



**REVIEW OF THE FIJI RED CROSS HIV&AIDS AND BLOOD  
IEC MATERIALS**

*Supported by:*



**Julie Argyle, PhD, USPCV**  
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# **Fiji Red Cross Society's HIV and Blood Advocacy IEC Materials Evaluation: An Analysis of Quality and Effectiveness.**

**Julie Argyle, PhD, USPCV**

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Information, education and communication (IEC) materials enable individuals to play an active role in achieving, protecting and sustaining their own health. The ultimate goal of all IEC materials is to empower people to make decisions, modify behaviors and change social conditions. Health promotion and education activities rely on a variety of well designed and effective IEC materials to ensure success.

Human Immunodeficiency Virus (HIV) is an increasing concern in Fiji. It is well documented that the rates of sexually transmitted infections (STI) are high in Fiji, even in rural areas and it is also well documented that the rates of HIV infection increase with the rate of STI's. Most health professionals agree that HIV will become a major social and economic threat in Fiji if intervention is not initiated immediately. Inaction could put the nation on a dangerous trajectory, resulting in substantial increases in HIV and related costs to the Fiji healthcare system.

With the advancement of the practice of medicine in Fiji, the need for blood products is also growing. The Fiji Blood Bank is in dire need of a consistent supply of blood products. Because blood donation is not yet common practice in Fiji, public awareness and education is needed.

A comprehensive evaluation of Fiji Red Cross Society's (FRCS) HIV and Blood Advocacy IEC materials was conducted to analyze the quality and effectiveness of current materials and to provide recommendations for future development.

## **Materials and Methods**

- 1) An examination of HIV/Blood Advocacy IEC materials from other programs in Fiji was conducted to determine gaps and overlaps in coverage.
- 2) HIV/Blood Advocacy IEC materials produced by FRCS were examined to determine the quality of materials and appropriateness for target population.
- 3) In-depth interviews were conducted in villages across Fiji where *Together We Can* (TWC) workshops (primary distribution route of IEC materials) have been conducted. Open-ended questions were asked on a one-to-one private and confidential basis. Those interviewed included villagers who attended workshops, villagers who did not attend workshops, village leaders, church leaders, village nurses, Peace Corps volunteers and Red Cross Branch health volunteers. Interviews were conducted to determine needs of target population, effectiveness of materials and recommendations for future development.
- 4) Observation of TWC workshop to evaluate distribution of IEC materials.
- 5) In-depth interviews with key partners in HIV/Blood Advocacy to determine gaps/overlaps in coverage and to access input and insight from other HIV/Blood Advocacy professionals within Fiji.

## Results

### 1) Quality

#### A) Accuracy

Both the HIV/AIDS brochure and the Blood Donation brochure are completely accurate. There is, however, a slight omission of information in the HIV/AIDS brochure. It lists diarrhea, pneumonia and skin cancer as some illnesses that a person with AIDS can get but does not discuss the seriousness of AIDS. There could be a misunderstanding that having AIDS is not that big of a deal. It does not address the fact that there is no cure, that a person with AIDS will need to take many medications the rest of their lives or that a person will eventually die from AIDS. The brochure might be more effective in changing behaviors if it provided more motivation to avoid getting AIDS.

#### B) Attractiveness to target population

- The cover of the HIV brochure is quite visually appealing. It has a distinctive personality that makes it stand out compared to other HIV materials. It is especially attractive to youth. Most every participant interviewed really liked the condom man picture on the front of the HIV brochure and thought it was funny. They could culturally relate to the pocket sulu and sandals. Though it clearly is attractive to the younger population, it is not as pleasing to the older and more conservative population. One participant and all church leaders thought the condom man was offensive.
- No one interviewed understood or was familiar with the graffiti style of writing used on the cover of the HIV brochure.
- The cover of the Blood Donation brochure could be more visually interesting.
- Target population tends to like more bright and vibrant colors.
- There is a need for more pictures interspersed with the text in both brochures.
- A list of questions and answers (as in the HIV brochure) is not as visually appealing as other formats. Possibly rearranging the text and visual distribution of the layout would create more visual appeal.

#### C) Ease of reading

- Everyone interviewed appreciated the fact that the HIV brochure was in Fijian. They all found it easy to read.
- The Blood Donation brochure needs less text.
- It would be beneficial to create all brochures in Fijian and Hindi if those are included in the target population.
- The HIV brochure could be better organized.

