



TINGIM LAIP

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# TALKING AND LISTENING PROGRAM

## SOCIAL MAPPING IMPLEMENTATION TOOLKIT

# 1. INTRODUCTION

Tingim Laip is Papua New Guinea’s largest community-based HIV prevention strategy operating in 75 sites and subsites across 12 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 was known or likely to be high. Tingim Laip first started as a result of the 2005 social mapping of 19 Provinces in Papua New Guinea under NHASP. A second social mapping exercise was undertaken in 2007, focussing on individual behaviour and knowledge in high risk settings.

Tingim Laip is now planning to a listening and talking exercise with local people to guide its work for the next 5 years. This will direct Tingim Laip in the strategic expansion that is called for in the AusAID/NACS Project Design Document. A common factor of Tingim Laip communities is that they are largely transient in nature and subject to change across all dimensions: social, cultural, economic and political. There have been significant changes in the patterns of enterprise development, mobility for work and HIV risk since 2007, so it is timely to update the Social Mapping. Further, the Independent Evaluation of Tingim Laip conducted in late 2007 proposed that the Social Mapping exercise was included in Tingim Laip’s second phase.

The primary purpose of this exercise is to ensure the Project maximises its effectiveness by selecting environments of particular HIV risk and impact and that the project develops interventions that are tailored closely to a clear understanding of what puts people in these environments at particular risk and impact. The proposed listening and talking exercise is to identify drivers of HIV acquisition and transmission in PNG, key barriers to knowledge of HIV status and access to HIV treatment, care and support. This will help Tingim Laip guide the development of its community-based interventions over the next 5 years. It will also assist Tingim Laip in its strategic scale up of activities at sites and geographical spread of sites and partners. Four action steps have been identified:

1. Preparation, recruitment, method development and training of field workers.
2. Implementation of Phase One in the Highlands and along the LNG pipeline.
3. Implementation of Phase Two in military, palm oil and logging sites.
4. A national meeting to synthesize results and inform guidance and planning.

Step One	Step Three	Step Four	Step Five
Method development and training of field workers	<b>Phase One</b> field visits to the Highland and LNG Pipeline	<b>Phase Two</b> field visits to military, palm oil sites	National Meeting to synthesize results

## AIMS, OBJECTIVES AND EXPECTED RESULTS

The question that this listening and talking exercise is attempting to answer is “What changes have occurred in the nature and distribution of people in settings of particular HIV risk and impact across PNG and in the key drivers of HIV acquisition and transmission in these settings?”

[Yes, you are right – in a sense we have selected the corridors already, so we are saying – here are some places where we think risk and impact are high and we want to get detailed information about the exact nature of risk and impact for the people in that place – which populations are most at risk or affected? How? What would reduce their risk and impact? So the main question we are attempting to answer....maybe “Where are the settings of heightened HIV risk and impact in PNG in 2011 and what is it that puts key populations within these settings at particular risk and impact?”

### Aim

To ground the next phase of Tingim Laip’s HIV prevention and care work in a clear and detailed understanding of the context of HIV risk and impact in key selected environments.

### Objectives

1. To learn about issues across geographic areas related to particular industries and activities (for example, pipelines, Highlands highway corridor, seasonal movements of people etc).
2. To learn more about what gender issues are affecting HIV acquisition and transmission in key higher risk settings.
3. To learn about key issues related to domestic violence related to HIV acquisition and transmission in key higher risk settings.
4. To learn how alcohol and gambling can increase the chances of HIV acquisition and transmission in key higher risk settings.
5. To learn how mobility affects HIV acquisition and transmission in these settings.
6. To learn more about the affects of poverty on HIV acquisition and transmission in these settings.
7. To learn about other unknown factors contributing to HIV acquisition and transmission in these settings.

### Corridors and sites of increased HIV risk and impact for Tingim Laip social mapping

Tingim Laip is interested in patterns of increased HIV risk and impact that exist along particular corridors and in particular sites in Papua New Guinea.

### *Corridors of increased HIV risk and impact – a definition*

A *corridor* of increased HIV risk and impact is an area in which people move ‘in’ and ‘out’, ‘up’ and ‘down’ in a way that defines the region as a passageway of human mobility. In most cases, such corridors are established because of the work opportunities they provide to the

populations attracted to them. The **Highlands Highway** and the **LNG Pipeline route** represent two corridors of risk and impact that are a priority for investigation because of the large numbers of people moving along them and because of the high levels of sex, alcohol and possible drug use believed to be occurring along them.

Settings, sites – we have to arrive at some consistent language – we have site committees, but I think they work in ‘settings’ – hard to decide – are settings different to corridors? I think corridors are a string of connected settings...*Sites of increased HIV risk and impact – a definition*

A *site* of increased HIV risk and impact is a place that attracts large numbers of people who move ‘in’ and ‘out’ of the site. Like corridors, these sites are usually established because of the work opportunities they provide to these populations. **Palm oil plantations, other seasonal work sites** and **military centres** represent other sites of HIV risk and impact that are a priority for further investigation because of the large numbers of people attracted to them and the high levels of sex, alcohol and possible drug use believed to be occurring around them.

