



Communicating for Health, Hope and Change

An assessment of information, education and communication materials produced by the Papua New Guinean Catholic HIV and AIDS Service Inc. (CHASI)

ARTNER



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INTRODUCTION

Faith-based organisations dominate the civil landscape of Papua New Guinean society. They have been viewed as important catalysts for change and development. The Catholic Church and its associated health programs have been central to this terrain, especially with the advent of HIV and AIDS, with some suggesting that there would not have been a national HIV response without them.

Catholic HIV and AIDS Service Inc.

Established formally as a separate entity in 2004 and then later incorporated into the Catholic Health Service, The Catholic HIV and AIDS Service Inc. (CHASI) is key service provider for HIV testing and counselling, the provision of ART and the prevention of parent to child transmission of HIV. To date there are 251 catholic health services, of which 115 are HIV specific services.

CHASI operates in 19 dioceses which cover 20 provinces with the vision of making a considerable contribution in the areas of prevention, treatment and care of people living with HIV. In doing this the Strategic Plan and Monitoring & Evaluation Plan 2012 – 2016 sets out its mission, values and goals which guide all activities of the service. The current goals governing the organisation are to build the capacity of all dioceses to expand community programs, achieve better HIV services to an increased number of clients, contribute to an overall reduction of HIV prevalence in PNG and to improve the quality of life of people living with HIV.

As a service operating within the social and moral teachings of the Catholic Church (such as compassion, understanding and respect), CHASI is committed to service, treat and care for people irrespective of ethnicity, gender, sexuality, religious or political affiliation. In doing so it seeks to be compassionate, caring and loving, create environments that are welcoming and friendly, which respect life and which take a holistic approach to the person living with or affected by HIV. These values and goals of the organisation are important in understanding the nature and content of the information, education and communication (IEC) material produced. This report is commissioned by CHASI to evaluate their IEC materials.

Terms of Reference

In order to ensure it remains an effective and leading player in the response to HIV in PNG, CHASI commissioned an assessment to review and evaluate the effectiveness of the IEC materials it produces for communicating key messages to the community it serves. In order to learn how to ensure effective development and use of IEC into the future, the CHASI evaluation had two objectives:

1. Determine the effectiveness of IEC materials produced by CHASI
2. Identify areas of improvement for future CHASI IEC materials

As part of the work undertaken to meet these objectives, CHASI requested the following tasks be undertaken:

1. Review samples of CHASI-produced IEC materials
2. Analyse IEC questionnaires completed by VCT centre staff and patients
3. Talk to relevant stakeholders including CHASI staff, HIV Coordinators, Health Managers and representatives of key sectors of the community including leaders, men, women and youth to hear their feedback on the materials
4. Provide an analysis on the effectiveness of:
 - > campaign-themed materials over a prolonged period, versus one-off materials
 - > use of words and images, including cartoons and photographs as well as language
 - > explicitness of messages. For example, should HIV be explicitly highlighted or should the messaging be more subtle?
 - > design of pamphlets
 - > materials for specific age groups
5. Recommend areas of improvement. This can include other methods of social media as well methods currently used

Information, education and communication

Information, education and communication (IEC) materials play an important role in the prevention of HIV and the treatment and care of people living with HIV globally and in Papua New Guinea particularly. Whilst the function of IEC materials is broad, in essence IEC materials function to address one or more of the following objectives:

1. Motivate behavioural change (e.g. partner reduction or reduce alcohol use)
2. Generate demand for services (e.g. HIV testing and access to ART)
3. Create an enabling environment (e.g. reduce stigma and inform people of their rights)

IEC material can include posters, brochures, flyers, billboards, radio programs, TV programs, online media such as websites and social media such as Facebook and Twitter. Utilising a number of media formats and channels to communicate about initiatives and to bring about changes in attitudes, knowledge and behaviour are important when trying to reach diverse populations, but also to reinforce the same message(s) using different formats.

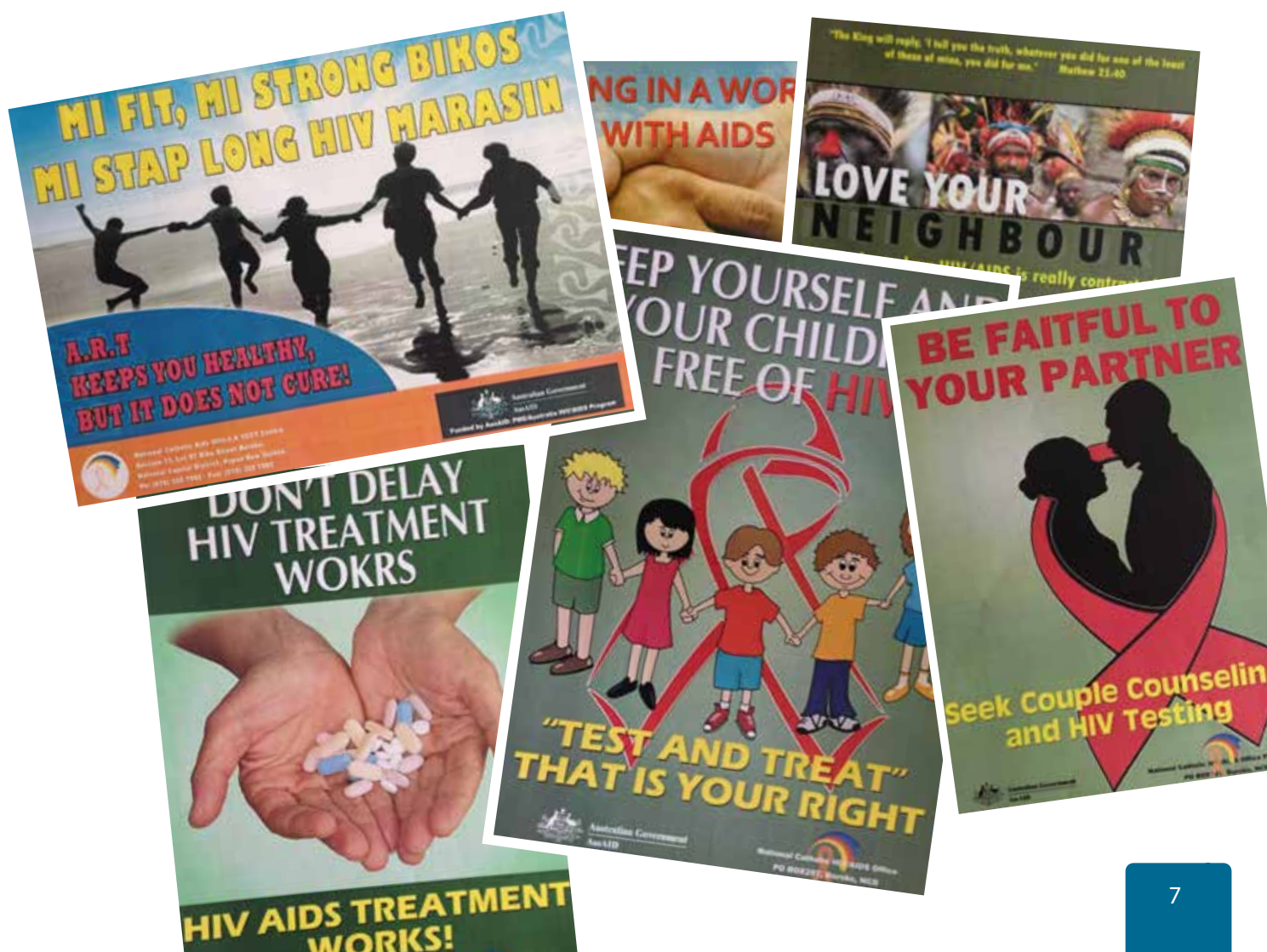
Ideally, IEC materials are designed based on formative research and the produced materials are pre-tested and piloted to ensure that the messages encompassed in the materials are accessible and hold currency for the target audience. However, these elements of the planning and evaluation cycle of IEC materials not always undertaken due to lack of planning or expertise as well as limited human and financial resources. IEC materials benefit from an enabling environment where a strategy or policy for IEC is in place, ensuring that these constraints are systematically addressed.

