TINGIM LAIP

HIV PREVENTION AND CARE STRATEGY

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Cardno Shaping the Future

AIDS Projects Management Group

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1 INTRODUCTION

Tingim Laip is Papua New Guinea's largest community-based HIV prevention and care initiative. It is a project of the National AIDS Council, funded by AusAID and managed in this, its second phase, by Cardno Emerging Markets. Tingim Laip is a targeted intervention project that works in settings where the risk of HIV transmission and the impact of HIV are higher. It works through key populations affected by HIV.

The Tingim Laip Project harmonises its strategies and policies to ensure consistency in the planning, implementation and evaluation of activities. *Tingim Laip's HIV Prevention and Care Strategy* is based on the *Tingim Laip Phase II Program Design Document* and should be read and utilised in conjunction with *Tingim Laip's Annual Plans 2011 and 2012*. The strategy aims to provide direction for TL's HIV prevention and care initiatives, setting out the strategies that underpin TL's newly-developed *STEP Model for HIV interventions*. The strategy provides practical strategies and related actions that Tingim Laip sites and staff can take to address HIV at the local level.

The *Tingim Laip HIV Prevention and Care Strategy* aims to

1. Reduce the risk of HIV transmission.
2. Reduce the transmission of sexually transmitted infections (STIs).
3. Increase knowledge of HIV status among key populations
4. Increase care, support and treatment for PLHIV and their families.
5. Strengthen the enabling environment that supports HIV prevention and care.

The primary audience for *Tingim Laip HIV Prevention and Care Strategy* is Tingim Laip's staff. A plain language version of the Strategy along with relevant tools will be developed for use by Site Committee volunteers. The strategies presented in this document should be incorporated in to planning, implementation and evaluation at all levels of the project and in all regions. The Strategy has been developed in the context of a range of other guidance documents that exist at the national, regional and international level including the *UN Millennium Development Goals*. Guidance informing this strategy includes:

Papua New Guinea's National HIV and AIDS Strategy 2011 – 2015.

Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in Asia and the Pacific. UNDP 2009.

Access to HIV/AIDS prevention, treatment, care and support for sex workers – Report on the State of the Art. AIDS Fonds. 2011.

WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2009.

2 THE TINGIM LAIP APPROACH TO HIV

The *Tingim Laip HIV Prevention and Care Strategy* emphasises the importance of HIV responses in sites of increased risk and impact across Papua New Guinea that include industry and agricultural enclaves as well as busy travel routes across the country. The Tingim Laip approach to HIV prevention and care is practical. It results in a workable set of strategies and actions that can be implemented at local sites and have a positive impact upon the health of people in local communities. It focuses on the link between HIV prevention and care and signals a move within TL to place equal importance on both HIV prevention and care activities. Our approach aims to:

- Work with men moving in and out of sites of high risk and impact to help them reduce their HIV risk and the risk of the people they have sex with HIV ;
- Involve women and girls (especially women in sex and entertainment work) and women living with HIV, in the design, delivery and evaluation of services.
- Address the complex roles that gender norms and practices, alcohol abuse, violence, stigma and discrimination and marginalisation play in HIV risk and impact.
- Work with key employers, enterprises and organisations to improve the sexual and HIV health of their workers, members and communities

To support its outreach among the populations most affected by HIV and the sites of higher risk and impact, Tingim Laip will produce targeted resources on HIV, reproductive health and family planning for use at local sites of increased and risk and impact for HIV. This approach involves the development of a set of standard messages that are then used across all the sites of increased risk and impact for HIV. This approach to behaviour change communication aims to ensure that messages are consistent and that men and women moving across the country for employment or other purposes see and recognise these messages at all the sites they visit. The approach reinforces the risks of HIV infection and the importance of HIV testing and STI treatment at these sites and across Papua New Guinea.

TL's key populations mirror those in the PNG National HIV and AIDS Strategy: male and female sex workers and their clients, mobile men, men who have sex with men, out-of-school youth and prisoners.

3 HIV DEVELOPMENT AND PAPUA NEW GUINEA

Although Papua New Guinea is defined as having a generalised HIV epidemic in which prevalence of HIV in the general population is greater than 1 percent there are places and communities across PNG in which the concentration of HIV is significantly higher (UNGASS 2010:9). The main self-reported route of HIV transmission is through heterosexual sex. The majority of cases of HIV have been reported in the urban centres of eight provinces in the country but there is evidence that rural settings and communities are at increasing risk (2010:4). Mobile populations of men and women move in and out of industrial and agricultural enclaves and up and down highways and rivers across the country, and these places

represent sites of increased HIV risk and impact and the men and women moving through these sites are considered a most-at-risk population for HIV where 'men with money' have the capacity to engage in transactional sex with women and girls who have no money (AusAID 2006:20).

