HIV Cooperation Program Indonesia: **MASS MEDIA CAMPAIGNS**

Australian Aid

Palladium
MAKE IT POSSIBLE

Burnet Institute
Medical Research. Practical Action.

The Papua and West Papua Integrated Mass Media Campaigns

The HIV Cooperation Program for Indonesia (HCPI) was part of the Australia Indonesia Partnership for HIV funded by the Government of Australia through the Department of Foreign Affairs and Trade (DFAT). HCPI supported programs in Papua, West Papua and seven other provinces from 2008 through mid 2015. The National AIDS Commission was the national counterpart, and Provincial AIDS Commissions (PAC) in the participating provinces at local level.

Papua and West Papua

At the time of HCPI's inception, HIV prevalence in the general population in Papua and West Papua was 2.4%, and 2.9% among ethnic Papuans in the highlands. HCPI's programs focused on improving knowledge and understanding about HIV and AIDS in the general population, supporting increased condom use and reduction in concurrent multiple partners, and increasing uptake of HIV testing and follow up with antiretroviral treatment for people who tested positive for HIV. HCPI provided partner grants to a range of non-government organisations, church groups, traditional arts councils, traditional governance organisations (adat groups), mass media organisations, sports teams and fan groups, and others.

In 2008 HCPI, under the aegis of the Provincial AIDS Commissions from Papua and West Papua, supported the development of the "Tanah Papua Communications Strategy and Plan" by collaborative teams comprising staff from government sectors, NGOs, church organisations, bilateral and multilateral programs and community organisations. The Strategy provided a framework and plan for everyone involved in developing communications programs as part of the HIV response in the two provinces. It was enhanced by the "Central Highlands Communication Strategy and Plan" developed with HCPI support in 2011 to address programmatic issues specif c to the central highlands area where most ethnic Papuans live. The Strategies had three basic elements comprising behaviour change communication, community mobilisation, and advocacy, and included annual mass media campaigns.

Integrated Mass Media Campaigns

Annual integrated mass media campaigns, initiated in 2010, aimed at developing awareness, generating discussions on HIV and supporting changes in attitudes and behaviours, were a major component of HCPI program support. Campaign themes and messages were developed each year, based on the results of the previous year's campaign and addressing emerging issues as well. The campaigns followed essential social marketing principles: target-centred planning; evidence-based decisions guided by research; specif c behavioural goals; multi-channel communication; integrated program components; and balanced supply and demand. The campaign coordination and development processes were embedded within the PAC systems to ensure sustainable mechanisms for continuing campaigns after HCPI with local government funds. The PAC convened three groups that participated in campaign development and implementation: the Campaign Coordination Team, the Campaign Advisory Group, and the Campaign Stakeholder Group.

Campaign Coordination Team

This team was a strictly technical entity responsible for planning activities and making the necessary technical decisions to ensure the eff cient implementation of the social marketing campaign and was the core of the campaign development process. Members came from the PAC Media and Communications Working Group, whose membership in the PAC is based on special skills and experience that they or the organisation they represent can contribute, and they selected a Chairperson. Members included journalists, NGO staff, technical staff from other bilateral programs Team members participated in a series of training activities designed to build capacity at each stage of campaign development, including how to conduct focus group discussions, understanding the social

marketing process, developing messages and themes from research and FGD f ndings, developing creative briefs, and developing and pretesting materials. The team followed the six steps of the "social marketing wheel":

1. Identif cation and prioritization of the problems or issues to be addressed and to determine the particular segments of the affected population to which the actions and messages will be directed.

2. Conducting formative research on the knowledge, opinions, attitudes and practices of the population related to the priority problems.

3. Systematic planning of actions and activities for the campaign cycle.

4. Development of high-quality materials, pretested with the target group and revised for f nal production and distribution.

5. Implementation of the communication plan, integrating the elements of the plan with the active participation of the communities and coordinating with other organizations including universities, grassroots organizations, etc.

6. Follow-up and monitoring of the implementation of the plan, and evaluation of the impact of the activities and the effectiveness of the elements of the plan.

The team ensured that a focused, time-bound campaign was developed and conducted according to the approved process and principles of HIV communication, monitored and evaluated, and the results appropriately disseminated.

