

TINGIM LAIP



STAKEHOLDER MAPPING REPORT

April 2013

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INTRODUCTION

Tingim Laip is Papua New Guinea's largest community-based HIV prevention and care project operating in XX provinces. It was designed to respond to the urgent need for a targeted behaviour change intervention focusing on the populations most at-risk of and affected by HIV in settings throughout the country where HIV transmission and impact was known or likely to be high.

Tingim Laip recognises that effective HIV responses rely on key affected populations being able to access the full range of programs and services they need to avoid HIV transmission and obtain HIV treatment and care. Tingim Laip is committed to facilitating access to a comprehensive package of HIV prevention, treatment, care and support services and recognises that no single agency can deliver the full range of services that constitute this package. An independent Review of TL, conducted in early 2102, recommended that TL increase its impact by focussing its work more closely on key populations at-risk of and affected by HIV in a smaller number of sites. In order to achieve this, TL needs to develop a set of key partnerships with health and community service providers in the sites in which it works.

In an effort to learn more about the current situation of service provision and to explore strategic partnerships, Tingim Laip conducted a Stakeholder Mapping exercise in mid-2012. The objectives were to:

- a. Determine what a comprehensive package of prevention, treatment and care services might look like in the Tingim Laip context
- b. Map the current partnerships between Tingim Laip, service providers and other stakeholders
- c. Explore the extent to which this comprehensive package of services is available for communities in up to seven Tingim Laip locations
- d. Identify the partnerships which would best facilitate access to as many of the comprehensive package of services as may exist
Help Tingim Laip review, strengthen and expand its partnerships with appropriate stakeholders at national and local level.

The findings of the Stakeholder Mapping exercise are presented as a series of reports - a national report and five provincial reports. These are supported by a package of partnership-development tools and resources. The target audience for the national report is the TL Senior Management Team, the PNG National AIDS Council and its Secretariat, the National Department of Health, national health and welfare agencies, national KAPs organisations and HIV agencies, AusAID and other donors and UN agencies. The provincial reports and partnership-development resources are aimed at TL Field Staff, Provincial AIDS Councils, provincial health services and other provincial health and welfare agencies.

The National report presents information on the elements of a comprehensive package of prevention, treatment, care and support services, based on international best practice. The report then presents recommendations on the an appropriate package of services that Tingim Laip can realistically advocate for and support at provincial level. The recommended service package is supported by a presentation of the existing package of services that were available at the five provincial settings – details of which are

summarised in each provincial report. The National report recommends a set of strategic partnerships at national level for TL to develop and/or strengthen. These support TL's involvement in relevant national dialogue and advocacy initiatives, and facilitate provincial level partnerships with relevant service providers and stakeholders.

Each provincial report presents a series of recommendations for Tingim Laip to consider towards development and/or strengthening strategic partnerships to facilitate access to the available package of treatment, care and support services at each project location. Provincial reports present the findings of provincial stakeholder mapping, including a summary of the challenges and programming opportunities that were identified, and recommendations for strategic partnership development. Five service directories were created for distribution to local partners and stakeholders. The information and tools presented in the reports will guide TL staff in establishment and development of strategic partnerships that will increase key affected populations access to a comprehensive package of prevention, treatment, care and support services.

MAPPING METHODOLOGY

The Stakeholder Mapping team consisted of one local and one international consultant who travelled to Popondetta, Port Moresby, Porebada, Goroka, Madang and Lae in June and July 2012. The Stakeholder Mapping approach, including rationale for site selection, work plan and interview templates is fully documented in the Stakeholder Mapping Implementation Plan. A summary of the methodology is presented below:

- 1) Desk study and literature review.
- 2) Documentation by TL field staff of roles and contact details for existing and potential partners and other relevant implementing agencies.
- 3) A half-day Partnership Workshop with TL field staff aimed at identifying challenges field staff were experiencing in building and sustaining partnerships and exploring pathways to building and monitoring more strategic partnerships.
- 4) Interviews with service providers and stakeholder partners conducted in Popondetta, Port Moresby, Porebada, Madang, Goroka and Lae in June and July.
- 5) On-going analysis throughout the process as referral pathways and partnership opportunities were identified.
- 6) Documentation and report writing – August 2012.

The only significant challenge to the mapping process was the national elections that were underway during the same period - police SOS and FSV officers and Government Welfare officers were not always accessible for interviews.

COMPREHENSIVE PACKAGE OF PREVENTION, TREATMENT, CARE AND SUPPORT SERVICES

Tingim Laip recognises that effective HIV responses rely on key affected populations being able to access the full range of programs and services they need to avoid HIV transmission and obtain effective HIV treatment and care. Tingim Laip is committed to facilitating access to a comprehensive package of HIV prevention, treatment, care and support services and recognises that no single agency can deliver the full range of services that constitute this package. All relevant stakeholders must work together in order to promote the best outcomes for people affected by HIV. For this to occur there must be:

- A shared understanding of what constitutes a comprehensive package of prevention and care programs and services
- Knowledge of what services are available locally and nationwide, and
- Collaboration and partnership between these services
- Prioritization of interventions amongst key affected populations in geographic areas where HIV has greatest impact.