This means that HIV transmission in Papua New Guinea is driven in part by paid and transactional sex and that targeting women in sex work, engaged in transactional sex or entertainment workers and their clients will help to reduce the HIV transmission rates at these sites. In 2008, sex between men was a self-reported route of transmission in only 0.2% of new HIV infections. However, mode of transmission information is missing from more than half of all reported case data and there is concern that sex between men may also be an important transmission route for a significant subpopulation (2010:4).

Papua New Guinea has a complex range of traditions, cultures, customs, ethnic groups and languages which make up the nation and which complicates the capacity to deliver HIV prevention, treatment, care and support systematically across the country. Belief in sorcery and witchcraft (*sanguma*) is common across rural Papua New Guinea and unexplained deaths are often attributed to witchcraft (Amnesty, 2001). In 2008, there were fifty reported cases of sorcery-related deaths and women are six times more likely to be accused of sorcery than men. Genital modification in men is also a contributing factor to HIV and STI risk and is a common surgical procedure among some groups. It is often undertaken in less than hygienic settings and without sterilisation.

Across Papua New Guinea women have low social status when compared to men and violence towards women is a serious health problem (Foreign Affairs, Defence and Trade References Committee, 2010). There is also community hostility to women selling sex, to sex between men and toward transgender people. The dominant conception of masculinity in PNG underlines violence and coercive sex, including gang rape; while drugs and alcohol are "factors that fuel violence" (AusAID 2006:20). Gender-based violence is a serious problem in PNG with two out of every three women experiencing some form of domestic violence (Foreign Affairs, Defence and Trade References Committee, 2010). The total number of women testing HIV positive in Papua New Guinea has been higher than men testing HIV positive for the last several years, though it is not clear whether this result is biased by the fact that current case detection systems rely upon antenatal centres (UNGASS 2010:4).

4 PRIORITY GROUPS IN TINGIM LAIP'S APPROACH TO HIV PREVENTION AND CARE

This strategy targets men moving in and out of sites of increased risk and impact, women and girls including women and girls in sex work, engaged in transactional sex and women and girls employed in entertainment work at these sites as well as the wives and female partners of men moving in and out of these settings for

employment purposes. The strategy also prioritises men who have sex with men, transgender people, out-of-school young people and prisoners. It recommends that Tingim Laip local staff and volunteers work through key populations at site level.

Cross cutting issues highlighted in the strategy include the low status of women, gender-based violence, alcohol and drug use and abuse, hostility toward sub-populations at risk of HIV including women in sex work, MSM and transgender people that results in them being 'hard to reach' and invisible to health workers (Liamputtong 2007:72). The strategy aims to increase the control that women and girls are able to exert over their own health while working with men and boys to reduce sexual violence and its drivers. Stigmatised groups at risk of HIV have experienced a history of alienation that has legitimised a sense of distrust and scepticism in those from 'the outside' (2007:73). Our strategy aims to place stigmatised groups at the centre of our approach and involves them in the leadership of local projects and in the design, delivery and evaluation of our services.

Men moving in and out of local sites of increased risk and impact: Men moving in and out of the sites of increased HIV risk and impact are a priority group for service delivery through Tingim Laip. The places that they work and their employers and managers are key targets for raising awareness of HIV and STI prevention, distributing information, condoms and lubricant and for channelling these men into STI and VCT services. During their time in sites of increased risk and impact these men may be clients of male, female and transgender sex workers, have second wives or girlfriends and engage in high levels of alcohol and drug use. They have an important role to play in protecting their own and others' health. Issues for these men that exacerbate HIV risk and impact include:

- labour-related mobility that forces these men to move away from home and disconnects them from their traditions, culture, families and communities;
- a dominant conception of masculinity in PNG that underlines violence and coercive sex, including gang rape (AusAID 2006:20);
- drugs and alcohol as "factors that fuel violence" (2006:20);
- stigma surrounding anal sex between men which prevents these men testing for anal STIs or HIV risk through anal sex with other men;
- reluctance to test for HIV as it may affect their employment or impact on their marriage.

Women and girls: issues exacerbating HIV risk and impact among women and girls in PNG may include:

- lack of access to land and property aggravated by patrilineal inheritance rights that leave women and girls economically vulnerable;
- a social system in which many cultural groups view women and wives as the 'property' of men and husbands, worsened by bride-pricing practices in which men pay families for brides;
- the low status of women evidenced by limited access to education, lack of

economic security and lack of employment options;
- sexual violence toward women and girls (AusAID 2006:12);
- alcohol and drug use and abuse by men and women which increases their exposure to sexual and other violence;
- labour-related mobility that disconnects women and girls and their male partners from their traditions, cultures, families and communities;
- women partners of sex work clients and of MSM (where MSM have wives and girlfriends).