When addressing sensitive issues pertaining to public health issues such as HIV and cross-cutting issues such as gender, sexuality and violence, ensuring local appropriateness is key to the appropriateness of IEC materials. This local appropriateness includes understanding cultural contexts and language, but also how people use communication on a day-to-day basis and what/whom they consider trustworthy channels to receive information.

There are many different ways to measure and assess effectiveness of IEC materials, most of which require a sound monitoring and evaluation framework to be put in place prior to their design, distribution and evaluation. The scope of this evaluation limits the ability to measure effectiveness in some of these ways. For example, we are not able to assess real impact as measured by change (behaviour or demands for services, etc.) prior to and following an intervention using specific IEC materials. Existing IEC material can be evaluated using content analysis and focus group feedback in order to understand the messages that viewers (the audience/target group) take from IEC materials and how this relates to the intended message of the material. Understanding the impact of IEC materials on audiences is complex as the IEC material is often only one component of a

larger process of behaviour change; life is always more complex than IEC materials can and do take into account. An evaluation then, needs to assess other factors such as, for example, the accessibility of health services or treatment. When evaluating IEC materials it is important to be clear about the objective, the message and the outcome for each IEC product. (For example: Objective: To encourage ART treatment, Message: ART treatment is available, ART works, Outcome: more people are asking about treatment and are accessing it).

In light of this, in this evaluation we provide a comprehensive analysis of existing IEC materials produced by CHASI as well as the processes that facilitate the production and distribution of such materials within the organisation. At the end of the report we provide relevant recommendations and suggestions for how, in a resource-constrained environment, the use and development of IEC materials can be improved to maximise their effectiveness in Papua New Guinea.



METHODOLOGY

In order to evaluate the IEC materials for the Catholic Health and HIV Service Inc. (CHASI) we undertook a rapid, mixed-method assessment between June and July 2014. As an evaluation that did not explore intimate personal matters, ethics approval was not required, although as a matter of courtesy, the appropriate ethics committees in PNG were informed of the evaluation.

Review IEC questionnaires

Prior to commissioning the evaluation, CHASI designed its own IEC questionnaire and sent it out to 8 dioceses. Two questionnaires were designed, one for service providers and one for service recipients. The questionnaires were available in English and Tok Pisin. Completed questionnaires were returned to CHASI from 3 dioceses (Eastern Highlands Province, Western Highlands Province and Madang Province) and then forwarded to the evaluation team for analysis. In total 13 service providers and 15 service recipients returned completed questionnaires for analysis.

Key informant interviews

We conducted structured interviews with 13 Key Informants employed with CHASI. Interviews were conducted either over the phone or face-to-face. Key Informants were drawn from across the country including the National Capital District, Eastern Highlands Province, Southern Highlands Province, Western Highlands Province, Enga Province, West Sepik Province, East Sepik Province and Milne Bay Province. All interviews were digitally audio-recorded, transcribed and where necessary translated into English.

Interviews addressed the organisation's IEC policies and strategies, the role of IEC in the diocese HIV programs, the effective development of resources (analysis, strategic design, development and testing, implementation and monitoring and evaluation and re-planning) as well as their effectiveness.

Focus group discussions

We conducted 4 focus group discussions with 32 people (15 men and 17 women) including one group that was specifically for people living with HIV. Focus groups took several hours and were conducted in Simbu Province (Mingende) and Jiwaka Province (Banz). Due to conflict, focus groups arranged for Western Highlands Province were cancelled. Attempts to arrange focus groups in Port Moresby proved difficult. All focus group discussions were digitally audio-recorded, transcribed and translated into English.

Focus group discussions were structured to examine each of the IEC materials produced by CHASI and asked participants to reflect on the design, content, messages and effectiveness of the material.

All participants involved in focus group discussions were provided with refreshments during the course of the focus group discussion and a 5PGK Digicel Flex Card for their participation.

Content analysis of CHASI IEC material

All IEC materials reviewed in this report were provided by CHASI some of which were not original prints but lower grade copies. Content Analysis is the systematic analysis of material. The content analysis provides indicators of media quality by examining the way messages are communicated, with researchers systematically coding content to identify features such as main message, layout, use of colours and fonts, use of images, use of language, etc. Using a coding framework developed specifically for this study, IEC material produced by CHASI was systematically analysed to understand each item but also the range of material produced.

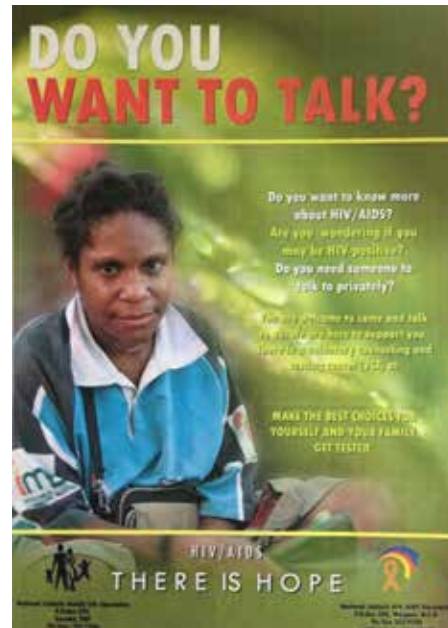
The content analysis method was applied using specific coding frames, entered manually and then transferred into an excel data processing system. All content were cleaned through a process of coding, double-checking and final checking in the excel system.

The material assessed in the content analysis included posters, pamphlets, and a flip chart. These materials were produced between 2005 – 2012. (See Appendix)

FINDINGS

In order to provide a comprehensive and user-friendly overview of the key findings and recommendations we have synthesized the findings together rather than drawing out and discussing the findings from each methodology. In addition, to be of greater use to CHASI, this approach ensures data triangulated so that the strengths of the different methods are capitalised and their weaknesses minimized.

How effective are IEC materials? It is tempting to measure effectiveness of IEC materials as the end point for example, a person decided to remain faithful to their partner. The possibility of that end point is achieved through a number of important elements that constitute effectiveness such as layout and design, language, medium; all of which are addressed here in a detailed and systematic way. We could not, in the limitations of the design of this evaluation, measure for certain to what extent (for example) people remained faithful to their partner as a result of the CHASI produced poster on this issue. Nor could we measure if people were more adherent to treatment as a result of viewing the posters on ART. What we do is address the different elements that need to be strengthened to facilitate these end points and importantly how people engaged with and understood the material produced to date.



Poster 01 - Do you want to talk? (2005)

1. Inventory of CHASI IEC materials

Over the past decade CHASI has produced a variety of IEC materials, some of which were not provided as part of the evaluation (such as the Born to Live poster). These are mainly printed materials in the form of posters, pamphlets and one flip chart for the training of HIV-positive women in the Mentor Mothers program. In addition, CHASI produces a regular newsletter and has produced a DVD for information sharing among stakeholders. CHASI also utilises material produced in Australia, such as a series of information booklets titled Positive Women produced for women living with HIV.

For the purpose of this evaluation we have only reviewed the IEC materials produced by CHASI that is targeted at their service users or at the general population. We did not evaluate the Positive Women material as it was produced in Australia for Australian women and we did not evaluate the material produced for information sharing among

stakeholders such as the newsletters. A full list of materials by medium, date and key message can be found in the Appendix.

The production of IEC materials could be considered basic due to the low output numbers and little variety in terms of media formats. As one key informant commented: *‘[we are] trying to get the most out of what they [the people] want with the most minimum cost’* (Key Informant). As such, the production of print material such as posters and pamphlets has been preferred.

[Print materials are] easier to produce and then second of all to distribute and it's easier to produce and easier for someone to you know read it and understand if they can be able to read and understand it. (Key Informant)

It's the traditional way of doing things, people like to have something on their walls; it's easy and quick. (Key Informant)

In a country with low literacy, relying on predominately printed material, especially text heavy materials, is problematic for the majority of people, but not entirely irrelevant as more people are formally educated. Most of the CHASI print materials combine images with text and require a high level of health literacy in order to be able to decipher the message(s) contained in them.

