) – only to begin smoking again. This cycle can go on for a long time before a real and lasting change occurs (maintenance).

**Be aware that people can pass through the different stages of change as shown in the picture more than once, but they will never return to the “not thinking about it” stage.**

### Creating a supportive environment

Many health projects educate people about why changes are good for them. For example, educating people that drinking alcohol every day is harmful to their health. Giving people information does not take much time and is quite easy. But getting a person to actually take action and change their behaviour and stick with this change is more difficult. It involves:

- supporting change at the individual level (developing the skills of people so that they know how to make the change and stick with that change).
- supporting change at the community level (by looking at the entire social and community environment), and
- supporting change at the government level (by introducing policies, services and resources that enable and encourage behaviour change).

It is important that the health and community worker understand that some things may be out of a person’s control. For example, access to condoms or counselling, or having health policies in place that support positive behaviour change. By creating a supportive environment we can make sure the necessary products and services are available to people when they need them.

On the path to behaviour change, people will also need information (facts) and emotional support (from friends, family and the community), along with specific skills to help them make the change.
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Building community capacity (or ability) to support positive behaviour change

You may need to “build capacity” or empower people to support them to change their behaviour. Having the messages and understanding them is one thing, but actually making the change often takes bravery, energy and commitment. Empowering people, reassuring them in their initial steps and building self-confidence are all important strategies for ensuring behaviour change actually happens.

All communities have ways of sorting out problems. You can support your community by building on people’s past experiences, skills and knowledge, and helping them see things in a different way.

If people in your community work together, they can help each other to come up with solutions to health problems. It is important to work together. Often there are community leaders who can have a strong impact on the success or failure of your project. Consultation and advocacy with these community leaders are important activities to:

i) Identify leaders and community “gatekeepers” who shape and influence local opinions and behaviours

ii) Identify community attitudes – the social environment you are working in

iii) Gauge where people are up in the stages of behaviour change

iv) Promote understanding and support for the changes you want to encourage.

Community participation and ownership is important for people to take on new behaviours. The community has to welcome the changes as their own and not feel these are being forced on them by an outsider.

Involving people living with HIV in your HIV project

If your communication project focuses on HIV, then it is important to consider involving people who are directly affected by HIV. People living with HIV (PLHIV) can play an important role in your programme. Involving them in your activities will not only strengthen your project, it will also help to create a supportive environment where HIV-related stigmas and discrimination are reduced, and where people feel more comfortable to talk openly about living with HIV.

If a plan is in place to provide training and support (capacity building), PLHIV can be involved at every level of your community HIV project.

Developing effective communication is an important part of your overall HIV/STI and other sexual and reproductive health programme. To help you support long-term positive behaviour change in your community, your communication project will need to be implemented from within a larger BCC programme.
8 Steps in developing an effective communication project

**Step 1**
Understanding vulnerability and risk in your community

**Step 2**
Identifying and assessing audiences

**Step 3**
Deciding on your behaviour change communication goal and objectives

**Step 4**
Communication design

**Step 5**
Developing a workplan

**Step 6**
Pre-testing (or focus testing)

**Step 7**
Implementation and dissemination

**Step 8**
Measuring success/evaluation

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Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

While completing the steps in this guide, you will be asked to fill in the different columns of your planning chart (at the back of this guide). The column you fill in will depend on the stage you are at in your communication project. This chart is a map to your final goal of an effective and successful behaviour change communication project.
Understanding vulnerability and risk in your community

- First steps - Research
- Vulnerability and risk
- Risk mapping
Step 1  Understanding vulnerability and risk in your community

First steps - Research

Effective communication projects focus on a well-understood, specific community at risk.

Before you try to communicate on risk behaviours or the need for behaviour changes you need to look into the issue you are concerned about.

Doing research is important if you want to learn more about:

- What the problem is
- Who is at risk or affected by this problem
- Why they are affected
- What services and resources they need
- What information or messages will have the most impact
- What skills people need to change their behaviour
- How people’s social and physical environments can be made more supportive
- How people can be reached and
- What you can do.

You can do this by speaking with or interviewing people around you, people working on the issue, people at risk or vulnerable in your community, and people who are concerned or want to help make the situation better. Research also includes reading and noting important points made in reports, policies, books, websites, etc.

Vulnerability and risk

One of the first steps in developing an effective communication project is to look at the vulnerabilities and risks in your community that need attention. Vulnerabilities and risks increase the chances of people having sexual and reproductive health (SRH) problems such as HIV/STIs or unplanned pregnancies. It is useful to understand the difference between vulnerability and risk.

- **Vulnerability** is about a person not having the power or ability to make choices or to act on them. This can often be because of a person’s situation within their community – their social environment. For example a young person may not be able to get information about STIs or get access to condoms.
• **Risk** refers to an individual person’s attitudes or behaviours, such as having more than one sexual partner or not using clean needles when getting a tattoo. Attitudes and behaviours that put people at risk are called **risk factors**.

You can learn more about vulnerability and risk factors in your community in several ways:

- Talking to different groups, such as non-governmental organisations (NGOs) and community based organisations (CBOs);
- Talking to other people in your community who may know or experience the issues and problems. (For example, if it is an HIV project, speak with people living with HIV);
- Reading reports and articles that look at specific issues or problems. For example:
  - Surveys of at-risk and vulnerable groups (e.g. surveys of knowledge, attitudes and practices KAP)
  - Policy documents that are relevant to the issue you are working on
  - National strategic plans for HIV/STI or SRH
  - Needs assessments, situational analyses, SWOT analyses (strengths, weaknesses, opportunities and threats)
  - Project evaluation reports.

Note: You’ll find these types of documents through NGOs, UN agencies or government departments.

If there is a real lack of information, maybe you will be the person who writes some of the above!
Activity

Who is most vulnerable in your community and why?

Ask yourself: What affects the sexual and reproductive health of people in your community? What puts them at risk of HIV or other STIs?

What are the risk factors in your community?

What sorts of attitudes and behaviours are putting people at risk?

To answer these questions you need to look for relevant information from within your own community.

1. On a piece of paper, write down the names of places that you think could have useful information about vulnerability and risk. Organise a meeting, or request information from the different government and non-governmental agencies/departments about the specific risks you have identified. You may also find that you have some reports and other information in your office already.

- Ministry/Department of Health
  - Director of Primary Health Care
  - Head, Family Planning Unit
  - Others
- Ministry of Education
- National AIDS Council or equivalent
- Local NGOs working on sexual and reproductive health, HIV and other STIs
- International agencies such as the Secretariat of the Pacific Community (SPC) – Public Health Programme (HIV & STI section, Adolescent Health & Development project) or Human Development Programme
- United Nations agencies such as: United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations joint programme on HIV/AIDS (UNAIDS), and the World Health Organisation (WHO) - Project reports, consultants’ reports, etc.
- Universities (demography, sociology or other social science department)
- Others
2. Many things make people more at risk to HIV/STI and other sexual and reproductive health problems, including:

- Physical factors
- Behavioural factors
- Social factors
- Environmental factors

a. Physical or biological factors are related to how the human body works. For example:

- High STI infection rates
- Women are more vulnerable to HIV infection from sex with an infected partner than men

b. Behavioural factors are behaviours or actions caused by an individual's knowledge and attitudes. On a different piece of paper write down the risks that you think people take in your community. For example:

- Having unprotected sex
- Having more than one sexual partner
- Others


c. Social factors are social situations that increase risk. On another piece of paper write down the social risks in your community. For example:

- High unemployment/economic inequities among different groups
- Gender based discrimination or inequality (women and men being treated differently)
- People who travel or work away from home
- Migration (short or long term)
- Various occupational groups (sex workers, seafarers, uniformed services)
- Other


d. Environmental factors are those that prevent people from having access to services and products needed to help decrease their risk or vulnerability. On a different piece of paper write down all the environmental factors that exist in your community. For example:

- Lack of education on sexual and reproductive health
- Limited STI services
- Limited family planning services and advice
- Low supply of condoms
- Negative community attitudes e.g. to condom promotion
- Stigmatised behaviours (e.g. men having sex with men)
- Religious or cultural taboos.
This risk mapping exercise helps you identify the main places, events (e.g. sporting events) and behaviours in your community. The reason for doing this is to help you think about which risk behaviours are taking place in your community, and who is taking part in them. You will build on this map as you work your way through your BCC project and as you get to know your audience (and their needs) better. This activity works best if you do it with a group of key stakeholders – knowledgeable people involved in or working on SRH or HIV/STIs. This includes members of the group or community which your project is focused on.

On a piece of butchers paper draw a picture of your community and mark the places or events where certain groups become involved in risky behaviours. Use different colours and symbols to identify different places and types of activity. Ask yourself:

- Where do people become involved in risky behaviour (i.e. “hot spot” locations, venues such as nightclubs, bars and hotels, particular streets, parks or areas, facilities and buildings such as ports, factories, military barracks)? Where is risky behaviour happening in your community?
- How many people go there? You may need to think about some direct observation or talking to a few people at known “hot spots”. Some focus group discussions or informant interviews may be useful (see page 34 for how to run these). Consider the time of day or night that people visit an area e.g. during evenings, at closing time or when particular events are occurring (e.g. a ship is in port).
- Who goes there? A summary of the types of people (e.g. their ages, sex, ethnicity, local or migrants). Are there any particular ethnic, or occupational groups involved (e.g. taxi drivers, uniformed services, security staff, port workers, factory or migrant workers)?
- Are there any links between the places? Think about how people move around your community. What are the transport routes? Are there particular busy roads, ports, terminals or parking areas where people are coming and going? When people are on the move and away from home they may engage in risk behaviours.

When mapping, also think about the protective factors that may be helping to reduce risk (e.g. health, education, law and order), condom outlets, community groups, community leaders. Do some of these affect the level of risk in some areas?

Further reference:
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Risk mapping in Palau

In Palau, participants attending a BCC workshop talked about the local situation and specific risk behaviours. At first, many people at the workshop did not see that sex work was happening in their community, but after going through a risk mapping activity (where they made a picture that showed the places where risky behaviours were happening) and having in-depth discussions, many changed their thinking. During the workshop, many participants began to understand that sex work was an issue in their community, especially at local karaoke bars. Group discussions revealed that migrant workers were especially at risk because they were often women working without a permit from the government, were poorly paid, and were not using local health services (due to language, cultural and cost issues).

When you have finished the two activities in Step 1, you should have a better understanding of the factors of vulnerability and risk in your community. Do they suggest that there are certain places and times where the risk behaviours are occurring? Do they suggest that some people or groups of people in your community are particularly vulnerable or have specific risk behaviours that need attention? If so, who are they? These people will be your “audience”.

Risk mapping in the Cook Islands.

Risk mapping in the Solomon Islands.

Now you can use this information to fill in the vulnerability and risk factors column on your planning chart.
Identifying and assessing audiences

- Understanding the audience
- Learning more about your audience
- Gathering information about your audience
- Deciding which behaviour and attitude you want to change in your project
- More information about focus group discussions and interviews
STEP 2 Identifying and assessing audiences

An “audience” is the group of people you are trying to reach with your communication project and includes people whose attitudes and behaviour it is most important to change.

Now that you have a better understanding of who may be vulnerable or at risk in your community and why (from Step 1), you are ready to study your audience more closely. In this step it will be important to continue involving people from your audience and other people and organisations who work with them. This will help you understand more about who they are, why they are at risk and what are the best ways of reaching them with information about behaviour change.

Understanding the audience

Activity

Using the information you gathered in Step 1, answer the following questions:

1. Which group(s) of people is at greatest risk in your country/community?
2. Which group(s) needs the sexual health information the most in your country/community?
3. Which group(s) suits your organisation’s objectives the most?
4. Which group(s) do you have the experience and the resources to work with?

It’s not personal! While you may have set ideas about who is at risk in your community, remember that your audience needs to be selected using only the information and facts (evidence) you have gathered from Step 1.

Use the information you have gathered to help select your audience(s).

There are two kinds of audiences:

Primary audiences are people you would like to reach and influence to change their attitudes and/or behaviour. They can include:

- Young people
- People with multiple partners
- Sex workers
- STI patients
- Seafarers or fishermen

Depending on the aim of the particular project they can also include:

- Health and community workers
- Pastors
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- Police
- Community leaders

**Secondary audiences** are people who influence the primary audiences. They can include:

- Peer educators
- Community outreach workers
- Top level decision makers
- Church leaders
- Professional health care workers

It is important to “bring secondary audiences along” with the primary audiences in order to gain the secondary audiences’ support and influence. Secondary audiences are often “gatekeepers” of primary audiences, providing leadership, shaping opinions and impacting on access to services and resources. So they can greatly affect the success of any BCC project. This process of gaining support for your project from secondary audiences is called advocacy. It involves:

- careful consultation with leaders and gatekeepers,
- explanation of the rationale and content of the BCC messages, and
- encouragement for them to take ownership and promote the project in the communities they represent and work with.

**Learning more about your audience**

Even though you have selected the audience, you still need to learn more about them. You might find that you need to separate one main group of people into smaller groups; this is called “segmenting”. For example, you may have decided to target youth aged 15–21 in the main city. However, you may find that not all youth are equally at risk, and that out-of-school youth are more at risk than in-school youth.

**Separating the audience into smaller groups (segmenting)**

Why do we need to do this?

- Not all people in the larger group behave or act in the same way or have the same attitudes.
- It is not always possible or appropriate to target everyone in the larger group in the same way.
- You may not have enough money or resources to target everyone in the larger group.
- By separating the audience into smaller groups, you can learn more about them, particularly how best to reach and support them in changing to more healthy behaviours.
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How? Continue some of the methods used in Step 1 – you may have already collected some of this information (for example via the mapping activity, talking with NGOs, CBOs, agencies and departments or reading reports, policies and needs assessments). Use these sources to identify exactly who are the people who are vulnerable or at risk.

There may have been a survey or consultations in the past that will help you find out where people are at in relation to behaviour change. It is also important to talk to people in your community who may know or experience the issues and problems (for example, if it is an adolescent sexual health project then speak with young people). Types of information that will be useful include:

- Demographic information
- What does the community actually know about the problem and/or issue?
- What are their feelings and beliefs about the issue and/or recommended solutions?
- What do they actually do about the issue?
- Who are the people or organisations that influence their behaviour? Who do they go to for information, advice and guidance?

Remember, people will be at different stages of behaviour change (See Introduction: Understanding BCC). People who have not begun to think about changing their behaviour will need a different approach and messages to those who are well aware of risks and are thinking about, or actually trying to change their behaviour. People who have already changed will need a further different kind of messages and support, to help them maintain the changes they have made.
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

The “Portrait Activity”

One way to better understand your audience is to write a description of the “typical” person you are trying to reach.