Women in sex and entertainment work: the issues affecting women and girls outlined above also affect women in sex work, transactional sex and entertainment work in high-risk settings. Issues exacerbating HIV vulnerability among women in sex work, transactional sex and entertainment work may include:

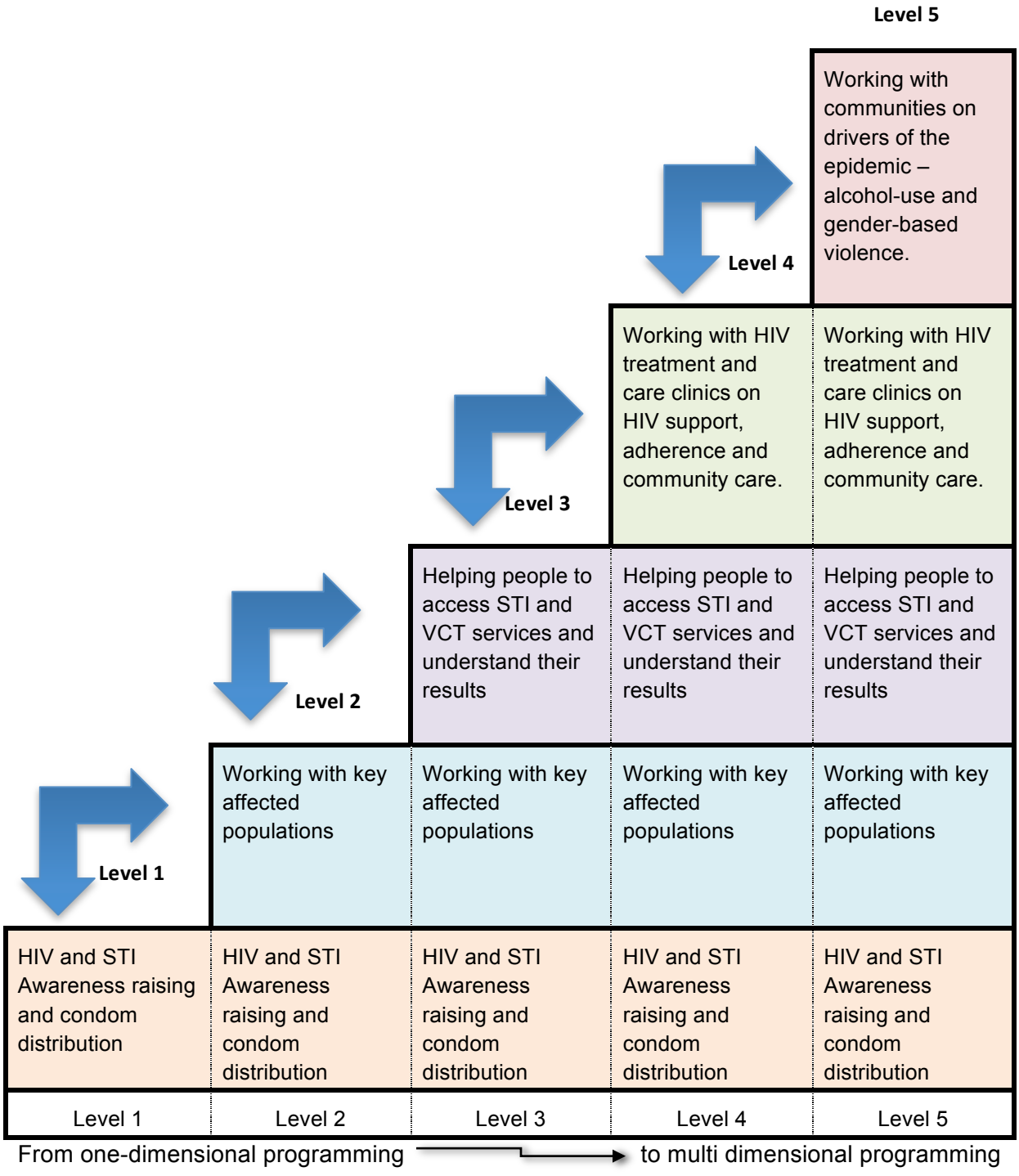
- hostility toward women in sex work prevents them accessing HIV and other health services;
- women in sex work are more at risk for HIV than other women because they have more sexual partners and have recurring untreated STIs
- women in sex work stay hidden, avoiding disclosure of their involvement in sex work and so are 'hard to reach' and often invisible to health workers.

Men who have sex with men including sex workers: issues that exacerbate HIV vulnerability among men who have sex with men in PNG may include:
- violent hostility toward the idea of anal sex between men and toward MSM generally which prevents them accessing HIV and other health services and disclosing their sex with men to health providers;
- MSM stay hidden, avoiding disclosure and may 'camouflage' their sexuality, appearing, acting and sounding heterosexual. This strategy works well to prevent stigma but makes MSM vulnerable and hard to reach by health workers;
- effeminate boys and young men may be targets for forced sex and this needs further inquiry in Papua New Guinea.

