

# interaction

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## Cambodia REDA

Orphans affected by HIV  
and AIDS

## Kiribati Advocacy Workshop

## Questions and Answers

Tim Barnett MP

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Cover image: Newborn in bilum, Koki Village,  
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Photo by Steven Nowakowski 2006

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**Family Planning International Development** is all about change. As a unit working on international development issues, our overarching goal is to create positive change in the global situation. In particular we want all people to be able to enjoy sexual and reproductive well-being. Over the past few months we have certainly seen a great deal of change ourselves, within our unit.

The New Zealand Family Planning Association has undergone rebranding. Our new brand can be seen in this issue of *Interaction*. From now on the organisation will be called Family Planning, with a strap-line that sums-up what the organisation is all about – 'Positive Sexual Health'. FPAID has become Family Planning International Development. We're pleased with the new brand and are eager to see it highlighting everything that we do.

Another change you can see is in what you are reading. We are excited to be sending out the first issue of our fresh new *Interaction* magazine. For those of you who have regularly subscribed to the *Interaction* newsletter you will notice a new look. We will now send you *Interaction* twice a year, aiming to provide you with greater content and improved readability. Our intention with *Interaction* is to not only inform you about what Family Planning International Development is doing but also to keep you up to date with population and development happenings across the Pacific and internationally.

Our website is changing as well so look out for the new design and format early in the new year. In the meantime, our current website is still functioning ([www.fpaid.org.nz](http://www.fpaid.org.nz)). If you have not visited it yet, check it out. You will then be able to fully appreciate the alterations when you visit the new site. If you have any thoughts on what could be improved please send them our way.

On top of all this excitement Family Planning International Development is now ten years old. After a decade of work we thought it was time to take stock. To help us do that we decided to commission a review of the unit. With funding support from the David and Lucile Packard Foundation we have employed two consultants, Mary-Jane Rivers and Helen Axby. We are looking forward to the input from these two experienced women so that we can learn how to be even more effective in creating positive social change.

We will keep you up-to-date with the outcomes of this review. If you would like to comment on what you think are Family Planning International Development's strengths and weaknesses, or opportunities the unit could be better utilising, please feel free to email or write to us. We are keen to learn from you about what you think we do well or could improve on.

All these changes have kept the Family Planning International Development's team busy but as you will see in this issue, we have been working hard in other areas too. So sit back, relax and take the time to catch-up with our work to ensure all people, everywhere, can enjoy safe and healthy sexual and reproductive lives.



**Jackie Edmond**  
Chief Executive Family Planning



**Joanna Spratt**  
Family Planning International Development Manager

# Cambodia REDA



by *Carina Gallegos* and *Diane Ryan*

Sokhar drew a red house, green flowers, and a multi-coloured clock. The clock is really important, she explains. It reminds her when it is time for her to take her antiretroviral medication, which she has to take twice a day. Antiretroviral drugs are used to manage HIV.

Sokhar is a 10-year old girl living in Cambodia's Svay Rieng province. She made the drawing for Diane Ryan, Programme Coordinator for Family Planning International Development, who asked Sokhar to draw what was most important for her in her daily life.

Sokhar, just like Bory, Chanthan, Vitu, Ravy, and many others, are orphans affected by HIV and AIDS who receive support from the Rural Economic Development Association (REDA). They are all part of Sabay Sabay (Happy Happy) Days, REDA's programme that involves fun and educational activities for orphans and children affected by HIV and AIDS.

Since 2002, Family Planning International Development has been working with REDA in Cambodia to provide assistance to people living with HIV and AIDS. More than 360 children have benefited so far from REDA's programmes and efforts. Sokhar is one of them.

Kony Rata's three children, who are 4, 6 and 10, also benefit from REDA. Unlike Sokhar, however, they still have their mother with them. And they are HIV negative. Kony however, is not. Kony is 37 years old and has lived with HIV since 2004. She contracted the virus from her husband. "Two days after my youngest baby was born, my husband died of AIDS. We had sold everything to pay for his healthcare. We had nothing left."