Tingim Laip is committed to ensuring that there are effective referral pathways between stakeholders at site level so that key affected populations that Tingim Laip works with can access the relevant services. Referral pathways between services in PNG are often unclear - this is partly because there are significant health and community service gaps in many provinces and also because the fragility of the health system in many provinces works against the development of a continuum of care and support for people with chronic illness in PNG. There are many factors that contribute to this fragility. "Papua New Guinea is emerging as a fragile state not because of armed conflict or absolute poverty—its per capita GDP is higher than Pakistan's—but because of a declining economy linked to poor governmental controls and policies, maladjustment to its inherited democratic institutions, a decentralized governance system ill-equipped to cope with the demands for rural social services, the worst HIV epidemic in the Pacific, and an escalating crime rate fuelled by rampant arms smuggling."¹

In order to identify the services needed to achieve universal access to HIV prevention, treatment, care and support for key affected populations in locations where Tingim Laip works, we need to examine the set of interventions required for a comprehensive health sector response plus the social and legal services required.

WHO offers priority interventions for the health sector in a generalised epidemic² and UNAIDS provide informed guidance on universal access³ and the specific services recommended for women and girls⁴

¹ Malau, C. 2005. "Health in Papua New Guinea: Case Study for the High Level Forum on the Health Millennium Development Goals." Melbourne, Australia: Centre for International Health, Burnet Institute (Dr Malau was Secretary for Health in PNG from 2009-2012)

² WHO, 2010, *Priority Interventions; HIV/AIDS prevention, treatment and care in the health sector*

³ UNAIDS, 2007, *Practical Guidelines for Intensifying HIV Prevention; Towards Universal Access*

⁴ UNAIDS, 2009, *Action Framework: Addressing Women, Girls, Gender Equality and HIV*

and MSM and Transgender People⁵. At a regional level in Asia and the Pacific, UNDP and WHO have worked to develop Comprehensive Package of HIV Prevention, Treatment, Care and Support for MSM and TG that can easily be adapted for other key populations⁶. The UNFPA-developed HIV and Sex Work Collection will also be used to guide the adaptation of a comprehensive package for this key population in PNG⁷.

In addition to prevention, treatment and care, a comprehensive package needs to also address the drivers of the epidemic and include measures to create and enabling environments for key affected populations and address the need for health systems strengthening.

The tables that follow present the *elements of a comprehensive HIV prevention, treatment, care and support package*, based on international best practice.

Prevention

Peer support/education on HIV/STI's, drug & alcohol use, negotiating safer and healthy sex lives

Develop risk reduction strategies and prevention awareness designed to appeal to and meet KAP needs

Ensure adequate supply of male and female condoms

Provision & promotion of consistent, proper condom use and water-based lubricant

Provide setting-based prevention outreach to KAPs

Media campaigns

Condom social marketing

Support prevention of HIV transmission in health care settings; universal precautions, occupational health PEP

Access to prevention services for female partners of MSM and MMM (mobile men with money)

Referral to specific prevention services;

- Gender based and sexual violence
- Welfare services
- Legal services
- Substance use counselling
- Literacy

⁵ UNAIDS, 2009, *Action Framework: Universal Access for MSM and Transgender people*

⁶ 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 and partners, 2009

⁷ The HIV and Sex Work Collection: Innovative responses in Asia and the Pacific, UNFPA 2012

Treatment, Care and Support

Provide setting-based outreach HIV testing and counselling

Referral to clinic-based HIV/STI and SRH services including family planning and PPTCT

Peer support for visits to clinics for testing and results

Provider initiated testing and counselling (PITC)

Provide assistance in fully understanding disclosure issues in relationship to future sexual partners

Management of STI's through provision of clinic-based services delivered by health staff trained to deal with STI's as they affect KAPs.

Access to treatment & care services for female partners of MSM and MMM

Risk reduction support for discordant couples

Couples and family-based counselling, testing and referrals

Services for victims of rape and sexual violence

Post-exposure prophylaxis (PEP)

Referral systems for legal and welfare services

Men's health and Women's health services including STI/HIV testing

Anti-natal care including STI/HIV testing

Family planning services

Adult anti-retroviral treatment (Adult ART)

Paediatric anti-retroviral treatment (Paediatric ART)

Prevention of parent/mother to child transmission (PPTCT / PMTCT)

STI testing and treatment

Community home-based care and treatment support;

- Support ART preparedness and adherence and ARV prophylaxis; thru self-management, case management and peer support groups
- Opportunistic Infection (OI) prophylaxis and treatment
- Drug refill delivery
- Management of diarrhoea and fever
- PLHIV palliative care; pain management, end-of-life care
- Care seeking support
- Psychosocial support
- Nutrition support
- Water treatment, hygiene, sanitation
- Malaria prevention and treatment

Addressing Drivers

Support, implement and/or referral to programs addressing;

- HIV/STI education
- Human rights
- Legal services
- Drug and alcohol use
- Gender-based violence, sexual and domestic violence
- Gender bias and gender inequality
- Family and welfare services
- Intergenerational sex
- Early sexual debut
- Unprotected sex
- Multiple and concurrent partnerships
- Transactional sex
- Stigma towards PLHIV
- Stigma towards sexual diversity
- Adult Literacy and Numeracy
- Income generation
- Mutual respect and consent in sexual relationships and marriage
- Sexual negotiation skills
- Women and girls empowerment and agency
- Harmful traditional practices

Creating an enabling environment

Safe virtual spaces; telephone hotline, web/Facebook page for information, support and referrals

Safe physical spaces; drop-in centre, safe-house

Removal of legal barriers to access, such as decriminalization of sex between males and sex work