Transgender people including sex workers: There is very little information about the specific context of HIV risk and impact for transgender people in PNG. Their risk for HIV infection, gender-based violence and the impacts of poverty and oppression need further investigation. Responding to the needs of transgender people in local higher HIV risk and impact settings is tagged in this strategy for further local investigation.

5 THE TINGIM LAIP STEPS MODEL

The STEPs model has been designed to incorporate the goals embraced by Tingim Laip 2. It is a five level set of steps identifying core capacity and activity targets that encourage sites and communities to move toward autonomously designing and managing their own HIV responses and increasing the complexity of service delivery at local level. This section of the HIV strategy identifies how gender can be considered at each level of the STEPs model.



The effective implementation of the STEPs Model is embedded in the progressive design of tailored approaches that empowers sites to advance from a single to multi-dimensional programming in HIV prevention and care. This means:

- using a variety of interpersonal communication and BCC methods to increase knowledge, skills and uptake of services and commodities
- working with sites to develop targeted regional and local event based campaigns to promote means and ways of addressing HIV effectively according to their specific context
- empowering communities to raise the HIV Prevention and Care profile among key affected populations in their community as well as with leaders
- providing the means and support for PLHIVs and their families to manage their health
- advocating with community leaders to address structural factors that hinder effective HIV prevention and care
- advocating for mobilisation of resources to support availability of HIV testing services, STI treatments, ARVs, TB drugs and condoms(male and female)
- integrating gender at every level of the STEPs Model

As a model, the approach has been defined in a linear manner for ease of presenting the logical progression of themes encountered at each level. However, the implementation of interventions will be guided by site prioritisation of issues which in turn determines the step level for the site. It is possible for a site to be engaged in a combination of interventions that address more than just one priority across several steps of the model.

The STEPs Model is a new approach that has been developed by AIDS Project Management Group (APMG) and the TL Team and is also being used in a similar project that APMG is providing technical assistance for in Central Asia.

It grows primarily out of the process of the development of a Comprehensive Package of Prevention and Care Services that has been going on in Asia and the Pacific (sponsored by USAID and UNAIDS) for the past three years. Although the primary focus of this has been the development MSM and transgender people's programs, it is easily adapted to other key populations.[1]

The main lesson learned from this process (seen through the recommendations of the Six Cities Study that followed) was that the Package was able to tell governments and service planners what services and programs needed to be developed but now how they were to be developed or who should provide them.

1 Priority HIV and Sexual Health Interventions in the Health Sector for Men who have Sex with Men and Transgender People in the Asia Pacific Region, WHO, UNAIDS, UNDP, APCOM, 2010

The STEPs Model has been developed to show community organisations and groups how they might contribute to the development and use of a wider range of prevention and care services.

TL will include some operations research in its 2012 research agenda to bring out the lessons learned from implementing this model.

The Tingim Laip Learning and Development Strategy (developed in early 2011) ensures that Site Committee volunteers are provided with the necessary skills and knowledge to manage the combination of interventions as they graduate from one level of the Step Model to the next. A set of quality standards and competencies will be established for each Step to guide capacity building and development of Site Committee volunteers to progress through the Steps. This is further boosted by the TL Volunteer Model that draws on a variety of strategies to recognise, acknowledge and reward volunteers for their contribution in shifting interventions from a one dimensional approach to a multi-pronged HIV prevention and care response.

Level One: HIV and STI awareness raising and condom distribution

HIV and STI awareness raising and condom distribution is essential to increasing understanding of HIV and STIs and availability of the means to prevent HIV. It involves using a variety of targeted interpersonal and BCC interventions such as the use of printed information on HIV, STIs that is distributed regularly. This also includes sexual health educational sessions for delivery at targeted sites to KAP such as sex workers, MSM, Prisoners and Youth. Effective condom distribution that interrupts HIV transmission requires a continuous stock of commodities as well as regular distribution to KAP at targeted sites. Whenever possible, condom distribution is accompanied with messages about correct and consistent condom use, condom demonstrations as well as condom negotiation skills. Peer education is essential to local TL teams achieving this level and requires a continuous team of volunteer peer educators that includes men employed in the area, women in sex and entertainment work, MSM and transgender people, who are continuously supported by local TL teams. Their work also includes triggering discussions on HIV tests, STI treatments, non-sexual transmission of HIV and positive living. The notion of 'peer' will redefined in TL to ensure that it involves people from key populations working within their populations.
A range of linked communication campaigns will be developed to reinforce 'on the ground' interventions and community-mobilisation initiatives. TL will explore emerging communication technologies, in particular electronic media and mobile phones as pathway for information exchange.

