

InterAction

FPA INTERNATIONAL DEVELOPMENT - A UNIT WITHIN THE NEW ZEALAND FAMILY PLANNING ASSOCIATION

FPAID Project Update

Joining forces in PNG

Papua New Guinea's reproductive health, population and development challenges are among the highest in the Pacific. FPAID has for some time wanted to contribute to work being done to meet these challenges, and now has the chance with a new project being implemented next year.

Called the PNG-Australia Sexual Health Improvement Programme, the project is large scale. Funded by the Australian Agency for International Development (AusAID) for the next five years, a group of implementing agencies will join forces to work towards the crucial goal of reducing the rate of increase of HIV prevalence.

The challenge is immense - around 120,000 of PNG's 5.9 million men, women and children are estimated to be infected with HIV. The project's approach is to reduce the risk of HIV transmission by reducing the prevalence of sexually transmitted infections (STIs), the rationale being that the presence of STIs has been clinically linked to an individual's chance of contracting HIV. Indeed the PNG Government has recognised the importance of targeting STIs as part of dealing with the HIV epidemic, with its National Strategic Plan on HIV/AIDS calling for a dramatic reduction in the incidence of STIs by 2008.

The project will work toward this goal through the provision of integrated sexual health services, which is where FPAID is particularly excited to be offering its expertise.

FPAID manager Joanna Spratt explains that reducing STI prevalence is best achieved through a broad sexual health approach.

"STI management is an essential component of any HIV prevention programme. But in doing this, factors like sexual violence and gender, unplanned pregnancies, high rates of non-consensual sex and sexual violence, trauma in childbirth, and infertility as a result of undetected or untreated STIs must be considered."

Because the programme is AusAID



Targeting men as partners in sexual and reproductive health will be a key component of the PNG-Australia Sexual Health Improvement Programme
Photo credit: Steven Nowakowski/APA/FPAID

funded, FPAID's consortium will be led by an Australian organisation - Sexual Health and Family Planning Australia (SH&FPA) - with the Canberra Sexual Health Service (CSHS) and FPAID as partners, and the PNG Family Health Association (PNGFHA), Help Resources and the PNG Provincial Department of Health as in-country partners. Six other consortia will also work to implement the programme.

For FPAID, working with PNGFHA is an added bonus of being involved in the programme. It is a time to seal a closer relationship that the two organisations have been building together over the last two years, through initiatives such as joint work on strategic planning, and a parliamentarians' and journalists' study tour to PNG that took place in April this year.

"PNGFHA's staff have a terrific commitment to making a difference to people's lives through better sexual and reproductive health, and this is a great chance to expand their capacity as well as increasing people's access to sexual

health services in PNG," Joanna says.

Currently in the design phase, the project plans to work in Morobe Province, East New Britain Province, and East Sepik Province, and will include key components of: advocacy, men's programmes, health systems strengthening, health worker training and community outreach.

The men's programmes are a good example of the importance of an integrated approach to STI management and prevention, Joanna says, and are an area where FPAID has done a lot of work in the Pacific with

Sexual Health Improvement Programme objectives

1. *Improve men's active involvement in their own and their partner's SRH*
2. *Strengthen health systems*
3. *Raise awareness of sexual health issues with communities and their leaders.*

it's Men As Partners (MAP) and Male Involvement in Reproductive Health (MIRH) projects in Fiji and the Solomon Islands.

"Research from the MIRH project has highlighted that men who were exposed to project activities such as workshops, information and education had a heightened sense of risk, were reducing the number of partners they had, were using condoms more, and were seeking information from health professionals. These are encouraging

signs and show that it is important to provide men with education, ongoing support and easy access to information and services."

Targeting men is particularly important considering the low status of women in PNG, Joanna says.

"Women's low status is a major contributor to high rates of untreated STIs – many women think it's normal to have an unpleasant vaginal discharge. They might be too busy to get to a clinic; or there is no

clinic nearby; or the clinic is staffed by a male nurse. Meanwhile, sexual violence spreads STIs and HIV. It's vital that men learn that women are equal human beings, and have the same rights as men."

Following completion of the project design, a proposal will be submitted to AusAID at the end of February 2007, with a view to implementation beginning in April or May. *InterAction* will keep readers posted.

New journey begins in Cambodia

In Svay Rieng Province, Cambodia, a home-based care project for people living with HIV and AIDS is about to enter a new and exciting phase.



REDA staff at a strategic planning workshop.