#### D) Clear message

Both brochures have a lot of information. They have a little bit about many of things which can muddy the message leaving the reader confused about what to do with the information. It would be more effective to have less information while the information you have should be more focused on the goal of the IEC.

## 2) Effectiveness

### A) Is target population defined?

In conversations with FRCS representatives, the target population was defined as people in rural settings. This target population was chosen because FRCS saw a gap in services for people who lived in rural areas and also because FRCS has the unique ability to service this population via their health volunteers located at branch offices in fifteen locations around Fiji. After interviewing key partners who are also doing HIV and Blood Advocacy programs, it was clear there indeed is a gap in services for those in rural areas. Most partner programs are targeting urban areas.

The difficulty with this target population is that it is quite diverse. The needs of rural Indo-Fijian settlements are quite different than the needs of rural Fijian villages. The needs of rural married women are quite different from the needs of rural single girls, from the needs of rural married men and from the needs of rural single boys.

It would be more effective to divide this target group into smaller, more defined groups in order to develop IEC materials to best meet each group's individual needs.

### B) Do they address the needs/problems of target population?

As gathered from interviews, the needs of the target population are:

- Awareness and education about HIV/AIDS, change of attitude about the seriousness of the situation
- Awareness and education about donating blood
- Increase the practice of regular blood donations
- Decrease teen/unmarried pregnancies
- Increase awareness and education about STI's
- Increase early diagnosis and treatment of STI's
- Decrease incidence of STI's
- Increase HIV testing
- Increase condom use
- Increase negotiation /communication skills for condom use
- Female empowerment
- Consistent and embarrassment-free access to free condoms.

Many village nurses were out of condoms. Some participants listed embarrassment as a reason not to go to the village nurse to get condoms.

Both brochures address the needs of the target population. The HIV brochure contains general information about HIV to promote awareness and the brochure on blood advocacy contains information to promote blood donation.

### C) What are the goals of the IEC?

In conversations with FRCS representatives, the goals of the IEC materials were:

- For the Blood Advocacy brochure: to get people to become regular blood donors
- For the HIV brochure: to learn more about HIV/AIDS, to increase condom use and to increase HIV testing.

The goal of the Blood Advocacy brochure is excellent. It is focused, it meets a need of the target group, it is reasonable and it is measurable.

The goals of the HIV brochure are somewhat over-reaching. Though the goals do address the actual needs of the target population, one small brochure cannot feasibly meet all three goals. It would be more effective to focus on one goal for each IEC material in the future. Having one goal will make the message more clear and effective. For example create one brochure about HIV/AIDS and why it is a health threat, another brochure educating and encouraging condom use and one brochure encouraging people of the importance of getting tested.

**D) Is distribution effective?**

According to FRCS representatives, distribution of IEC materials is done in conjunction with TWC workshops. As standard practices confirm, IEC materials are most effective when paired with educational programs presented by health professionals. TWC is a sexual health program conducted by trained health volunteers in villages throughout Fiji.

One concerning point is that none of the interview participants had ever seen the IEC materials before being presented with them during our interviews. This was true for both the participants that had attended the TWC workshops as well as those who did not. It was also noted that the TWC workshop that was observed during our evaluation did not include distribution of IEC materials (though condoms were distributed). More effective and consistent distribution of IEC materials may be an area to examine in the future.

**E) How are the IEC materials monitored and evaluated?**

TWC workshops are evaluated by attendance and pre/post tests, but the IEC materials themselves are not currently evaluated or monitored.

**Recommendations**

According to Strategic Health Communication Standards, the following are my recommendations for the development of future IEC materials:

**1) Planning**

**A) Define target population**

The success and impact of IEC materials depends largely on the understanding of the target population by the planning team.

The target population should have similar needs, ages and cultural backgrounds. The needs of women and men are similar when it comes to blood donation so the target population for a blood advocacy IEC material could contain both men and women. However the needs of men and women are very different when it comes to sexual health. The target population should then be divided by sex, cultural background and age or marital status.

