

Case Study 8: Working with Mobile Men with Money

Key Messages:

- Mobile men with money (MMM) are a key population at high risk for HIV and sexually transmitted infections in PNG
- This population is very difficult to reach regularly due to their mobility; MMM also often do not believe themselves to be at higher risk.
- Specific outreach methods are required to reach MMM, relying on outreach arrangements made with their company managers, and/or recruiting former work colleagues or women who exchange sex as outreach workers.

Background

In 2011 Tingim Laip undertook a Social Mapping exercise to better understand who was at risk of acquiring or transmitting HIV in PNG and why. The exercise looked at factors, developmental pathways and environments that increased risk and impact amongst particular populations. One of the key findings from this exercise was that a key population at risk of STIs and HIV was mobile men with money (MMM). In PNG there are highly mobile populations, mostly men, who have the money, time and freedom to maintain multiple concurrent short and longer-term sexual relationships with women. They also have low levels of condom use, and low access to health services due to their mobility. Mobile populations identified through TL's Social Mapping included men with money such as truck drivers, PMV drivers, liquid natural gas (LNG) project workers, oil palm plantation workers, business and land owners, and buai traders. The exercise found that many MMM exchange money, goods or favours for sex along the Highlands Highway, in port towns and at oil palm plantations.

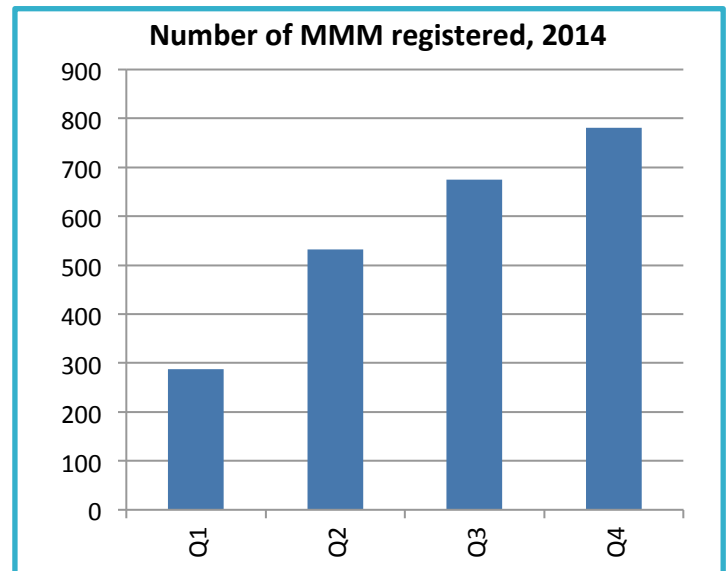
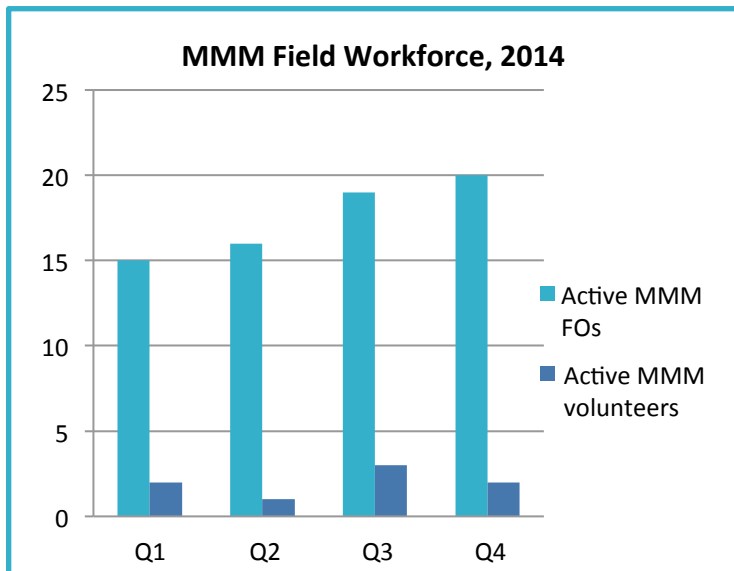
Rationale

It is widely recognised that sex workers and clients of sex workers are at increased risk of HIV due to often high numbers of sexual partners and low condom use. MMM in PNG represent the demand side of sex work. The UNAIDS 2012 Guidance Note on HIV and Sex Work states the following on working with clients of sex workers:

'HIV information and services must be accessible for those who purchase sex. Specific education campaigns must be developed with and for clients, who can be reached not only in sex work settings but in other occupational and recreational environments. Successful service delivery strategies for clients include those focusing on truck drivers; heavy transport; tourists and business travellers; men who are separated from their families for long periods; migrants; uniformed services, including police; construction, mining and infrastructure projects; or seafarers.'

