

Putting the Community at the Center of Measuring Change in HIV prevention in Papua New Guinea: The Tingim Laip (Think of Life) Mobilisation

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Abstract

This paper describes the national Tingim Laip (Think of Life) Mobilisation for HIV prevention that began in Papua New Guinea (PNG) in early 2005 and is funded by Australian Agency for International Development (AusAID) in cooperation with National AIDS Council. The Tingim Laip Mobilisation is a new and innovative intervention addressing the HIV and AIDS continuum through social mobilisation in 34 high risk settings throughout PNG. The paper describes (i) the principles and process of the Tingim Laip intervention, (ii) the participatory monitoring and evaluation mechanisms, and (iii) outlines some of the preliminary findings and outcomes of the intervention. The Tingim Laip mobilisation after one year of implementation is showing encouraging evidence of contributing to knowledge, attitude, and behavioural change in the epi-center of the epidemic in PNG.

Introduction

This paper documents the combined experience of a partnership between the National AIDS Council PNG (NAC), National HIV/AIDS Support Project (NHASP), Australian Agency for International Development (AusAID), Family Health International (FHI) and hundreds of 'change agents' in the network of Tingim Laip sites throughout Papua New Guinea (PNG).

In early 2005 the *Tingim Laip Mobilisation** (previously called the High Risk Setting Strategy) was born in PNG. This nationally supported, bottom-up communication for social change (CFSC) project takes an organic, dynamic and learning-by-doing approach to build a national network of communities (or 'settings') throughout the country that have been identified as 'high risk areas' or 'hotspots'. Each 'setting' is managed by a community-based 'site committee' who are provided with skills, technical support, and resources to plan, implement, and monitor and evaluate a locally relevant and integrated communication strategy.

Currently there are 34 *Tingim Laip* sites around PNG, each managed by a voluntary community-based site committee comprising five to ten persons. The project reach is estimated at +170,000 persons (3.33% of the total PNG population) in sites that are at the epi-center of the epidemic.[†]

This intervention was designed to build on previous efforts that had predominantly been based in 'modernization' and 'dependency' theories.

The *Tingim Laip Mobilisation* is simple and intuitive, yet complex and multidimensional. The overall approach draws on the wide experience of 'convergence' communication theories^{1,2,3,4} recognizing the need for a multidimensional approach in the context of the complexity of HIV in PNG. This intervention was designed to build on previous efforts

that had predominantly been based in 'modernization' and 'dependency' theories.

Important characteristics of the Mobilisation include:

Evidence Based: Selecting community 'settings' based on the epidemiological data and risk assessment of the setting, the willingness of gatekeepers to actively participate in the project, and the capacity of the site committee in the 'setting' to implement HIV prevention

*The brand 'Tingim Laip' is being patented. The term 'mobilisation' has been adopted to describe a strategic mix of campaign, community dialogue, and intervention to create a social mobilization.

[†]Project reach is estimated as follows: 34 intervention sites each with approximately 100 community volunteers (eg peer educators, champions, and gatekeepers) with each volunteer reaching out to 50 of the target population per year equaling total reach of 170,000 persons per year. The total population of PNG in 2000 census was 5.1 million therefore an intervention reach of 170,000 persons is approximately 3.3% of the most at risk population of the total population.

activities. 'Settings' in the network are diverse including: market places along highways, entertainment facilities, mining sites, other primary industry (such as sugar and oil palm), urban settlements, trucking and seafarer settings, and military bases. All of the Tingim Laip settings are characterized by high levels of mobility and rapid change.

Going Beyond Awareness: The intervention attempts to go beyond 'awareness raising' to effect change using a tool-box of theories and approaches to create individual, community-based, organizational and social change by being a catalyst to community dialogue on issues associated with HIV and its determinants. This emphasizes 'action oriented' communication that includes: interpersonal communication and peer education, participatory learning and action, advocacy, community mobilization, life skills development, micro-finance, women and youth focused interventions, and sports and music interventions. Communication messages support increased community dialogue on HIV as well as the socio-cultural and economic factors that fuel the epidemic such as: gender imbalances, drug and alcohol abuse, gambling, stigma and discrimination, poverty, patterns of sexual behavior, culture, mobility, and globalization.