**B) Examine needs of target population**

The needs of the target population as identified during field visits and interviews include:

- STI  
Increasing awareness and education, increasing early diagnosis and treatment and decreasing incidence

- HIV  
Increasing awareness and education, creating a change of attitude about seriousness of problem
- Increase HIV testing  
This will also include increasing local access to HIV testing.
- Decreasing incidence of teen/unmarried pregnancy
- Decreasing denial  
Denial of the magnitude of HIV, STIs and unfaithfulness in the target population presents a problem for creating behavior change.
- Increasing condom use  
This will also include increasing consistent and embarrassment-free access to condoms.
- Increasing communication/negotiation skills. Personal empowerment.  
One of the key issues of extreme importance in the area of sexual health is the incorporation of gender issues. Understanding the reality of women's daily lives is important to the development of successful IEC materials. Women have both short-term needs (food, shelter, safety) and long-term needs (economic viability, reproductive freedom, enhanced status). In all aspects of their lives, women's needs and priorities must be met with sensitivity and without presumption. Whether in the realm of human rights and freedom from violence or in activities of daily living, women's empowerment is paramount.

**C) Define goal of IEC**

The goal of the IEC material should be based on the needs of the target population. Define only one goal per IEC material to allow the message to be clear and uncluttered. Goal should be realistic and measurable.

**D) Address challenges of reaching target population**

Examine the beliefs, cultural practices, pressures, handicaps and misinformation that could hinder the target population from reaching your stated goal. Challenges identified during field visits and interviews include:

- Cultural reluctance to discuss sex
- Church position on condom use
- Cultural reluctance to discuss health problems
- Reluctance to change/complacency
- Difficulty in planning ahead/impulse control
- Traditionally subservient role of women  
Especially related to condom negotiation

**E) How can we best appeal to target population?**

- What mediums are most appealing to the target population? A combination of mediums used together in the same program creates the most impact. Mediums that would be attractive to the target population that were identified during the field visits and interviews include:
  - a) Brochures (people like to take things home to read at their leisure)
  - b) Posters (very popular in private homes and community halls)
  - c) Video (lack of electricity and equipment may present a problem in some areas)
  - d) Playing cards and board games (games seem to be a preferred way of learning)

- e) Flip charts (attract audience attention during lectures)
- f) Comic books (easy way to learn for those with a low reading level)
- g) Use of traditional media (such as singing, dancing, role play/dramas, peer group discussions around the tanoa. Peer groups should separate into unmarried women, married women, unmarried men and married men).
- What is attractive to target population?  
Effective IEC materials are vivid and have an appealing personality that makes them stand out from other materials. Preferences of target population identified during field visits and interviews include: bright colors, culturally relevant pictures and an abundance of pictures.
- Keep reading level low and have Hindi and Fijian translations
- Tone  
What feeling should the material convey? What tone works best with the target population? Are they emotional about this issue? Religious? Like humor? Listen to authority or rebel?
- Motivating factors  
To make behavior changes people not only need the skills, but also the motivation/inspiration. What motivates target population? Relevant motivating factors identified during field visits and interviews include: family safety, providing for family, respect and social harmony.

Seeing someone like themselves who did not make the requested behavior change and hearing what happened to them as a result can be very motivating. A motivating factor might be a quote from someone in their target group that is affected by HIV/AIDS.

#### **F) Decide key message or advice**

This should be based on the goal of the IEC. Message should be short and to the point. It should also be action-oriented. Emphasize the benefit of doing or thinking what the IEC material is telling you to do or think. Give reasons why people should follow this advice. Tell them why changing the attitude or behavior outweighs the obstacles. Stress the most compelling benefit.

The message should appeal not only to the head but also to the heart. Information itself does not greatly influence attitude or behavior change. Emotions need to be evoked.

Catch phrases are often good ways to boil the message down in a focused and clear way. Some catch phrases used in other countries include “Real men are safe” and “Respect yourself, respect your family, use a condom”.

#### **G) Meet with key partners to coordinate coverage.**

Though many key partners believe overlaps in IEC materials are acceptable and even might possibly reinforce the message, the cost-effectiveness of five different organizations producing a similar brochure on HIV facts is extremely low. Especially in times of tight budgets for IEC materials, it would be more cost-effective for each organization to concentrate on a different topic and create five different IEC materials for the same cost of producing five of the same brochure. These materials could then be shared.

## 2) Implementing

### A) Create a supportive environment to encourage behavior change

Identify leaders who shape people's opinions and behaviors. Meetings should be held with church leaders, village leaders, village nurses and traditional healers. If leaders do not understand and support our message, behaviors will not change.

An example of this was noted during a field visit to one of the villages. The church leader was against condom use and told people to not use condoms. Even though HIV/condom education had been done on a continuous basis in that village by a resident Peace Corps volunteer for two years, condom use was still negligible, rates of teen/unmarried pregnancy were high and rates of STIs were high. In contrast, during a field visit to a different village, we found the Turaga Ni Koro was a strong proponent of condom use and even distributed condoms himself to the youth. This village reported the highest rate of condom use during our interviews.