To date, there appears to be little evidence around the impact of the CHASI IEC materials on audiences. However as a key health service provider, CHASI is placed at a central point for health service delivery and its IEC material can target specific groups when used strategically. There is opportunity to think about the use of IEC material and critically assess whether diversification and multiple formats might be useful. Assessing the existing materials assists in better understanding the potential of CHASI IEC materials.

2. Purpose and messages of CHASI IEC material

IEC materials have been produced by CHASI to raise awareness around CHASI services, to improve attitudes towards HIV and AIDS (e.g. reducing stigma or information about available treatment) and in giving people with HIV hope.

Well basically I think the main reason for creating this IEC materials is to do awareness and probably awareness would lead people accessing the service and hopefully they would demand for those services. (Key Informant)

What we want try and do is make sure that HIV is still in people's minds and one way of doing that is the IEC material. (Key Informant)

At the bottom of the poster it says 'There is hope' so a [HIV-positive] woman can understand that she can have a baby when she looks at the poster. (PLHIV Focus Group)

All key informants unanimously said that IEC materials are good for 'awareness'. Beyond awareness there was little discussion of the exact role of IEC materials. Only poster 01 (2005) included a space to specify the location where services can be accessed. Other than that, posters did not provide addresses of clinics or health centres. Pamphlet 02 included a list of all health centres. Such information is key to increasing demand for services at designated Catholic HIV services. Only one key informant mentioned the rather expensive media campaign produced and distributed by FHI360. That campaign is a good example of funds not used advantageously and without any impact on increase in demands for services.

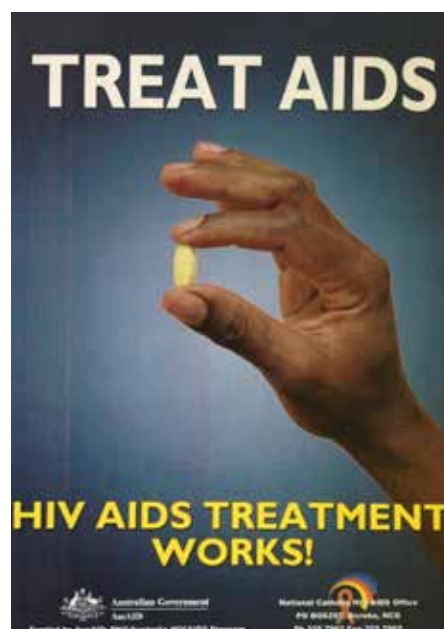
Our role was mainly to provide, just keep track of people who during the time of the campaign, what do you call it? Little questionnaires asking people if you have seen the campaign, did you come here as a result of that. Virtually no-one had come as a result of the campaign... I just don't think for the amount of time and money that was put into it, that it was effective. (Key Informant)

Similarly, another key informant said, 'We don't know if our posters and pamphlets mean more people come here, that's the question mark so we won't tell a lie, we just don't know.'

Key informants spoke of 'awareness' about HIV but did not in any detailed way discuss the importance of IEC material in creating a demand for a service or for reducing stigma and discrimination in the community. Understanding the full spectrum of how IEC materials can be used is useful when designing content messages.



Poster 02 - Are you going to have a baby? (2005)



Poster 08 - Treat AIDS (2009-10)

It is evident that the content of messages of the CHASI IEC materials changed as the response to HIV has developed. Whilst earlier posters focus on general awareness and prevention (2005 -2008), later posters focus more on ART treatment (2009 onwards). This is in line with the increase in provision of ART treatment services by CHASI. These messages are also in line with the areas of work of CHASI set out in its strategy. Moreover, this shift in focus is an artefact of the changing nature of the response in PNG where counselling and testing were all that were on offer until the advent and scale-up of ART in the country.

You have to change. When we started we had to help them to accept the disease and how to accept that you are dying and now it's, I think, we are at a different stage... now its normal. You go back to teaching, you go back to nursing and to a normal life. And pregnant mothers, if you take the medicine, your baby is healthy.
(Key Informant)

Referring to the organisational strategy and the messages included in IEC materials, one key informant said: *'It's out-dated again, you know; because things are shifting so rapidly here such as Treatment as Prevention'*. This maturity in response was referred to by one key informant as a type of coming of age, where in the beginning CHASI was like an infant but had now reached adulthood.

Overall the messages are designed taking a rights-based approach that encompasses the organisational values of compassion, love and acceptance. Messages are encouraging, person-centred and supportive. Slogans such as 'There Is Hope' (2005), 'Treatment Works' (2009/10) or 'Test and Treat – That is your Right' (2012) clearly promote hope and support rather than incite fear, something that has characterised many media campaigns in other countries. Focus group participants commented positively on most messages, saying that they were 'welcoming' and it was clear that services such as treatment were provided by CHASI. This is not to say some people did not want to begin a fear-based campaign, such as one male in a focus group who said: *'Put a bible verse and a picture of a man or woman with AIDS and who is about to die. Then we will compare it with this life now and there would be some kind of fear to take care of our life.'*

3. Health literacy and language

Despite the fact that the majority of CHASI services are located outside Port Moresby and the populations that they work with primarily use Tok Pisin, English dominates all of the IEC material produced by CHASI to date. The majority of posters (ten out of fourteen) were in English. Three posters used Tok Pisin only and one used both English and Tok Pisin. All four pamphlets produced were published in English only and were text-heavy.

I think for me personally the weakness of the materials would be the language. That is one of the, I think the wording, we know that we have a low literacy rate around the country and most of all we try to target those at the most rural areas and if literacy is a concern for the nation then I'm not sure if everyone at the most rural would be able to interpret the posters to its fullest so I'd say language would be the most the weaker link for the posters. (Key Informant)

The words that are written in English would have more meaning if they were written in Tok Pisin. (PLHIV Focus Group)

They can read the information more strong in pigin. (Key Informant)

We don't understand some words in English so translate it back into pigin then we can take it around and share and they will understand. (Male Focus Group)

Workpeople need to see things in English and not just pigin. (Mixed-Gender Group)

Because of the issue of language and the image, sometimes the IEC materials require interpretation by service providers.

With ART is my lifeline, they did not get the meaning so we just translate it into pigin to give it meaning. (Key informant)

Comprehension of written text is a concern when producing printed IEC material. The issue of this type of comprehension was alluded to in the key informant interviews, focus group discussions and through the analysis of the questionnaires designed and distributed by CHASI. For example, in the questionnaire it was evident that although people (including CHASI service providers) answered the questions, there were some who did so incorrectly as a result of a failure to comprehend what the question was asking of them. This is illustrated, for example, in the following excerpt where people were asked to identify two features/aspects of the poster (that they had already identified in a previous question) that they would change if they had the opportunity. Rather than identifying changing the font size, colour, image etc. the CHASI service provider reflected on how the poster changed their behaviour.

Q. What are two things you will [sic would] change from the poster if you had the opportunity? 1) Love and treat AIDS victims as myself 2) Discourage stigmatisation

In some cases, when assessed with focus groups with literate adults, some words posed difficulties to the group in regards to comprehension. For example, when reviewing the poster 04 'Your Life Matters', focus group participants commented that they were unclear about the meaning of the word 'matters'; it was not a word they were familiar with.