Building Capacity as well as Supporting Local Know-How and Story Telling: The mobilisation focuses on building

capacity of those spearheading the intervention (change agents) in each of the 'settings' at a number of levels from basic HIV to advanced behaviour change communication. A bottom-up approach is taken to communication priorities, strategies and messages. Local communities develop messages according to local needs, realities, interests, customs and languages with technical support provided as required. This approach helps to ensure that local meaning is given to messages helping to support attitudinal, behavioral and social change.

Developing Supporting Structures: The Tingim Laip sites are supported by a structure that ensures regular monitoring, provision of technical support, and motivation. Provincial Coordinators (Tingim Laip Coordinators) who oversee several sites provide regular support and solve problems as they arise. These coordinators are provided with additional support from the national level.

Integrating and Promoting Health Services and Products
The four pillars of the project are its foundation with each 'setting' integrating and actively promoting: (i) full access to condoms; (ii) user friendly and accessible health services including sexually transmitted infection services; (iii) access to voluntary counseling and testing and (iv) provision of care and treatment services.

Branding the Mobilisation. 'The Tingim Laip logo' (Figure 1) and branding help to unify the project under a single umbrella and maximize the opportunity to reinforce the message along the paths of people's mobility which follow the network of 'settings'. This

ensures that project messages are reinforced as people move from setting to setting. This logo also contributes to reducing stigma associated with being perceived as a 'high-risk site' and contributes to positive and healthy-living holistic messages.

Fig. 1. Tingim Laip Logo



Innovation and Creativity. The mobilisation promotes innovation, creativity and thinking 'outside the box' which allows site committees to test new approaches and strategies ensuring communication messages continue to interest and motivate the target groups.

Partnership. Another important characteristic of the mobilisation has been the development of partnerships within and across the private sector, public sector, NGOs, women and youth groups, faith-based organizations, and a range of other community based organizations. The strong partnership with the private sector are particularly notable as these have strengthened the sites by providing resources and technical support, as well as increasing the importance of HIV/AIDS as a multisectoral development issue.

Putting the Community at the Centre of Measuring Change

Measuring change in the 'settings' has been challenging for the Tingim Laip Mobilisation. After considering different monitoring and evaluation models the Team concluded that participatory monitoring and evaluation (PM&E) defined as a set of principles and a process of engagement in the monitoring and evaluation endeavour where the process is at least as important as the recommendations and results contained in PM&E reports or feedback meetings⁵ best fits the principles of the Tingim Laip Mobilisation. Emphasis of the PM&E is on empowering the community settings to decide how they want to measure change by providing those who are spearheading interventions with a tool-kit of PM&E methodologies and letting them decide what is most useful to their own interventions, capacity, and needs. This flexible and participatory approach motivated communities to drive the PM&E process as well as utilize the findings of PM&E to improve and refine communication strategies and messages through ongoing learning-by-doing.

At the outset, the core team (comprising a small group of technical persons at the national level) took a developmental approach to PM&E, starting slowly and building new dimensions based on capacity and demand as identified by

the settings. For instance, at the outset the site representatives developed basic project specific monitoring systems; however after 6 months the sites became more sophisticated and wanted more rigorous indicators to monitor and evaluate their work. This flexible approach promoted ownership and relevance of the monitoring and evaluation process for those driving the interventions and also resulted in more commitment to collecting and utilizing information for the process of continuous improvement. Unexpectedly, the cross-fertilization of the sites monitoring and evaluation indicators also resulted in considerable synergy of PM&E indicators across the network allowing the project to compare the performance of different sites.