Using the answers from the mapping exercise to help you, take a blank piece of paper and draw a face like the one in the picture below. The person you draw is not real but the activity will help you focus on one person in your audience, instead of the whole group all the same time.

Think about your audience and paint a picture in your mind of someone in this group. Ask yourself:

- If it is a woman, what is her name?
- What is she like? How old is she?
- What does she look like?
- Where does she live?
- If she is married, what is her husband like?
- How many children does she have? Who does she live with?
- Does she live in a village?
- Does she work? If so, what does she do?
- How does she get her news? Does she like to listen to the radio more than TV?
- What community groups does she belong to? Where does she spend her time?
- Who does she speak to about sexual and reproductive health issues?

You might also describe her behaviour and some of her attitudes about the sexual and reproductive health issues that you are thinking about focusing on with your communication project.

You will add to this portrait later in this guide.
Here are some examples of portrait activities done in the Pacific. These photos were taken during the BCC training workshop run by SPC’s HIV and STI Technical Team.
Gathering information about your audience

Speaking to your audience – often in small, segmented groups is sometimes called “audience research”. You can learn a lot when speaking with them and what they say helps to design your communication project.

You can gather information from your audience in different ways, for example, focus group discussions (FGDs), one-on-one interviews (key informants), meetings with secondary audiences and sometimes with public or community meetings. Other information gathering activities include the “Top of the Mind Activity” (TOMA) and “a Day in the Life of …” (DILO). TOMA and DILO are two examples of how you can learn more about what your audience already knows about the health issues or risk behaviour you are looking at. This will help you decide what kinds of questions to ask during FGDs and interviews, and what approaches will be best to use to communicate about reducing risk or maintaining healthy behaviours. On page 34, you will find information that will help you organise focus group discussions and interviews with your audience.

**Top of the Mind Activity (TOMA)**

When learning about your audience it is useful to find out what people think about a specific health issue. By saying a simple word or phrase such as “HIV” or “teenage pregnancy” to someone, you can learn about the concerns, knowledge, myths (folklore) and rumours that exist about a health issue in your community. For example, if the health issue is high levels of gonorrhoea, you may want to ask people what they think about when you say the word “gonorrhoea” or “STI” to them. Encourage them to say the first things that come to mind. The feedback you get when saying the word “gonorrhoea” may show that people think about “God’s punishment”, “disability” or “new moon disease”. If many people have the same answers, then it may show that you need to develop a project that looks at the stories, myths and real causes of gonorrhoea. You can then talk more about these myths and stories in your group discussions or one-on-one interviews.
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Day In the Life Of (DILO)

A Day in the Life Of activity (DILO) can help you understand the typical day of a person in your audience. You can do this activity by either observing (watching) a member of the audience or asking one person to explain their daily activities from the time they get up in the morning, to the time they go to bed at night. The DILO activity helps you build or add to the “portrait activity” and understand your audience on a more personal level. DILO is useful when you are trying to understand more about the behaviour that you are interested in changing. For example, what time of day does he/she participate in risky behaviour, how often, etc., and how and when you can reach them with your project.

Example: A Day in the Life of .... Matha

6:00 Matha wakes up and lights fire and prepares breakfast for her husband before he goes to work
06:30 Matha wakes up the children and helps them wash
07:00 Matha gives breakfast to children and prepares them for school
07:45 Matha has her own breakfast
08:15 Matha does the housework, cleaning all the rooms and putting away bedding
09:00 She goes to market to buy fresh food for lunch and supper
10:00 Matha spends some time with relatives discussing family issues that need to be resolved
11:00 Matha begins preparing lunch for the family
12:30 Matha serves lunch
13:30 Matha cleans away the remains of the lunch
14:30 The family has a sleep because it is so hot and Matha is taking the opportunity to do ironing
15:30 Matha makes afternoon tea. She may also get visitors during this period
16:30 Matha does some work in the garden where she is growing some dalo and other vegetables
18:00 Family listen to radio, while children do their homework and Matha is doing household chores
19:00 Matha prepares supper for the family
20:00 Matha prepares the children for bed and then spends some time with her husband
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

**Focus group discussions and individual interviews**

The next step in gathering information about your audience is organising your focus group discussions and individual interviews. You’ll need to determine how comfortable you are in leading a focus group discussion or doing a one-on-one interview, and how much time you have or staff available. The most important thing is that you speak to your audience using either one of these.

There are many questions you could ask your audience. For example, if you are targeting women with multiple (more than one) sexual partners, you could ask:

- Do they live with family, partner/husband or alone?
- When did they leave school?
- Do they have a job? What is their job?
- Can they afford condoms?
- Do they believe they can go to the local health clinic, do they know where it is?
- Can they read?
- Do they listen to the news through the radio or television? Or do they get their news by reading the newspaper or other print materials?
- Do they think they are at risk or not?
- What stops these people from changing their risky behaviour?
- What do they know and understand about, for example, sexual and reproductive health?
- Who influences them? peer educators? church leaders?

The results from TOMA, DILO, and the interviews and group discussions will help you decide how to reach your audience with your communication project. Any changes to these answers may also change how you reach them (which method you use) in your project (e.g. radio, peer education, posters or community drama). You can find more information on focus group discussions and individual interviews on page 34.

You might also need to think about what other supportive strategies you need to work on as part of your broader programme in order to “make healthy choices, easy choices”. For example, if you are promoting HIV testing you need to make sure that accessible, voluntary and confidential counselling and testing is available. This often means as well as developing effective communication, looking at how changes can be made to the environment so that if a person is motivated to act on the messages they have heard; their environment supports their action and makes it possible for behaviour change to happen.

**Now you can use the information you have gathered so far in this step to fill in the Audience column on your planning chart.**
Deciding which behaviour and attitude you want to change during your project

Before you move onto the next step in this guide you need to decide which attitude and behaviour changes need to happen to reduce your audience’s level of risk to sexual and reproductive health issues, including HIV and other STIs. To do this you need to think about the specific behaviours and attitudes that need to change, and the things in the community that need to change in order to support the change in behaviours and attitudes of people.

Activity

Draw the table below on a piece of paper. List the behaviours and attitudes of your audience that you would like to change. The first section has been completed as an example.

<table>
<thead>
<tr>
<th>Current behaviour and/or attitude</th>
<th>Desired new behaviour and/or attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skin to skin sex with more than one regular partner</td>
<td>Using condoms consistently when having sex</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

To make sure that you have chosen appropriate (relevant) and realistic (achievable) behaviour and attitude change, complete the activity below.

Forces for/forces against

The following activity helps you to understand the factors in your society or community that can stop or support positive behaviour or attitude change from happening. For example, if you decide that you want to promote the use of condoms to help reduce the levels of HIV and other STIs in your community, you can do this activity to work out if this behaviour change will be possible for your community or not. If you find that there are government or local health clinic policies that will stop or make it difficult to sell or distribute condoms, then there is possibly no sense in promoting condom use with your project in your community at this time. There may be many other factors, including community attitudes and beliefs, that could also stop or prevent behaviour change. You need to look for these before you move onto the next step.

How? On a piece of paper make two columns. In the first column put the heading barriers (things that get in the way of change). In the second column put the heading enablers (things that support change). Write down the barriers and enablers for your desired behaviour change campaign. This exercise is best done in a group. (Continued on next page)
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

More information about focus group discussions and individual interviews

An individual interview is a discussion with one person from your audience and yourself (the health and community worker). The interview should take place in a private, confidential place. Somewhere between 10 and 20 individual interviews is usually the right amount for getting information about your audience research. You can do interviews that are planned ahead of time, or do interviews that are done more randomly (for example, with people on the street).

A focus group is a discussion with around 8–10 people from your audience, yourself (the health and community worker), and a person to write down what is being said. You will need to run focus group discussions until no new information comes to light, this means you will usually need to do between 2 and 4 focus group discussions as part of your audience research (to make sure you have all views).

An example of the “Forces for/forces against” activity has been provided below.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom supplies are unreliable</td>
<td>Condoms free from youth centres and clinics</td>
</tr>
<tr>
<td>Church attitude to condoms</td>
<td>Peer educators promote condom use</td>
</tr>
<tr>
<td>Other...</td>
<td>Other...</td>
</tr>
<tr>
<td>Other...</td>
<td>Other...</td>
</tr>
</tbody>
</table>

Example: Using condoms consistently when having sex

Both individual interviews and focus group discussions are used to learn more about your audience.
Planning for your focus group discussions and individual interviews

Preparing the questions

Prepare questions that are suited for the people you are talking to and the purpose of the discussion (for example, finding out about how to get safe sex messages across to seafarers). Test the questions with a few people in the audience to be sure that they understand the questions.

Choosing the focus group leader or interviewer

The focus group leader directs the individual interviews or focus group discussions. They need to know and understand the topic, and if possible have some experience leading discussions. The leader should not give his or her opinions on the topic during the discussion.

Choosing a notetaker

If possible, try to get someone to take notes during the discussion (to write down what is being said), particularly during the focus group when there is more than one person speaking. Choose someone who can write quickly, and speak and read the language of the audience. It is also helpful if they know a bit about the topic before the discussion begins.

Choosing the location

Choose a location that is easy for all participants to get to. Ask permission to use a room or space if needed. The table below lists examples of different groups and places that might be easy for people to travel to.

<table>
<thead>
<tr>
<th>Target group</th>
<th>Possible locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women aged 20-54</td>
<td>Health clinics, market places, villages</td>
</tr>
<tr>
<td>Youth and teens</td>
<td>Schools, youth centres, music shops, school sports events, school entertainment nights</td>
</tr>
<tr>
<td>Taxi drivers</td>
<td>Taxi stops, motels, rest locations, bars and restaurants along major roads</td>
</tr>
<tr>
<td>Sex workers</td>
<td>Seafarer port areas, bus or taxi stop areas, bars, discos, STI clinics</td>
</tr>
</tbody>
</table>

An interview is taking place in Palau and includes the notetaker, the participant and the person leading the interview.
Choosing people for your focus group discussion or interview

For individual interviews, choose people who are from the audience and have the time to talk to you. For focus group discussions, choose people from your audience or, if it is a more general group, choose people who have something in common with each other; for example, age, sex (men or women) and educational level (for example, secondary school students).

Offering some snacks or drinks to participants

Sometimes focus group discussions or individual interview participants expect you to offer them drinks or a snack. This is also a nice way to thank them for their time.

Leading the discussion

- Introduce yourself and the notetaker to the group or person. Explain the reason for the discussion and let the person/people know that their ideas are important for your work.
- Tell them that you will write things down (or that the session will be tape-recorded). Explain that all responses will be treated as confidential and will only be used in the development of a communication project, which does not include disclosing names or other personal information.
- Begin by welcoming the person/people. For example, “We are here today to discuss our plans for a communication project that will be implemented in your community. We would like your ideas about which groups may be at risk in your community and why.” After this, you can begin asking the questions you have prepared. Try to keep the discussion on the topic, but also be flexible. The discussion will usually take less than one hour.
- At the end of the discussion, help the group or person give you some final or summary statements of what has been said. In the focus group you could ask questions such as, “So, can we say that four of you agree that ……… are most at risk? And six of you think that ……… are most at risk because……….?” This helps people be clearer about what was said during the discussion.

More ideas for discussion leaders

<table>
<thead>
<tr>
<th>Ideas for the discussion leader</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Try not to ask personal questions. People often like to talk about how others would react or think.** | “Who do you think are at risk in your community?”  
“How do people in your community feel about going to the local STI clinic?”  
“What do you think other seafarers think about using condoms?” |
<p>| <strong>Silence is ok</strong> | Wait a moment to see if anyone will start talking again. If no, say “Does anyone have anything else to add?” |</p>
<table>
<thead>
<tr>
<th>Ideas for the discussion leader</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Use close–ended questions when you want a short and specific answer** | “Do you like listening to the radio?”  
“Do these people in the poster look like they could be from your community?” |
| **Use open–ended questions to get longer, more thoughtful answers** | “What do you think this word means?”  
“Can you suggest how we could best get messages across to people from your community?” |
| **Ask follow up questions. This will help you understand why a participant answered in a certain way.** | “Why do you think this group from your community has high STI rates?”  
“Why do you think they may be more at risk to STIs?” |
| **Be careful not to ask questions that hint that there is a correct answer.**  
(People may want to give the answers that will make you happy. Don’t lead them to an answer that you may prefer with your smile or your attitude.) | **Instead of asking...**  
“Have you heard that sex workers can spread HIV because they have many sex partners”  
OR  
Do you think condoms are the best method for protection since they are the only way to protect yourself from STIs  
**Ask...**  
“What do you think are the best methods to protect yourself from STIs” |
| **Ask participants to explain comments based on myths (traditional ideas or folklore stories) and incorrect facts.** | “Can you explain that to me?” |

**Further reference:**  
Deciding on your behaviour change communication goal and objectives

- Deciding on the behaviour change goal of your programme
- Deciding on your BCC objectives

STEP 3
Step 3  Deciding on your behaviour change communication goal

A “goal” is something you want to achieve and it includes general information such as the type of project and who the project will reach (which audience). In the case of your health programme, your goals might be to:

- Reduce the transmission of HIV and other STI among seafarers and their partners.
- Reduce the incidence of unplanned pregnancy among young girls in your project area.
- Improve condom use and accessibility among sexually active adults in the project area.

Most projects have just one goal. Whatever the goal is, make sure you and your project team understand what it is.

Write down some ideas for your project goal and discuss with your team.

Deciding on your BCC objectives

Using the information you have gathered about your audience in Steps 1 and 2 (including the mapping exercise and the portrait activity), you are now ready to work out what your specific project objective will be.

BCC objectives are more specific (than the goal) and they will help you achieve the project’s goal. From the BCC objective you will also identify ways (indicators) that will help you measure the success of your project over time. All objectives need to include the following specific information:

<table>
<thead>
<tr>
<th>Who?</th>
<th>Who are the people you are trying to reach with your communication project?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What?</td>
<td>What is the action (change in knowledge, attitude, behaviour or environment) that needs to take place?</td>
</tr>
<tr>
<td>When?</td>
<td>What is the timeframe for the change (how long will it take)?</td>
</tr>
<tr>
<td>Where?</td>
<td>Where will you be distributing or using your messages, or, implementing activities?</td>
</tr>
</tbody>
</table>

Some examples of project objectives from the South Pacific Games 2007 (SPG07) include:

- Promoting safe sex practices during SPG07 (including choosing not to have sex, doing less risky non-penetrative sexual activities, and using condoms)
• Increasing awareness, acceptability and availability of condoms during SPG07

• Promoting HIV-testing and encouraging those attending SPG07 to be tested.