It is two years now since the Rural Economic Development Association (REDA) established the project with help from FPAID. During that time, two home care teams have worked in 40 villages to provide support to around 130 people living with HIV and AIDS, and 60 children affected by AIDS. Services have included nursing care; HIV and AIDS and other health education; counselling; welfare such as food, education and clothes (particularly for children orphaned by AIDS); and support for income generation.

Funded through NZAID's KOHA fund, the project has, to date, been reliant on the Khmer HIV/AIDS NGO Alliance (KHANA),

who have provided technical support to REDA and disbursement of funds. But support from FPAID, through KHANA, has increased REDA's capacity to deliver home-based care. In the next phase of the project KHANA will bow out, leaving FPAID and REDA to work directly with each other. KHANA will maintain its relationship with REDA through other means, such as providing technical assistance.

FPAID Manager Joanna Spratt says REDA's confidence and ability to carry out home-based care has improved markedly, hence the opportunity for REDA's and FPAID's partnership to take on a different nature:

"REDA is growing stronger as an organisation, and we want to be with them on that journey and support them throughout it."

With this increased confidence, REDA is also branching out into sustainable livelihoods, and will have a greater focus on orphans and vulnerable children.

Currently REDA works to reduce stigma and discrimination in the community towards people living with HIV, and towards AIDS orphans, through awareness raising activities, and will continue to expand their strengths in these areas.

FPAID looks forward to working with REDA to continue to support and sustain valuable work with their communities, says Joanna.

"REDA is one of FPAID's valued partners, and we are excited to be able to learn together how best to work with women, men, boys and girls in Svay Rieng Province to enable them to achieve their full potential."

Home-based Care programme objectives

1. Reduce stigma and discrimination around HIV
2. Provide care, support and referral to treatment for people living with HIV
3. Provide care and support for orphans and vulnerable children.

Strengthening Pacific advocacy

An Advocacy Learning Programme that began in October aims to equip International Planned Parenthood Federation (IPPF) Member Associations (MAs) in the Pacific with the skills to better convince their communities and governments of the importance of good sexual and reproductive health in achieving sustainable social and economic development.

Programme Coordinator Chris Te'o says the programme was initiated after an advocacy needs appraisal confirmed something FPAID

had already realised through its ongoing relationship with the Pacific MAs.

"We could see that we needed to make

a greater commitment to ongoing capacity development around advocacy, and through the appraisal process the MAs told us clearly

that they want to do more around advocacy," says Chris.

FPAID had for some time also wanted to build on the FPAID-run "Pacific Voices" advocacy workshop that had taken place in Wellington in 2003 with similar aims. This latest programme takes the concept a step further, providing a regional seminar that will be followed up with in-country workshops and advocacy action.

"The idea is that the programme is country specific, recognising that while the issues faced in the Pacific around SRH, and population and development are shared, the priority needs of individual countries are unique, with diverse cultures and ways of approaching advocacy work," Chris says.

The regional seminar was held in Nadi, Fiji, in October, and provided the "building blocks" each country would need for their in-country workshops and to develop in-country advocacy strategies.

The countries involved were the Cook Islands, Fiji, Kiribati, PNG, Samoa, the Solomon Islands, Tonga, Tuvalu and Vanuatu,

with an MA staff member, MA Board member and Ministry of Health representative attending from each. Each country presented at the seminar, explaining challenges for their individual countries, and ideas and experiences of SRH advocacy. Presentations were also made by representatives from UN agencies, IPPF and the Secretariat for the South Pacific (SPC). Participants then split into country groups to formulate next steps in-country.

"For some the next steps could be developing an advocacy strategy to address the issue of unplanned teenage pregnancy; or to promote specific issues at UN conferences. For others, it could be coming up with ways to work with church and community groups to raise awareness of SRH issues, or to work with the media; and influence key policy and decision makers," Chris says.

An outcome of the regional seminar has been the development of practical tools, such as key message sheets that will be used further in the in-country advocacy campaigns.

Development of these campaigns will begin in 2007, with a small grant available for each country. FPAID will provide technical support and ongoing monitoring and evaluation, which will include hard data and "stories of change".

In the final phase of the programme, another regional workshop will be held to share experiences, lessons learned and tools produced.

Chris emphasises that the programme is action learning based.

"It's learning by doing, with ongoing support and assistance from FPAID so that the MAs have a point of contact and plenty of support, including financial support and help with monitoring and evaluation."

Advocacy Learning Programme objectives

1. Build capacity around advocacy
2. Address/improve reproductive health
3. Gather innovative advocacy methods/lessons learned for wider dissemination.