At the time of writing this paper the multi-pronged Tingim Laip PM&E approach has predominantly focused on input and process monitoring with a combination of participatory social mapping, behavioral surveillance, collection of indicators according to the needs of each setting, Most Significant Change Stories and Case-Study reports, routine participatory process monitoring, and monitoring through information exchange and sharing across the network.

Social Mapping:

"Because you are working with our communities, we now feel responsible to do something, before we thought someone up there (pointing to the sky) would take care of us, now we know we have to do it for ourselves".
Community Member

At the outset of the mobilisation Social Mappers were identified and trained in each of the sites to conduct a participatory assessment or situational analysis of their local setting. This included a mix of participatory methodologies such as: focus group discussions, participatory mapping, depth interviews, seasonal calendars, mapping hotspots, mystery client visits to health services, and observations. The mapping helped to create a deeper understanding by local communities of their settings including: relative importance of HIV in relation to top-of-the-mind concerns of the community, risk factors, segmentation of populations, sexual practices and behaviors, knowledge and attitudes on HIV, perception and utilization of health services, access to Sexually Transmitted Infection (STI) services, levels of stigma and discrimination, and preferred messages and channels of communication. This detailed understanding of local settings was the basis for planning integrated and strategic communication mobilisation in each of the settings. Social Mappers in each setting continue to play a key role in each site committee as technical advisers and resources for ongoing research in monitoring project progress and impact.

Behavioural Surveillance:

"We've seen voluntary testing and counseling [VCT] rise since the Tingim Laip in this community especially amongst youth, I went to the hospital and found 40-50% coming in for VCT". Change Agent

Although the social mapping provided a detailed understanding of each setting, the Tingim Laip communities later identified the need for quantifiable information to measure the scope of specific issues in their community and the quantitative impact of their interventions. Therefore a behavioral surveillance is currently underway to gain quantitative data on the scope of the issues and to form a baseline for final evaluation of the project. The surveillance also utilized a participatory approach, recruiting enumerators from the community to support community ownership of the results and to address cultural and language barriers.

Monitoring Indicators:

"People living positively [PLWHA] are starting to come out and be active in interventions". Change Agent

To assist with routine monitoring of each setting a number of indicators were identified through a participatory process building on the PNG National Strategy for HIV/AIDS. Indicators selected include: number of female and male condoms distributed; numbers of women and men trained in peer education; numbers of IEC materials distributed; and number of STI/Voluntary Counseling and Testing (VCT) services sought. From this list of indicators, sites identified which indicators they have the capacity to measure, gradually building additional indicators as capacity and interest permits. The monthly collection of these indicators provides feedback into project implementation in areas like: improved forecasting and planning of condoms, refining of communication strategies, and supports incentive systems for peer educators.

Most Significant Change and Case-Studies:

"I'm working with the mothers...we are having discussions with children... in the past we had these taboos... Now we talk about these issues with the family... We have to teach the kids before they go to school". Mother

Another important PM&E process in Tingim Laip is the collection and sharing of most significant change stories and case-studies from the field. These stories and case-studies have helped to give a face to the epidemic. The stories describe examples of personal, community, organizational, and social change that has occurred as a result of community dialogue and the creation of local meaning to issues relating to HIV/AIDS.

Periodical Participatory Process Monitoring Reviews:

"I was so happy to hear about Tingim Laip a few months ago ... Since 1995, I've been caring for [PLWHA] in my house ... when they are thrown out of their family, I put them in my family ... I wash them ... take care of them when they have diarrhoea ... I help them improve their health with herbs and good food ... And give them emotional support ... each year more and more people come ... I want to have a home based care centre ... I haven't had any training ... just what I know and God's help". Volunteer Home-based Care Worker

A small technical team conducts periodic participatory process monitoring visits to each of the sites. Most sites have been visited two or three times in the first year of the intervention. Visits include a participatory review of progress to date with the site committee, stakeholders and project beneficiaries to review: (i) the site's progress according to plan, (ii) the strength and capacity of the site committee, (iii) the monitoring and evaluation systems, and (iii) the community and social change occurring in the setting such as access to condoms and health services, attitudinal change, and changes in levels of stigma and discrimination.