**Make sure you also know “Why?”** Why is it important to target this group of people? Why this attitude or behaviour? The answer to this question will not be stated in the objective, but you need to have a clear reason (based on Step 1) for targeting this group and these attitudes and behaviours (evidenced based).

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**Making sure your behaviour change objective is Specific, Measurable, Appropriate, Realistic and Time Bound (SMART).**

**Specific** – Do you have a specific audience and location?

**Measurable** – Will you be able to measure the success of your project? In other words, will you be able to figure out whether or not the project changed the attitude or behaviour of the audience?

**Appropriate** – Are your objectives relevant to your goal? Will your project actually address the specific attitudes and behaviours that need to change? Can the issue or problem actually be addressed through communication?

**Realistic** – Is it actually possible to achieve your objective? Can you actually reach this audience? Does it make sense to go ahead with the planned activities for this target group at this time? Do you have enough funding and manpower to target the necessary number of people within the life of your communication project?

**Time bound** – For how long do you need to conduct this project? Is this period of time realistic for achieving the objectives?
The case study (below) from Kiribati will help you think about the importance of identifying BCC objectives that you can measure during the life of your project.

**Keeping BCC Objectives “SMART” in Tarawa, Kiribati**

During a BCC training workshop for effective communication projects in Kiribati, participants determined that older men with alcohol problems (the audience) were a high risk group for HIV and STI infection.

After identifying their audience, workshop participants organised their audience research using focus group discussions with a group of older men with alcohol problems. During these discussions it became clear that the men did not understand the link between alcohol abuse and behaviours that could increase their risk of HIV and STI infection (e.g. forgetting to use, or, not being able to use condoms correctly when they had been drinking a lot, having unprotected sex with more than one sexual partner when drinking etc.).

After discussing the results of their audience research activities with each other, the group decided to focus on alcohol consumption when developing their communication project, particularly in relation to HIV and STI infection. It took several attempts before they identified the best BCC objective for their project.

**Attempt 1**

**Objective:** *To decrease the quantity of alcohol being consumed among men with alcohol problems.*

When this objective was discussed within the group, they asked each other if the objective was SMART. They decided that the first objective was not SMART because it was too general and therefore not specific, measurable or time bound.

**Attempt 2**

**Objective:** *To decrease the quantity of alcohol being consumed amongst men with alcohol problems at Tokoronga village in Betio, Tarawa for one year.*

The group felt that this was an improvement on the first objective because it focused on a particular location and it would take place within a specific time period of one year. On the other hand the group was not sure if they had the experience to actually reduce the alcohol consumption of this group, or whether this objective could be achieved in one year.

The group decided that it was not realistic to achieve the objective (to reduce alcohol problems) during this time, particularly given that alcohol abuse was not their area of expertise. It would also be difficult to measure any progress (success) made during this time. In this sense, the second objective was still not SMART.
Keeping BCC Objectives “SMART” in Tarawa, Kiribati continued

**Final BCC Objective:** To increase attendance in the Alcohol Awareness and HIV/STI Prevention Programme by men with alcohol problems in Tokaronga village in Betio during a one-year period.

The group decided to focus more on promoting prevention through the Alcohol Awareness and HIV/STI Prevention Programme, working closely with the Kiribati Counselors Association. The group agreed that this objective was more realistic, particularly over a one-year period, and measurable (by collecting attendance records, session pre- and post-tests to measure knowledge gain, etc.). The group felt good about this objective because they knew they could conduct the discussion and information sessions, could provide access to condoms, and could develop an appropriate BCC communication project to reach the audience. This final objective was SMART.

The group also agreed that this project would be just one step in the behaviour change process for the audience. Future projects would be needed to support the men in making positive changes in relation to alcohol consumption.

---

**Activity**

Use the information you gathered in Step 2 to help you do this. You do not need more than three project objectives. In fact, one or two is better. Make sure they are measurable!

Arrange a meeting with other organisations, government departments, and members of your audience to talk about your draft project objectives.
Organise a meeting with other health and community workers and people from your audience to discuss the behaviour change goals, objectives and, most importantly, ways that you can measure the achievement of them. This meeting is very important for the success of your project.

Things to talk about at this meeting include:

- The project’s objectives. Does everyone agree on these?
- The best way to develop the communication project.
- The best way to reach the audience (e.g. radio, newspaper, or peer education).
- The strategies that might be used to achieve the BCC objectives.
- Ways to measure the achievement of the project’s objectives.

**Reminder!**

**Do nothing………………**

Make no posters, no t-shirts, no pamphlets, no videos, no caps, etc., until you have set out specific and precise behaviour change communication objectives.

**Objectives** are specific statements that help the project to achieve its goal. Objectives also establish standards that the project will be evaluated against later.

**ACTION**

Now you can use this information to fill in the BCC objective column on your communication planning chart.
Designing your communication project

- Message design and development
- Different communication methods
- Maximising the impact of messages
- Tips for developing print materials
- Tips for producing mass print media
Step 4  Designing your communication project

One of the reasons for developing your communication project is to promote the demand for information, services, and skills development. The way the communication project is designed is very important in making sure that you succeed in getting the attention of your audience so you can influence their attitudes and behaviours.

In this step you will learn about how to:
• develop a specific message
• get it out to your audience (i.e. radio, newspaper, posters, drama plays, peer education
• support the primary audience taking on this message.

Message design and development

It’s time to develop messages that will attract or interest your audience(s) and encourage them to make positive behaviour changes. Use focus group discussions and interviews with your audience to help you make decisions about the messages you’ll need to develop to meet their needs.

What is a message? A message is a short phrase or sentence that presents an idea in a simple way. It is a brief saying or slogan that is repeated to friends, colleagues, and other interested people using different communication methods. **A good message is short and to the point.**

When you decide on a message for an audience, it’s a good idea to think of a theme or saying that will be repeated throughout your communication project. This theme should be one or two sentences long and easy to understand or recognise. For example, “In Samoa Be Safe, Be a Winner; Protect Yourself from HIV – Practice Safe Sex” (SPG07 campaign message).

It is important that your message helps push the audience from one position, or step, in the behaviour change process to another. For example, from “thinking about it” to “preparation”, or from “taking action” to “maintenance”. To do this it is important to know what stage your audience(s) are at in the behaviour change process. Different messages will be needed for different stages of behaviour change, as shown in the diagram on the next page.

Also, is your audience already receiving messages? If they are, what are they? Have some members of the community already started to use (or practice) these messages? Do you need to look at helping them maintain the behaviour? You need to know these things in order to use or change existing messages, or look at other needs that have not been addressed.
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

1. Write down all the messages your audience already receives about the health issue you are focusing on. Find out where these are available from, and in what form (e.g., TV, radio or pamphlets).
2. Ask people from your audience what they think of the existing messages and if they have any ideas for making them better and where they saw or heard about them.

3. Use this feedback from your audience to decide if you can use or change the existing messages. Ask yourself:
   - How have these messages been used?
   - Do the messages match our project’s BCC objectives?
   - Were these messages effective? (What did the audience say about them?)
   - Can you get permission to change or use these messages?

4. If you decide not to use (or adapt) existing messages, you need to decide whether the existing messages conflict (say something different) with the messages you want to deliver, and can be added to or improved in response to your audience’s needs.

It is now your turn to develop messages. Keep in mind that no communication project can cover all possible messages. However, depending on which methods (ways) you decide to use to communicate to your audience you may be able to have more than one idea. For example, you can have more than one idea with radio or TV; others, such as posters, you cannot.

Here are seven tips to help you develop successful messages for your communication project.

<table>
<thead>
<tr>
<th>TIP</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain the benefit(s) of making the behaviour change.</td>
<td>“If you use condoms while you’re away from home you can protect your family from STIs.”</td>
</tr>
<tr>
<td>2. Give them information/facts that will support the benefits.</td>
<td>“STIs can cause infertility in women and harm unborn children.”</td>
</tr>
<tr>
<td>3. Make the messages clear and simple.</td>
<td>“Safe sex: It’s easier than you think.”</td>
</tr>
<tr>
<td>4. Make sure the main points stand out.</td>
<td>“GET YOUR CONDOMS TODAY”</td>
</tr>
<tr>
<td>5. Do not use too many ideas in any one project.</td>
<td>“Regular use of condoms prevents the spread of STIs to you, your wife and your unborn children.”</td>
</tr>
<tr>
<td>6. Create a feeling that matches with the information you are giving them.</td>
<td>“Love alone will not protect you from STIs and HIV. Love each other enough to use condoms every time.”</td>
</tr>
<tr>
<td>7. Find reliable/respected people or organisations to help deliver your message.</td>
<td>“As a professional football player, I know the importance of achieving my goals. Stay alive long enough to achieve your goals. Use condoms.”</td>
</tr>
</tbody>
</table>
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

Designing a communication project for the Melanesian Arts Festival

During the 2006 Melanesian Arts Festival in Fiji, the Fiji Ministry of Health and partners, with assistance from the Secretariat of the Pacific Community’s HIV and STI Technical Team, developed a specific communication project targeting young people attending the festival. As part of this process, the working committee identified specific risk factors that were making young Melanesians vulnerable to HIV, and so developed specific messages based on these factors. After more discussion (and audience research) the team agreed that they needed to be as specific and direct as possible if the audience (young people) was going to understand the message and take action. The final messages used in this project focused on unprotected sex in relation to alcohol use, as well as Melanesian men’s attitudes toward sex and their preference for skin-to-skin sex.

The directness of the message used in the banners and posters, together with other communication messages and methods, such as peer education, resulted in a number of people accessing the on-site testing facility set up specifically for the campaign.
## Using a Message Ideas Sheet

Below is an example of a Message Ideas Sheet. The first part has been completed in order to show you how it works. The Message Ideas Sheet will help you as you develop the messages for your communication project.

<table>
<thead>
<tr>
<th>MESSAGES</th>
<th>What benefits will the audience get by following the message?</th>
<th>Is the message simple?</th>
<th>What do you want the audience to feel when they read the message?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>“Having sex doesn’t make you an adult.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is no pressure to grow up too quickly. Enjoy the way you are now.</td>
<td><strong>YES</strong></td>
<td>Young people should feel that there is nothing wrong with delaying sex.</td>
</tr>
</tbody>
</table>

Now you can use this information to fill in the KEY MESSAGES column on your planning chart.
Different ways of communicating with your audience

The methods (ways of communicating) you choose for your communication project depend a lot on your audience, their location, media habits (how they get their news – TV, newspaper, magazines), your BCC objectives, but also on your budget. If possible, use more than one method because the message(s) can be supported in different ways. When you are selecting appropriate ways of communicating with your audience also consider what skills and resources are needed for the audience to make the positive change.

Some of the ways to reach your audiences are through:

<table>
<thead>
<tr>
<th>a) Interpersonal methods</th>
<th>b) Small media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counselling</td>
<td>Flip charts</td>
</tr>
<tr>
<td>Telephone hotlines</td>
<td>Brochures/pamphlets</td>
</tr>
<tr>
<td>Outreach</td>
<td>Slides</td>
</tr>
<tr>
<td>Peer education</td>
<td>Posters</td>
</tr>
<tr>
<td>Group counselling</td>
<td>Video</td>
</tr>
<tr>
<td>Training (e.g. training STI practitioners in STI education/counselling, training peer educators in communication skills)</td>
<td>Audio tapes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c) Mass media</th>
<th>d) Special events (e.g. World AIDS Day, school fairs, campaigns at Arts Festivals and sporting events)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Film/videos</td>
<td></td>
</tr>
<tr>
<td>Newspaper</td>
<td></td>
</tr>
<tr>
<td>Theatre/drama</td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
</tr>
<tr>
<td>Magazines</td>
<td></td>
</tr>
</tbody>
</table>

It’s important to find “the right mix” of communication methods for reaching your audience and influencing the secondary audience. This will depend not only on what media the audience uses most, but what is available in your local community. For example, in some villages there may not be TV or radio. In this case, interpersonal communication, drama or posters might be the best way to communicate a message. There are more choices of methods in an urban area or city.
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

Below we look at the features of different communication methods. For example, small media (print materials) and mass media (radio and newspapers). More information can also be found on page 57.

**Print materials**

Print materials – which can include posters, brochures, comic booklets, or fact sheets – can:

- back up or support messages that are being given to your audience by peer educators or maternal and child health nurses;
- reach the audience plus the people they share them with (e.g., friends and neighbours);
- be produced locally to meet local needs;
- correct rumours, myths, reduce fears and give people confidence that the health messages being promoted are effective and safe;
- be easily stored and do not need any special equipment; and
- quickly get the attention of the audience if presented in an interesting way.

Some **disadvantages** of using print materials include:

- not everyone can read;
- are more expensive to produce than radio messages; and
- more resources are needed to make sure they are distributed effectively.

**Radio messages**

Messages can be delivered to audiences using different types of radio programmes, and can be played at different times of the day. Radio:

- reaches both people who can read and people who can’t read, and can be broadcasted in the local language;
- uses batteries, so is useful in areas with no electricity;
- allows messages to be repeated many times throughout the day;
- is cheap to use.

Some **disadvantages** of using radio are:

- does not teach people skills (such as opening a condom packet or putting on a condom);
- people can not ask a question if they do not understand something that has been said (although some radio messages will give listeners a place to go for more information); and
- not everyone in the Pacific has access to a radio.
Drama

A drama performance is a good way of reaching your audience because stories can be based on real-life situations that encourage the audience to think about health issues and how to take positive action. Drama can:

- suggest ideas for changing behaviour;
- be performed in public places, and generally does not need computers, lighting, or other equipment;
- encourage audience participation;
- reinforce other communication methods, such as posters, banners and songs;
- be developed and performed by local groups.

Some of the possible disadvantages of using drama are:

- it is not always possible to ensure that members of your audience will attend the drama performance;
- drama performers need proper training and support.

Peer education (interpersonal communication)

Peer education is another way of communicating health messages and supporting behaviour change within a community. Like all communication methods, however, it is not suited to every situation. Your audience research will help you decide whether peer education is the best approach for meeting your behaviour change objectives. Peer education can:

- be a way of delivering culturally sensitive messages among peer groups;
- happen at the community-level and support other programmes, for example, STI treatment services;
- be more popular with audiences. Many people say they are more comfortable talking to a peer about their personal concerns such as sexuality;
- inexpensive because peer educators provide a large service at a small cost;
- support individual needs; and
- correct rumours and negative beliefs and ideas.

Some possible disadvantages of using peer education is that it is:

- time consuming to select peer educators, train them, and provide them with ongoing support; and is
- not suitable for every health project.
Now that you have developed a message(s) for your project, it’s time to figure out how you will get the message(s) to your audience. You may have already decided on the communication methods that are best suited to your audience.