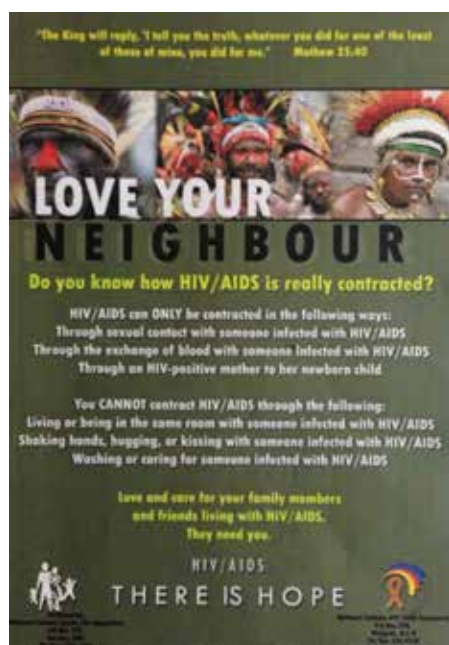
This sort of word is complicated, if it was in pigin it would be easier to understand. (Male Focus Group)

If you put 'protect yourself' then we know what they are talking about. (Male Focus Group)

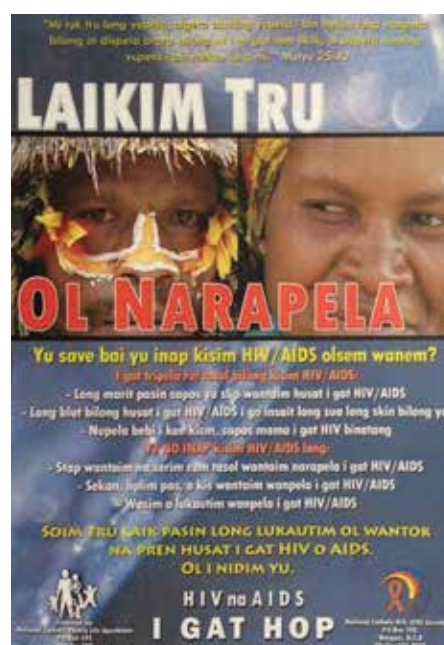
A similar issue was raised regarding the English word 'voluntary' in the mixed-gender group.

For most Papua New Guineans, Tok Pisin is the day-to-day spoken language. Some overlaps between Tok Pisin and English exist and when producing posters in English it might be useful to think about these overlaps to aid comprehension for those who understand some English.

One of CHASI's posters was produced in both English and Tok Pisin (Poster 03 and 04). Issues around translation were discussed in one of the focus groups. The 'Love Your Neighbour' is translated into Tok Pisin as 'Laikim Tru Ol Narapela'. Participants pointed out the difference in meaning for these posters, the Tok Pisin being inclusive of everyone, and the English poster being limited to only neighbours or wantoks. While these posters might not be displayed next to each other, the discussion during the focus group points to the importance of thinking about translation and the meaning of the words in both Tok Pisin and English; especially if the purpose is to communicate the same meaning.



Poster 03 - Love your neighbour (2005)



Poster 04 - Lukautim ol narapela (2005)

In regards to the posters, there has been a decrease in the number of words used in CHASI posters over the years. Earlier posters had between 70 and 160 words on them, whereas since 2008 all posters have used less than 20 words. When posters were tested with focus group participants it was generally found that fewer words increased clarity of the message. The opposite was true when more words were used and it was found they were more difficult to read due to the use of smaller fonts. There was also a sense that the impact of the message (and possibly effectiveness) was strongest with less text and participants found it easier to recall the message afterwards. Larger font size was supported by the focus group discussants as they were clearer to read and could be read from afar.

I would like the writing on the poster to be bigger for old people to read. (PLHIV Focus Group)

The words should be bigger. (Male Focus Group)

This finding is important in the context of focus group participants and key informants who suggested having more text such as biblical quotes included on the IEC materials, with some men even suggesting images of Jesus next to a person dying of HIV. These suggestions however are not in line with the approach to IEC materials which CHASI has taken and should be resisted as they suggest an underlying desire to create fear and moral judgement on behalf of the participants, something all CHASI produced materials have successfully avoided. It is noted that a biblical verse was used in posters 04 and 05.

There was an overwhelming preference for Tok Pisin except for those in Milne Bay Province where English dominates. In Milne Bay Province there was a request for some material to be made available in one or two of the four dominant tok ples languages.

I think there a quite number of issues around language. Basically English is not our major language here. (Male Focus Group)

Due to the high illiteracy rate in PNG, the visual language of print material is as important, if not more important than the text. As one women with HIV said, *'I can't read English or Pigin so I don't understand what it [the pamphlet] is saying.'*

For images and text to work and support each other, a clear layout of the print material is necessary.

4. Layout and design

Evaluating the layout and design of print materials includes an assessment of the selection and position of images, the choice of fonts and colours as well as positioning of the various graphic elements brought together to improve the clarity of the message.

Due to the fact that earlier CHASI posters were more text-heavy, the layout is more complex and there is greater difficulty in incorporating text with images. Poster 01 and 02 both follow a layout with one image on one side and text balancing the other side of the poster. The layout is clear, however, focus groups participants commented that some of the text was hard to read due to font size and colour contrast: *'Yellow is not eye-catching. Words should be coloured either white or red.'* (PLHIV Focus Group). Contrast and choice of colour can be improved to increase visual clarity. Focus group participants liked the photos in poster 01 and 02.

Poster 03 and 04 can be compared directly as they are different language versions of the same message. Here, poster 03 (English version) stands out as being visually clearer due to a higher contrast between font and background and a less busy background.

Fewer words were used on posters produced since 2008 which means there is more space to focus on the key message. Posters designed between 2008 – 2011 are very clear in their design. However, all four posters designed in 2012 are visually more complex, using a larger number of colours, and therefore less direct/clear.

Focus group participants responded well to symbolic or abstract images when asked to interpret messages and how these corresponded with images. For example, with poster 05, whilst it did not directly point to HIV, male focus group participants commented as follows:

The light represents each one's life.

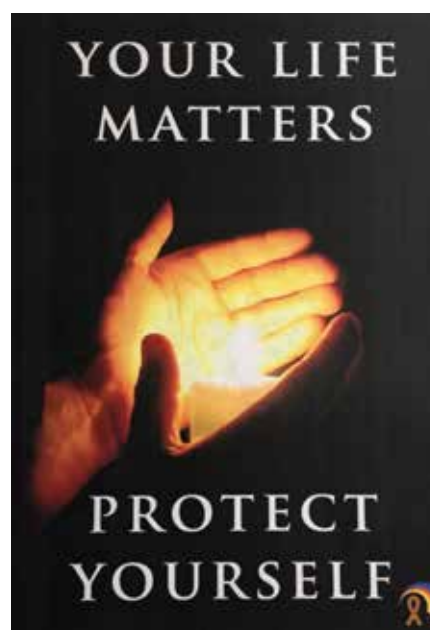
The hand is guiding the wind to go, the hand is protecting the light.

The wind represents enemies or sicknesses and all sorts of things from this world that will come to affect our lives.

We must protect our lives ourselves, guard our lives so we must hold it and care for it. We only have one life so we must take care of it.

Reinforcing the importance of images rather than the words/captions, one person in a focus groups discussion said:

But I think the main idea behind those IEC materials when they were developed, is the picture is not very much the caption, that is very much I feel when I look at those posters. (Male Focus Group)



Poster 05 - Your life matters (2008)

Key informants also reinforced the importance of images.

They relate better to pictures than words. You have to read it to them because there are few who can really do it. They look more at the pictures, they look at the pictures, what is the picture telling you? Words don't mean much to them. (Key Informant)

If they put these IEC materials in picture form and when we go out for outreach, then it will be easy when we put it out there because some people in the village are illiterate. When they see the pictures and talk, they will understand it very well in the village. (Key Informant)

For some posters, however, focus group participants would have like to have seen different images. In particular, in posters 03 and 04, people suggested to show images of families or of people sharing. Participants did not relate the messages in these posters with the images used. For example in reference to poster 11 regarding the 2012 election:

If you could add a picture of people going into a campaign house where they chew betel nut, dance or sing or some other picture like this. (Female Focus Group)

During election, movie houses and dance places are full and people gather at night and spread HIV. It would be good to put pictures of these in the poster. (Female Focus Group)

You should put information on how you can prevent yourself from getting HIV in the election. (PLHIV Focus Group)

Also, including a date on the election poster meant it was already out-dated and the women thought it best not to include it in future posters, but that posters on election are important.