Level Two: Working with key affected populations

Stigmatised groups at risk of HIV have experienced a history of alienation that has legitimised a sense of distrust and scepticism in those from 'the outside' (Liamputtong 2007:73). TL's strategy places stigmatised groups at the centre of our approach, involving them in our Site Committees, in the leadership of local projects and in the design, delivery and evaluation of services. TL delivers peer outreach programs that target key affected

populations such as women and men involved in sex work, men who have sex with men, migrant workers, enclave workers, prisoners, mobile men with money and PLHIV and actively involves them as peer educators. TL aims to build trust between the project and key affected populations. This relationship will further empower them to personalise their risks to HIV and STI and to explore ways of addressing it. The project provides a network of safe places in local towns and communities for people from these populations to attend and will establish links with key networks such as Igat Hope and Friends Frangipani. TL facilitates mentoring and leadership skills exchange across key affected populations so that they increase their capacity for leadership. Phase 2 of TL will see a significant shift back in the make-up of the TL workforce – back to a greater involvement of the populations most affected by HIV at site level.

Level Three: Helping people to access STI and VCT services and understand their results

Tingim Laip links people at risk of HIV infection to STI and VCT services and assists them to understand and act on their results. Knowledge of HIV status and early awareness of the presence of STIs is essential to preventing HIV transmission and the negative impacts of living with HIV. For those who test HIV negative it can assist to maintain safer sex behaviour and getting tested regularly. For people with HIV, the knowledge of their HIV status can be live-saving, allowing them to seek early intervention to halt the progression of HIV, to access essential treatment and care and to protect others. TL ensures effective links with general health as well as VCT and STI clinical sites at local levels. TL provides accompanying services for VCT and STI testing and treatment, assists people to understand their results and ensures a TL service presence in clinics and hospitals providing VCT and STI diagnosis and treatment. Encouraging early HIV testing and counselling for pregnant women at local level is a priority. Similarly, promoting regular HIV and STI treatment for KAP is a key component of this approach.

Level Four: Working with HIV treatment and care clinics on HIV support, adherence and community care

TL aims to minimise or prevent PLHIV loss-to-follow up by ensuring strong links between Tingim Laip, HIV testing and counselling and on-going HIV treatment, care and support. TL provides intensive support to those newly diagnosed with HIV. At Level 4, TL promotes its ‘accompanying’ service so that PLHIV can be accompanied to clinics and hospitals. TL facilitates a PLHIV-led community care and support service that provides home visits to PLHIV and assists their families. TL will work in partnership with Igat Hope, its provincial members and other PLHIV networks to strengthen the PLHIV Expert Patients work within local clinics and hospitals to assist clinical staff in supporting ARV adherence among their patients. Supporting early access to PMTCT for pregnant women living with HIV as well as maximising the opportunities for peer support among women living with HIV through groups and social activities is a priority. This includes making use of existing PNG traditional extended family relations and networks to help foster regular medical check-ups and adherence to drugs. TL aims to prevent or minimise stock outs of life saving medications for PLHIV including ARVs, treatment for TB, malaria, cholera and HIV related

opportunistic infections and to assist in improving mental health, nutrition, sanitation and water quality which impact upon the health of PLHIV.

Level Five: Working with communities on drivers of the epidemic – alcohol abuse and gender-based violence

Drivers of the epidemic in PNG include alcohol abuse, gender-based violence and poverty. Laws which criminalize sex work and sex between men are highlighted and stigma and discrimination toward key affected populations and people living with HIV is said to increase risk and vulnerability for HIV and the negative impacts of living with HIV. TL aims to work with leaders at local level to reduce alcohol abuse and related violence, to reduce gender-based violence and the stigma and discrimination facing most at risk populations and people living with HIV. HIV risk and impact among women and girls is a particular concern for HIV transmission and TL works with local leaders, including cultural and religious groups, to address gender inequality and gender violence at local sites. TL also works with law enforcement to build and sustain partnerships for improved HIV public health outcomes with local police and security personnel.

6 SPECIFIC STRATEGIES AT EACH LEVEL OF THE STEPS MODEL

Level 1: HIV and STI awareness raising and condom distribution

Description: at Level One, TL teams will work toward more focused and effective HIV and STI awareness activities including condom distribution and promoting HIV testing and STI treatment services to KAP. This will involve local teams assessing their current activities, modifying, reorienting and scaling up their activities so that they focus upon groups most at risk of HIV. The result will be sharply targeted initiatives directed to these groups. TL teams will focus on the prevention or reduction of stock outs of commodities and the ready availability of commodities to prevent HIV to those most at risk at the places they work, meet and socialize.