Go back to the mapping and portrait activities that you completed in Steps 1 and 2. Using the information you collected from these exercises, decide on the most useful ways to reach your audience.

**The Safe Games Campaign**

The Safe Games Campaign developed and implemented for the 13th South Pacific Games, used different communication methods to educate Pacific Island athletes on sexual health issues, and promoted specific commodities and services available to the athletes during the games.

Using BCC principles as a way of identifying issues and developing specific messages (including conducting community research to identify risk factors, conducting audience research and identifying specific objectives), the working group (made up of different organisations and agencies) identified specific methods of communication that the team felt would be effective for getting the message across to the audience. These included:

- safe games backpack (containing information materials & condoms)
- banners and posters
- billboards
- tv and radio “spots”
- peer education

All five methods of communication supported and reinforced the main Safe Games Campaign theme: “In Samoa Be Safe Be a Winner; Protect Yourself from HIV – Practice Safe Sex.”
Methods for maximizing the impact of messages

Communicating about behaviour change goes hand in hand with building people’s skills to maintain or change, and creating a supportive environment in which this can all take place. This means that messages for behaviour work hand in hand with activities to support the primary audience acting on this message.

Developing skills for behaviour change

People can know about a health issue or problem, but unless they have the skills they may not be able to change their behaviour. Developing personal skills can be achieved in a number of ways – mostly through interpersonal methods (identified on page 52). Many people need to be taught and have opportunities to practice a certain behaviour – for example via practical demonstrations of how to use a condom. Other people may need counseling or training in skills such as negotiation, or help with increasing their sense of self-worth, empowerment and being able to reach agreement over practicing less risky behaviours. For example women often have little say in use of condoms with their partner(s) and may need support and encouragement to enable them to use condoms. Similarly, many people will not access SRH or HIV/STI services because of embarrassment in talking about sensitive topics such as sexuality, sexual behaviour; HIV/STIs and reproductive health problems. They need support and training on how to talk openly about these issues and how to request for help, treatment or advice.

Creating supportive environments

Availability of services and resources

Your audience needs to have access to products and services that will help them change their attitudes and behaviour; so communication activities need to be linked to the delivery of supportive services and appropriate resources.

Access to services and products like condoms and other contraceptives is very important – there is no point in developing a communication project to promote condom use if condoms are not easily available to the audience. So, part of your project will need to make sure that condoms are available in different locations and settings and at different times. Distribution of condoms in specific venues and during community based events makes sure that condoms are available to people when needed (e.g. distributing in clubs and bars).

The availability of supportive health care services and health staff that back up the BCC messages is equally important. Most communication initiatives encourage people to ask for and use services and information.

What services and resources will be needed for your communication project to be successful?
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

Promoting healthy public policy

Your communication project may not be directly involved with drafting and implementing policies but it is important that relevant policies are considered that may have a bearing on the success of your communication project. The policy environment needs to be supportive of the main aims of the project in terms of:

• Encouraging behaviour change;
• Reducing stigma directed at people you are trying to reach (e.g. sex workers, men who have sex with men), or behaviours you are trying to change (e.g. use of condoms);
• Making health services and appropriate resources easily available (e.g. after hours opening); and
• Having supportive health staff that back up the BCC messages with appropriate services.

Promotion of supportive and non-stigmatising attitudes of staff in health care and other settings are important and policies need to be in-place to support this. If people feel stigmatised or discriminated against they are less likely to reduce risky behaviours or access services. If the right policies such as are not in place (e.g. increasing condom outlets, preventing discrimination, setting up outreach services, etc.), then the impact of behaviour change messages will be reduced.

Advocacy

Promoting messages among political, religious and traditional leaders is useful to gain their support in encouraging behaviour change. Finding one or more high profile “champions” of your BCC messages can greatly increase impact on the community as well as ownership. Encouraging supportive attitudes by community leaders as well as health staff can make a big impact on helping people develop positive, healthy and protective attitudes and behaviours.

It’s important to ask for and gather leaders views, to explain to them why behaviour change is important and identify the roles they can play to support behaviour change. Try to motivate community leaders by identifying the benefits of advocating and becoming involved. For example, making leaders understand that supporting your communication project will protect the health of their communities.

Individuals need to feel community support for the attitudes and behaviours that are being promoted. Other barriers to improving people’s sexual and reproductive health might be:

• Lack of services or lack of appropriate knowledge by service providers
• Judgmental attitudes by other community members
• Holding back or controlling of health messages and health information by gatekeepers
• Policing of illegal activities such as sex work and men who have sex with men.
Refer back to the list of barriers to behaviour change in your community that you identified in Step 2 (page 33). What are some of the different ways of tackling these? How will these activities be used in support of your communication project?

Your research in Step 1 identified
- What skills people need to change their behaviour;
- What services and resources they need;
- How people’s environments can be made more supportive.

When planning strategies to support the promotion of your message(s) and complement your communication activities, think about how you will implement these within broader BCC programme areas.

**Don’t forget!**

*Effective communication projects can help the audience to:*
- maintain a positive attitude/behaviour
- make a positive change
- develop the skills to make the positive change(s)
- create a supportive environment for practising the new behaviour

Now you can use this information to fill in the “Strategies” column of your planning chart.
Tips for developing print materials

You’ll be able to use the different communication methods more successfully and effectively if you understand how to make the most of them. Below, we look at print materials, radio and print media in more detail.

**Tips for design and layout**

1. **Present one message per illustration.** Each illustration should communicate one distinct message.

2. **Limit the number of pages per material.** If there are too many messages, readers may become bored or may find the information hard to remember. More pages will also increase printing costs.

3. **Leave plenty of “white space”,** as this makes the material easier to read.

4. **Arrange the messages in an order that is most logical to the audience.**

5. **Use illustrations to support the text** because this makes the material more interesting to read and look at, and can help the reader remember the information.

**Tips for illustrations/graphics**

1. **Use appropriate colours.** Test colours with the audience.

2. **Use familiar images.** People understand and like images that are familiar to them. Facial expressions, activities, clothing and buildings should all look like they come from the Pacific Islands region.

3. **Use realistic illustrations.** Try to use people and objects as they occur in day-to-day life.

4. **Use simple illustrations.** Avoid too much detail that can distract the reader from the core message.

5. **Use easy to understand symbols.** Symbols, including arrows, crosses, and balloons that represent conversations and thoughts, are often not understood by people. Make sure you test symbols with the audience.
6. **Use easy to understand illustrations.** Different styles of illustrations – line drawings, shaded drawings, photographs and cartoons – are not always understood by each audience. The same messages should be tested in different graphic styles to see which is the most acceptable and easily understood by the audience.

**Tips for the text**

1. **Choose a type style and size that is easy to read.** Italics and sans serif type styles are more difficult to read. Choose a type size that is large enough for the audience to read.

2. **Use uppercase and lower case letters and regular type.** Text written in all upper case, or capital letters, is more difficult to read.

3. **Test the reading level of your audience.** Pre-testing your materials will show you if the audience understands your messages.

4. **Repeat information, whenever possible.** This helps the reader understand and remember the message.

5. **Translating printed materials from English into a local language.** Word-for-word translation of English materials into a local language is not recommended. Translating the content and meaning is a specialised skill and you need to make sure that it is done correctly.

**Tips for developing mass media messages**

**Radio**

Use radio to communicate your behaviour change message if you have a very large audience and have limited funds to spend on media.

Below are some examples of the types of radio programmes to use if your goal is to get information and behaviour change messages to as many people as possible at one time.

<table>
<thead>
<tr>
<th>Types of radio programmes</th>
<th>Suggestions for use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>News</strong></td>
<td>You can use the news to tell people about your sexual reproductive health, HIV or other STI programme. Invite radio journalists to cover an event such as a workshop. If you invite an important official to speak at the event, the radio staff can use part of the speech in that day’s news programmes.</td>
</tr>
</tbody>
</table>
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

Below are some examples of the types of radio programmes to use if your want to target messages to a specific group of people.

<table>
<thead>
<tr>
<th>Health programmes</th>
<th>Health programmes give you the chance to inform and educate the community about sexual and reproductive health issues, HIV and other STIs. You can talk about different health issues relating to your project for each show. If your local radio station does not have a regular health programme, talk to the programme manager and try to get one started.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dramas</td>
<td>Popular dramas (soap operas) can have health-related story lines. If your local radio station has a drama show, ask the producer and scriptwriter to include positive messages and examples of behaviour change in their stories. Ask a volunteer to help by providing examples of how they can work these issues into their story plots.</td>
</tr>
<tr>
<td>Current affairs shows</td>
<td>Sometimes the most important national, regional and local issues are discussed in a special news show called “Current Affairs”. Talk to the radio programme manager, and ask if you can help organise a special show on a topic that relates to your project.</td>
</tr>
<tr>
<td>Spots, jingles and PSAs</td>
<td>A PSA (public service announcement) is a message presented by a non-profit or government agency. These are very important for keeping your messages in the public eye. Develop short spots, PSAs and jingles (brief songs with messages) to promote your messages, and ask the radio programme manager to play them as often as possible throughout the day. You may not have to pay for airtime if you use PSAs.</td>
</tr>
</tbody>
</table>

Below are some examples of the types of radio programmes to use if your want to target messages to a specific group of people.

<table>
<thead>
<tr>
<th>Types of radio programmes</th>
<th>Suggestions for use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: young people - youth forums</td>
<td>This type of programme discusses problems that affect adolescents and young people. Speak to the show’s producer and ask if you can arrange a show on health issues. Focus on a few important points. Ask people who are accepted as positive role models by local youth to participate. Such people could include well-known youth, youth leaders, singers and athletes. You should also be present to make sure questions are answered correctly.</td>
</tr>
</tbody>
</table>
### Target: young people top ten music shows

This type of show plays the latest local, regional and international music, and is usually directed at young people. You can air PSAs aimed at youth on this type of show.

### Target: women and women’s programmes

This is a programme about women’s issues. It’s best to have a woman talking on this programme. Again, ask the producer if you can arrange shows that talk about sexual and reproductive health, HIV and other STI health issues, and women.

### Target: men and sports programmes

There are two types of sports programmes: live broadcasts of a game or popular sport, and sports information programme where the presenter gives an overview of sports and a preview of sports events for the coming week. This type of programme is best for reaching men. Use spots, jingles and PSAs throughout sports programmes.

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*Participants of a radio scriptwriting workshop (run by Wan Smolbag) are recording sound effects (outside) for their radio programme.*
Tips for producing mass print media

Where do I begin?

The two main kinds of print media in the Pacific Islands region are newspapers and “inserts”. Below is a brief explanation of each, along with some of their strengths and weaknesses.

<table>
<thead>
<tr>
<th>Type of print media</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| **Newspapers**
available by single issue or subscription | Cheap to buy and available in most places in the Pacific.                  | Only suited for people who can read.                                     |
|                                      | Many people can share a newspaper.                                        | May be too expensive for some people.                                    |
|                                      | People can clip and save newspaper articles. Policy-makers read them.      | May not be available in some Pacific Island communities.                 |
| **Insert: a single piece of paper with facts or information inserted into newspapers.** | Cheap to produce.                                                         | Only a limited amount of information or facts can fit on one page.        |
|                                      | Can reach many people.                                                    | Only appropriate for literate people.                                    |
|                                      | People can keep the insert after they finish reading the newspaper.       |                                                                          |

Print media staff are very busy because they must meet daily, weekly or monthly deadlines. The best thing you can do to help get your information printed is to be prepared. If you help busy staff writers by giving them all the information needed to write a story, you have a better chance of getting your article printed.
Tips for working with media staff

- Write down all the topics you want to discuss with the newspaper staff.
- Read the newspaper so that you know the types of articles it prints.
- Call the newspaper. Ask to meet with the editor or reporter who covers public health stories.
- Follow up your meeting with a thank you letter. In your letter remind them of all the main points you discussed in your meeting. This helps to keep your media message goals clear for the newspaper reporter.

Once you have completed these steps you will be ready to start writing the article.

Producing a newspaper article

There are two ways to write a news article.

1. You can give information to a newspaper reporter and let him or her write the article.

2. You can write the article yourself and give it to the newspaper to print. Some newspapers will only print articles written by their own staff so you should ask the publication what their policy is on this.

What information do I give to the reporter writing the article?

In Steps 3 and 4 you decided on your communication objective and message(s) for your communication project. This will be the key message you want readers to read or learn about after reading the article.

Write your message goals on a large piece of paper and hang it on the wall. Refer to these objectives and messages as you write down the information you want to give to the reporter.

You may also want to give the reporter a media fact sheet. This will include important facts in “bullet form” so the reporter can read it easily and use it as a source of information now and in the future.

What if I want to write the story myself?

Writing a story is easy. As a health and community worker, you already know the facts about your specific health issue. Below are some tips to help you write a short article or story.

Writing tips for print media

- Write a story using the messages you developed in Step 4. For example, if your message is to let young people know that some of their peers are avoiding HIV infection, you might want to focus the article on real-life stories of young people who use condoms regularly.
• Begin the article with an important fact, story, example, or quote – something that will grab
readers’ attention and make them want to keep reading.

• Quotes from members of the target group can support the message. Quotes from leaders in the
field give articles credibility and help make an article more readable.

• Include facts and statistics, but don’t use too many numbers. Choose the strongest and most
powerful facts to help you make a point. For example, “One out 20 young people has an STI. As
many as __% may be infected with HIV.”

• Make the point in a clear and concise (short) manner.

• Ask the publisher how long the article should be.

• End the article with a forceful message. It’s good to leave the reader with a strong message or
lasting thought. Ask yourself; “If my reader only remembers one or two things from my story, what
do I want them to remember most?”

**Getting the article printed**

• If possible, ask the newspaper editor for written approval for the article before you begin writing.

• Ask people you work with to read and comment on your article when you finish writing it. If you
agree with their comments and suggestions, make some changes.

• Make sure the facts are correct!

• Ask the editor when you should send the article to him/her by. What is the deadline?

**After the article is printed**

Get 20–30 issues of the newspaper that your article is in. Do this on the day the story is printed. Give
these 20–30 copies out to local, national, and international project staff and representatives of the
Ministry of Health, UNFPA, WHO, UNAIDS, NGOs and donors in your community.

Make photocopies of the article and hand them out as an additional information source to news
agencies, Ministry of Health officials, regional leaders, teachers, etc.

**Writing a media release**

A good media release (also called a press release) may encourage local journalists to write about
your event or it may give them ideas for a story. Busy journalists often just take sections from a media
release, or even use it all. So, it is important to write in their particular style so that your media release
can be used without editing. You should start with the most interesting bit of information. Your first
paragraph should be explained in a way that is interesting, and grabs people’s attention.
The first paragraph should answer “the five Ws” and “How?”: Who? What? When? Why? and How”. Who and what are usually the most important pieces of information in terms of interest to the audience. When, where, why and how are important details if an event is being organised.