Healthy Men, Healthy Families

Since 2001, FPAID has been working in the Pacific to educate and enable men to share more equally in family planning and domestic and childrearing responsibilities; and to take responsibility for their sexual and reproductive health and its impact on their partners.

The work began with the Men as Partners in Reproductive Health pilot project (MAP) in Fiji from 2001 to 2004, and continued with the Male Involvement in Reproductive Health (MIRH) project in Fiji and the Solomon Islands in 2004-2005. Now a new NZAID-funded project called Healthy Men, Healthy Families will continue FPAID's aim of improving the status of women in Fiji and the Solomon Islands by working with men to encourage, educate and support them to be equal partners in sexual and reproductive health.

FPAID Manager Joanna Spratt says Healthy Men, Healthy Families will work with men in settings including clinics, communities, sports groups, prisons, workplaces, and churches to enable them to be more knowledgeable about life events such as relationships, sexual relations, pregnancy, parenthood and fatherhood, and to assist them to practice healthy - rather than unhelpful - behaviours.

"It's about helping men to change behaviours like having unsafe sex, inflicting

violence on women, children and other men, harmful use of drugs and alcohol, and neglecting to seek information and help when something is wrong."

In the Solomon Islands, work that began in the MIRH project around vasectomy provision will continue, Joanna says.

Joanna emphasises that an important aspect of the project will be work with health professionals to ensure they give a quality service.

"In some clinics, nurses won't provide condoms or information to young people who aren't married. That attitude contributes to young people practicing unsafe sex. Research shows that information and education enables young people to make better decisions about their sexual relations, often delaying intercourse - quite the opposite to what people are afraid of."

Providing evidence-based information to health professionals and others who are afraid they will be encouraging young people to have sex by giving them information

challenges their fears and assumptions in a non-judgmental way, Joanna says, making them more open to change.

Alongside this, working with governments is also important. Joanna explains, "Sometimes the constraints to sexual and reproductive health lie in health systems - expensive condoms or irregular supplies of condoms and other contraceptives, or simply very limited choice. Ensuring governments allocate resources to support people to make and enact informed decisions about their sexual and reproductive health is vital in reducing poverty."

Healthy Men, Healthy Family objectives

1. Educate and support men to change behaviours
2. Work with health professionals to provide non-judgmental, accessible services
3. Achieve sustainability of project activities.

Staff changes

Thanks to supplementary funding from the United Nations Population Fund (UNFPA) for the second half of 2006, FPAID was able to appoint two additional short-term staff members who have enabled the unit to take on some extra challenges.

- **Georgina Whitfield** joined FPAID in October as Coordinator of the New Zealand Parliamentarians' Group on Population and Development (NZPPD). A major piece of her work has been organisation of an NZPPD opening hearing into youth sexual and reproductive health, which took place on 4 December. The hearing was an opportunity for organisations working in the area of youth SRH to make recommendations for policy consideration. Georgie is preparing a report on the hearing to be distributed at a Pacific Parliamentarians on Population and Development meeting taking place in Fiji in February that will focus on youth. Georgie has previously worked in the sexual health field as Parliamentary Officer at the UK Family Planning Association and as coordinator of the UK's All-Party Parliamentary Pro-Choice and Sexual Health Group. She has also worked as the Assistant Parliamentary Clerk in the British Prime Minister's Office.
- Programme Assistant **Diane Ryan** has also been with the unit since October, and is writing an FPAID position paper on the issues FPAID conducts advocacy work around. Diane is also consolidating FPAID research papers to provide an evidence-based platform for FPAID's and NZFPA's work. Diane has a nursing and SRH education background. She has worked on AusAID-funded programmes in Vietnam, China and East Timor, and is currently studying for a Diploma in Public Health.

FPAID has also been grateful for the work of several volunteers: Carina Gallegos, Emily Sandusky and Henna Tervo who have been researching how the neoliberal agenda impacts on sexual and reproductive health, and a history of FPAID's ten years of existence.

Sex, Lives & Poverty



FPAID has worked with photographer Steven Nowakowski to create an exhibition of photographs from the Asia Pacific Alliance-funded parliamentarians' and journalists' study tour to PNG that took place in April this year.

Called *Sex, Lives & Poverty*, the exhibition explores the importance of SRH in fighting poverty. The exhibition is showing on the Mezzanine Bridge, Wellington City Library, 6–14 December 2006, and will be displayed in various venues during 2007.

Sex, Lives & Poverty is funded by the United Nations Population Fund (UNFPA).

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