Monitoring through information exchange and sharing across the network:

æIn the past 'awareness raising' was difficult for us to understand ... people come and go. However, community change agents from our community can reach into the family and they are always here in the community ... change agents can talk in tok place [local language] about different parts of the body.. in ways that we can understand". Village Leader

Information exchange across the network is encouraged through regular meetings of site representatives who come together to share their experiences, critique one another's work, and learn from each other in symposiums, refresher trainings, and routine meetings. Study tours and exchange visits also support cross fertilization of ideas and innovations. Annually, awards of excellence are given to sites that demonstrate outstanding performance. This ongoing information exchange allows the project to measure progress of the entire network, as sites build capacity and become more sophisticated and independent in their communication for social change interventions helping to sustain and scale-up Tingim Laip activities.

Study tours and exchange visits also support cross fertilization of ideas and innovations.

Communities Are Starting to See Change

Although Tingim Laip is a young intervention, with most sites only having been active for eight months or less, many of the Tingim Laip sites are already reporting noteworthy change in their sites. The challenge for the project is to synthesize and systematically document success-factors and evidence of change given the limited resources available at the national level and the large scale of the intervention.

Success factors for Change:

"We can't rely on the government. We need to take control of this thing ourselves". Community Member

Whilst sites are performing at different levels depending on their capacity, most sites are able to identify changes that have occurred in their community and this motivates them to increase intensity and commitment to the project. An important success factor for the Project has been well selected sites and site committees selected in accordance with the Project criteria. Where this has not occurred, sites have found it difficult to mobilise because the community did not have commitment to the project or the site committee members were only interested in personal gains. Another

success factor has been the site's ability to access training and other capacity building skills, mobilize resources through the small grant system and partnerships, and solve problems. Promoting access to resources for women and girls has also been a key success factor in order to adjust gender imbalances and promote women as active players in HIV prevention efforts. The ability of the site committee to actively engage vulnerable priority populations, particularly People Living with HIV/AIDS (PLWHA), and youth (both women and men) in decision making and managing interventions has been another indicator of success. Sites which have excelled have used creativity and innovation and a wide-range of strategies simultaneously to reach different populations through different communication channels. Another important success factor has been the ability of sites to access routine technical support from partners in public, private, faith-based and NGO sectors.

Change in demand for health products and services:

"I've distributed condoms for some years and I'm now noticing some changes, there is more demand and I believe people are really using them". Community based condom distributor

With the change agents actively promoting condoms, STI, VCT, and care and treatment services, there is already

evidence of increased demand for these products and services. Many of the Provincial AIDS Councils have reported substantial increases in demand for condoms and services where Tingim Laip is active. Local STI services in most

of the sites are also reporting increased number of clients utilizing their services as a result of the demand generated by the intervention. In sites that have adopted coupon or voucher systems to promote STI and VCT services the increase in demand is particularly notable. However, promoting VCT continues to be challenging for Tingim Laip sites, with only those with symptoms or who have engaged in high-risk behaviour accessing these services.

Testimonies of personal change:

"I have 2 children, my husband is not good and he left me, I hang out with friends we party on the weekends ... we didn't used to carry condoms ... When I met the site coordinator, I went to school for basic HIV/AIDS for a week ... now I hand out condoms to all my friends and former clients ...I'm not ashamed ...They keep coming back ... they know I'm the condom distributor ... we have a saying ... 'don't forget your 'life saver'... I know they are definitely using the condoms". Project beneficiary

There are now countless stories of personal change reported in Tingim Laip sites as a result of exposure to the intervention. These include individual change stories of: leaders who have become champions for HIV prevention in their community; individuals who have moved from high risk behavior to safe sexual practices; marriage reunification; men who are active in addressing gender imbalance in their community; and youth who were previously involved in "rascal" activities now becoming a positive force for change by integrating HIV prevention into sports and music interventions.