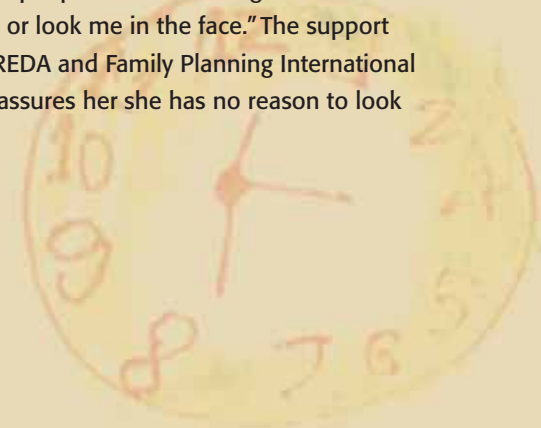
*Kony Rata with her three children.*



Once a month, REDA provides Kony with 30 kilos of rice, vegetables, oil and salt. She is also one of 87 people who receive regular visits from one of REDA's two home-based care teams. "The home-based care team visits and cares for me. They referred me to a doctor in Svay Rieng and give me counselling when I feel unhappy," Kony explained to Diane.

The teams provide medical support, nursing care, and counselling to people living with HIV. Kony, who raises chickens in order to sell the eggs and help support her family, finds much-needed assistance from the teams.

Life for Kony and her three children, however, is far from easy. "Some people discriminate against me and won't talk to me or look me in the face." The support Kony gets from REDA and Family Planning International Development reassures her she has no reason to look away.



# Kiribati Advocacy Workshop

by Jo Spratt

Eight in the morning and already the sweat is sliding down my back, pooling in patches at the waistband of my skirt. Not for the last time I am grateful for the cool billowing fabric of my Timbuta. The open-sided Maneaba where we are holding the workshop allowed the lagoon breeze to puff through, a welcome guest as we sing, laugh and discuss our way to understanding advocacy.

I am in Kiribati, working with the Kiribati Family Health Association on advancing the community's knowledge and understanding of advocacy. The workshop was open to the Association's NGO and government partners, so there are a variety of participants, ranging from nurses, teachers and public servants, through to youth and church group representatives.

Early in 2006, responding to calls from our Pacific colleagues to learn more about advocacy, Family Planning International Development conducted a needs assessment of all the Pacific Family Health Associations: Cook Islands, Samoa, Tonga, Kiribati, Tuvalu, Fiji, Solomon Islands, Vanuatu and Papua New Guinea. Based on the recommendations of this assessment, Family Planning International Development designed a four-stage Advocacy Learning Programme, involving a regional seminar, in-country workshops, and access to a small grant to implement an advocacy activity. Family Planning International Development would then provide ongoing support, advice and monitoring. Unfortunately, despite strong demand from partners, we were not successful in obtaining funding for this programme, so we went ahead and used what we had to do what we could.

Which is why I am sweating in Kiribati. The key aims of the workshop are to share ideas, thoughts and experiences of advocacy, to have fun while learning, and to develop our confidence and knowledge around advocacy. The workshop was structured so that we discussed what advocacy was, as well as ways of doing advocacy.

We divided into groups and each group chose an issue they were concerned about in their community. The issues people highlighted were teenage pregnancy, rising rates of breast cancer, young people dropping out of school, violence against women, broken marriages, and gang violence. As I introduced the steps involved in developing an advocacy plan, the groups carried out each step in relation to the issue they chose. This meant that at the end of the workshop, participants had a range of advocacy plans that they could take forward to implement if they chose to.

The ideas that came out of participants advocacy action plans were diverse and thoughtful. They included enforcing laws and creating new ones; working with teachers, parents and the church; and building alliances with agencies such as the police.

Feedback from the participants was positive with people expressing enjoyment of the interactive activities and appreciation for the flexibility to daily programme changes. One area that participants identified for improvement of the workshop was time. I had under-estimated the time I needed to allow for discussion and presentation. This was a key learning for me.

The workshop also reminded me of the importance of face-to-face interactions. In this era of scant resources and global warming, we need to think carefully about the benefits of air travel. However, there is nothing that can beat being there in person when you are trying to build and maintain relationships, understand colleagues and the situation they work in, and maximise learning from the experience. This is especially so in cultures that value action and physical presence.