Strategy		Description	Local field activity
1.1	Outreach to and connection with the populations most affected	Work within settings to provide education, resources and information on HIV, STIs, and sexual health to men and their female partners. Ensure that male and female condoms and lubricant are regularly distributed and available at these sites. Ensure that contraception, VCT for pregnant women and PMTCT are issues included in targeted educational forums, such as with women church groups, sex workers etc.	Distribute HIV, STI and sexual health BBC material at in high risk settings. Conduct small group sessions at local sites to discuss myths and misconceptions on HIV transmission and prevention discourse.
1.2	Promote a condom distribution and access guide (male and female condom and water-based lubricant) for, KAPs.	Place condoms at the sites that sex workers, MSM and transgender people and their clients engage including bars and clubs, Buai stalls, parks and hotel rooms where relevant.	Distribute male and female condoms and other commodities to key affected populations where they exist. Implement a female condom campaign to improve acceptance amongst women and their partners
1.3	Establish a stock management system that prevents stock outs of condoms, including the female condom and lubricant and other commodities.	Working in partnership with BAHA, a supply chain procedure is developed to ensure that sites know when commodities are getting low and order early for resupply.	Utilise a documented system of procurement by local TL teams to avoid stock outs.
1.4	Promote the peer education network to distribute commodities at high risk settings including industrial	Recruit, train, support and supervise teams of peer educators, including those from key affected	Conduct peer education outreach targeting key affected populations.

	and agricultural enclave and other places that those at high-risk of HIV gather, work and reside.	populations, in the distribution of commodities and promotion of relevant services at local sites of risk and vulnerability.	
1.5	Private enterprise commitment to comprehensive HIV prevention and care.	Work with key enterprises, including mining, construction, agriculture and transport to introduce long-term comprehensive approaches to HIV prevention and care.	Support the development of a HIV Prevention and Care policies for key partner private enterprises

Level 2: Working with key affected populations

Description: at Level Two, TL teams will be developing new approaches to HIV prevention that reorient their work to key affected populations that include women and men involved in sex work, men who have sex with other men, migrant workers, enclave workers, prisoners and mobile men with money(PNG National HIV and AIDS Strategy 2011-2015). This will result in people from key affected populations taking a more central role in HIV prevention and support activities. The times and places that HIV outreach occurs is tailored to reflect the needs and priorities of key affected populations. TL staff and volunteers will become advocates for key affected populations at local clinics, hospitals and increasingly with police, church leaders and private sector groups.

Strategy		**Description**	**Local field activity**
2.1	Promote Peer outreach programs targeting key affected populations.	Peer-based outreach programs recruit people from key affected populations who are then trained and supported to deliver targeted outreach to their communities A team of peer educators from key affected populations will meet together regularly to plan and deliver outreach to their particular community at their places.. Outreach includes distribution of commodities such as male and female condoms and lubricants as well as promotion of HIV testing and STI treatment services	Recruit, train and support people from key affected populations to participate in peer education outreach.
2.3	Participation of key affected populations in the design, delivery and evaluation of Tingim Laip programs, including representation on Site Committees.	Talk with people from key affected populations, and invite them to participate in internal meetings and forums discussing prevention work. They are also encouraged to be part of the site committees	Conduct regular focus group meetings with people from key affected populations to plan and deliver prevention activities. Participation by people from key affected populations in meetings and forums on the design, delivery and evaluation of prevention services. Participation by people

			from key affected populations on Site Committees.
2.4	Safe havens, groups and safe spaces for key affected populations at local sites and settings.	Working in partnership with local organisations such as Family Support Centre, support the establishment of safe havens and groups for people from key affected populations at a range of places in the local area. This activity also involves the rigorous stance by TL to promote safe spots for key affected populations by working directly with key influencers at sites.	Key 'spots' in sites are promoted as safe places for people from key affected populations and are used by them.
2.5	Education campaigns and peer group sessions with key affected populations.	Locally tailored and targeted campaigns using a variety of communication channels is used to address risk and vulnerability of key affected populations Peer group forums are delivered at local sites where key affected populations gather, work and reside.	Develop and implement tailored campaigns targeting key affected populations during key community events and gatherings. Conduct peer group forums occur at local sites with key affected populations.
2.6	Mentoring, issue and skill sharing between key affected populations.	Link groups of key affected populations at local sites and settings to each other and facilitate on-going mentoring between them.	Establish leadership forums with people from key affected populations to share concerns, issues and solutions.
2.7	Involve local people associated with the activities of vulnerable groups like venue owners, pimps, leaders from these groups as well as friends of members of these groups.	Gaining access to these vulnerable groups may require working through those with power in the setting including pimps and venue owners and leaders.	Establish a forum of local people associated with activities of key affected populations to discuss and solve problems.
2.8	Minimum standard of care for key affected populations.	Work with clinics and hospitals to develop a minimum standard of care agreement when providing services to people from key affected populations.	Use working relationships with clinical practitioners and clinical forums to promote and develop a written minimum standard of care.

Level 3: Helping people to access STI and VCT services and understand their results.