Building relationships with Gatekeepers

Human Rights/GBV Networking Committee

FSW/MSM Support network

PLHIV Support network

Systems Strengthening

Strengthen referrals between prevention, treatment and care programs

Build multi-sectoral links between health services, social welfare/NGO's and police

Provide/strengthen pre- and post-test risk reduction counselling

Support development of tolerant, youth-friendly HIV and SRH services

Support development of special, friendly HIV and SRH services for FSW and MSM and TGs

Training and sensitization of health workers to avoid stigma and discrimination

Encourage development of and adherence to work place HIV policy

Promote integration of HIV services with TB and maternal and child health facilities

Formation, support, resource mobilization for FSW, MSM, TG & PLHIV groups

Ensure participation of KAP in the development, implementation and monitoring of prevention services

Biobehavioural surveillance of key affected populations

Support to sentinel surveillance at partner clinics

RECOMMENDED SERVICE PACKAGE FOR TINGIM LAIP

The *potential* scope of prevention, treatment, care and support services, as recommended in the literature, is very broad. However, in Papua New Guinea there are funding and capacity limitations which restrict the scope of services available. TL conducted an extensive Social mapping Exercise on 2011/12 that identified a set of key affected populations that are now that the centre of its work. Obviously these populations overlap and there are people at-risk of and affected by HIV in PNG who do not fall neatly into these populations, but they provide a focus for targeting TL's work more effectively. These KAPs include

- ▶ Female sex workers and women regularly engaged in transactional sex
 - ▶ Mobile men with money: security workers, truckers, business men, buai traders, seasonal workers
 - ▶ Regular clients of male and female sex workers
 - ▶ Men who have sex with other men
- People living with HIV

Though not a key at-risk population, PLHIV obviously represent a key HIV-affected population and as well as being a key focus of TL's treatment, care and support access work, they are also a focus of prevention efforts, as successful engagement with this population helps to reduce onward HIV transmission. The table on the next page presents a package of services that can be achieved through a) the work of Tingim Laip field teams and volunteers b) referrals to priority partner organisations and/or c) advocacy. In settings where key services are not available, Tingim Laip will need to advocate for the implementation of those services.

Tingim Laip comprehensive package of prevention, treatment, care and support services:

Prevention

Work of TL:

Peer support/education on HIV/STIs, drug & alcohol use, negotiating safer and healthy sex lives

Risk reduction strategies and prevention awareness designed to appeal to and meet KAP needs

Ensure adequate supply of male & female condoms and lubricant

Promote proper, consistent condom use and lubricant

Setting-based prevention & outreach to KAP

Referrals to: legal and welfare services & GBV, human rights and alcohol counselling and programs for literacy

Treatment, Care and Support

Work of TL:

Provide referrals to clinic based HIV/ STI and SRH services including: VCT, antenatal care for PPTCT, PEP, OIs (TB, Malaria)

Provide support for management of STIs through clinic-based services

Provide support for management of HIV treatment through clinic-based services, including ART adherence support

Peer support for visits to clinics for testing and results

Provide assistance in fully understanding disclosure issues

Provide referrals to couples and family-based counselling

Promote and facilitate clinical outreach services to relevant locations readily accessible by key affected populations

Community home based care and treatment support, including palliative care, nutrition advice, infant feeding support, positive living

Conduct sensitisation sessions with service providers to promote delivery of quality non-judgemental services for key affected populations

Addressing Drivers

Refer KAP to partners for:

Alcohol use harm reduction training

Alcohol use counselling

Gender based violence counselling & harm reduction training

Legal services

Welfare services

Income generation activities

Human rights advocacy training

Creating an enabling environment

TL to promote and partner with:

FSW/MSM/TG/ PLHIV Support networks and safe houses

MSM Virtual Space on Facebook

Telephone hotline

GBV and alcohol support networks

TL to sensitise gatekeepers and service providers:

Clinic service providers

Gatekeepers

Systems Strengthening

Strengthen referrals between prevention, treatment and care programs

Build multi-sectoral links between health services, social welfare/NGO's and police

Support development of friendly HIV and SRH services for FSW, MSM, PLHIV and MMM

Training and sensitization of health workers to avoid stigma and discrimination

Ensure participation of KAP in the development, implementation and monitoring of prevention services