Experiences like this epitomise the approach Family Planning International Development takes with its work. We are core-funded to undertake advocacy activities. This means working to change the deep structural causes of many complex societal issues – the beliefs, values, attitudes, laws and policies that shape the way our societies function. It takes time for these changes to





Photo: Pedram Pirnia

happen. So simultaneously we believe it is vital to work with partner organisations to ensure that information and services are getting through to people. Change can only occur through working at all levels of society – individuals, couples, families, communities and countries. Making the connections between the individual in a village in Kiribati all the way along the chain to the United Nations in New York is what Family Planning International Development is about.

These advocacy workshops with our partners in developing countries of the Pacific are one link in the chain. It is a vital link whereby we can advance advocacy at local levels that have a positive impact on poor sexual and reproductive health. The work at the local level can feed into regional and global processes, creating a momentum for positive change across the world.

After a week in Kiribati I left feeling inspired and rejuvenated. There is no denying that the hot weather, the lagoon breeze and the breath-taking melodies were lovely. But it was the sharing and generative learning that came out of people working collectively on issues they cared about that made the experience so valuable: an inkling of what is possible when people come together with the desire to create positive social change.



## A Positive Deviant

*At age 20, Riannaba Ryan Toak has a well-rounded sense of social responsibility. From a strong Seventh Day Adventist background, Riannaba is waiting until he turns 21 in order to apply to become a missionary. Figuring he had to find something to do while waiting for his upcoming birthday, Riannaba responded to a Kiribati Family Health Association radio advertisement for sexual health educators and trainers.*

*In a country where around 80 percent of the population is Catholic and where there is a firm belief that unmarried young people should not be engaging in sexual activity, Riannaba took a brave step forward by signing up to become a sexual health peer educator for young people in Kiribati.*

*This is the way Riannaba sees things:*

*Young people in Kiribati are caught between three worlds: home, church and social life. This presents huge challenges for youth as each world provides different, and often conflicting, sets of messages.*

*“Young people are just confused,” Riannaba said. The dominant motto from parents and the church is not to have sex and wait until marriage. Reality, however, often begs to differ. “Young people have sex anyway. In the village boys and girls play around and they don’t understand how they get pregnant. So I go out and tell them. I want them to be safe and healthy. Telling them about condoms is important to save them from sexually transmitted infections like HIV and making sure they don’t start a family when they’re not ready.”*

*Riannaba is what a health promoter calls a ‘positive deviant’. His attitudes and approaches to sexual health are different from his peers but in a helpful and appropriate way. Young men like Riannaba, who are popular with their peers and trusted by adults, can potentially help change peoples’ attitudes. They can effectively influence the ideas of their friends and make a noticeable contribution to changes in unsafe sexual behaviour. His desire to help people his own age, translated into action, is what drives change to happen.*

# Q&A Tim Barnett

interviewed by **Carina Gallegos**

**In April 2006, Tim Barnett, a long-standing member of the New Zealand Parliamentarians' Group on Population and Development (NZPPD), joined a study tour to Papua New Guinea. The study tour was a joint initiative between Family Planning International Development and the Development Resource Centre. Tim went back to PNG in June and was able to follow-up on some of the recommendations made by the group. We picked his brain to get his insights on PNG and, while we're at it, dispel some myths on the lack of excitement involved in a study tour.**

**A study tour sounds a bit like a trip to a museum with a touristy flair to it. How would you define study tour?**

People from different worlds—politics, media, development agencies—travelling and living together for a few days, seeing similar issues from different viewpoints.

**Doesn't sound much more exciting than a trip to the museum.**

It's actually a lot more fun than the title makes it sound like.

**What was your aim in attending the trip?**

I was keen to join the study tour not only because I'm part of NZPPD, but because selfishly, I had never been to PNG. I wanted to have access to people who would give me an insight to a new and different part of the world. There is only so much you can learn from texts and documents.

**During your trip, you visited Mutzing rural hospital, which uses very limited resources to service about 51,000 people. If you could return and take three things from New Zealand to give to an HIV and AIDS patient at Mutzing rural hospital, what would you take?**

1. A prejudice free environment.
2. Readily available and accessible anti-retrovirals, safe home environments—and accessible diets.