1. When writing a media release, put the most important information near the top, and the less important information down towards the bottom. Readers generally start at the top and may miss information at the bottom of the story.

2. Write in short sentences and paragraphs. Remember the KISS rule: keep it short and simple. Your media release should be only one page in length.

3. Use everyday language.

4. Direct quotes add interest for the reader. Use a quote(s) from an appropriate person, but be sure to get permission from them if you do this.

5. Make sure the information is accurate.  

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**SPC/Fiji Ministry of Health Press Release**

Survival of Melanesian cultures and traditions dependent on open dialogue on HIV and sexual health needs

Noumea, Friday 29 September – The Cultural Development Bureau and the HIV & STI Section of SPC, in collaboration with the Fiji Ministry of Health, will launch the 2006 Melanesian Arts Festival HIV campaign on Monday 2 October.

The launch, to take place in Suva, includes guest speaker Dr G. Gounder, Fiji’s Hon. Minister for Curative Health Services, and SPC Director-General Dr Jimmie Rogers.

“Africa is no longer the only region in the world to suffer from the incredible devastation HIV can cause. We need to recognise that HIV is here, now, in our Pacific Islands, and has already had tragic effects on the lives of hundreds of thousands of our communities,” said Dr Dennie Iniakwala, head of the HIV & STI Section at SPC. “We need to focus on what is happening in our communities and change those cultural and traditional barriers that are contributing to the spread of HIV.

“Ultimately: the Melanesian cultures and traditions that survive the threat of HIV will be those that are strong enough to support safe sex, provide a safe environment for dialogue on sexual health needs, and understand and support the need for access to information, care and treatment.”

The HIV campaign will run for the duration of the Melanesian Arts Festival, from 3 to 11 October.

“Strategies for the campaign are woven and integrated into the main festival theme of ‘Living Cultures, Living Traditions’. It is a rather ambitious initiative to foster dialogue on issues relating to HIV and AIDS within a traditional and cultural setting,” said Jovesa Saladoka, HIV & STI Behaviour Change Communication Officer at SPC.

Twenty trained Fijian HIV peer educators will be at the Melanesian Arts Festival to talk to participants on a one-to-one basis and get the dialogue going on HIV and safe sex as well as promote voluntary confidential counselling and testing.

Mr Saladoka noted that the majority of countries taking part in the festival had conducted pre-departure HIV sessions with their delegations “to set the scene for prevention, and get them prepared and talking even before coming”.

A press conference will follow the launch, which will be at 10 a.m. on Monday 2 October at the Holiday Inn.

For more information, please contact Nicole Gooch, SPC HIV & STI Communications Officer, email: nicoleg@spc.int, phone: (687) 26 67 71.

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1 A good source of information for writing a media release is the booklet, “Using the media – Getting population and reproductive health into the Pacific media”. Secretariat of the Pacific Community, Canada Fund, and UNFPA. 2000. See media contact list (in this guide) for more information.
Developing a workplan and budget

- Small fold out brochures x 300
- Cost of translation into local language x one brochure
- Arrange for focus groups for pre-testing of materials x 4 sessions

The workplan
Developing a budget
Workplan template
Step 5  Developing a workplan and budget

Before you develop your workplan, you need to think about the different steps you have completed so far for your communication project. You’ll use the results of your audience research (including the mapping exercise and the portrait activity), your BCC objectives, and the messages and methods you have decided to use to reach your audience. These are not separate steps or activities but are all connected.

While you are completing Step 5 (developing a workplan), look for opportunities to work with NGOs, CBOs, government departments, and other agencies that have an interest in or experience with working with your audience.

The workplan

A workplan lists the steps that you need to complete in your communication project and will help you to organise and plan your BCC project. Below are examples of a workplan and timeline. You can use these as a starting point for developing your own workplan. The time needed to complete the eight steps in the communication project development process can range from six to twelve months, or even more. The time will depend on how complicated and big your project is. For example, the number of communication methods you use and develop, the number of staff working on the project, and the amount of money in your budget to pay for outside help (such as a scriptwriter for a drama, or an artist to illustrate a poster).

Sample timeline for developing BCC materials for youth in Palau

To help develop the communication project as part of an HIV/STI prevention programme in Palau by early September 2007, the following six-month timeline of activities were carried out. Note, in this project the audience research had already been undertaken.

<table>
<thead>
<tr>
<th>Time period</th>
<th>Key activities</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late April-late May 2007</td>
<td>Design questionnaire for collection of baseline data on HIV/STI knowledge levels and testing and treatment site knowledge</td>
<td>MoH HIV/STI programme</td>
</tr>
<tr>
<td>Development &amp; baseline data</td>
<td>Implement questionnaire with sample audience members</td>
<td>Resource centre peer educators</td>
</tr>
<tr>
<td></td>
<td>Document baseline clinic and resource centre statistics</td>
<td>Resource centre staff &amp; clinic nurse</td>
</tr>
<tr>
<td></td>
<td>Draft messages for banners and posters</td>
<td>Peer educators</td>
</tr>
<tr>
<td></td>
<td>Seek feedback on existing brochures</td>
<td>SPC &amp; MoH</td>
</tr>
<tr>
<td></td>
<td>Get quotes for banners, plus artwork sizes</td>
<td></td>
</tr>
<tr>
<td>Late May-June</td>
<td>Drafting &amp; Pre-testing</td>
<td>Production &amp; printing</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>
| Graphic design/ artwork for draft versions of Palau brochures, banner designs | • Pre-test drafts with members of target group through focus groups  
• Document feedback from pre-testing and make changes based on second draft of materials (messages & design/artwork)  
re-focus test if necessary  
• Finalise designs | Deliver print-ready designs to printing and layout companies  
• Organise shipping of materials  
• Prepare launch plans, including press releases and media involvement | Launch campaign and materials  
• Send copy of materials (or photos) to SPC clearinghouse  
• Monitoring:  
  - monthly monitoring of clinic statistics  
  - monthly monitoring of resource centre statistics  
• Distribute materials | Collect six months of data on HIV/STI knowledge and testing and treatment site knowledge  
• No. of materials distributed/used & through which outlets  
• Compile & analyse data (campaign evaluation) |

MoH HIV/STI programme & local graphic designer  
Resource centre peer educators  
HIV/STI programme & Resource centre staff  
HIV/STI programme & graphicdesigner  
HIV/STI programme staff  
HIV/STI programme & SPC  
HIV/STI programme & Resource centre staff  
HIV/STI programme & Resource centre staff  
HIV/STI coordinator & Resource centre coordinator  
HIV/STI programme staff

On page 69 we have included a blank workplan. You can photocopy, copy onto a piece of butchers paper, or print this template off the CD and use it during your project.
Developing a budget

The budget should include all the expected expenses relating to your project: from snacks and drinks at focus group discussions, to the cost of hiring a graphic artist. The table below is a sample budget for the BCC project in Palau. This sample includes the major expenses you would need to cover in a typical project.

**Palau BCC campaign budget**

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Budgeted cost US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translation of text from English to Palauan @ 4¢ per word</td>
<td>2000 words</td>
<td>500</td>
</tr>
<tr>
<td>Small fold-out brochures in Palauan (@ 25¢ per) x 4 topics</td>
<td>1000 per topic</td>
<td>1000</td>
</tr>
<tr>
<td>Banners x 3 designs @ $60 per</td>
<td>4 sets</td>
<td>750</td>
</tr>
<tr>
<td>Condom key rings @ $2 per</td>
<td>1000</td>
<td>2000</td>
</tr>
<tr>
<td>Messaged wristbands @ 0.40¢ per</td>
<td>1000</td>
<td>400</td>
</tr>
<tr>
<td>Graphic design &amp; local artist fees</td>
<td>1</td>
<td>1500</td>
</tr>
<tr>
<td>Pilot testing &amp; monitoring focus groups (refreshments, transport, incentives)</td>
<td>5</td>
<td>1200</td>
</tr>
<tr>
<td>Shipping to Palau (from Fiji &amp; Australia)</td>
<td>3</td>
<td>1000</td>
</tr>
<tr>
<td>Miscellaneous (phone, fax, etc.)</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$8500</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Workplan

<table>
<thead>
<tr>
<th>Time period</th>
<th>Key activities</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-testing: Checking your messages and communication methods

- What is pre-testing?
- Pre-testing: Myths and facts
- How to pre-test
- Organising a pre-test
Step 6  Pre-testing: Checking your messages and communication methods

What is pre-testing?

Pre-testing means checking your messages and methods to find out if your audience understands and relates to what you have designed before finalisation. It shows if your methods for promoting positive changes are going to influence behaviour or not.

Always pre-test your messages and methods with a small group of people from your audience. Do this by organising focus group discussions or interviews. If you pre-test your BCC materials, you will be sure that the message you want to send out and the way you intend to send it out is being received and understood by the audience.

When you are pre-testing, you will need to ask people from your audience to tell you what they think of specific messages and methods. For example, have the audience tell you if the message is clear and easy to understand; if there are too many difficult words being used; whether the illustrations/pictures are interesting and help explain the message; if there are things that they don’t like about the message or method.

Think about the different ideas that people have, and then decide if you need to change anything about the project. Pre-testing is sometimes done more than once before the messages and methods are ready for your larger audience.

It is important during the pre-testing stage that you are open to feedback about your work. Remember, it is not personal, and when people say negative things about your draft messages and methods, they are not directing it at you personally.

Why is pre-testing of messages and methods needed?

Pre-testing is the only way to find out if your audience understands and relates to your message(s) and if your approaches for encouraging behaviour change are going to motivate people to take action. It helps make sure that you are using appropriate language, pictures and methods that are engaging, educational and effective. Pre-testing will also help save your project time and money. There’s no point in spending lots of money designing communication projects that are not understood by the audience and do not have any impact on attitudes or behaviour.

Messages and methods are pre-tested to:

• Tell you how well people have understood them.
• Tell you if people can remember the messages (recall).
• Help you understand if the approaches are effective in encouraging behaviour change. (For example, can the audience understand the personal benefits, does it make them want to make a change, and does it provide support and assist them in actually making the change?)
• Identify strong and weak points.
• Look for sensitive or controversial messages or illustrations

Pre-testing: Myths and facts

Some myths about pre-testing can stop health and community workers from pre-testing messages and methods. Below are some myths with their real truth (fact) explained.

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-testing is too expensive and time-consuming.</td>
<td>Pre-testing can save the project money and time by making sure that the target group understands messages and methods, and responds positively to the messages. Correcting messages after they have been produced is very expensive and takes a lot of time.</td>
</tr>
<tr>
<td>The audience will not be able to give useful feedback on draft products because the information is new to them.</td>
<td>The audience can tell you if the messages and methods are easy to understand, clear and appealing. They can also tell you which parts of your materials and products they do not understand so that you can look at changing just those bits.</td>
</tr>
<tr>
<td>Only written materials and messages need to be pre-tested.</td>
<td>All areas of BCC messages and methods need to be pre-tested. This includes words/dialogue, sound, photographs, drama skits, videos, music and graphics. If people cannot understand the message, or the methods are not appropriate to the audience, it will have no impact.</td>
</tr>
</tbody>
</table>
How to pre-test

The two most popular ways of pre-testing are **individual interviews** and **focus group discussions**. But before this is done there should be a **reading test** (for written communication) to check that people understand and get **expert advice** (e.g., from a doctor) to make sure the information is correct or is being produced properly (e.g., from a radio producer). Basically, you need to check that your communication messages and methods are on the right track before you print them, perform them, or put them on the radio or TV.

1) **Expert advice** involves asking experts, for example, nurses, doctors, and media specialists to look at the draft messages and give comments and suggestions for how they could be improved (this is usually done before pre-testing). You can also test on your own colleagues and managers.

2) **Reading tests** help to ensure that the reading level of print materials is suitable for the audience. This test can be done **before** pre-testing with the audience.

**Expert advice**

Questions to ask experts about the **content**:

- Is the information in this message correct?
- Can you suggest a better way to present this information?
- If you were developing this message for the audience, what changes to the wording would you make? What changes would you make to the illustrations/pictures?

Questions to ask people about **production**:

- Is this print large enough for people to see and read?
- Is there enough “white space” on this page?
- Is the border of the page large enough?
- Is the music too loud or too soft?
- Does the radio announcer speak clearly? Does he/she speak too quickly?
- Can you suggest how we could make this radio spot better?
- What changes would you make to the illustrations and pictures?

**Reading test: Finding out if your audience can read the messages**

This is a good way of finding out if your BCC message is easy or difficult for your audience to understand; this will depend on the age and education level of the audience. The reading test is helpful for written materials such as pamphlets, flyers, or training manuals that are at least 30 sentences long. Using one of these materials:
1. Choose 10 sentences near the beginning, in the middle, and near the end of the material.

2. You now have a sample of 30 sentences. Circle all the words with 3 or more syllables in this sample (these can include the same word repeated). For example, the word “sexually” has four syllables: sex-u-all-y

3. Count the number of words circled.

4. Take this number and compare it to the table below to work out the average reading level of your material.

5. Now think about the education level of most people in your audience (the information you got from the research on your audience). You may find that you need to rewrite your text to suit their reading level and ability.

<table>
<thead>
<tr>
<th>Total number of words with 3 or more syllables</th>
<th>Estimated reading level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–6</td>
<td>low-literate</td>
</tr>
<tr>
<td>7–12</td>
<td>primary school</td>
</tr>
<tr>
<td>13–30</td>
<td>some secondary school</td>
</tr>
<tr>
<td>31–72</td>
<td>secondary school graduate</td>
</tr>
<tr>
<td>73 and above</td>
<td>university or post-graduate education</td>
</tr>
</tbody>
</table>

Ways of pre-testing

1. **Individual interviews** are one-on-one interviews between an interviewer and a participant. The interview should take place in a private, confidential setting.

2. **Focus group discussions** are small gatherings (around 8–10 people per session) where the messages and methods are discussed in a group.

Individual interviews and focus group discussions can be used to pre-test with both your primary and secondary audiences. Trying out your messages and methods with village leaders, parents, teachers, pastors and other secondary audiences can help gain their support and influence.
Organising a pre-test

It is important to be organised for the pre-testing session. If you are organised, the test participants will probably respond more seriously.

**A. Organising the draft messages**

Draft messages do not have to be professionally produced for pre-testing.

- If you are testing pamphlets or brochures, make a photocopy for each person in a focus group discussion. If you are doing individual interviews, the same copy can be used for each person.