Description: At Level Three, TL teams will have begun to see significant changes to the volunteer and leadership population in targeted communities. Increased numbers of volunteers and emerging new leaders will be evident and this will allow for the establishment of pathways to help people access STI and VCT services and understand and respond to their results. Partnerships will be established and/or strengthened with the staff of local clinics and hospitals. Improved partnerships with clinics and hospitals will facilitate TL promoting services inside these establishments. These practical working relationships will allow for increased influence over the ways in which clinics and hospitals support and service those most at risk of HIV at the local level.

Strategy		**Description**	**Local field activity**
3.1	Establish effective links between Tingim Laip and STI, VCT and general health services in TL settings.	Issues addressed in this strategy include: - Confidentiality. - Best practice HIV testing and counselling - Family planning. - Commitment to stigma reduction for key affected populations. - Safe spaces for key affected populations.	Develop and maintain effective and practical working relationships with leaders and practitioners in all clinics and hospitals responding to HIV and STIs. Regular forums among key practitioners to discuss and solve local issues in the delivery of HIV services.
3.2	HIV, reproductive health and STI support for women and girls.	Develop women's peer support and education initiatives using local community groups and leaders for accessing HIV testing and counselling and reproductive health and STI support, including access to the range of contraceptive methods.	The accompanying service discussed in 3.3 will include women providing peer outreach to other women and distribute information resources on health and reproductive health for women and girls.
3.2	Work with partners in supporting health care workers to deliver quality HIV and STI services targeting key affected populations.	Support training of health care workers at local sites and risk settings to work effectively and sensitively on HIV, including education to reduce stigma and discrimination by health care workers toward people at high risk of HIV.	Workshops on HIV stigma and discrimination for health care workers occur regularly at different clinic sites.
3.3	Accompanying services to HIV and STI clinics and hospitals.	Key places in sites are identified in which accompanying services are	Establish and deliver an 'accompanying service'

		regularly provided. This will most often involve a team of peer supporters, including people from key affected populations, actively involved in accompanying people to clinics and hospitals. Community risk perception is also addressed and that clan leaders, mouse men and church leaders provide support to extended families members to have HIV and STI test and treatment	for people at high risk for HIV to health services – including using peers to accompany people for HIV and STI testing and treatment. Establish and support a community initiated HIV and STI testing and treatment
3.4	Tingim Laip services inside clinics and hospitals responding to HIV and STIs.	Provide Tingim Laip community-based support and education services within local clinics and hospitals at sites of increased risk and impact and encourage clinics to provide services at Tingim Laip sites.	Volunteers provide community support and education ins clinics or hospitals in high risk settings on a regular basis. TL facilitates links between HIV and STI clinical services for the delivery of HIV testing and counselling and STI diagnosis and treatment at these sites. HTC and STI clinical services are provided in selected sites of increased risk and impact.

Level 4: Working with HIV treatment and care clinics on HIV support, adherence and community care.

Description: at Level Four, a range of new networks and alliances with a range of key partners including medical practitioners, local leaders, police, women, key affected populations and people with HIV will emerge. These relationships will allow for the beginning of new kinds of service models at the local level for people with HIV, including addressing PPTCT. TL teams will expand their volunteer services to include new HIV diagnosis support as well as expanding the VCT accompanying model to include accompanying people living with HIV to clinics and hospitals. Working with Igat Hope, new working partnerships with clinics and hospitals will allow for the establishment of an Expert Patient Service in key service delivery points in which PLHIV support ARV adherence and case coordination for patients will be provided. Women with HIV will provide peer support for other women living with HIV and increased attention will be placed on treatment needs. Water and sanitation, nutrition, prevention of opportunistic infections and mental health is also addressed. Community participation and support is mobilised to ensure that the needs of PLHIVs and their families are brought to the fore of community agenda.

Strategy		**Description**	**Local field activity**
4.1	New HIV diagnosis service.	Establish and deliver a peer-based support service for people newly diagnosed with HIV.	TL volunteers provide new diagnosis support services in selected HIV and STI testing and treatment facilities congruent with the times that their HIV clinics operate and on a regular basis.
4.2	PLHIV community care and support services.	Establish and/or support local project and networks s that provide community care and support to PLHIV and families affected in both local settings and in the home towns of PLHIV in these sits of increased risk and impact.	Recruitment, training and support of PLHIV in the delivery of community care and support services. This will most often involve a team of PLHIV who meet together regularly and who then engage in home visiting to PLHIV.
4.3	Expert Patient Services in local clinics and hospitals.	Work with key partners in local health services to establish Expert Patients Teams of PLHIV patients on ARV treatment, with a focus on ARV adherence among highly mobile men, women and members of key affected populations living with HIV.	Recruitment, training and support of PLHIV in adherence counselling. This will involve a team of PLHIV who meet together regularly and who then deliver Expert Patient Services at local clinics and hospitals.
4.4	Accompanying service for PLHIV.	Expand the 3.3 above ‘accompanying service’ to	Selected places in local towns are sites in which