**Diets?**

Yes—once people have access to the medicines, they need adequate supplies of food to fight the disease, and in some cases, the cost of food may exceed that of medicines.

Also—transparency. A health system that communicates the real numbers of HIV tests that are conducted and the amount of people who test positive.

**Those are five things though, not three.**

Let's call it a packaged response—a combo of five for three.

**You also visited PORO Support Project (PSP), which involves peer education around HIV and AIDS for sex workers and men who have sex with men. The project**

**trains volunteers who then distribute condoms, do demonstrations and teach negotiation skills. Had you ever seen a project like this in action?**

No. This project linked the gay community to the sex-worker community in a very overt and upfront way. As a gay man living in New Zealand, I was impressed with the openness of the sister-girls—that is the name of reference for men who have sex with men—and with the networks they have established in order to operate socially. In New Zealand, for example, functioning outside what is considered sexual normalcy is almost a covert operation.



**What is one thing you wish you would have had more time to do while in PNG?**

Be out more in the cities with the locals. Big groups are usually constrained by security precautions.

**What is the most valuable lesson you learned during the study tour?**

The importance of our fundamental right to live day by day our lives and not be concerned with our physical safety. Life in PNG is much more intense than life in New Zealand.

## If New Zealand parliamentarians could do one thing to support PNG in the SRH challenges it faces, what would that be?

I like the idea of a mentoring programme. Make that a mutual-support programme—I don't think mentoring is the right word I would use. Mentoring usually implies that only one of the participating parties has power and the other doesn't. It would be great to have the opportunity to be able to meet with partners in PNG and have nothing on our agendas except intentions to share experiences.

## What impressed you the most during your trip to PNG?

The ability of human beings to survive and to live full lives in spite of immense challenges. And the ability of a democracy to operate in such a faulted way. The ability of NGO's to survive despite the political, social and cultural environment they face. That is a testament to how NGO's are the voice of a healthy democracy.

## You recently visited PNG once again. Do you have any updates to the recommendations made in the 2006 Study Tour report?

The levels of corruption in PNG make it very hard to know what is going on. Even so, there are definitely changes taking

place. Strong recommendations made after our study tour included concerns over city hospitals we visited, like that of Angae Hospital in Lae, where the infrastructure was chaotic, the termites were eating their way through walls, and the conditions were dire. A rebuilding programme was initiated this year and that is a good sign of change taking place.

## If you had to use three words to describe PNG, what would they be?

Diverse. Fractured. Compelling.

## Biggest popular misconception or myth about PNG that you discovered during the study tour?

Lack of sophistication. PNG is a very sophisticated country.

## Definitely sounds more exciting than a trip to the museum.

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**Tim is the MP for Christchurch Central from October 1996 to date. He currently holds the position of Senior Government Whip. He is still an active member of NZPPD.**

# Wishful thinking

*Leone gave birth to a healthy baby boy in Vanuatu's Port Vila Central Hospital. She has named her newborn Michel. Leone is 17 years old. Her pregnancy was not planned, and the father of her child is not next to her bedside. She says she feels alone and would like the father of her child to be present.*

*In Vanuatu, the issue of teenage pregnancy is of significant importance, with 40 percent of the island's 200,000 population under 15 years of age and entering their reproductive years. Adolescent fertility rates in Vanuatu are estimated to be at 92 per 1000 women between the ages of 15 - 19. In New Zealand we are concerned with rates of 28.4 per 1000 teenage women. Family Planning International Development's aim is to engage and work alongside youth across the Pacific to support their informed choices. Increasing access to information on safer sex practices and confidential services will give young women like Leone and their partners the opportunity to decide if and when they want to start a family.*



Photo: Pedram Pirnia

# What contraceptive do you choose?



*Photos: Pedram Pirnia*

## Support their choice.

Donate to Family Planning International Development.

Your support will go toward Family Planning International Development's work to achieve sexual and reproductive wellbeing for all. You can donate through our website at [www.fpaid.org.nz](http://www.fpaid.org.nz) or by filling in the slip accompanying this newsletter.