Remove the year and just put elections. (PLHIV Focus Group)

It's true when there is an election, lot of people get HIV. (PLHIV Focus Group)

One man living with HIV decided after viewing this poster that he was not going to participate in future election campaign houses.



Poster 14 - Lukautim yu yet long taim bilong 2012 election (2012)

For posters 08 and 09 focusing on treatment, non-HIV positive focus group participants responded well and commented on the importance to see the medication. They also mentioned that it made them curious to know more. Comments from the male focus group includes the following:

Your life depends on this ART medicine so it's put in your hands. Because if you don't take this medicine on time you will die so this medicine is your life. (Male Focus Group)

We don't have this sickness and it's a new thing we are learning like that medicine is available. Before I saw someone at the hospital and I was really scared. But now I see that this medicine is available I am not worried so much. (Male Focus Group)

People who have this sickness will be happy. They will be happy they can get treatment so they will not delay, they will go quickly and search for where the medicines are available. (Male Focus Group)

You get this treatment and now there is hope. (Male Focus Group)

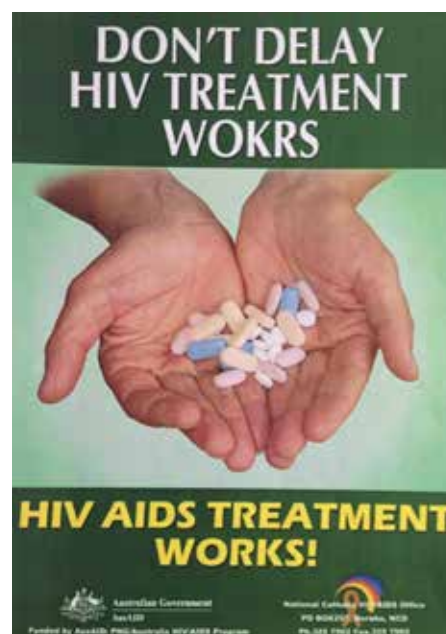
For other men seeing the medication evoked fear of HIV and its treatment.

When I see this medicine I get a little bit scared as the medicine is all sorts of colours. Some of them are big, some are small ones. I'm afraid as I drink medicines for minor sicknesses. Is this medicine only for AIDS? I'm afraid of contracting AIDS because the medicine is big. (Male Focus Group)

For the focus group with people living with HIV, they reported that it offered nothing new to them as they were already on treatment.

We are the living testimony of the poster. (PLHIV Focus Group)

For others this poster will show them that they can live. And if they don't get the medicine the river will drown the person where they can't benefit from the drugs and die. (PLHIV Focus Group)



Poster 09 - HIV AIDS Treatment works (2009-10)

Curiosity was not exempt from PLHIV, for example one positive woman said that after seeing poster 02 about the child not getting HIV that she and other women want to know more about having an HIV-negative baby.

Overall, focus groups generally commented positively on the posters and wanted to see more of them. It was clear that participants preferred those with a clear design and message.

The visual layout of the CHASI pamphlets varies and is weak when compared with posters. Due to the high amount of text on the pamphlets, producing clear layouts is challenging. The pamphlets also use a large number of different colours and at times busy backgrounds which make readability difficult. Pamphlets could be improved by establishing a more

consistent style in design (use of fonts and colours) and reducing text will allow for clearer designs to be established.

They give clear information but some of the booklets that they produce are too little so they just make comments and say, 'Just make a big photo so that everybody can see.' Also its in English so they need to translate it, they don't understand English. They understand pigin. (Key Informant)

The majority of feedback on pamphlets was obtained from the IEC questionnaire. The difficulty with the information contained in these questionnaires is that not all of the materials mentioned are CHASI produced, for example 'HIV and the Law'. The most frequently cited pamphlet viewed at a participating centres was 'HIV, Pregnancy and Parenthood'. This is likely an artefact of its recent publication and distribution. One service user who had a guardian fill out the questionnaire for her wrote of the pamphlets '*Can see pamphlets but cannot read.*' A similar issue regarding usefulness was raised in focus group discussions:

Additional information shouldn't be put on pamphlets because they will look at them and hold them but throw them away because they don't know how to read it; it's better to put it on radio or TV where people can hear and see it. (Female Focus Group)

No, they will use it as toilet paper and throw it around, they don't know what it's for. (Mixed Focus Group)

Although designed specifically for Mentor Mothers, the flip chart was popular among focus group participants and they found it most informative.

Doing a flip chart so people can see the pictures and read and hear stories that relate to the picture. (Female Focus Group)

I though that babies in their mother's womb would be infected with HIV through blood but now through the flip chart you have given us clear information that children, babies in their mother's womb have medicine to look after them and they drink breast milk for six months. We got clear information. (Female Focus Group)

Participants commented on the very clear structure and design of words and images and the progression of the information narrative. However, they also noted that the disadvantage is its size and therefore use is primarily restricted to PPTCT & VCT sites. Unlike posters and pamphlets however, flip charts are by their nature interactive and require mediation.

5. Target audience

In order to increase the effectiveness of IEC materials it is essential that the target audience of materials be kept in mind at all stages of their development and evaluation. A target audience can be separated into a number of categories, some of which can include differentiating people by sexual behaviour, gender, age, literacy level or communication preferences. This is important to bear in mind when designing materials.

...most of the services are outside Port Moresby so I don't know how relevant for the majority of the population. (Key Informant)

Rural people have time [to watch DVDs]. Here [in Port Moresby] people don't have time. People are at work and come between work say during the lunch hour to pick up medicine. Sometimes even on Saturday because they can't get away from work so I can't hardly see it [DVDs] would be really good here. (Key Informant)

Young ones are really keen to read... in Kimbe, when the newspaper comes they are selling it in lines like the bank, they are eager to get some news. That surprises me... people like to read and be informed. It is changing as people are getting more educated and it's changing in the city definitely. (Key Informant)

Part of the challenge in designing IEC materials for CHASI is who their audience is: 'general community'; 'anyone'. As a service designed for a wide-reaching audience, where 'we accept people just as they are and the situation they find themselves in' (Key Informant) and therefore without a narrow, clear and well defined target audience (such as women or men or key populations), producing materials for everyone is more complex and requires greater consideration and planning. This is evident in the material which is generic and not specific to men, women, youth and so forth. Of all the key informants, only two discussed members of key populations.

I read the National HIV Strategy and can see that its focused in Key Populations so now I am trying to reach sex workers, mobile men and others through awareness activities and link them into care. (Key Informant)

I'm not going for MARP's. That, I don't want that slogan because you stigmatise, put another stigma on them. We take people as they come. (Key Informant)

As a service that is currently providing ART to 5,000 people, the focus on people living with HIV and their families is more clear and is evident in the IEC material such as that which focuses on PPTCT, treatment and reproduction. Indeed in the later years, all materials appear targeted at those living with HIV.



Poster 13 - ART is my lifeline (2012)

Posters and pamphlets target relatively highly literate audiences and predominantly English reading audiences (note the difference between speaking and reading). Whilst some of the posters produced in English might infer meaning to audiences not skilled in reading English, the pamphlets require a high level of literacy.

With most of CHASI services outside of Port Moresby, and although it is acknowledged that educated and professional people living with and are at risk of HIV, Tok Pisin dominates. Indeed, even where health care workers, for example, undergo their professional health care worker training in English, numerous key informants opted to speak during the evaluation interview in Tok Pisin and needed questions asked in Tok Pisin.

It is useful to ensure that the understanding of target audiences informs the decision about the media format chosen for the production of IEC materials. There was no evidence of this process within CHASI.

6. Continued engagement with messages

IEC materials are best used as part of a combination of approaches to IEC. For example, one key informant described pamphlets as '*an important first step*' in communicating with potential or active service users.

Depending on how materials are used, they can actively link people into care. For example, one key informant screened IEC DVDs with members of the community in the different parishes to initiate a facilitated discussion on HIV and then used that as an opportunity to link people into HIV testing – either in a mobile clinic on-site, or at a health centre. This is where pamphlets, says the informant, are important by being able to take information home.