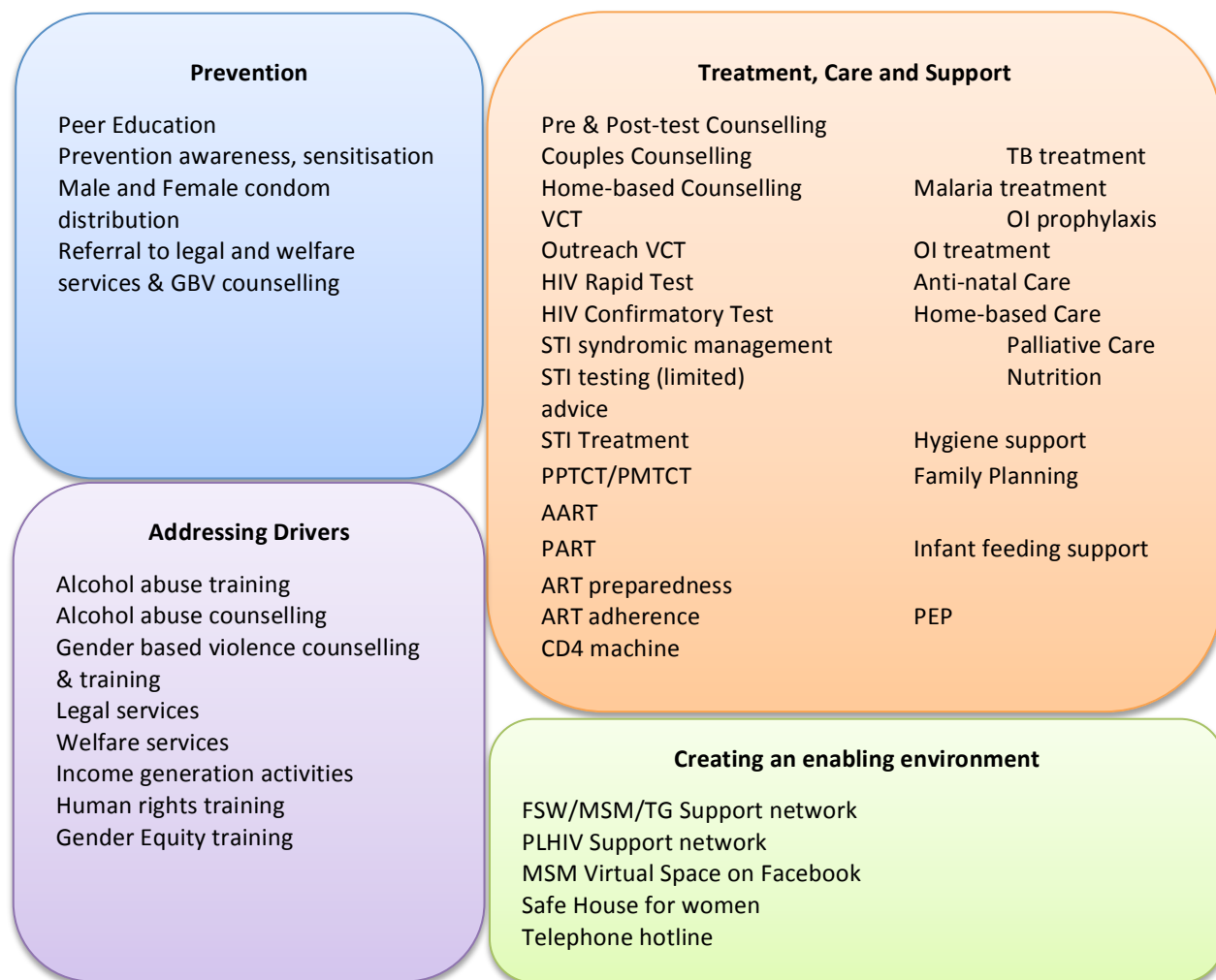
Behavioural surveillance of key affected populations

Support for FSW, MSM, PLHIV and MMM networks

CURRENT SERVICE PACKAGES

Based on the findings of the Stakeholder Mapping exercise, Tingim Laip has the elements of the comprehensive package that are currently available in select project locations. Tingim Laip will draw on these findings to develop strategic partnerships to establish and strengthen effective referral mechanisms for KAPs. The following tables present the package of services that are currently available and were identified as functioning, accessible and available through potential partner organisations.

Lae Service Package



Goroka Service Package

Prevention

Peer Education
Prevention awareness, sensitisation
Male and Female condom distribution
Referral to legal and welfare services & GBV counselling

Addressing Drivers

Alcohol abuse training
Alcohol abuse counselling
Gender based violence counselling & training
Legal services
Welfare services
Income generation activities
Human rights training
Gender Equity training