"Guards are at risk of HIV because many of them have multiple wives and girlfriends and they work in 24 hour shifts, spend a lot of time away from home working on the road or at mines. The men will sometimes not go home when they have breaks and visit other women instead."

– Branch Manager, Guard Dog Security Services, Goroka



Outcomes

- After the Social Mapping exercise, TL undertook micromapping in each location. Location strategies were then developed which outlined the specific populations TL would work with and how the project would approach this work in each location. Not all locations targeted all key populations, and strategies for outreach work were tailored to each location's needs, available services and capacity and level of involvement of key stakeholders. In locations where TL worked with MMM the project focused its recruitment of field workers to men or women who had strong connections to networks of MMM. This was a different peer approach than that taken for the other key populations- women exchanging transactional sex (WES), men who have sex with men (MSM) and people living with HIV (PLHIV) - where TL recruited WES to reach WES, MSM to reach MSM and PLHIV to reach PLHIV.
- Due to the nature of the MMM population it was not feasible to expect that other MMM would undertake outreach. TL however recruited field officers (FOs) and volunteers who were either peers based on employment- men who had previously been security guards, buai traders or truck drivers; social peers- men who socialised with MMM and therefore had connections to this population such as buai sellers and pimps; or, sex workers- women who knew how and where to reach MMM. By the end of 2014 TL had recruited 20 FOs and 2 volunteers to work with MMM. These field workers had 781 active MMM peers, up from 288 in Q1.
- Mobile men with money are a unique population because unlike the other key populations TL worked with, they have significant power- they are men, often have large sums of disposable income and status in their communities. Therefore, strategies for working with this population could not rely on traditional community empowerment approaches. In various locations TL sought to reach MMM where they lived, where they worked and where they socialised:
 - In Jiwaka, the MMM FO conducted outreach to registered peers from a range of MMM sub-populations- buai traders, truck drivers, public servants, police, and defence

“Two months ago a group of Guard Dog workers came to the clinic with Conroy (MMM FO). The Security Guards arrived at the clinic in uniform and with the company vehicle. This was very surprising and a good experience. Men rarely go to clinics and certainly do not arrive in work clothes and with a work vehicle!”

– Sister, St. Josephs VCT Clinic, Goroka

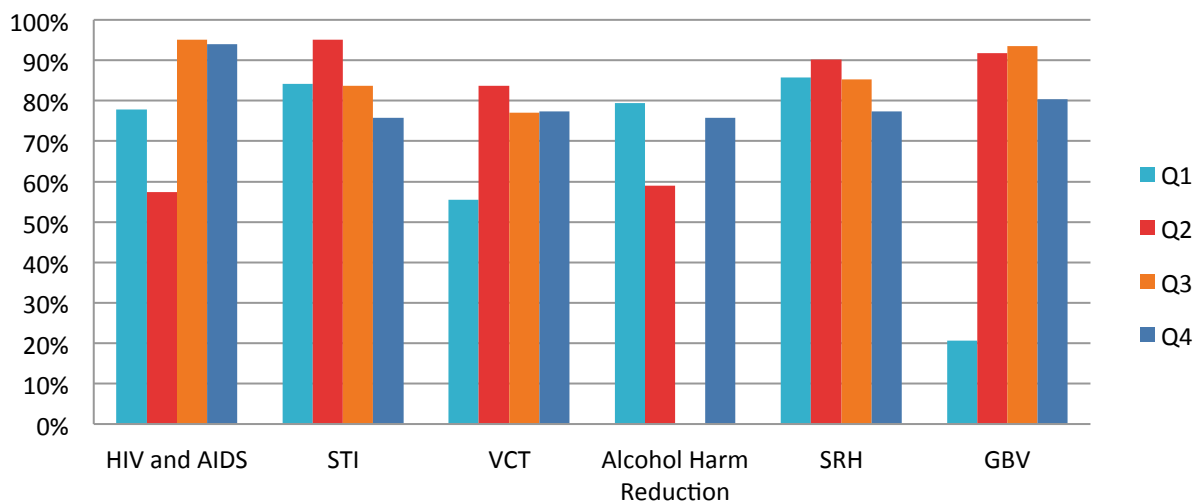
personnel. The FO was from Bonz and conducted outreach to other men who were from or lived in Bonz. He had strong ties to the community and therefore was able to reach MMM in various locations around town such as bus stops and the market. Of all the approaches TL took to reach MMM this was the least successful. As the population was highly mobile TL field workers struggled to regularly reach their peers and this approach did not reduce stigmatisation as it was done in public places.