Members of the team had three main tasks, assigned depending on their technical skills: research and evaluation; community mobilisation, training and special events; and development and production of materials. There were regular consultative meetings and the circulation of documents, and the team invited people from other working groups as needed. They also routinely reported to the Campaign Advisory Group and sought their advice and endorsement.

Campaign Advisory Group

The Campaign Advisory Group consisted of selected members of the Media and Communication Working Group who were not already members of the CCT, and selected representatives of other Working Groups that could provide guidance and advice to the CCT. The Advisory Group sought the endorsement of the Campaign Stakeholder Group at crucial steps of the process to ensure their participation and support for the campaigns.

Campaign Stakeholder Group

This group comprised members from different stakeholder organisations to represent the community, religious groups, government sectors, and umbrella NGOs.

Campaign Implementation

All of the campaigns had the general theme Mari kitorang pengaruh, bertanggung jawab untuk HIV (Come, we are inf uential, let's be responsible about HIV). For the f rst campaign, formative research identif ed four key messages to address condom use (Kalo Su Tra Tahan, Pake Kondom to: If you can't resist, use a condom!); delay sexual debut and reduce concurrent multiple partners (Pace... Ko Tra Kosong, Kalo Ko Jaga Diri: Man, you're something if you protect yourself); VCT (Mari Kitorang Periksa HIV: Come on, let's get an HIV test); Stigma (Kawan, HIV Bukan Ujung Dari Tong Pu Hidup: Friend, HIV isn't the end of your life).

Each year, new messages were changed or added based on formative research and emerging issues. In 2012 the campaign team paid special attention to developing messages for highland Papuans with limited education and Indonesian language skills. In subsequent years there were messages about appropriate diagnosis and treatment of sexually transmitted infections, HIV testing and Anti Retroviral Treatment/Therapy.

Messages were promoted through radio and TV spots, posters and other printed media that were then disseminated throughout Papua and West Papua. A range of programs on radio and TV, including talk shows, call-ins, sermons, youth-oriented programs, panel discussions, and culturally appropriate programs reinforced the messages, and the campaigns were promoted through launches and advocacy as well as community mobilisation activities in cities and towns throughout Papua and West Papua.

Supporting activities have included audiences with governors, regents and other off cials, activities initiated by tribal leaders, churches and business houses, performances and displays and open days in collaboration with health centres and local stakeholders.

96%

of respondents in 2015 knew that condoms prevent HIV transmission and 88% reported learning from the mass media campaign that mutual monogamy prevents HIV.

100%

of the campaign survey respondents had heard about HIV in 2010, compared to 51% of respondents in the 2006 Ministry of Health Integrated Bio-Behavioural Survey (IBBS),

Results

Annual process evaluations carried out by the members of the campaign team showed that the process was effective for developing comprehensive campaigns, and that the training provided to the team and the step-by-step mentoring during the f rst few years were critical to the campaigns' success. Each year, the process evaluation resulted in ref ning the approach to developing the subsequent year's campaign.

An independent market survey company was engaged to conduct post-campaign evaluations consisting of interviews with 600 randomly selected ethnic Papuans in four large towns selected to represent the geographical and socio-cultural range of Papuan towns, with highlands, lowlands, hard to reach and easy to reach coastal towns included. Highlights of campaign evaluations through 2015 include:

• The campaigns were considered important in inf uencing peoples' attitude to HIV and AIDS, which were perceived as a major health problem in Papua.

• People were aware of the visible numbers of people infected, they understood how the disease is transmitted, were aware about the symptoms, and they knew how to prevent HIV infection.

• The surveys showed impressive gains in comprehensive knowledge about HIV, answering f ve key questions correctly. In 2012, 19% of respondents answered correctly, increasing to 21% in 2013 and 48% of women and 49% of men in 2014.

Conclusions

The systematic and integrated approach to developing the mass media campaigns, including the development of the Communications Strategies, ongoing skills building of the teams and credible post-campaign surveys, was critical to their success. The campaign processes and mechanisms developed with HCPI technical and f nancial support, including the structures and activities of the various teams, will enable the Papua Provincial AIDS Commission to continue to develop and run mass media campaigns after the completion of HCPI.