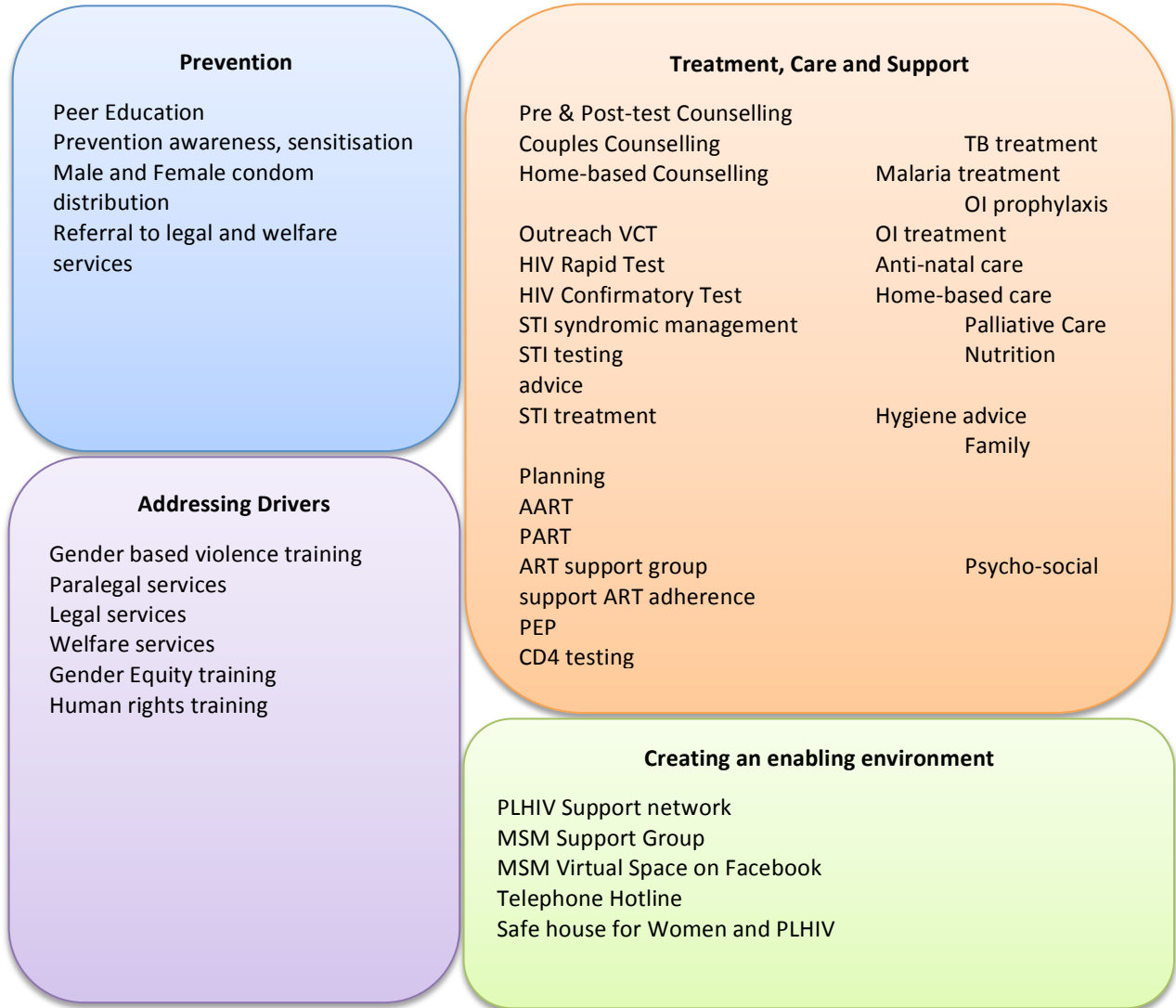
Treatment, Care and Support

Pre & Post-test Counselling	TB treatment
Couples Counselling	Malaria treatment
Home-based Counselling	OI prophylaxis
VCT	OI treatment
Outreach VCT	Anti-natal Care
HIV Rapid Test	Home-based Care
HIV Confirmatory Test	Palliative Care
STI syndromic management	Nutrition
STI testing (limited) advice	
STI Treatment	Hygiene support
PPTCT/PMTCT	Family Planning
AART	
PART	Infant feeding support
ART preparedness	
ART adherence	ART case-management
PEP	

Creating an enabling environment

FSW/MSM/TG Support network
PLHIV Support network
MSM Virtual Space on Facebook
Safe House for women
Human Rights/GBV Networking Committee
Telephone hotline

Popondetta Service Package



Madang Service Package

Prevention

Peer Education
Prevention awareness, sensitisation
Male and Female condom distribution
Referrals to alcohol abuse counselling

Addressing Drivers

Training on substance abuse and GBV
Legal services
Alcohol abuse counselling

Treatment, Care and Support

Pre & Post-test Counselling	TB treatment
Couples Counselling	Malaria treatment
Home-based Counselling	OI prophylaxis
PITC	OI treatment
Outreach VCT	Anti-natal care
HIV Rapid Test	Home-based care
HIV Confirmatory Test	Psycho-social support
STI syndromic management	Palliative Care
STI treatment	Nutrition advice
AART	Hygiene advice
PART	Family Planning
ART case management	PLHIV day care centre
ART support group	Telephone
hotline	
ART treatment supporters	
ART adherence	
PEP	

Creating an enabling environment

PLHIV Support network
MSM Support Group
MSM Virtual Space on Facebook
Telephone Hotline
Safe house for Women and PLHIV

Porebada Service Package

Prevention

Peer Education
Prevention awareness, sensitisation
Male and Female condom
distribution
Referral to; legal & welfare services
& GBV counselling

Addressing Drivers

Legal services
Welfare services
GBV Counselling
Adult Literacy training
Income Generation Activities Micro-
credit (coming soon to Anglicare
Stop AIDS)

Treatment, Care and Support

Pre & Post-test Counselling	TB treatment
Couples Counselling	Malaria
treatment	
Outreach VCT	OI prophylaxis
PITC	OI treatment
HIV Rapid Test	Anti-natal Care
HIV Confirmatory Test	
STI syndromic management	Palliative Care
STI testing	Nutrition
Support	
STI Treatment	Hygiene Support
PPTCT/PMTCT	Family Planning
AART	Women's Health
PART	Infant feeding support
ART preparedness	Men's Health
ART adherence	
ART case management	
PEP	
CD4 machine	

Creating an enabling environment

FSW/MSM/TG Support network
PLHIV Support network
MSM Virtual Space on Facebook
PLHIV Drop-in Centre
Telephone Hotline
Safe House for Women

Family Health International (FHI 360)

KAPs targeted interventions, outreach, clinical support, BCC, media

Overview of Programs:

CoPCT (Continuum of Prevention to Care and Treatment) - FHI 360 has been implementing the USAID project “Technical support for HIV/AIDS prevention, care and treatment” from August 2007 to December 2012. The objectives of the project are to:

- build capacity of national and local government and community groups to implement and scale up the comprehensive prevention package for MARPs; and to
- provide technical support for national and provincial health system strengthening for rapid scale up of HIV care, support and treatment, utilizing the CoPCT approach.