Several thought that posters were important to ensure that messages received elsewhere were reinforced.

I think the poster just reminds them [of things we have spoken to them about]. (Key Informant)

Videos and posters can go together because we can put them in the classroom after showing them videos. They will see and check what they had seen in the video if they see the video and then go into the classroom; it will remind the students. It's a two-way learning thing; they can watch and see and then they can read you know. (Key Informant)

The poster is good, like we go out and put it up in the village and they will see it. For the DVD we just go and show it. It's finished and we come back and that's it. Sometimes they will forget. But the poster, it will stay and they will see it over and over again and it will remind them. (Key Informant)

Furthermore, some key informants said that they refer to the posters in their counselling sessions, such as 'ART is My Lifeline' to reinforce the messages of living normally and of adherence; 'We just add some information on top.' (Key Informant)

When we have very sick patients here for day care and overnight, I sit with them and then I sometimes discuss these posters on the wall and talk. You explain to people. I explain to people also on the pictures and language and why they have to adhere. (Key Informant)

The importance of reinforcing messages through multiple mediums is important for successful health promotion; as is enabling on-going engagement with the material/message is particularly important with pamphlets and posters. Although little focus was given to pamphlets in the key informant interviews, there was a sense that pamphlets were important not simply for providing information but for allowing that information to be transported to the home where it can remind them of the message, while at the same time be shared with family and friends. This issue was raised by discussants on the PLHIV focus groups who suggested that the information contained in the posters on ART be made available in a pamphlet (Tok Pisin), especially on how families can support people on ART.

But just how effective they are in changing behaviour or 'making differences to people on the street' (Key Informant) was unclear.

7. Distribution, demand and supply

The issue of distribution and supply demand was a recurring theme in the dioceses. As a result of the opportunistic fashion in which IEC materials are produced and because there is no overall IEC strategy (see below), CHASI does not have a process in place to coordinate nor monitor distribution. Distribution appears as much opportunistic.

... they have to request or if one of us is travelling out or if we happen to receive those posters on time then we send them out to those centres. (Key Informant)

Only when the coordinator goes for trainings or something, normally they bring these new things home. (Key Informant)

Similarly, within each of the dioceses which receive IEC materials, there is no inventory of how many of each IEC item is distributed and to whom. This would be important to document for CHASI in terms of reach and assist in guiding a clearer notion of a target audience.

Everyone unanimously wanted, indeed needed, more IEC materials, particularly posters. It appeared that no dioceses had a steady supply of posters left in which to distribute.

IEC materials, you know we don't get much of them. I mean posters, but now and then we get some... (Key Informant)

We don't have enough IEC materials, it's only once when we go to Port Moresby we get some... but currently I don't have any IEC materials. I think IEC materials will be very helpful for our people here at least to read something but I don't have anything. (Key Informant)

Although a few key informants clearly thought that posters were limited in their effectiveness, 'decoration for the wall', most liked the posters.

It is good to put posters in remote places where there are no VCT centres so that people can see the posters and get educated. Because there is no awareness in these remote villages and people don't know there is ART to help HIV people. (Female Focus Group)

We should put the posters on big places like shops, betel nut markets to remind people about HIV and AIDS because people read about it and then they tend to forget so it's good to put them where people hang out. (Female Focus Group)

I think it's best if you have funding you can put up billboards that is best. (Male Focus Group)

They are very interesting and people really like the messages on relationships. I'm really happy with the material that is coming and they are good and attractive to the people and we are supplying them to other health centres for exhibiting. (Key Informant)

Last year we were doing outreach and we had those posters pinned on the ambulance. We went out and this really drew the attention of the people and so they said hello and looked at it and then we started talking about the virus. It was really effective I would say. (Key Informant)

Members of the mixed-gender focus group reinforced these reflections.

As a well-recognised health service which people and other organisations approach for IEC materials, CHASI has the credibility and ability to extend its production of IEC materials through external funding. It was repeatedly reported from key informants that there was a demand for more IEC materials both from their own point of view but from the demand created by others, including the National AIDS Council Secretariat (NACS) and Provincial AIDS Council Secretariats (PACS).

When posters are there, people will rush and fight for that and say, 'Givim mi' [Give me]. Not one poster will be left if you distribute posters; they want to take posters. (Key Informant)

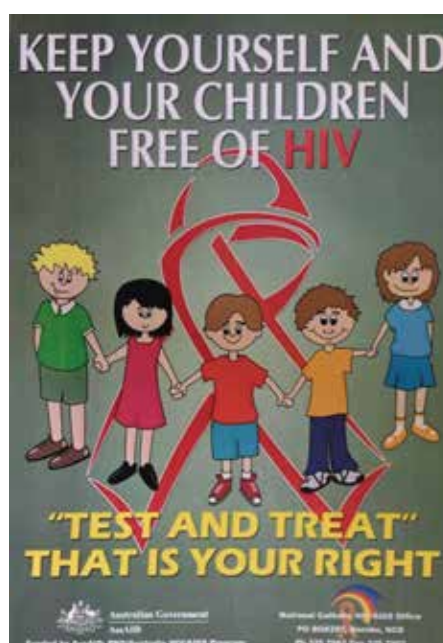
There is a high demand [for our posters] from the students from secondary schools. (Key Informant)

This week NACS came to us to get posters...they don't have anything. (Key Informant)

Although high in demand (and content analysis and focus group discussions showed which materials were more accessible in terms of understanding), it is not possible to say if they have in anyway been effective by changing behaviour, increasing a demand for a service or creating a more enabling and caring environment for people with HIV. This can, however be improved through a combined distribution and evaluation strategy.



Poster 07 - Be faithful to your partner (2011)



Poster 11 - Keep your children free of HIV (2012)

8. Engagement, consultation and participation

The IEC materials produced by CHASI including the medium, content and messages appear to be driven by senior management staff in the National Capital District. Historically, it was one staff who would initiative an idea/message to be developed: *'She would come with this idea all of a sudden and put it on my table'* (Key Informant). Although the materials are rights-based and hopeful, it appears that once materials are designed very few staff, and no one outside of Port Moresby, are ever invited to contribute and comment.

... according to my understanding, all the materials have been developed on top, top-bottom level. We have not done any of those [piloting of materials] because simply when material is completed we usually send it out for distribution. (Key Informant)

I think I'd say it's internally driven. (Key Informant)

Although the messages appear relevant to the dioceses and they are consistent with the values of CHASI (compassionate, caring, loving, friendly, welcoming, respectful etc.) there is no engagement with staff working in the dioceses; nor is there consultation with members of the target audience such as people living with HIV, pregnant women, parents, young people and so forth. In order to increase effectiveness, consultation and engagement with target audiences is critical from the design stage through to evaluation.

... it's not a collaborative idea and that the field, people on the field usually have a more broader knowledge of the actual scenario things on the ground and they would you know give good feedback as to which type of materials should be considered and we do understand this very much clear but I think the only problem now is coordinating such discussion and I think the time frame for it maybe doesn't suit, suit the way we work. (Key Informant)

CHASI has led the way in its work with HIV-positive people, including but not limited to the Mentor Mothers program and care centres. It is therefore not a radical step for CHASI to continue this approach of the greater involvement of people with HIV in the design and evaluation of its IEC materials. The added benefit of this engagement with HIV-positive people was shared by one staff member who said:

The involvement of positive people, GIPA [greater involvement of positive people] might reduce the spread of HIV because the message is coming from people with HIV; you could say the virus is speaking. (Key Informant)

Indeed, in the Strategic Plan and Monitoring & Evaluation Plan 2012-2016, CHASI commits itself to the cross-cutting issue of the greater involvement of positive people.

It has been increasingly recognised that an integrated approach to the national and provincial response to HIV is needed. Although NACS it is mandated to oversee HIV

prevention in the country, it would appear that all of the IEC material produced by CHASI is done so in isolation from them.