- If you are testing posters, one copy is enough. Cover all the words with paper so that participants can first tell you what they think about the illustration(s) or pictures.

- If you are testing radio or TV messages, make sure your radio or TV is working well and that the sound is loud enough to be heard by everyone. Also make sure you have access to electricity or extra batteries.

- If you are testing a drama, make sure everyone can see and hear.

*A drama performance being pre-tested at the hospital in Nauru. The theme used for this drama performance is “respect yourself, use a condom”.*
B. Pre-testing questions and responses

Prepare questions that are specific to the messages you are testing. Test the questions with a few members of your audience to be sure that they are clear.

In a focus group discussion, the leader runs the discussion and the notetaker records the group’s opinions and summarises the answers.

Make sure you ask questions about different aspects or parts of the messages and the method you are using. Below is a list of questions that you may want to use when you hold a focus group discussion or interviews for pre-testing. Don’t forget to give the person you are speaking to a copy of your draft messages.

1. In your own words, what does the text mean? What is it trying to tell you? What message do you get from reading/listening to this?
2. What does this picture show? Is it telling you to do anything? If yes, what?
3. Do the spoken words on the TV advertisement match the images on the screen? Why or why not?
4. What do you like/dislike about this radio message?
5. Are there any words used in the text (or radio message) you do not understand? Which ones? (If so, ask respondents to suggest other words that can be used to explain that meaning.)
6. Are there any words that you think others might have trouble reading or understanding?
7. Are there sentences or ideas that are not clear? (If so, ask respondents to show you what they are. Ask the group to discuss better ways to get the idea across.)
8. Is there anything you like/dislike about these messages?
9. Is there anything you like/dislike about the pictures (use of colours, kind of people represented, etc.) in the TV advertisement?
10. Is there anything controversial or sensitive about these messages or pictures?
11. We want the messages to be easily understood by others. How can we improve the pictures?
12. What other suggestions do you have for improving this message (pictures, words or both)?

When you finish pre-testing the messages and methods, you may need to make some changes. Answer the questions below to help you decide if any changes are needed.

1. Was the audience able to understand the messages and the language the messages were presented in?
   Yes  No (if no, why?)

2. What did the audience like best about the draft messages and how they were presented?
   Explain.

3. What did the audience like the least about the draft messages and how they were presented?
   Explain.
4. Was the audience able to understand the benefit(s) suggested in the messages?
   Yes   No (if no, why?)

5. Were there any sensitive topics raised by the audience?
   Explain.

6. What changes, if any, were suggested by the audience?
   Explain.

If the answers to these questions tell you to change the messages or methods, be sure to test them again after the changes.

**ACTION**

Now you can use this information to fill in the pre-testing plan column on your planning chart.
Implementation and dissemination

- Getting messages and materials out to the community
- Supporting health and community workers to implement communication activities
Step 7    Implementation and dissemination

After you have developed, tested and finalised your BCC messages and methods, you'll need to support health and community workers or other staff and volunteers in how best to use them, to increase the take up of messages by your audience.

Dissemination: Getting the messages and materials out to the community

Dissemination is an important step in getting your messages out to those who need them. In Step 4 you identified the most appropriate and effective ways of reaching your primary audience (communication methods) – your dissemination plan will build on this by helping to identify the best places and times to reach them including risk settings (refer to Risk Mapping exercise page 22). Materials and information need to be given out in these most likely places – places that people want to visit, collect information or read/listen to. Posters are useful in places where lots of people pass by.

Developing distribution plans with the community

In 2007, UNFPA partnered with AIDS Task Force Fiji (ATFF) and other organisations – to develop leaflets as part of a “Safe Sex Kit”. The pocket size, colourful kit contained condoms, lubricant and a message about HIV, STIs, how to use condoms, and where to get help on a small business sized card. UNFPA’s partners spoke with members of the community that they serve and suggested “distribution points that people wanted”. The distribution points targeted different groups of urban, sexually active young people – at different stages of changing their behaviour. They also suggested that posters be developed to market the kits and help people know where the kits are available from. The partners also agreed to place trained peer educators at selected distribution points to help get the message out.

Some of the distribution points identified by community members:
  • Supermarkets – a lot of people including young people go there for shopping
  • Night time shops & canteens – open after hours compared to clinics, health centres and pharmacies
  • Clinics, ARH centres, health centres – for easy access when young people go to these places
  • Nightclubs/Bars – many young people go there to drink and some end up having sex. Some go there to look for sex
  • Peer educators for MoH & ATFF – young people feel more confident to approach peer educators
  • Shopping malls
  • Coffee cafés and Internet cafés
  • Motels and hotels for sex workers
  • Bean carts – young boys hang around this area at the bus stand
  • Billiard/Amusement centres - many male youths attend these especially during holidays
  • Cinema (snack bars & cloakrooms)
  • Liquor/grog shops
  • Youth centres
  • Schools (secondary & tertiary) – some school students have sex in the toilets and other secluded spots at school
  • Service stations – most open long hours so people can access them from here too.
Dissemination is also about making sure the services and resources that support your messages are in place. For example, a trained HIV/STI prevention peer educator based at a university can give leaflets and condoms to students. He or she can also give further information and support to students in encouraging behaviour change. This assistance reinforces the message to students at different stages of behaviour change and is part of your strategy to complement your communication activities.

As part of the dissemination plan you need to identify the possible costs of distributing your materials/services and mapping out the time when distribution will happen. This information helps you decide on the best ways to disseminate your materials using the resources you have.

It is important to be organised and prepared during distribution, so that the materials can be used effectively. A common problem with good-looking materials (for example, full colour and glossy posters and brochures) is that they may be used to decorate offices of other workers instead of being given to people who need them such as your audience(s). Sometimes materials are seen as so important that they are carefully locked in a cupboard and never used. The whole point of developing materials is to get them out to where people can see, read and talk about them.

Make the point with your work team that one of the primary objectives of a communication project is to get the messages and materials distributed and to make sure they are correctly used by the intended audience.

**Some tips for distributing materials:**

- Write down a plan for distribution, based on channels identified in Step 4. Include in this plan a list of places you want your materials to be available to your audience, for example, local health centres, nightspots or bus stations.

- Get permission (if necessary) from the places where you want your materials available.

- Put up posters in places protected from rain and wind. Make sure that posters are put up in a way that they cannot be easily removed or stolen.

- Decide how you will get the boxes of materials to where they need to go. For example, you may need to organise transport (e.g. boat transport to the outer islands, transport to remote villages etc).

- Who will distribute the materials once they get to their destination (if it is away from your office)?

- Will your distribution plan cost money? Has this been included in your budget? Are there any opportunities to save money (e.g. asking transport companies to support your project by delivering materials to a remote community for free)?
For more information about disseminating messages and materials you can talk to other organisations or companies with experience in this area. The media list at the back of this guide may also provide some useful contacts for this purpose.

**Using print materials**

All project staff (including peer educators, outreach workers, volunteers) should know why and how the materials have been prepared and why using them is important. The training does not need to be too long or difficult, but unless people understand the benefits of the materials, the materials will not be used properly, or will not be used at all.

**Flip charts and flash (prompting) cards**

- Always stand looking at the audience when using a flip chart.
- Hold or position the flip chart so that everyone can see it at one time, point to the picture when explaining it.
- Involve the group. Ask them questions about the illustrations/pictures.
- Read the text (if any) to guide you, but also speak to the group without reading. It is good to explain things in your own words as you show the picture(s).

**Booklets and brochures**

- Explain each page of the material to the person you are speaking to. This way, they can look at the pictures and listen to you at the same time.
- Point to the picture, not to the text. This will help the person you are speaking to remember what the pictures mean.
- Look at the person you are speaking to and see if they look confused or worried. If they do then ask them if they have any questions or concerns. Talking to each other helps build trust. People who have confidence in their health/community workers and peer educators are more likely to follow their advice and make positive changes.
- Give materials to clients and suggest that they share them with others.

**Supporting health and community workers to implement communication activities**

Implementation of a communication project needs careful guidance and checking to see how well it is being delivered in different settings. This monitoring involves close supervision of project staff and volunteers to see how they are doing and that they are following the workplan.
Issues may come up that need quick attention in order to keep the project on track. Some possible issues include:

• Is your campaign well coordinated? Are the different communication methods and activities such as media releases, community events and distribution of messages and resources happening at the same time?

• Logistic problems – funds not received or payments not made on time, materials or resources not available as planned. You need to respond to any delays quickly so as not to disrupt your implementation.

• Assessing project officers’ performance, and the messages and approaches they are using. Even though you have trained your project staff, you need to check that they are using approaches that are in line with the project objectives and are sensitive and appropriate for the audience and for getting the right message across.

How will you support project staff that are not using the right approach with audiences?

• Negative reactions from primary or secondary audiences, gatekeepers or other stakeholders – resistance or holding back of messages, or disagreement with the approach being taken.

Note: Hopefully earlier advocacy efforts (see Step 4, page 55 Creating supportive environments) will smooth the path of your project but you need to be ready for any issues so you can deal with them quickly and effectively.

What are some of the ways you might respond to negative reactions?

• Are there any health or other government policies that are holding back your project? Do you need to do more work advocating for policy changes or new policies that support your messages and approaches?

If you are working in a team (preferable), it is good to hold regular meetings with project staff and volunteers so they can give you feedback on how things are going. Daily meetings at the start of the project are a good idea to respond quickly to any questions, concerns, gaps in knowledge or information and problems that might come up.

If you are working alone, make sure you have some way of speaking to experienced people – maybe with your supervisor or another close colleague who can give you guidance and feedback? Getting another person’s input and ideas can give you a “fresh look” at the project and how it may be improved.
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Monitoring supplies and services

If you are giving out resources (e.g. communication materials, condoms or other contraceptives), you need to check that you have enough supplies of these so there are no delays. If you are encouraging people to visit clinics or seek other support, you need to make sure the clinics are aware, open and responding to (hopefully!) increased demand for services. It is important to check staff attitudes for the services you are referring people to. This will give you confidence that people are being welcomed and treated sensitively and confidentially by health staff when they visit services.

Monitoring community attitudes

Your earlier advocacy work with leaders needs to be continued to make sure leaders and gatekeepers are still supportive of your project. Have the BCC messages been received, understood and are they being promoted by them? Remember, leaders themselves may be monitoring how your project is going and what types of impact it is having on their community. There is always the possibility that leaders may change their minds or go back on earlier promises if they do not like what they see.

If you are working on creating supportive environments – either by trying to change attitudes or physically in terms of making sure services, materials and resources are available to your audience – you will need to monitor the development of these types of support. For example:

- Are your community development strategies working?
- Are people being encouraged to discuss the issues more?
- Have people changed their attitudes and ways of relating to each other?

Involving people affected by the health issue

If you are able to involve people affected by HIV/STI or the sexual reproductive health (SRH) issue you are working on, this is very powerful. For example, testimonies or presentations to audiences by PLHIV, pregnant teenagers or people with other health problems can have a dramatic impact. People affected by a health issue give a human face to the problem and help reduce fear, anxiety and negative attitudes – “they are people in our community like you or me”. The experiences of these people can give the audience valuable insights into how they may avoid the problem themselves or make efforts to live more positively or healthily. However, people who are living with HIV or who are experiencing other health problems may need to be supported in different ways to other staff and volunteers. If they are experiencing health issues it is important to work with them and together discuss their how much they are able and willing to do at different times during the project. It is important also to be open to providing different support as needed (e.g. counselling, assistance with accessing health services) during the project, especially if travelling out to communities to spread BCC messages.
In summary, there is a lot of monitoring activity required when you implement your project.

- You need to identify any barriers and work out how to overcome these.
- Both individuals and communities need to be supported, motivated and encouraged to make changes.
- Help people make concrete plans for change – set gradual goals that people can work on.
- Involve community groups to ensure ownership of the project by the community.
- Help people to try out new behaviours and continually reinforce the changed behaviours via consistent messages from more than one source.
- Encourage people to take up services by emphasising the benefits and make sure these services are in place and user-friendly.

During the implementation of your communication project, monitor what you do, adjust (make changes to) what is not working well and reinforce messages and activities that are working to achieve the behaviour change communication objectives you have set.
Measuring the success of your communication project
Step 8  Measuring the success of your communication project

At the end of your communication project you need to figure out whether or not it was a success. Success means that the BCC objectives that you developed in the “Identify BCC Objectives” section of this guide were achieved or met.

There are many reasons for evaluating a communication project.

- It shows how the messages are actually being received and used by health and community workers, and the audience;

- It shows if the messages and methods reached the audience in the way that you planned;

- Provides more information about whether or not the messages and methods are accepted, understood by the audience and had any impact on attitude and behaviour;

- May prove to the people who provided money for the project (donors) that the money was spent according to budget and was a good investment; and

- Allows the people working on the project to make changes to suit the changing needs of their audience(s).
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

**Activity Using the Behaviour Change Communication (BCC) Plan**

In Step 3 you decided on your BCC objectives. In Step 4 you decided on which messages and methods you would use to achieve these objectives. You can use this information to fill in the first two columns of the table below (a) and (b).

**Indicators for a BCC Plan**

<table>
<thead>
<tr>
<th>(a) BCC objectives</th>
<th>(b) Activities/ methods to achieve the BCC objectives</th>
<th>(c) How will you monitor &amp; evaluate these activities? (methods)</th>
<th>(d) How will you know these activities have been successful? (indicators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting HIV-testing and prompting those attending South Pacific Games 2007 to intend to be tested</td>
<td>Radio &amp; TV spots Backpack materials Peer educators</td>
<td>Evaluation questionnaire with audience Peer educator data collection</td>
<td>Survey results - At least 10% of questionnaire respondents indicate that they would be interested in taking a test</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

After you have filled in the sections (a) and (b) in the table you can now think about choosing indicators (ways) that you can measure the achievement of your objectives (the success of your project). One example has already been given in the table above.
Here is a list of possible (example) indicators: the ones you choose will depend on your BCC objectives.

- Most significant change stories: where people tell you (or write down) if they have moved from one behaviour to another.
- Surveys: Recall key messages from campaigns.
- Number of materials and other items produced and distributed to people from your audience (e.g. brochures and caps).
- Number of people trained (e.g. peer educators).
- Number of radio spots aired.
- Questionnaires (with information knowledge tests) show an increase in knowledge/change in attitude.
- Sales reports (e.g. condom sales).
- Attendance records (e.g. number of people who have visited a clinic).
- Feedback from focus group discussions with the audience(s).
- Feedback from focus group discussions with health and community workers and other service providers.
- Other?

When you have decided on the indicators you will use to measure the success of your objectives you can fill in sections (c) and (d) in the table on the previous page.