		include accompanying PLHIV for clinical services.	accompanying services are regularly provided to PLHIV. This will involve a team of peer supporters, including people from key affected populations, actively involved in accompanying people to clinics and hospitals.
4.5	Support for women with HIV.	Ensure access to ARV for pregnant women early in their pregnancy. Ensure support for women living with HIV including encouraging connection with each other through peer support projects.	Educate women with HIV and service providers about PPTCT. Establish or work with already existing local groups of women with HIV to increase the peer support available between women with HIV.
4.6	Advocate for improved health outcomes for people living with HIV.	Work with leaders at local level to encourage a consistent supply of ARVs, TB and other treatments for opportunistic infections. Improved sanitation and water resources and other issues that are relevant in the local setting.	Advocate with clinics and hospitals so they avoid stock outs of treatment that is essential and life saving for PLHIV. Advocate with local authorities to improve sanitation and water quality. Work with PLHIVs and their families on traditional and religious beliefs that contribute to HIV drug resistance.

Level 5: Working with communities on the drivers of the epidemic – alcohol abuse and gender-based violence.

Description: at Level Five, TL teams will target the development of relationships and initiatives to address the drivers of the HIV epidemic at local level including gender inequality, alcohol abuse, violence, laws which criminalize sex work, harassment of key affected populations and mental health issues in the local communities. Law enforcement relationships will become a key priority as will working 'outside' HIV services with church leaders, tribal leaders and men's and women's community groups to address gender inequality, reduce alcohol abuse and provide safe places and services for victims of violence. A key result will be working with private sector leaders on strategies to encourage the reduction of violence and alcohol abuse among their employees.

Strategy		Description	Local field activity
5.1	Law enforcement liaison.	Work with law enforcement at local sites to build partnerships on public health for HIV that focus on the negative health impacts of criminalisation of sex work and harassment of MSM and transgender people.	Focus upon building a relationship with one particular senior police officer on issues of partnership between HIV public health and law enforcement.
5.2	Reduce gender inequality and the negative impacts upon women and girls.	Work with local leaders including police, church leaders, cultural leaders, venue owners, landowners and managers of industrial sites to address the cultural and social gender inequalities that increase vulnerability to HIV among women and girls.	Implement community, mobilisation packages to foster dialogue among key communication leaders and groups, including demystifying traditional and religious practices that fuel gender inequality.
5.3	Availability of HIV services and commodities	Work with local partners and leader to identify ways of addressing: - Unavailability of HIV and STI tests and treatment - Male and female condom stock-outs - TB drug stock-out - ARV stock-outs - Treatment of other opportunistic infections	Develop local procedure and plan to address unavailability of services and commodity stock=outs Develop an advocacy plan to mobilise support and resources for the availability of services and commodities.

5.3	Leadership on gender-based violence.	Work with local leaders including police, church leaders, venue owners, landowners and managers of industrial sites to reduce gender-based violence toward women and girls, MSM and transgender people in high-risk settings.	Promote safe spaces for women and girls experiencing violence. Identify and support 'non-violent' communities and ambassadors
5.4	Support legal assistance for victims of violence.	Legal representation and advice is available for victims of violence Information is also provided on post-trauma support services.	Local sites ensure referral options are available for victims of violence for legal advice and representation.
5.5	Reducing alcohol use and the violence and health risks that are fuelled by it.	Work with communities, including owners and managers of companies in industrial and agricultural enclaves on payment dates and develop systems to minimize large-scale alcohol and drug use and associated sexual and other violence. This may include focussed discussion with young men on group rape/line ups. Implement 'safe drinking' campaigns at local level. Promote referral information to services for further assistance.	Hold meetings with owners and managers to discuss the problem and consider staggering payments to their workers. Promote safe drinking habits in communities via community leaders and key individuals Work with bar owners and alcohol suppliers in promoting non-violent habits. Target law enforcement personnel in the illegal sales of alcohol. Distribute information on drug and alcohol as part of HIV education and outreach services (see Level 1 and 2 above).
5.6	Mental health services and support.	Work with the health sector to ensure that STI and HIV service providers can seamlessly refer for mental health and drug and alcohol related presentations.	Through local forums with the health sector ensuring discussion of mental health and drug and alcohol issues and referral options.

7 CONCLUSION

The Tingim Laip HIV Prevention and Care Strategy provides detailed information on the strategies that will be adopted at site level to increase TL's reach into the populations most affected by HIV in PNG at the sites of increase HIV risk and impact.

It will guide TL's learning and development work at site level and provide Site Committees and their supporters with clear ways to increase the effectiveness of their work.

Its progress and impact will be monitored through TL's Monitoring and Evaluation framework and the learning from the implementation of this Strategy will be used to guide TL's expansion.

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