I don't communicate with them at all. There is nothing for me to get there to support me. No value for me to go there for me or my clients... I should go but I don't. What is the use? We are the specialists. There are no specialists there. It's no use, waste of time. (Key Informant)

Although the limitations of NACS were identified by some participants, efforts are needed to ensure a coordinated response including, where possible, cost sharing.



Poster 06 - A friend with AIDS remains a friend (2008)

9. Other mediums

Excluding a marketing DVD, CHASI has not produced any short documentaries, movies or educational dramas. Other Catholic faith-based services have, such as Catholic Family Life with 'Mist in the Mountains'. There was a request from most key informants to have more visual methods of disseminating information. DVDs were the most commonly requested 'other medium'.

I use lots of DVDs: Oh Papa God, Enough is Enough, UoG [University of Goroka] Kommuniti Tok Piksa, Rait bilong mi, Bai mi stand up strong, Friends of Mendi and others. Images, movies, are much better. We need more movies like ones to help us disclose to our children and empowering women about their legal rights. (Key Informant)

We now in the clinic, we try to start to show picture movie. We have a TV set and all that, we like to start with movies. I would like more movies that relate to AIDS pictures from here. (Key Informant)

It's good to make a CD [sic] about HIV awareness so people can see it. A lot of people have TVs in their houses so if they watch it in their house they can then discuss it amongst the family. They will be afraid when they watch the CD [sic] about contracting HIV. (Female Focus Group)

Only one key informant said that DVDs were not useful because in the remote settings where she worked, people did not have power or generators. Others said that people in the remote and rural areas they worked (including in the islands), had generators and DVDs were desperately wanted.

Whilst not specifically focusing exclusively on DVDs, one key informant discussed the limitations of current IEC material, in that audiences may be 'saturated' and therefore no longer absorb the messages being relayed from IEC materials, therefore needing to create new and innovative ways of reaching a population who may have already reached 'saturation point'.

As people trained in health provision who provide high quality care and support, the lack of skill in design and production of visual communication for change was evident. The format and content of the DVDs was not explored, suggesting that the in-house skill to design effective visual IEC materials is not currently available. There was no mention of the use of social media such as Facebook or Twitter. A few key informants talked about radio programs/announcements that they make on local radio, but there is no radio program produced and disseminated from CHASI. There would, however, appear to be an openness to exploring alternative methods of communication.

I think they are willing to open up for different mediums for IEC. Just that I think we have not exposed or ventured into that and it would be helpful if it can be one of the recommendations. (Key Informant)

One key informant said that all people in PNG have mobile phones and they can read Tok Pisin, therefore making it possible to use mobile phones with text messages to remind people (for example) about positive living or adherence to ART.

10. Other messages

Only one CHASI IEC material produced addressed HIV and TB co-infection. No other materials were produced that addressed cross-cutting issues such as violence, alcohol or gender equity. No materials were produced that addressed sexual health more generally or STIs specifically. A few key informants discussed having to broaden their work to discuss other issues such as STIs and TB. This same participant reported using a DVD that looks

at violence and was in the throes of planning activities to address inter-related issues of gender equity and drugs and alcohol but said, 'I don't have any IEC materials for this'.

I think that there is a possibility that we can broaden the scope of the message. So one thing we want to do, we'll try to do this year and next year is to step up the TB work and also STIs, also alcohol. (Key Informant)

In the Strategic Plan and Monitoring & Evaluation Plan 2012-2016, CHASI commits itself to cross-cutting issues such as gender and the greater involvement of positive people. Like all integration and mainstreaming, the risk is that HIV will be lost from view as funding is reduced and other issues such as TB take precedent.

A review of the material and discussions with key informants and target audiences highlights the need for other key messages for CHASI HIV-related IEC materials. See box below for possible themes/issues to be addressed.

- Sexually transmitted infections
- TB
- Drugs and alcohol
- Violence
- Living in serodiscordant couples
- Parents disclosing their status and possibly that of a child
- Empowering HIV positive women by knowing their rights
- Engaging men in maternal and child health
- Post exposure prophylaxis
- Disclosure to a new partner
- Children and teenagers living with HIV
- Mobile phone

Mobile phones were identified in the female focus group and it was recommended to have a poster campaign addressing its relationship to HIV. This would be an important issue to address in future IEC material and clearly offers an alternative medium by which to disseminate IEC.

There are no mobile phones in the posters. It's important to put them in because a lot of young people today use mobile phones to meet people where they then contract HIV. (Female Focus Group)

On the issue of mobile phones we need a poster that addressed them specifically because now mobile phones are everywhere and popular. We live by our mobile phones. They are a troublemaker as they bring people together. (Female Focus Group)

Identifying different issues for various groups of people living with HIV is important. For example at one centre visited, the key informants talked of having men in the latter years with HIV (including a 70 year old man), while also having a young girl in her middle to late teens. Streamlining messages and IEC materials for different target audiences of people living with HIV is important and offers one way of ensuring that materials are 'targeted' appropriately.

One key informant mentioned that they had started negotiating with Catholic Education and Catholic Family Life to collaborate on the production of IEC materials related to alcohol and violence. This type of engagement and integration is an important way of working on IEC materials in the future. This type of collaboration would also support CHASI to differentiate its IEC material to more specified target audiences such as children, teenagers and so forth. This type of collaboration may provide a means by which to allow for more diversity in messages (and possibly format) to cater for more regional/diocese issues which in the current context is more difficult.

In 2013 CHASI was amalgamated with the Catholic Health Service. Reflective of the need to create a synergy between the two, HIV is now being addressed in other Catholic Health services and programs that are not specifically designated for HIV. This suggests that while HIV remains a focus for IEC materials, it may be that HIV can also be integrated into other IEC materials for health issues and vice versa.

11. Policies and strategies

CHASI has a significant and important program of HIV work throughout its dioceses in PNG. IEC materials have been central to the development of CHASI's work, especially in the early years of the epidemic when such materials were not widely available. One health care worker recalled how she and another staff member from another diocese would design and draw their own materials to teach people about how HIV was transmitted. This same person also shared how she would also get members of the community to design and make the materials.

[In the beginning] we got some charts and materials from Sr [name withheld] and then we put it on clear plastic and then they were able to just follow the pictures and then we got them to make their own pictures. They really liked it very much - 'mi mekim, mi mekim' (I made it, I made it). (Key Informant)

Although IEC and associated materials are key recurring themes in CHASI's work, IEC as a designated domain of activities has not been developed in the same way as other programs (say for example ART, VCCT or PPTCT) have. In this way IEC has been used as an additional output to these activities rather than a discrete activity itself. It was explained that, until recently, there had not been a designated and separate budget line for the design, production and distribution of IEC materials.

No [we don't have an IEC policy], it's just part of our whole program. There is no policy about that type of thing, no I would say. (Key Informant)

With regards to your question, I will say no, we don't have any policy or guidelines for IEC materials and what we usually do is we just follow the guidelines as per our strategy which is developed from the National HIV Strategy for the country and then we look at it and we feel that it's important that we should have some IEC materials produced on so we have services such as couple counselling and we would want to target, you know, young couples and all those so we feel it is important for us to do those materials and then we developed these materials. (Key Informant)

Currently for this new period I do, we have a regular so we have a budget under this Global Funding grant. That is all I know about the budgeting, the IEC materials. In previous years I think we just estimated but haven't really budgeted it for but it's only between I think 2014-2016, we had a budget line for the IEC material. (Key Informant)

In the absence of such an activity budget, CHASI has produced some valuable materials to address issues of HIV counselling and testing, stigma, care and compassion, access to and adherence to ART and prevention of parent to child transmission of HIV. It is estimated that they spend 70,000PGK per year on printing.