Nurturing leaders to support the message is critical to the success of all IEC materials.

### B) Invite HIV positive person to speak to target population to help stress the gravity of situation

Personal testimonies of affected people are far more compelling than any other form of communication. This is especially true if that person is from the same target group. This can be paired with the TWC program.

### C) Continuing to pair the distribution of IEC materials with the TWC program is very beneficial

Because it has been shown that the needs of women are different than the needs of men and that the needs of youth are different than the needs of those married, it may be more beneficial to divide the participants into peer groups by age and sex in some instances. Because it has been shown that a communication program is more successful when carried out by expert practitioners, the continued training of branch health volunteers would also be beneficial.

### D) Distribution

As our field visits illustrated, there is a need for increased access to the IEC materials. These should be taken to each TWC workshop for distribution to participants and also given to village leaders, church leaders, village nurses and traditional healers.

### E) Insure continuous and embarrassment-free access to condoms

As our field visits showed, a continuous supply of condoms is not available in many villages. In Fiji, people tend not to think about asking for resupply until after they run out of stock. This could have disastrous results in the case of condoms. Careful attention and monitoring of condom supply needs to be initiated to ensure condoms are always available. All the IEC materials in the world will not increase condom use if condoms are not available when they are needed.

Different target groups may feel more comfortable asking for condoms from different people. In some cases this might be the village nurse, but in other cases it could be the Turaga Ni Koro, the resident Peace Corps volunteer, or another trusted elder. Each village should be evaluated on an individual basis as to what persons are the most responsible and the easiest to approach

for each target group. In some cases it may be the same person, but in most cases it may be that two or more people should be responsible for condom distribution per village.

### **3) Monitoring and Evaluation**

#### **A) Monitor:**

- number and type of IEC material distributed at each event
- number of condoms distributed in village and to whom

#### **B) Clinic statistics:**

- Monitor number of teen/unmarried pregnancies before and several months following workshops in village
- Monitor number of STI diagnoses before and several months following workshops in village
- Monitor number of HIV diagnoses before and several months following workshops in village

#### **C) Post-testing**

Post-testing should concentrate on whether there was a change of attitude and behavior based on the goal of the IEC materials. The goal should be measurable. As changes of attitudes and behaviors do not happen immediately, post-testing should be conducted several weeks or even months after distribution.

#### **D) Informal observation**

Informal observation is an underrated and inexpensive monitoring tool. How do people react to the IEC materials? Do they seem interested? Have questions about them? Ignore them?

#### **E) Training in monitoring and evaluation**

The process of evaluation needs to be better understood by staff and volunteers.

Evaluation should be considered a learning tool by volunteers and staff and embraced as a resource for future program development and IEC material design instead of taking it personally as an evaluation of how well they performed. In our field visits it was noticed that if allowed, most presenters fed participants the correct answers.

### **Conclusion**

The development of successful IEC materials is a critical element in the health promotion of Fiji. A comprehensive evaluation of Fiji Red Cross Society's (FRCS) HIV and Blood Advocacy IEC materials was conducted to analyze the quality and effectiveness of current materials and to provide recommendations for future development. The current materials were found to have many positive aspects, but could be improved in future planning, implementation and evaluation by using Strategic Health Communication Standards.

There is a clear need for IEC materials to address the issues of HIV and blood donation in Fiji. In addition, other topics related to these need to be addressed such as HIV testing, STIs, teen pregnancy, condom use, negotiation skills and female empowerment.

Fiji Red Cross Society is in a unique position to service rural Fiji which is an underserved and vulnerable population. Through its network of trained health volunteers in fifteen branches across Fiji, it is able to pair distribution of IEC materials with educational programs in areas that are not accessible to most other organizations.

It is hoped that FRCS will continue serving these vulnerable populations and be able to expand their IEC materials and educational programs to even better contribute to the health of the people of Fiji.