The project sites are in NCD, where FHI works with Hope World Wide as the implementing agency at Lawes Road and 9 Mile clinics and Madang where FHI supports Idinad Clinic and the local PLHIV group, People Living with Higher Aims, which serve as an implementing agency supporting ART case management at Idinad and implementing prevention interventions in hot spots and communities. The project also supports the PACS in NCD and Madang, which coordinate activities through CoPCT Coordination Committees and work in close collaboration with their provincial health office.

USAID has funded FHI 360 for five years from 2012 to further develop and replicate the model.

CHBC – FHI also support a Madang-based PLHIV Group - People With Higher Aims - as an implementing agency for the AusAID funded Community Home Based Care program. There are 5 CBHC sites in Madang where People With Higher Aims volunteers have been trained in counselling to provide psycho-social and spiritual support. Volunteers have also received basic care training to provide physical checks and take vital signs in support of palliative care. Each site is linked with a local clinic and volunteers refer clients to the clinics.

Gender Based Violence - FHI 360 is working with Vanimo Provincial Health Office to establish and strengthen services for GBV primarily for its MARPs; FSW, MSM, PLHIV population. It is a two year pilot program supported by AUSAID funding. FHI is supporting referrals and access to SGBV services through technical support to implementing partners.

Advocacy - FHI 360 provides high-level advocacy to government organisations.

KAPs - FHI 360 designs and supports the implementation of prevention packages for KAPs including peer outreach, condom and lubrication distribution, peer support group, strategic behavioural change communication through individual and group counselling for safe sex.

Partnership with Tingim Laip:

FHI has a long history with the Tingim Laip project. In TL1 and for the first year of TL2, FHI received separate funding from AusAID to provide training and capacity development for TL volunteers at site level. The independent evaluation of TL1 recommended that the new Management Company for TL2 take the capacity development role back to ensure consistency and compatibility with the rest of the program.

Recommendations:

- That TL team meets regularly with FHI to share ideas and lessons learned through their respective work among KAPs and to minimise duplication.

Population Services International (PSI)

Social marketing, condom distribution, relationships skills training, work with mining and other enterprises, MSM health promotion messaging

Overview of other PSI Programming:

Events – PSI facilitates a number of social marketing events in night clubs and work places. Work place events have the feel of a Tupperware party to promote female condoms through female employees. Initial free distribution is followed by a strategy to encourage the purchasing of female condoms through the local wholesalers. Night Club events are be run by a professional events planner and feature games and tableside peer to peer awareness using the IPC tools.

Digicel SMS – PSI broadcasts SMS ‘blasts’ – weekly messages for subscribers on a range of health issues.

Truck Drivers – PSI is working with trucking companies based in Hagen, Moro and Lae. Over the last year they have gone into trucking offices to do mini-trainings (15 minutes) with truck drivers. They give drivers vouchers for a free visit to Susu Mama’s or Marie Stopes for themselves and each of their wives/partners to have an STI test. The trucking companies they work with include Transwonderland, Agility and Kutubu trucking. PSI has already spoken with TL about TL working with the wives of truckers to get them into services.

Porebada – PSI have visited there several times and have run a 4-day Marital Relationships Workshop there. There are two PSI staff who are dedicated LNG Plant trainers. PSI works with the Institute for Medical research (IMR) who are doing baseline research in Porebada and looking at non-communicable diseases, water and sanitation

Partnership with Tingim Laip: Tingim Laip and PSI are currently working together under an MOU for 2012. The MOU identifies areas of collaboration for:

- a) Joint production, pre-testing and procurement of IEC materials and Interpersonal Communication (IPC) materials.**
- b) Training of two TL staff as TOT in PSI’s Marital Relationships Training**
TL is adapting elements of the Marital Relationships training into field work for volunteers.
- c) Exploration of social marketing of Seif Raida and Stop Safe condoms**
PSI can provide a start-up stock for free and then restocks would come from the local wholesaler.
- d) Exploration and promotion of effective communication, collaboration and cooperation between the agencies.**
PSI see a lot of opportunities in this relationship. They see TL as an organisation that wants to share ideas and work in collaboration with others.

Recommendations:

- That TL to bring together the many players who are, or who want to be working in Porebada and develop a communications plan with the community and its leaders.
- That TL trains and support older FSW's to sell condoms in bars. The FSW would be going to places that they frequent on a regular basis, and they can make extra money selling the condoms. This does not prove an increased security risk for these individuals as they already frequent these locations.
- That TL volunteers could do tableside peer-to-peer awareness to support PSI's Moresby-based outreach work.
- That TL and PSI explore the feasibility of sharing offices in remote sites.

Save the Children in PNG (SCiPNG)

Peer support, KAPs clinical services and outreach, clinical mentoring

Overview of Programs

PSP Clinic Port Moresby: is an excellent model of a complete primary health care process that is inclusive and friendly towards FSW, MSM and transgender people. TL and PSP Clinic have talked about formalising a referral system and that will be a recommendation of this report.

PSP Prevention programs in NCD, Lae and Goroka – have excellent networks of MSM and FSW. The Goroka program has strong referral systems with the PASHIP (sexual health) clinics and the Lae and NCD programs have long-standing and deep relationships with the FSW and MSM populations.

Partnership with Tingim Laip:

The nature of the partnership with SCiPNG has changed given that SCiPNG no longer manages the TL site in Goroka. However, SCiPNG continues to manage the Poro Sapot Project (PSP) and PSP Clinic and these are important points of contact for Tingim Laip.