In the context of financial and human resource constraints and competing activities, it is not surprising nor problematic to-date that an organisation such as CHASI, which although is well respected, and still evolving, does not have an IEC policy or strategy document. However, as the organisation undergoes this evaluation and seeks to ensure effective use of IEC materials, such a strategy will be key. Such a strategy, embedded within its wider policy documents and organisational strategy will ensure that funds provided to CHASI are used advantageously. In the same way that IEC materials 'looks good for us', having a guiding document for the design, distribution and evaluation of them also looks good, especially to funders.



Poster 12 - ART keeps you healthy (2012)

Senior management staff were not aware of the NACS produced strategy guidelines for HIV IEC. The guidelines, while not perfect, are available and have been designed to address the stakeholders involved in PNG's response including Churches and faith-based organisations. The benefit of these guidelines is that it does offer a framework for how to approach IEC materials from design to pilot testing to distribution and evaluation.

Here in the office I'm not sure, but for me personally I am not aware of the guidelines. (Key Informant)

The only part where we consult the National AIDS Council Secretariat, they consult us when they want materials to be distributed to respective provinces. (Key Informant)

12. Maintaining momentum

The IEC inventory for CHASI shows that the production of material is not sustained consistently over time. A recurring theme in all of the key informant interviews with was that there was no new material being distributed to the dioceses, an artefact of the reality that no new materials have been produced and that all printing had been suspended until the completion of this evaluation.

There is no one staff member for whom IEC material is a primary responsibility. Staff are already busy and without designating IEC as a role and responsibility to either a current or future CHASI staff, it will be difficult to maintain momentum in relation to IEC.

Not a primary priority – easy to sideline. (Key Informant)

I'd say we would treat that as medium priority. So second priority. (Key Informant)

Pressing issues are easy to identify and there is a will to create new IEC materials, for example, men's involvement in maternal and child health as was identified by a key informant. However, because IEC materials are not a priority or the responsibility of a specific person, it is easy to lose momentum.

SUMMARY

The findings highlight a number of criteria to consider when producing, distributing and evaluating IEC materials. As this evaluation was done in retrospect, with no information provided around distribution, it is not possible to assess direct impact or change with individuals and communities. The highlighted criteria, however, can assist CHASI when undertaking the next stage of planning the production and distribution of IEC materials.

It is important to understand the production, distribution and evaluation of IEC materials as ongoing processes that require planning and participation of staff and target audiences. A clear strategic IEC plan can assist CHASI in developing processes that allow for an improved and ongoing assessment of the effectiveness of its IEC material.

As a key HIV service provider, CHASI already has a strong foundation to implement such processes within the organisation. Production, distribution and evaluation processes can be incorporated into staff workflow processes in order to achieve ongoing results.

As the organisation has grown and matured over the past decade, CHASI is now at a critical point where more strategic IEC policies can be introduced and implemented. Existing materials were generally commented on positively because of the overall welcoming and supportive messages; and the findings indicate a high demand for such materials. Streamlining the production and evaluation of IEC material will ultimately position CHASI as a stronger health service provider and impact positively on the health situation in Papua New Guinea.

SUGGESTED WAYS FORWARD

▶ **Develop an IEC strategy**

Ensure the strategy covers all stages of IEC production including its design, piloting, distribution and evaluation

Develop an annual IEC workplan which identifies key IEC messages and channels of communication for each year in line with the priority areas of the organisation

Consider adapting the NACS Behaviour Change Communication strategy

▶ **Organisation of IEC materials**

Ensure that IEC materials are centrally organised and recorded

Develop a database template for taking stock of all IEC material, their distribution number and details of recipients

▶ **Consistency & appropriateness of materials**

Prioritise the use of Tok Pisin in all materials

Always pilot material with target audiences

Engage with existing research that can provide information around use of media and communication, as well as HIV and cross-cutting issues

Develop a slogan to identify with the organisation that can be put on all materials (for example 'haus bilong hop' or 'yumi lukautim olgeta')

Create templates for posters including colour schemes and a font set that can be used by a number of staff to develop posters

Allow for flexibility in the production of IEC material to incorporate emerging HIV and cross cutting issues when required

► Utilise different media and formats

In addition to print material, re-develop IEC material in a variety of media formats, in particular audiovisual formats, such as radio, video and online/mobile media

As an alternative to pamphlets, consider developing a portable user-friendly flip chart which uses simple graphics and images with short and clear (Tok Pisin) messages

Work with partners to develop programs for output on DVD that address HIV and cross cutting issues through local narratives and story telling

Use mobile and social media to increase the organisation's public image and to provide service users with regular updates on HIV, share information from other agencies such as UNAIDS and to keep staff informed (set up a Facebook site, utilise Twitter and send out regular SMS messages)

► Evaluation of materials

Develop an evaluation plan in line with the distribution plan

When distributing IEC materials, also hand out feedback forms to be completed by those using the materials

Set up a database template where feedback can be entered efficiently

► Collaboration and partnership

Engage with members of the target audience (including people living with HIV) in the IEC production process

Consider increasing the use and distribution of IEC materials produced by other organisations

Collaborate with organisations who are skilled in developing effective IEC materials using a diverse range of communication methods

Apply for external grants to produce further IEC materials, especially in relation to cross-cutting issues such as gender

APPENDIX

POSTERS & FLIP CHART

| # | Title | Year | Reason | Word Count | Language | Format |
|----|---|-------------|---|-----------------|--------------------|-------------|
| 1 | Do you want to talk? | 2005 | Create awareness about VCT Services | 72 | English | Portrait |
| 2 | Are you going to have a baby? | 2005 | Create awareness about the then new PPTCT program | 89 | English | Portrait |
| 3 | Love your neighbour (V1) | 2005 | Highlight community responsibility as a reason for prevention | 140 | English | Portrait |
| 4 | Lukautim ol narapela | 2005 | Highlight community responsibility as a reason for prevention | 161 | Tok Pisin | Portrait |
| 5 | Your life matters. Protect yourself | 2008 | Highlight care of the individual as a reason for prevention | 5 | English | Portrait |
| 6 | A friend with AIDS remains a friend | 2008 | Stigma reduction | 13 | English | Landscape |
| 7 | Be faithful to each other | 2008 | Create awareness about couple counselling services | 11 | English | Portrait |
| 8 | Treat AIDS | 2009 / 2010 | Create awareness about the availability of ART and how it is a valid form of prevention | 6 | English | Portrait |
| 9 | Don't Delay. HIV treatment works | 2009 / 2010 | Create awareness about the availability of ART and how it is a valid form of prevention | 9 | English | Portrait |
| 10 | Be faithful to your partner | 2011 | Create awareness about couple counselling services | 11 | English | Portrait |
| 11 | Keep yourself and your children free of HIV | 2012 | Highlight the right for testing and treatment, in particular for children | 15 | English | Portrait |
| 12 | Mi fit , Mi strong bikos me stap long HIV marasin | 2012 | Promote message that ART can lead to long and productive lives | 19 | Tok Pisin | Landscape |
| 13 | ART is my lifeline | 2012 | Promote the availability of ART | 16 | Tok Pisin/ English | Landscape |
| 14 | Lukautim yu yet long taim bilong 2012 Election | 2012 | Promoting responsible sexual behaviour especially during the election period | 13 | Tok Pisin | Landscape |
| 15 | Flip chart: Mothers Education - Sambai long Mama | n.d. | Educate Mothers about HIV prevention and prevention of mother to child transmission | n/a 27 pages | Tok Pisin/ English | Portrait A2 |

PAMPHLETS

| # | Title | Year | Reason | Word Count | Language | Format |
|---|--|------|--|------------|----------|-------------------------------|
| 1 | HIV, Pregnancy & Parenthood | 2012 | Promote the PPTCT program | 937 | English | DL (3 sections/2 sides of A4) |
| 2 | Voluntary Counselling & Testing of HIV | 2005 | Promote the VCT services | 1001 | English | DL (3 sections/2 sides of A4) |
| 3 | Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) | 2005 | Promote the PPTCT program | 872 | English | DL (3 sections/2 sides of A4) |
| 4 | TB and HIV Connection | 200? | Create awareness about the link between TB and HIV | 533 | English | DL (3 sections/2 sides of A4) |