## **Appendix**

### **i) Summary of representative HIV/Blood Advocacy IEC materials from other programs in Fiji**

- 1) UNFPA
  - Brochure-Men as Partners in reproductive health
  - Brochure-Male Condom
  - Brochure-Female Condom
  - Brochure-STIs & HIV
- 2) MOH
  - Brochure-STI
  - Brochure-AIDS (Fijian)
  - Brochure-Blood Donation
  - Posters-Blood Donation
  - Booklet-HIV/AIDS
- 3) Marie Stopes
  - Brochure-Sexual Health
  - Brochure-HIV/AIDS
  - Brochure-Facts About Sex
  - Brochure-How to Use a Condom
- 4) MOE
  - Brochure-Abstinence
  - Brochure-Be Faithful
  - Brochure-Condoms
  - Brochure-Do Other Things
- 5) SPC
  - Brochure-HIV/AIDS
  - Brochure-HIV Testing
  - Brochure-STIs
- 6) RFHAF
  - Brochure-Take Control (making the right choices)

The quality and effectiveness of HIV/Blood Advocacy IEC materials in Fiji varies greatly. As seen from the titles above, there is quite a lot of overlap, especially in the area of HIV/AIDS basic facts. There does seem to be a gap in the amount of materials in Fijian and Hindi.

### **ii) List of interview questions and summary of field visits**

A total of 26 people were interviewed in four different villages throughout Viti Levu and Taveuni with a representative variety of ages and gender. Interviews were conducted privately and in a casual manner to nurture trust and honesty. Confidentiality was stressed.

#### **1) Participants/Villagers**

- **What is HIV/AIDS?**  
Most of the participants that attended the TWC workshop could define HIV/AIDS. Most people who did not attend those workshops could not define HIV/AIDS.
- **Do you know anyone with HIV/AIDS?**

Every participant denied knowing anyone with HIV/AIDS even though one participant in one village admitted to being HIV positive. Even that person's family denied knowing anyone with HIV/AIDS.

- **How can you get HIV?**  
Most said you can get HIV by having too many sex partners and a few said from getting a tattoo. None linked it to sexual fluids and blood or said that you could get it from having sex with an infected partner or sharing blood with an infected partner. One participant listed sex with animals as a way to get HIV.
- **How can you protect yourself?**  
Most interviewed said by having one sexual partner. A small few said by using condoms.
- **Have you ever been tested for HIV?**  
All interviewed said "No".
- **Do you know anyone who has ever been tested for HIV?**  
All interviewed said "No".
- **What is STI?**  
None could answer this question even when restated as sexually transmitted infection.
- **Have you ever had an STI?**  
Everyone interviewed denied.
- **Do you know anyone who has had a STI?**  
Everyone interviewed denied.
- **Is teen/unmarried pregnancy a problem in your village?**  
Everyone interviewed said "Yes".
- **Have you or any friends you may know ever donated blood?**  
A few interviewed said "Yes".
- **Have you ever seen this brochure? If so, where did you receive it?**  
Everyone interviewed said "No".
- **What do you think of the picture on the cover (colors, graffiti-style writing, condom man)?**  
Most liked the condom man and thought it was funny, especially the pocket sulu and sandals. Some suggested brighter colors. None recognized the graffiti-type writing. One participant was offended by the condom man.
- **Do you think it is easy enough to read for most people in your village or does it look a little too hard for some people to read?**  
Most said it was easy enough to read and expressed appreciation for the HIV brochure being in Fijian. Some thought the Blood Advocacy brochure might be a little too hard for some people in their village.
- **What behaviors do you do that puts you at risk for HIV?**  
A few admitted to not using a condom when they should.
- **What do you do to protect yourself from HIV?**  
Most interviewed said "Have one partner". A few said "Use a condom".
- **Have you ever used a male condom? A female condom? How often? If not always, why don't you use a condom? What is it about them that you don't like?**  
None admitted to ever using a female condom, two younger males admitted to using a condom most of the time, the majority denied ever using a condom or only using a

condom when they were single. Reasons for not using a condom included “My husband doesn’t like them”, “They don’t feel right”, “It doesn’t work as well”, “I can’t afford them”, “I don’t have one when I need one”, “I’m embarrassed to go ask for them”, “Too hard to use”, “I’m married, I don’t need one”.

- **Where can you go to get condoms?**

Most said village nurse, some said pharmacy, some said hospital and some said the Turaga Ni Koro.

- **For women: What do you do if your man doesn’t want to use a condom?**

All interviewed answered “We don’t use one”.

- **For those married: Do you trust that your partner is not having sex away from home?**

All interviewed answered “Yes”. Please see same question as answered by village nurse, church leader, and village leader below.

## 2) Village Nurse/Church Leader/Village Leader/Resident Peace Corps Volunteer

- **Do you think HIV is a threat to your village? What is the rate of HIV if known?**

All denied HIV as a threat except the two Peace Corps volunteers. All said there was no HIV in their village even though in one village a person admitted to interviewer that they were HIV positive.