**Remember:**

Some measures of success need both before (project) and after (project) data/information to be able to evaluate – often people refer to this as baseline and post-project data.

**ACTION**

Now you can use this information to fill in the monitoring and evaluation column on your planning chart.
The aim of the BCC checklist is to help you to keep the BCC objectives of your project clear in your mind and to make sure that the main BCC standards are being met when carrying out your communication project. Completing the BCC checklist will reassure you, your team and your manager/steering group that you are on the right track with your communication project.

**How to use the BCC checklist**

You can complete the different sections of the BCC checklist as you work your way through your communication project. The section you complete will depend on the stage you are at in your project. You may want to photocopy the checklist from this guide, or print from the CD, so you can add, change and/or revise your work as you go through the various steps.

**Who can use the BCC checklist?**

The BCC checklist can be used by project staff or groups managing/overseeing the communication project (e.g. the steering committee). Ideally, this managing group should include people from the audience, as well as other stakeholders, to make sure that different opinions help guide the project.

**What to do?**

- Look at the objectives of the communication project, especially the changes in knowledge, attitudes, and/or behaviours that you are expecting.
- Use the planning and monitoring checklist to monitor the design and implementation of your communication project.

**BCC Project to be monitored:**
**Standard 1:** The BCC project should focus on well understood risk and vulnerability factors that are occurring in the community.

*I gathered evidence from:* ____________________________________________________________________________

The risk and vulnerability factors relevant to the BCC project are:

- Having unprotected sex
- Not using clean needles
- Not knowing the different symptoms of STIs
- High drug usage
- Other (please describe) ____________________________________________________________________

**Standard 2:** The BCC project should focus on well-understood, specific audience at risk.

*I gathered evidence from:* ____________________________________________________________________________

**The primary audience for this BCC project is:** (tick one or more)

- In-school youth (primary and secondary)
- In-school youth (tertiary)
- Out-of-school youth
- Military/ Armed forces
- Police
- Sex workers
- Transport workers (e.g. taxi/ bus drivers)
- Faith-based individuals
- Orphans and vulnerable children
- Vulnerable women
- People living with HIV (PLHIV)
- Men who have sex with men (MSM)
- Intravenous drug users
- Others __________________________________________________________________

**AND/OR**

**The primary setting for this BCC project is:**

- Village level
- Event (please describe) ______________________________________________________________________
- Urban area

**This project meets the needs of other people who influence the primary audience (secondary audience):** (tick all that apply)

- Community leaders
- Politicians
- Top-level decision-makers
- Parents
- Media
- Police
- Religious leaders
- Health care professionals
- Merchants
- Educators
- Others (please specify) ____________________________________________________________________
**BCC objectives:** List below the two BCC objectives you have selected for your project.

1. ____________________________________________________________
2. ____________________________________________________________

**Standard 3:** The BCC project encourages people to talk, problem solve, and make decisions about sexual and reproductive health by members of communities at risk of HIV/STI and other sexual reproductive health (SRH) problems.

**The project encourages people to talk and solve issues and problems that relate to reducing risk and vulnerability and HIV prevention communication:**
(tick all that apply)

- Making it possible for people to ask questions about HIV/STI and other SRH problems.
- Encouraging discussion and learning between me and community members.
- Encouraging discussion between community members.
- Helping community members understand their own risk of HIV/STI and other SRH problems.
- Helping community members understand the barriers (issues/people/things that can get in the way) of them reducing their risk.
- Helping community members identify options and solutions to address their key concerns and barriers to risk reduction.

When? ____________________________________________________________

How? ____________________________________________________________

**The project works with community members in SRH, HIV/STI prevention communication:** (tick all that apply)

- Working together with community members from specific audiences at risk of HIV/STI and other SRH problems.
- Helping community members understand how power and gender relations influence risk of HIV/STI and other SRH problems.
- Encouraging community members to receive information about SRH, HIV/STI prevention.
- Encouraging community members to participate in a two-way discussion on SRH, HIV/STI prevention.
- Encouraging community members to share decision-making in SRH, HIV/STI prevention.
- Empowering community members through a sharing of resources and decision-making related to SRH, HIV/STI prevention.

When? ____________________________________________________________

How? ____________________________________________________________
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

**Standard 4:** The BCC project and messages must be developed to motivate and appeal to the needs, beliefs, concerns, and readiness of the specific audience at risk.

**The main messages used in this project aim to reduce the risk behaviour(s) the primary audience is practicing:** (tick all that apply)

- [ ] Not abstaining from sexual relations
- [ ] Not being faithful to one’s partner
- [ ] Having sex with many partners
- [ ] Not using condoms
- [ ] Not seeking proper treatment of STIs
- [ ] Use of unsterilised skin-piercing equipment
- [ ] Other (please explain)

**The project and the messages are planned so that they fit with the specific stage in the behaviour change process (for the audience at risk) which is the:** (tick all that apply)

- [ ] Stage of providing appropriate information and dispelling myths
- [ ] Stage in which assessing personal risk of infection or SRH problems is crucial
- [ ] Stage of learning behavioural and condom negotiation skills
- [ ] Stage of trying new behaviour
- [ ] Stage at which reinforcement (reminder) of messages is appropriate
- [ ] Stage of becoming an advocate for prevention of HIV/STI and other SRH problems

**Messages and methods (e.g. radio, pamphlets, etc.) have been pre-tested with the audience**

- [ ] Yes
  
  **When?**

  **How? (methods used)**

- [ ] No
- [ ] Not applicable (explain)

**This project uses a number of different methods, including:** (tick all that apply)

- [ ] Interpersonal
- [ ] Small group
- [ ] Newspapers
- [ ] Community networks
- [ ] Radio
- [ ] Traditional and folk media
- [ ] Pamphlets and newsletters
- [ ] Posters
- [ ] Television
- [ ] Other (please specify)

**Samples/copies?**

(Where possible please attach copies with checklist report)
Standard 5: Individuals who may be at increased risk of HIV/STI and other SRH problems must be provided with both skills and services for prevention.

This project provides for development of the following skills: (tick all that apply)

- How to discuss safer sex with partner(s)
- How to refuse to have unsafe sex
- How to discuss condom use with partner(s)
- How to get condoms
- How to use a condom correctly
- How to negotiate birth spacing with partner/husband/wife
- How to discuss delaying sex or abstaining from sex
- How to identify the need for STI treatment
- Other (please specify)

When?
How?

Standard 6: A supportive environment needs to be created for SRH, HIV/STI prevention and care and for the protection of those infected with HIV.

This project tries to influence the social, cultural, environmental, political, and/or organisational influences on the environment for SRH, HIV/STI prevention and care.

For example, does it: (tick all that apply)

- Try to support traditional and cultural values that encourage low-risk behaviours?
- Try to talk to government officials to change public health policies?
- Try to influence organisational/corporate officials to stop discriminatory practices or policies?
- Try to encourage support among the general public to work for changes in public policy?
- Try to promote alternatives (other options) to risk behaviours?
- Try to protect human rights of all people affected by HIV?
- Try to actively fight discrimination/stigmatisation?
- Try to educate the whole community for care, compassion, and prevention?
- Try to encourage activities that help dispel misconceptions and misinformation on STI/HIV & AIDS?
- Other? (please describe)

When?
How?
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

**Standard 7:** A plan needs to be prepared to make sure that SRH, HIV/STI prevention behaviours and activities continue over time.

**This project has follow-up plans to remind and encourage continued changes in attitudes and behaviours, including:** (tick all that apply)

- Regular follow-ups and retraining of peer educators
- SRH, HIV/STI prevention messages being repeated in the school curriculum at different grade levels
- Campaigns (communication projects) that include reminder messages about the need to continue new behaviours
- Regular meetings for organisations working in SRH, HIV/STI area
- Meetings organised to discuss “lessons learned”
- Others (please specify)

**Evidence:**

**Standard 8:** BCC planners (community and health workers) need to identify and use opportunities to talk to and involve members of audience at risk of HIV/STI and other SRH problems in the planning, implementation, and monitoring of the programme.

**This project actively encourages audience participation at every stage of the project including:** (tick all that apply)

- Audience members conducted the initial mapping of the project implementation site using participatory methods (involving people from the audience)
- Audience members regularly take part in the project’s communication activities
- Audience members regularly access project services
- Audience members are represented in the decision-making body of the project e.g. on the project’s steering committee

*Who?*  

*When?*

**Standard 9:** BCC planners (community and health workers) should identify and use opportunities to work with different sectors of the community.

**This project actively works with other partners and implementing agencies.**

- Yes  
- No

**This project considers other activities and materials aimed at this audience at risk by other organisations.**

- Yes  
- No
This project is designed to involve the resources and expertise of other organisations and/or the public and private sectors, including: (tick all that apply)

- Private sector
- News media
- Industrial sector
- Armed forces
- Police
- Ministry of Health
- Ministry of Education
- Ministry of Women/ social welfare
- Ministry of Youth
- Local government service commissions
- NGOs not specifically focusing on SRH/STI
- Other (please specify)

When?________________________

How?________________________

**Standard 10:** Monitoring and evaluation are important for effective BCC programming.

**The monitoring tools/ methods used:** (tick all that apply)

- Surveys/ questionnaires
- Clinic statistics
- Most Significant Change stories
- Focus group discussions
- Individual interviews
- Observation checklists
- Attendance records
- Diaries
- Mapping/drawing
- Drama or role play
- Photographs and video
- Other (please describe)

**These monitoring tools collect the following evidence:**

- Change in audience who remember hearing or seeing a specific message
- Change in audience that know of a product, practice, or service
- Change in audience with a specific attitude (toward the product, practice, or service)
- Change in audience who believe that partner, friends, relatives, and community approve (or disapprove) of the practice
- Change in audience that recognise risk in a particular behaviour
- Change in audience who experience a strong emotional response (to the communication)
- Change in audience that are confident they could adopt the promoted (new) behaviour
- Change in audience who have encouraged (or discouraged) friends and relatives to adopt the practice
- Change in audience who have adopted the behaviour
- Other__________________________________________
Communication project planning chart
### Communication Project Planning Chart

Use this communication project planning chart as you work your way through the guide. You can add, change and/or revise your work as you go through the various steps. You may want to photocopy this form or copy it onto a piece of butcher’s paper.

<table>
<thead>
<tr>
<th>Vulnerability and Risk Factors</th>
<th>Audience (Primary &amp; Secondary)</th>
<th>BCC Objectives</th>
<th>Key Messages</th>
<th>Communication Methods</th>
<th>Pre-testing Plan</th>
<th>M&amp;E Methods and Indicators</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Media contacts:
Pacific Islands region
Media Contacts: Pacific Islands Region

This list includes both general (or mainstream) media contacts as well as not-for-profit organisations that work or specialise in the area of media and communication. The names that have a star (*) next to them are highlighted because they have experience in working with health and community workers (e.g. by offering media training), who are involved in designing and implementing a range of communication projects.

### American Samoa

**Written Press**

**Samoa News**

Address: PO Box 909, Pago Pago, American Samoa 96799

Phone: +684 633 5599 – Fax: +684 633 4864

Email: administration@samoanews.com

**Radio**

**Radio Broadcasting Station WUVUV**

Address: Pago Pago, American Samoa 96799

**Television**

**KVZKTV – Television station**

Contact: Director

Address: Government of Samoa, PO Box 3511, Pago Pago, American Samoa 96799

Phone: +684 633 4191 – Fax: +684 633 1044

Email: kvcknews@samoatelco.com

### Commonwealth of the Northern Mariana Islands

**Written Press**

**Marianas Variety and News**

Contact: Publisher

Address: PO Box 231, Saipan, MP 96 950, Northern Marianas

Phone: +1 670 234 7578 or 234 0638 – Fax: +1 670 234 9271

Email: younia@gtepacific.net

**Radio**

**KCNM AM and KZMI FM Radio**

Address: PO Box 914, Saipan, MP 96 950
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

**KRSI – FM Radio**
Address: Box PPP Caller Box 10001, Saipan, MP 96 950

**KPXP – FM Radio**
Address: Box PPP 415 Caller Box 10001, Saipan, MP 96 950

**KSAI – AM**
Address: PO Box 209, Saipan, MP 96 950

**Television**

**Marianas Cable Television**
Address: Box 2192, Caller Box AAA, 10001, Saipan, MP 96950

**Saipan Cable TV**
Address: PO Box 1015, Saipan, MP 96950

**Cook Islands**

**Written Press**

**The Cook Islands Herald – Elijah Communications Ltd**
Contact: Editor or Senior Editor
watchus@citv.co.ck
Address: Email: editor@cookislandsnews.com or bestread@ciherald.co.ck
Phone: +682 29562 – Fax: +682 21907

**Cook Islands News**
Contact: Managing Director or Editor
Address: PO Box 15, Avarua, Rarotonga
Phone: +682 22999 – Fax: +682 25303
Email: editor@cinews.co.ck

**Cook Islands Press**
Address: PO Box 741, Panama, Rarotonga
Phone: +682 24865 – Fax: +682 24866
Email: cypress@gatepoly.co.ck
## Radio

### Cook Islands Broadcasting Services
Contact: Director; CITV  
Address: PO Box 126, Avarua, Rarotonga  
Phone: +682 29460 – Fax: +682 29561  
Email: watchus@citv.co.ck

### Cook Islands Radio
Contact: CEO  
Address: PO Box 126, Rarotonga, Cook Islands  
Phone: +682 29562 – Fax: +682 21907  
Email: jeanne@ciherald.co.ck – www.ciradio.ck

### Radion Activ
Address: PO Box 879, Rarotonga  
Phone: +682 29560 – Fax: +682 29561

## Television

### Cook Islands TV
Address: PO Box 126, Rarotonga, Cook Islands  
Phone: +682 29460 – Fax: +682 21907  
Email: watchus@citv.co.ck

## Federated States of Micronesia

### Public Information Office
Contact: CEO of Public Information, Press, Radio & Video  
Address: PO Box PG-34, Palakir Station, Palakir, Pohnpei, Federated States of Micronesia 96941  
Phone: +691 320 2548 – Fax: +691 320 4356  
Email: fsmpio@mail.fm

### Radio
### Radio Pohnpei
Contact: News Editor  
Address: PO Box 8, Kolonia, Pohnpei, Federated States of Micronesia  
Phone: +691 320 2296 – Fax: +691 320 5212
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Public Broadcasting Corporation (V6AH Radio)
Contact: CEO of Public Broadcasting Corporation (V6AH Radio)
Address: Pohnpei, Federated States of Micronesia
Phone: +691 320 2294 – Fax: +691 320 5212
Email: v6ah@mail.fm