Recommendation:

- Work closely with PSP to determine a role for TL in Moresby that complements but does not duplicate PSP's work
- Collaborate with PSP to identify parts of the PSP model for replication within TL

Igat Hope

National advocacy for PLHIV, capacity building of provincial and local PLHIV networks

Overview of programs:

Establishing provincial PLHIV networks – Igat Hope helps to establish provincial PLHIV networks; supporting them to register with PNG IPA and gain access to NAC medium grants. There are 34 provincial-level networks established in 21 provinces.

PAC co-location – Igat Hope has been offered a desk at the NCD PAC and is piloting a desk in Enga, with the hope of having a PLHIV desk in every PAC office.

Advocacy – Igat Hope see a key function of provincial networks is to inform Igat Hope of drug shortages so that Igat Hope can advocate at the national level. To support this they have issued 30 mobile phone sim cards, which are pre-paid for 2 years, to increase communications with the provinces. Igat Hope describe another aspect of their role is to advocate on behalf of prevention service providers. We want to work together to address stigma so that prevention service providers can advocate for treatment.

Recommendation:

- Assist Igat Hope with national advocacy by bringing field-based issues to its attention
- Identify ways to work with Igat Hope to reach out to local networks

Catholic National HIV and AIDS Services

Running clinical services in provinces, standard setting

Overview of Programs:

VCT – There are 125 VCT services run by Catholic health around the country. Most centres are conducting syndromic management of STIs and most counsellors are trained to conduct HIV confirmatory testing (70 trained this year). There are 17 ART Prescribers in the Catholic health system.

Men’s Health – A program of Men’s Health Checks, which include STI and HIV screening, has been rolled out in Enga, Milne Bay, Mengendi, Vanimo, Mendi and is planned for all locations.

Outreach VCT – St Joseph’s VCT in Goroka are conducting Outreach VCT in July and August with AT Projects and expressed that they would be keen to work with TL on outreach VCT and are hoping a partnership with TL will increase their access to sex workers.

Bethany VCT in Madang have experience with outreach VCT with Save the Children’s Youth Outreach Project and are keen to support Tingim Laip outreach. Heart of St Mary VCT in Madang have outreach VCT experience with the RIPHA program and are very keen to work with TL, especially around Vidal communities as community leaders have repeatedly requested outreach VCT in the Vidal area.

Partnership with Tingim Laip:

The most effective role for TL in relations to Catholic Health Services is to assist KAPs to access and stay connected to these services. Access can be done through accompanied referral and by trialling TL volunteers as per supporters attached to clinics.

On the ground, Catholic health services have been very supportive of KAPs and stigma and discrimination has not been a major issue. Many of the populations that TL works with are mobile – it would be useful to work with this network of services to assist mobile people to access services wherever they are. This might involve collaboration over patient records to improve continuity of care.

Recommendations:

- Establish formal referral processes between TL and selected Catholic Health clinics as a trial then roll these out widely
- Establish a joint project with Catholic Health Services to trial strategies to better service mobile KAPs

Susu Mamas

Clinics, outreach

Overview of programs:

Susu Mamas is a National NGO offering friendly, quality clinic services that are available to male and female KAPs. They run well-attended clinics in Lae, Goroka and Port Moresby and Mount Hagen. Marie Stopes is currently negotiating with Madang Provincial Health to bring Marie Stopes into Modillon Hospital in partnership with Susu Mamas.

The stakeholder mapping report has recommended Susu Mamas as a priority partner for STI and HIV services in Lae, where they offer VCT, PITC, PPTCT, GBV and Couples Counselling, infant feeding and nutrition support for HIV+ mothers and have experience with outreach VCT. The Goroka branch is new and well-staffed, with 6 nurse counsellors (3 trained in VCT). Goroka is not yet offering VCT services, as they are in small and temporary facilities, but they are already receiving many settlement youth for STI treatment. There is a great opportunity for TL to support youth referrals to St Josephs VCT and build a partnership that can grow along with the Goroka branch. A quality, high capacity HIV service provider is important in Goroka as Lopi Clinic has reached its capacity with KAP referrals from Save the Children. Susu Mamas in Goroka and Port Moresby offer Women's Health Checks, which is a non-threatening opportunity to get female KAP in for STI and HIV screening. The Moresby branch also offer VCT, PITC, infant feeding and nutrition support for HIV+ mothers, have experience with outreach VCT and are keen to work in Central Province.

Partnership with Tingim Laip Recommendation:

There are major benefits to partnership with Susu Mamas in Lae, Goroka, Port Moresby and I would imagine the same would be true in Mount Hagen. And we may see Susu Mamas open a branch in Madang. This report recommends that senior management consider approaching the national office of Susu Mamas to discuss partnership arrangements as this may smooth the way for provincial offices to establish referrals and partnership agreements.

Marie Stopes

Overview of programs:

Marie Stopes have family planning clinics in Mount Hagen, Port Moresby, Lae and a new clinic in Goroka. They offer a range of family planning services including contraceptive implants, depo provera injections, tubal ligation surgery, non-scalpel vasectomy, IUD, contractive pills, emergency contraceptive pills and condoms. Clinics offer syndromic management of STIs and some clinics offer HIV rapid test and referrals for HIV confirmatory testing. The clinic in Goroka does not yet offer HIV testing. Marie Stopes also conduct outreach family planning services and are currently negotiating with Central Provincial Health Authority and the Catholic Archdiocese of Bereina to access government and church-run health facilities in Central.