- **Do you think STIs are a problem in your village? What is the rate of STIs if known?**

All village nurses admitted that STIs were a problem in their village. This is interesting considering the villagers themselves don’t see STIs as a problem or even know what they are.

- **Do you think teen/unmarried pregnancy is a problem in your village? What is the rate if known?**

All interviewed agreed that teen/unmarried pregnancy was a problem in their village.

- **Do you think unfaithfulness is a problem in your village?**

Most village nurses, village leaders, church leaders and Peace corps volunteers agreed that unfaithfulness was a problem. This is interesting considering that all married participants claimed that they trusted their partners were faithful.

- **Have you noticed the rate of HIV/STIs/teen and unmarried pregnancy change recently?**

All seemed to have a hard time answering this question.

- **Nurse: Where can people go to donate blood?**

All said the hospital.

- **Where can people in your village get condoms?**

Most said the village nurse and two village nurses said they had been out of condoms for awhile, one village Turaga Ni Koro gave out condoms and said he was out and needed more, all the church leaders had no idea where people got condoms, in one village the Peace Corps Volunteer gave them out.

- **Nurse: How many condoms do you give out weekly?**

None kept track or could give an accurate number.

- **Why do you think some people don’t use condoms?**

Same reasons as stated above in villager section.

- **What would motivate them to use condoms?**  
Everyone had a hard time with this question.
- **Church: Do you approve of condom use to prevent HIV? If not, why?**  
In one village the church leader clearly disapproves of condom use. The other church leaders didn't discourage condom use but didn't condone it either. All stressed the need for abstinence and faithfulness. When asked how that was working in the face of the high rate of teen/unmarried pregnancies, STIs and unfaithfulness- three of the four interviewed admitted that if people cannot abstain or be faithful condoms should be used.
- **What does your village need to change in behavior and attitude about HIV/STI/Condom use?**  
This was a difficult question for people to answer.
- **Have you seen this brochure? If so, where did you receive it?**  
None had seen it before.
- **What do you think of the picture on the cover (colors, graffiti-style writing, condom man)?**  
Most liked the condom man and thought it was funny, especially the pocket sulu and sandals. All church leaders were offended by the condom man. None were familiar with the graffiti-style writing.
- **Do you think it is easy enough to read for most people in your village or does it look a little too hard for some people to read?**  
All thought it was easy to read and appreciated the fact that the HIV brochure was in Fijian. Some thought the Blood Advocacy brochure might be too hard to read for some.

### 3) Branch Health Volunteer

- **What workshops/events/places did you distribute the IEC materials? Dates? Number distributed?**  
Volunteers had a hard time answering these questions. There is clearly a need to monitor distribution. Some mentioned that IEC materials were locked in branch office and not accessible.
- **Who were the participants (age, sex)?**  
Participants seemed to be a balanced mix of ages and gender.
- **Have you heard feedback on the IEC materials?**  
All said that people appreciated the IEC materials and wanted more.
- **What do you think of the picture on the cover (colors, graffiti-style writing, condom man)?**  
Same answers as above.
- **Do you think it is easy enough to read for most people in your village or does it look a little too hard for some people to read?**  
Same answers as above.
- **How can we improve these IEC materials?**  
Most just expressed a need for more materials on a variety of topics and in a variety of mediums.
- **What other IEC materials do you need?**

Posters, STIs, condom use, videos.

- **What attitudes and behaviors need changing in the villages in your area?**

“More condom use”, “people need to realize the gravity of the situation”.

- **Do you give out condoms? How often? How many?**

All branch health volunteers give out condoms but do not seem to have solid or easily accessible data on numbers.

- **Why don't people use condoms?**

Same as above.

- **What will motivate them to use condoms?**

One volunteer mentioned that many single youth in her area would rather pay .70 cents to get a colored condom from Marie Stopes than to use a plain one that she gives out for free. She suggested making the packaging more attractive to make it “cool” to use a condom.

### iii) List of key partners and summary of interviews

Most partners interviewed expressed an unconcern for overlaps in coverage; some even thought overlaps were reinforcing the information. One expressed a need to look at the needs of the community as a guideline to the development of more IEC materials as opposed to the common practice of taking materials from other countries and cosmetically adapting them to Fiji. One saw a clear gap in promoting the rights of people living with HIV/AIDS. One saw a need for all organizations doing HIV awareness/education to coordinate efforts and divide target populations in an organized manner.