The voice of Kosrae V6AJ Radio
Contact: Station Manager
Address: PO Box 147, Tolof, State of Kosrae, Federated States of Micronesia
Phone: +691 370 3040 or 370 3880 – Fax: +691 370 3000
Email: v6aj@mail.fm

FSM Broadcast
Contact: CEO of FSM Broadcast
Address: PO Box 117, Yap State, Kolonia, Federated States of Micronesia
Phone: +691 350 2174 – Fax: +691 350 4426 – Mobile: +691 950 3065
Email: petergar@mail.fm

V6AK
Contact: CEO of V6AK – Chuuk, Federated States of Micronesia
Phone: +691 330 4252 – Fax: +691 330 2231

Television
WAAB TV
Contact: Media Division
Address: Colonia Yap 96942 Federated States of Micronesia
Phone: +691 350 2160 – Fax: +691 350 4426
Email: petergar@mail.fm

Islands Cable TV – Pohnpei
Address: PO Box 1628, Pohnpei, Federated States of Micronesia
Phone: +691 320 2671 – Fax: +691 320 2670

Other
* Micronesian Seminar
Address: PO Box 160, Pohnpei, FM 96941, Federated States of Micronesia
Phone: +691 320 4067 – Fax: +691 320 6668
Email: micsem@micsem.org
# Fiji Islands

## Written Press

**Fiji Times – Fiji Times Limited**
- **Contact**: Editor-in-Chief, Editor or Features Editor
- **Address**: 177 Victoria Parade, Suva, Fiji
  
  Phone: +679 330 4111 – Fax: +679 330 1521

**Sun (Fiji) News Ltd**
- **Address**: Private Mail Bag
  
  Phone: +679 330 7555 – Fax +679 3311 455

## Radio

**Fiji Broadcasting Corporation Limited - FBCL**
- **Contact**: Chief Executive Officer or Editor
- **Address**: GPO Box 334, Suva, Fiji Islands
  
  Phone: +679 3314 333 – Fax: +679 3304 518
  
  Email: news@fbcl.com.fj – www.radiofiji.org

**Communications Fiji Limited - FM96/Navtarang/Viti FM/Legend**
- **Contact**: FM96 News Editor or Director or Viti FM Manager
- **Address**: 231 Waimanu Road, Suva Fiji – Private Mail Bag, Suva Fiji
  
  Phone: +679 331 4766 – Fax: +679 330 3748
  
  Email: info@fijivillage.com

## Television

**Fiji Television Ltd**
- **Contact**: News Director or News Editor
  
  20 Gorrie Street, PO Box 2442, Suva, Fiji Islands
  
  Phone: +679 330 5100 – Fax: +679 330 5077
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Other

* Femlink Pacific – Media Initiatives for Women
Contact: Coordinator
Address: PO Box 2439, Government Buildings, Suva, Fiji
Phone: +679 331 0303 – Fax: +679 330 7207
Email: sharon@femlinkpacific.org.fj – www.femlinkpacific.org.fj

Kiribati

Written Press
The Kiribati Newstar – Neways Enterprise Ltd
Contact: Director or Editor
Address: PO Box 10, Baikiri, Tarawa, Kiribati
Phone: +686 21 652 or 21 591 – Fax: +686 21 671 or 21 592
Email: newstar@tskl.net.ki

Radio
Broadcasting and Publications Authority Radio Kiribati
Contact: Email: bpa@tskl.net.ki
Address: Tarawa, Kiribati
Phone: +686 21 187 or 21 547 – Fax: +686 21 096

New Air FM
Contact: CEO of New Air FM
Address: Tarawa, Kiribati
Phone: +686 21 671 – Fax: +686 21 592
Email: newstar@tskl.net.ki
Marshall Islands

**Written Press**

**The Marshall Islands Journal**
- **Contact:** Editor
- **Address:** PO Box 14, Majuro, Marshall Islands
- **Phone:** +692 625 3143 or 625 8143 – **Fax:** +692 625 3136 or 625 8136
- **Email:** journal@ntamar.com or pacmag@ntamar.com

**The Micronitor News & Printing**
- **Address:** PO Box 270, Majuro, Marshall Islands
- **Phone:** +692 625 3668 – **Fax:** +692 625 3136

**Radio**

* **V7AB AM Radio Station**
  - **Address:** PO Box 3250, Ebey, Marshall Islands
  - **Phone:** +692 625 3413 – **Fax:** +692 625 3412

**Radio Marshalls WZAB**
- **Contact:** General Manager
- **Address:** PO Box 3259, Majuro, Marshall Islands
  - **Phone:** +692 625 8411 – **Fax:** +692 625 8412

**V7RR AM Radio Station**
- **Address:** PO Box 104, Majuro, 96960 Marshall Islands
  - **Phone:** +692 625 2677 – **Fax:** +692 625 3505

**WSZF FM Radio Station**
- **Address:** PO Box H, Majuro, Marshall Islands
  - **Phone:** +692 625 3141 – **Fax:** +692 625 4690

**Television**

**Marshalls Broadcasting Company**
- **Address:** PO Box 1, Majuro, 96960 Marshall Islands
  - **Phone:** +692 625 3812 – **Fax:** +692 625 3817

**Other**

* **Mission Pacific**
- **Contact:** Director
- **Address:** PO Box 927, Marjuro, MH, 96960
  - **Phone:** +692 528 24 04/2252 – **Fax:** +692 528 2405/2253
  - **Email:** rmi@missionpacific.org
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**Nauru**

**Nauru Media Bureau (TV, Radio & Print)**

Contact: Director
Address: PO Box 429, Government Buildings, Yaren District, Nauru
Phone: +674 444 3133 or 444 3190 or 444 3195 (Radio Nauru) or 444 3847 (News Production) – Fax: 674 444 3153
Email: newsprojon@netscape.net

**Television**

**Nauru TV**
Address: Yaren District, Nauru

**Niue**

**Written Press**

**Niue Star**

Contact: Publisher
Address: PO Box 84, Alofi, Niue
Phone: +683 4293 or 4207 – Fax: +683 4268
Email: niuestar@niue.nu

**Radio**

**Broadcasting Corporation of Niue (BCN)**

Contact: General Manager or Senior Journalist
Address: PO Box 68, Alofi, Niue Island
Phone: +683 4026 – Fax: +683 4217
Email: sunshine@mail.gov.nu or sunshine@gov.au – www.sunshine.gov.nu

**Palau**

**Written Press**

**Island Times**

Contact: Editor
Address: PO Box 6021, Koror, Palau 96940
Phone: +680 488 3420 – Fax: +680 488 2732
Email: islandtimes@rekrai.com
## Palau Horizon
Contact: Editor
Address: PO Box 487, Koror, Palau 96940
Phone: +680 488 4148 – Fax: +680 488 4565
Email: hprinting@palaunet.com

## Tia Belau
Contact: Editor
Address: PO Box 653, Koror, Palau 96940
Phone: +680 488 3131 – Fax: +680 488 4810
Email: mic2ukav@yahoo.com

## Radio

### EPFM & T8AA Radio
Contact: Station Manager
Address: Bureau of Domestic Affairs, Ministry of State
Phone: +680 488 2417 – Fax: +680 488 1932
Email: ecoparadise@palaugov.net

### WPKR Island Rhythm FM 88.9
Address: PO Box 2000, Koror, Palau 96940
Phone: +680 488 1359
Email: rudimch@palaunet.com

### Diaz Broadcasting Company
Address: PO Box 1327, Koror, Palau 96940
Phone: +680 488 5771
Email: wwfm@palaunet.com

## Television

### Island Cable TV ICTV
Address: PO Box 99, Koror, 96940, Republic of Palau
Phone: +680 488 9000 – Fax: +680 587 1888
Email: pncc@palaunet.com

## Other

### Roll’em Productions
Address: 6009 Sunrise Villa #108, Koror, Palau 96940
Phone: +680 488 1838 – Fax: +680 488 6235
Email: rollem@email.com
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**Papua New Guinea**

**Written Press**

**Post-Courier**
Contact: Managing Director  
Address: South Pacific Post Limited  
PO Box 85, Port Moresby, National Capital District, Papua New Guinea  
Phone: +675 309 1000 or 321 4650 (Newsroom)  
Fax: +675 321 2721 or 320 1781 (Newsroom)  
Email: postcourier@spp.com.pg or editorial@spp.com.pg (Newsroom) or editorial@postcourier.com.pg

**The National**
Contact: Editor-in-Chief  
Address: Lot 13 Section 38, Waigani Drive Hohola  
PO Box 6817 Boroko, National Capital District, Papua New Guinea  
Phone: +675 324 6726 or 324 6888 – Fax: +675 324 6868  
Mobile: +675 693 5024  
Email: wasarava@hotmail.com or national@thenational.com.pg

**Radio**

**National Broadcasting Corporation (NBC)**
Contact: CEO of the National Broadcasting Corporation (NBC)  
Address: PO Box 1359, Boroko, NCD, Port Moresby, Papua New Guinea  
Phone: +675 323 5968 – Fax: +675 325 0796  
Email: md@nbc.com.pg or news@nbc.com.pg – www.nationalbroadcasting.com.pg

**Samoa**

**Written Press**

**Samoa Observer**
Contact: Publisher  
Address: PO Box 1572, Apia, Samoa  
Phone: +685 23 078 or 21 099 or 25 267 (Editor) – Fax: +685 21 195  
Email: savea@samoaobserver.ws or otrnews@samoa.net – www.samoaobserverws
Le Samoa - Talamua Magazine
Contact: Managing Editor or American Samoa Editor
Address: 4 Corners, Togafuafua, PO Box 1321, Apia, Samoa
Phone and Fax: +685 23 827
Email: talamg@samo.ws

Radio
Radio Polynesia (Magic 98FM, K-LiteFM, TalofaFM, Star 96.1FM)
Contact: EO of Radio Polynesia (Magic 98FM, K-Lite, Talofa)
Address: FM Building, Savalalo, PO Box 762, Apia, Samoa
Phone: +685 25 148 – Fax: +685 25 147
Email: info@fmradio.ws – www.magic98fm.ws

Television
TV Samoa - Televise Samoa Corporation
Contact: Chief Executive Officer
Address: PO Box 3691, Apia Samoa
Phone: +685 26 641 or 21 735 – Fax: +685 24 789 or 21 789
Email: ceotvsamoasamoasamoasamoasamoa.samoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasamoasam
## Radio

**Solomon Islands Broadcasting Corporation (SIBC)**
- Contact: General Manager
- Address: PO Box 654, Honiara, Solomon Islands
- Phone: +677 20 051 – Fax: +677 23 159 or 23 300
- Email: sibcnews@solomon.com.sb – www.sibconline.com.sb

**Radio Hapi Lagun**
- PO Box 78, Gizo, Western Province, Solomon Islands – Phone/Fax: +677 60160

**Radio Happy Isles**
- PO Box 654, Honiara, Solomon Islands – Phone: +677 20051 – Fax: +677 23159

**Radio Temotu**
- PO Box 46, Lata, Santa Cruz, Temotu Province, Solomon Islands
- Phone: +677 53047

## Tonga

**Written Press**

**Tonga Chronicle**
- Contact: Prime Minister's Office
- Address: Nuku’alofa, Kingdom of Tonga
- Phone: +676 24 644 – Fax: +676 23 888

**Taimi ‘o Tonga**
- Contact: Manager or Editor
- Address: PO Box 880, Nuku’alofa, Kingdom of Tonga
- Phone: +676 23 177
- Email: times@kalianet.to

**Talaki**
- Contact: Filo, Manager
- Address: Phone: +676 17159
- Email: filo@kalianet.to

**Radio**

**Tonga Broadcasting & Television Corporation (TBC)**
- Contact: CEO or Editor Radio and TV Tonga
- Address: PO Box 36, Nuku’alofa, Kingdom of Tonga
- Phone: +676 23 555 or 27 806 – Fax: +676 24 417
- Email: a3z-mgt@kalianet.to
Creating an effective communication project in the Pacific region for HIV/STI and other sexual and reproductive health projects

Oceania Broadcasting Network
Contact: Manager
Address: PO Box 91, Nuku’alofa, Kingdom of Tonga
Phone and Fax: +676 23 658
Email: a3mtonga@kalianet.to

AV3 Millenium Radio – A3V Radio 2000
Contact: Manager
Address: PO Box 838, Nuku’alofa, Kingdom of Tonga
Phone: +676 25 891 – Fax: +676 24 195
Email: a3v@pobox.alsoka.net or vear@alaska.net

Television

Tonga Broadcasting & Television Corporation
Contact: Editor Radio and TV Tonga
Address: PO Box 36, Nuku’alofa, Kingdom of Tonga
Phone: +676 27 806 – Fax: +676 24 417 – Mobile: +676 17 985
Email: katalina@hawaii.edu

Television Tonga (TV7 Tonga)
Contact: General Manager
Address: PO Box 36, Nuku’alofa, Kingdom of Tonga
Phone: +676 23 550 – Fax: +676 24 417
Email: a3z-mgt@kalianet.to

Tuvalu

Tuvalu Media Corporation and Radio Tuvalu
Contact: General Manager or Senior Journalist
Address: Private Mail Bag, Vaiaku, Funafuti, Tuvalu
Phone: +688 20 138 – Fax: +688 20 732
Email: media@tuvalu.tv or auina90@hotmail.com
### Vanuatu

#### Written Press

**Vanuatu Daily Post – Trading Post Ltd**
- **Contact:** Editor
- **Address:** PO Box 1292, Port Vila, Republic of Vanuatu
  - Email: editor@dailypost.com.vu

#### Radio

**Vanuatu Broadcasting & TV Corporation (Radio Vanuatu)**
- **Contact:** Manager
- **Address:** Port Vila, Vanuatu
  - Phone: +678 22 999 – Fax: +678 22 026
  - Email: vbtcnews@vanuatu.com.vu – www.vbtc.vu

#### Television

**Television Blong Vanuatu - VBTV**
- **Contact:** Manager
- **Address:** PO Box 049, Port Vila, Vanuatu
  - Phone: +678 22 999 – Fax: +678 22 026
  - Email: vbtcnews@vanuatu.com.vu – www.vbtc.vu

#### Other

**Wan Smolbag**
- **Contact:** Director, Communications Officer or Research Officer
- **Address:** PO Box 1024, Port Vila, Vanuatu
  - Phone: +678 27464/ 27119/ 25592
  - Fax: +678 25308

### Regional

**Regional Media Centre/ Secretariat of the Pacific Community**
- **Contact:** Coordinator; TV/Video Production Officer or Media Training Associate
- **Address:** 3 Luke Street, Private Mail Bag, Suva, Fiji Islands
  - Phone: +679 3370 733 ext 212 – Fax: +679 3370 021
  - Email: media@spc.int – www.spc.int