Partnership with Tingim Laip: Marie Stopes is the leading agency for family planning service provision in PNG and as such, Tingim Laip should ensure site committees are aware of the services available. However, Marie Stopes response to HIV reactive clients is to refer them to other service providers, generally Anglicare, and not all branches offer VCT. For this reason Marie Stopes was not put forward as a preferred STI and HIV service provider in the locations mapped.

Recommendation: The Porebada report recommends that TL facilitate a communications strategy between the Porebada Church leaders and community and the many agencies seeking to work within Porebada. Marie Stopes should be included in the development of the strategy. Opportunities may arise to work with Marie Stopes outreach activities in Porebada.

Salvation Army

Overview of programs:

The Salvation Army are running HIV programs in Port Moresby, Lae, Kainantu and Goroka. The National Coordinator reports that Kainantu is their strongest program, offering VCT, HBC and urban and rural PLHIV day care centres. The Kainantu team conduct outreach VCT in Goroka. Salvation Army Goroka does not have a VCT. There is a House of Hope VCT at Ela Beach, offering HIV rapid testing but no STI treatment. The OIC has a range of TOT qualifications and offers couples counselling. The Lae program focuses on domestic violence and HIV prevention with sex workers.

Partnership with Tingim Laip Recommendations:

The House of Hope VCT in Ela Beach is recommended as a support for outreach VCT to Porebada and for the support they offer to PLHIV networks through the day care centre. Training opportunities should be explored through the OIC.

It is recommended that the TL program in Lae conduct KAP Collaboration meetings involving the Salvation Army and support referrals to the Meri Safe House in Lae.

There is no need for a national-level partnership agreement at this point in time.

National Department of Health

Men's Health:

In early 2012 NDOH established a Men's Health Unit under the Family Health Services Division. The PNG Sexual Health Society are committed to working with NDOH to set-up a model for Well Men's Clinics. The Society would like to pilot a clinic in Port Moresby, staffed with male health staff. This model was trialled one weekend in Lae in 2007 and 75 men came to the clinic over the 2 days. The Port Moresby pilot clinic would be called "Haus Man" and would provide "general health screening including such services as blood pressure estimation, blood sugar screening, and general medical check-up. It is intended that it provide full sexual health services for men including STI screening and treatment and that it also incorporate a VCT service. Staff would be formally trained to provide VCT counselling and HIV Rapid Test. Referral networks would be set in place to enable referral of reactive bloods for confirmation at the Central Public Health Laboratory (PMGH) when necessary and referral of clients as appropriate for services not available at the centre (eg antiretroviral treatment). When the "procedures room" is established, it is also anticipated that a 'non-scalpel vasectomy' service (and possibly voluntary circumcision) also be provided. It is intended that eventually the centre would also provide a range of counselling services for men to address such issues as anger management and substance abuse⁸".

The pilot clinic would want to link with Poro Sapot Project to access straight acting MSM who would feel more comfortable to visit the Haus Man rather than the PSP clinic. They would also want to link with CIS Bomana and City Mission. The current NDOH Advisor for Sexual Health, STI's and HIV would like to come back as a volunteer in early 2013 to establish the Haus Man.

Recommendation: Tingim Laip should approach Dr. William Lagani, the Program Manager for Family Health Services and Dr. Greg Law, Advisory for Sexual Health, to explore what role TL could play in supporting the development of the Haus Man.

ADVOCACY

There are a number of issues affecting the effectiveness of existing services as well as KAP access to services. There is an opportunity for Tingim Laip to use its considerable size and scope to influence the identification of priority issues within the church and government run health systems.

Drug stock-outs are major issue affecting service providers. We encountered providers in all locations who had run out, or were currently without HIV rapid test kits, Septrim, STI test strips and/or ART. Igat Hope are very concerned about this issue and are keen to receive reports from the provinces of identified drug shortages.

CD4 machines are no longer functioning in Madang and Goroka. This comes under the responsibility of Dr. Nick Dala, STI and HIV division of NDOH.

⁸ Law, G., 2009. *Concept Paper – Men's Health Initiative*, PNG Sexual Health Society, PNG

Provider initiated testing and counselling is not taking place in many locations, even though health workers are training in counselling and testing. Several health workers told the mapping team that they were waiting for specific PITC training and this was confirmed as a widely held perspective during our discussions with the Dept of Health.

Prevention of parent/mother to child transmission is not being carried out in Popondetta, where there are several reports of HIV+ children born at the provincial hospital because the antenatal clinic was not screening for HIV.

Sexual and Gender Based Violence services such as counselling, PEP, medical care and referrals to legal support and safe houses is lacking. The referral systems need strengthening and in locations such as Madang there is really no services available. Goroka provides an excellent model for a Human Rights/ GBV Networking Committee. There is an opportunity for Tingim Laip to replicate this model in other settings as first step towards building a sexual gender based violence service package for KAP.

Symptomatic management of STIs The provincial reports refer to the wide use of *syndromic management* of STIs. Dr. Greg Law pointed out that in many cases, where there is not a same-sex clinician, it is unlikely that an examination is performed and the service is really '**symptomatic management of STIs**'. There would seem to be a shortage of male nurses and CHWs and this is not encouraging for men's sexual health.

Men's Health is beginning to garner support. Some organisations recognise that men's health clinics are a non-threatening point of entry for men to take part in STI/HIV testing. There is an opportunity to bring like-minded organisations together to advocate for this service