<u>Name</u>	<u>Organization</u>	<u>Contact</u>
Dr Josaia Samuela	Ministry of Health	<a href="mailto:josaia.samuela@govnet.gov.fj">josaia.samuela@govnet.gov.fj</a>
Sr Sulu Duvaga	Ministry of Health	<a href="mailto:sduvaga@health.gov.fj">sduvaga@health.gov.fj</a>
Leone Tupua	Adventist & Development Relief Agency Fiji (ADRA Fiji)	<a href="mailto:LeoneTupua@adra.org.fj">LeoneTupua@adra.org.fj</a>
Laisenia Raloka	Ministry of Education	<a href="mailto:laisenia.raloka@govnet.gov.fj">laisenia.raloka@govnet.gov.fj</a>
Tuberi Cati	Fiji Network for Positive People (FJN+)	<a href="mailto:mumtopharez@yahoo.com">mumtopharez@yahoo.com</a>
Waisea Vosa	Ministry of Labour	<a href="mailto:waisea.vosa@govnet.gov.fj">waisea.vosa@govnet.gov.fj</a>
Matelita Seva	Reproductive and Family Health Association of Fiji (RFHAF)	<a href="mailto:mvseva@gmail.com">mvseva@gmail.com</a>
Andrew Prasad	Fiji Association of Sports & National Olympic Committee (FASANOC) Stop HIV Project	<a href="mailto:stophivfiji@fasanoc.org.fj">stophivfiji@fasanoc.org.fj</a>
Margaret Leniston	Foundation of the Peoples of the South Pacific International (FSPI)	<a href="mailto:margaret.leniston@fspispi.org.fj">margaret.leniston@fspispi.org.fj</a>
Laitia Tamata	Pacific Islands AIDS Foundation (PIAF)	<a href="mailto:ltamata@gmail.com">ltamata@gmail.com</a>
Isikeli Vulavou	United Nations Population Fund (UNFPA)	<a href="mailto:vulavou@unfpa.org">vulavou@unfpa.org</a>
Jone Vakalalabure	United Nations Joint Programme on HIV&AIDS (UNAIDS)	<a href="mailto:VakalalabureJ@unaid.org">VakalalabureJ@unaid.org</a>
Dr Muhammad Khalid	International Federation of Red Cross & Red Crescent (IFRC)	<a href="mailto:muhammad.khalid@ifrc.org">muhammad.khalid@ifrc.org</a>

#### iv) List of participants interviewed

##### Western Division & Eastern Division:

##### **Burelevu and Namara Village:**

- Meleti Toga
- Lavenia Savai
- Waisea Rganivatu
- Vilikisa NagaLU
- Peni Naqaco
- Vani Sivo

##### **Korovou Village :**

- Mary Vauvau
- Asilika Ratu
- Waisea Tuibua
- Bulou Fifita
- Omisimo Ratu

##### **Matawalu Village :**

- Aporosa Rakoto
- Josaia Baleitoga
- Arieta Tinai
- Makelesi Virivirilau
- Laisani Namosi
- Josaia Rakoto
- Salita Rasi
- Birisita Aditabu
- Asinate Waqabaca
- Miriama Waqabaca

##### Northern Division

##### **Lavena Village :**

- Maria Sefinavulakoro
- Teresia Uludole
- Makekesi Watitaqainakoro
- Marisiale Rakavono

# **FIJI RED CROSS SOCIETY**

## STI/HIV and Blood Advocacy IEC Materials Review

### **Terms of Reference**

Implementing Agency:	Fiji Red Cross Society (FRCS)
Consultation title:	STI/HIV and Blood IEC Materials Review Consultancy
Consultant:	Julie Lynn
Reporting to:	Coordinator, Health & Care Department
Location:	Suva, Fiji
Expenses & Travel Arrangement	Local Travel for field visits, including accommodation

### **Background/Context for the Consultation**

#### 1. Background

STI and HIV is a growing public, social and economic concern in Fiji and the Pacific region. According to figures dating December 2009, there are 330 reported cases of HIV&AIDS in Fiji, a figure which has been rising over the years, and which reflects that Fiji is in the escalating phase of the disease. Sexually transmitted infections and teenage pregnancies have also been increasing in Fiji amongst the young which increases the risk of young people contracting HIV.