- In Goroka, Tingim Laip had three MMM FOs each working with a specific group of MMM peers- one with Guard Dog Security Services, one with East West Transport Company and one with Buai Traders. The FOs who worked with the companies had a great deal of success regularly reaching their peers with outreach messages and referring them to VCT and STI services. In Goroka over 50% of MMM peers were reached each quarter with HIV and AIDS, STI, VCT and SRH messages. In Q4, TL reached over 75% of registered MMM peers with all outreach messages. Of the 60 active registered MMM peers in Goroka TL

“It is really challenging getting the MMM to the clinics. The men say they will go the next day but then I can’t find them the next day. Everybody knows everybody so it is hard to go to the clinic.”

– MMM FO, Jiwaka

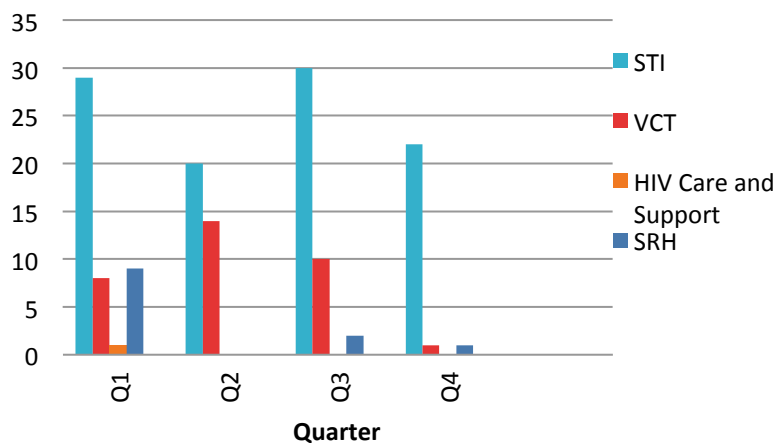
Proportion of MMM in Goroka received outreach by message, 2014



consistently referred over 20 to STI services each quarter and referred up to 14 to VCT services (Q2). The peers at Guard Dog all reported having never accessed VCT or STI services prior to working with Tingim Laip.

- In locations such as Markham and Oro, TL employed strategies to reach MMM at locations where they socialised such as overnight rest stops, taverns (drinking bars and gambling locations), and guest houses. TL also, with support from local health workers, facilitated mobile VCT and STI clinics at locations frequented by MMM. TL found that conducting mobile clinics at night, in Taverns, and especially during promotions, increased the number of potential MMM clients. In many locations TL worked closely with owners of guest houses and taverns to have regular condom distribution points on site and to conduct outreach to MMM and WES peers.

Number of MMM in Goroka received referrals, 2014



“One positive thing [about the mobile clinics] is that people are going to the service, the other MMM. During the day they have their own duties to do and they can’t access the clinic. But what TL is doing, TL is bringing the service to their doorstep, and that’s a key achievement.”

– PO, Markham

Challenges

- In a couple of locations Tingim Laip field workers registered and reached men who were not at increased risk of or impact from HIV because they were either not mobile such as security guards who did not travel; or, men who did not have disposable income such as buai sellers.
- When reaching MMM through mobile clinics it was difficult to ensure a lasting connection to health services.

“It is very difficult to get the MMM to clinics because they are busy and the bosses see time away from work as money.”

– MMM FO, Hagen

“If you are a security guard you are categorised as a MMM, the Buai Trader- to capture the ones who buy in bulk has been a challenge for Michael (FO), so he has targeted more Buai Sellers rather than Traders. Traders are so mobile that they are constantly on the move. He is hoping to reach the Traders through the Sellers.”

– PO, Lae

Lessons Learnt

- Reaching MMM in locations where they lived was not as successful as reaching them in locations where they worked and socialised.
- When working with MMM it is important to include a range of strategies to reach the various sub-populations. Strategies should include working with company managers to reach MMM while at work. Seeking company managers who are open to working with a project and providing sensitization training and ongoing support and feedback to managers can strengthen the link between the company and the project. Some company managers will be more understanding or open to allowing outreach workers to work with employees during company time. In Goroka, Guard Dog Security Services allowed TL to bring employees to any health or social service during company time whereas East West Transport Company only allowed

employees to go to VCT services. In locations where TL was able to make arrangements with company managers to access services, the project was significantly more successful at linking MMM with services.

- Working with clinics to provide MMM peers with priority services was an important factor to getting these peers into services. This was true both for peers who were accessing services during company time and those accessing services outside of work hours.
- In order to reach MMM, Tingim Laip was most successful in locations where the field workers had previously worked in the industry and even more specifically with the company where the peers worked. Another successful strategy was having female sex workers who had strong connections to MMM work with this population.

“The Transport Department [at Hagita] is strong in our work. It’s important to have FOs who were working in the company before so that trust is ensured.”

– PO, Milne Bay