Evidence of community, organization, and social change:

"I was a womanizer. I had plenty of women and many wives. In 1972, I became an ambulance driver. We've been talking through awareness about HIV in our communities for some time but it wasn't getting through to people. Through this Project, we got some basic training, 13 people were trained in our community and now they are making a real difference by talking family to family. We have 9000 people in our community. We decided to build this big counseling centre in our community because this disease is very serious and we worry about the next generation. I'm offering my land to the Project free to establish facilities and that is a very big thing in our community for me to give away land ... The situation is so serious here I'm giving up my land". Community Leader

There are also lots of stories of how communities and organizations have changed in Tingim Laip sites. For instance, one site attributed Tingim Laip to the reduction of alcohol abuse and associated violence in their community with women reporting that they felt safer to walk around and noticed less sexual violence. Other communities have put in place policies to reduce HIV risk such as changing closing hours for entertainment centers and markets. Other communities have noted that faith-based organizations are now more active in comprehensive HIV prevention efforts. Tingim Laip sites also report an increased constructive dialogue and understanding about HIV and other social issues that fuel the epidemic that had not been discussed previously in public. Work-based Tingim Laip sites report increased management commitment and action on issues relating to HIV including mainstreaming these issues into routine meetings and training. Another work-based Tingim Laip site moved from cash salaries for seasonal workers to banked salaries to reduce risk associated with access to excess cash. Young vulnerable women were supported by another Tingim Laip work-based site; which converting old drums into drum-ovens to support a small income generating baking business.

Evidence of change through cross-fertilization of the network of sites:

"The biggest change we've seen in this community over the last 6 months is the personal change of the site committee members as a result of the basic HIV/AIDS education... we are also able to explain HIV more easily to others". Site Committee Representative

Exposure to innovation through networking and sharing has also inspired the adoption of new strategies and change across the network.

For instance, an innovation in one settlement on the outskirts of Port Moresby was influential in introducing youth-based sports and music activities in other Tingim Laip sites throughout the country.

Change takes time:

"I'm not educated but I can see ... I notice that some things still haven't changed ... Stigma and discrimination is still a big issue ... people are ashamed to go to hospitals, ... we need a home based approach ... people are afraid to go to the hospital". Site Committee Representative

"We still have to improve ... I went down to the STI clinic and the records weren't there ... no privacy in the clinic ... And they give out condoms to married couples but not to single people". Social Mapper

Feedback from the community is also a constant reminder of the enormous challenge to change. For instance Tingim Laip sites continue to find it difficult to overcome community-based stigma and discrimination. Nevertheless, this does not seem to de-motivate change agents; rather it makes them more determined to strengthen their capacity, skill and strategies.

Conclusion

Whist Tingim Laip is a young intervention, it is already showing promising signs of playing an important role in bringing about attitudinal, behavioral, and social change required to tackle the HIV epidemic in especially vulnerable parts of PNG. The learning-by-doing approach coupled with PM&E has played a key role in the success of the mobilisation to date and is well suited to addressing the complexities of the epidemic in the context of PNG. The future challenges for the project will be: maintaining the momentum of existing sites; scaling-up the intervention to additional sites whilst maintaining the project integrity and quality; and more systematically documenting the PM&E of the network as a whole. It is encouraging to see that the strong critical mass that has already been developed by the project has generated a momentum of its own with reports of Tingim Laip type interventions already being emulated in different parts of PNG.

Other communities have put in place policies to reduce HIV risk such as changing closing hours for entertainment centers and markets.

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“The power of accurate observation is frequently called cynicism by those who don’t have it.”

- George Bernard Shaw (1856-1950)