FRCS has been actively involved in providing education and information through its STI and HIV projects initiatives to its target population. FRCS has been carrying out STI and HIV related work and activities since 1996 which includes the development and distribution of IEC materials. The IEC materials that were developed, have been heavily utilized and distributed through STI and HIV interventions carried out by FRCS targeting commercial sex workers, youths in rural and remote communities of Fiji and in the workplace. The materials are also shared with the MOH other government ministries and NGOs for distribution through their projects or during national and regional events safe campaigns.

The demand for Blood transfusion in Fiji is continuously increasing. Hence the need for more regular voluntary Blood Donors is needed to ensure that Fiji have adequate supply of Blood in its Blood Bank. Blood Donor Advocacy & Recruitment has been a core programme & mandate of FRCS since 2005 when FRCS handed over the management of the Blood Service in Fiji to the Ministry of Health.

Since then FRCS have been actively involved in promoting and advocating for the importance of voluntary non remunerated blood donation and the recruitment of voluntary blood donors (especially young Donors) through educational sessions and the distribution of IEC materials to the general public. These materials are also distributed through the Fiji National Blood Service Blood Banks around the country including other NGOs involved in community service.

## **Description of the consultation**

### Purpose:

The purpose of this review is:

- To evaluate the quality of FRCS STI/HIV and Blood Advocacy IEC materials
- To document lessons learnt in terms of the current IEC materials development and intervention

In this context the scope of this evaluation will focus on an analysis of the quality of the IEC materials and its effectiveness.

### Specific areas to be for review include:

- Determine whether FRCS IEC materials meets Strategic Health Communication (combination of BCC & COMBI) standards
- Assess the effectiveness of the IEC materials and its key messages in terms of raising awareness and changing behavior
- Assess input of key partners and identify gaps and overlaps in the development and distribution of IEC materials for STI/HIV and Blood in Fiji
- Assess steps taken by FRCS in developing IEC programming and make possible recommendation for proper steps to be taken by FRCS for creating effective IEC materials that meets SHC standards
- Identify issues to improve the development and distribution of IEC materials for the future
- Identify strategies to improve reporting and monitoring of the development and distribution of IEC materials to FRCS branches, partners and its target population

### **Products expected from the Evaluation:**

The key product expected from this evaluation is a comprehensive analytical report that includes, but is not limited to, the following components:

- Executive summary
- Introduction
- Description of the evaluation methodology
- Analysis of the situation with regard to the creation, quality and effectiveness of the IEC materials and its implementation strategy
- Key findings (lessons learnt)
- Conclusions and recommendations for future development and distribution of IEC materials
- Annexes including
  - ✓ ToR
  - ✓ Itinerary
  - ✓ List of persons interviewed
  - ✓ Summary of field visits
  - ✓ List of documents reviewed
  - ✓ Questionnaire (if any) used and summary of results
  - ✓ Any other relevant material that supports review findings and recommendations

### **General:**

- The evaluation is to be conducted by a consultant over a period of 5 days
- The evaluation will include consultation with the National Office, implementing branches and development partners
- The evaluation will be conducted jointly with any other partners in the implementation of the project

### **Suggested Methodology:**

The Evaluation consultant will:

- Co-operate with Implementing Agency, FRCS and the participating branches (it is expected that the consultant will collect qualitative information by interviewing key informants and holding group discussions to get more in-depth understanding of the conception quality and effectiveness the IEC materials had in people's health).
- Develop the work plan and content of working days for the consultation according to designed project and in consultation with FRCS
- Undertake a comprehensive desk review of relevant document (the consultant should review existing literature and lessons from similar projects in Fiji and elsewhere to draw lessons on (but not limited to) choice of interventions and implementation of development of IEC materials).
- Ensure that FRCS operational requirements are accounted for in all aspects of the assessment
- Prepare a consultation report for FRCS (STI/HIV and Blood IEC Materials Evaluation)

### **Duration and Dates:**

- Duration: TBC
- Dates: TBC

**Resources:**

The Health & Care Coordinator, Health & Care Assistant & HIV&STI Team Leader - FRCS will assist with the process.

**Qualification and Experiences:**

- Have a degree from an internationally recognized tertiary institution
- Have experiences in providing consultation in Fiji and the Pacific in the area of IEC/BCC communication materials development with specialization in BCC/SHC
- Have excellent command of the English language
- Extensive experience in working with the donors
- Demonstrated analytical and drafting skills
- Excellent interviewing, public speaking at high levels
- Teamwork capacity to work with the target group representatives

**Documents:**

Project Documents

List of other materials that will be made available to the consultant such as the progress reports, any research paper prepared for the project to date and other documentation relating to operational aspects of the project.