### Expected Results

1. Guidance for Tingim Laip’s decisions about where and how to work.
2. Improve current Tingim Laip management and team members’ knowledge and understanding of the particular context and driving forces of HIV risk and impact (individual, community, social, cultural, economic and political) in TL communities.
3. Contribute to a qualitative baseline for Tingim Laip M&E systems.
4. Inform the review of Tingim Laip prevention and gender strategies.
5. Inform development of Tingim Laip site-specific long term prevention strategies.
6. Inform development of Tingim Laip expansion strategy, including criteria for identification of Tingim Laip sites.

### A Practical Explanation and Example

The HIV epidemic has not followed the same pattern in all four regions of Papua New Guinea. Each of the targeted intervention sites for Tingim Laip varies considerably and catalysts that drive social change, HIV risk and impact are different site-by-site. A goal for Tingim Laip is to better understand these variations in order to plan for and anticipate fluctuations site-by-site and deploy our human resources to meet the challenges and divergent needs at each site. The example below is a simple description of the sorts of things we might find and how that information can be used in Tingim Laip planning.

#### **EXAMPLE: Site X**

A mapping exercise at Site X reveals that a large number of men attend one particular area or town for three months of the year for work, around 5,000 men converge on the town and the majority of them come from 4 towns within a 100 kilometre radius. They reside in the town for the entire three months and then return home at the end of the season. The men

are paid in the fourth week of each month and many of them spend their wages within a few days at gambling houses, with sex workers and on alcohol. A bus stop outside the town is active at night as a place that men meet each other for sex and some male sex workers are reported operating from this place but it was not clear from the scan whether the male sex workers migrate to the town or live there permanently. The scan also reveals that large numbers of women migrate to this site in the fourth week of each month, to coincide with pay week – around 600 women is the estimated number. They tend to travel from their homes farther afield – but the places they come from are unknown and described as very diverse. The women engage in entertainment work that can include sex work and then return to their homes with the money they make. Unlike the men, the women don't live in the town for the entire three months but return home every two weeks so move between home and the town in a cycle that follows the pay cycle of the men. When in town, the women tend to live together in small guest houses with several to a room. Reports of violence and sexual violence increase during the same period each month.

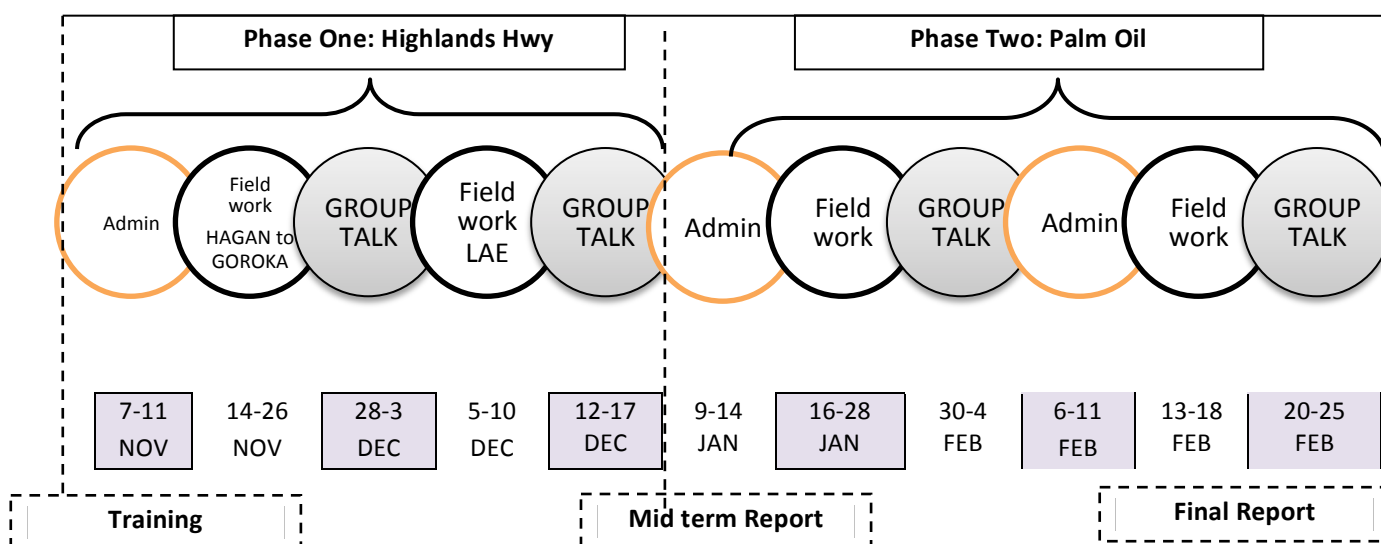
With this information, our Tingim Laip teams can now anticipate and prepare for the intensity of activity that occurs in the fourth week of each month during that three month period each year. Activities might include providing condoms and information about sexual health at the places that men gather or meet women and/or other men for sex. The teams can work in the subsequent three weeks of the month to build community awareness and education activities aimed to prevent violence, reduce drug and alcohol abuse, prevent and provide care for victims of sexual violence. They can work with women at the site to increase their knowledge and skills to maintain sexual health and with men about peer-driven behaviours such as groups of men drinking and then purchasing sex. They can also work with the company to look at issues of family accommodation on site, changes in pay arrangements and patterns, employee health services and so on. The team can determine where the men and women are coming from and work with providers and leaders in those towns to strengthen health and support services.

## 2. THE WORK PLAN FOR SOCIAL MAPPING

The listening and talking exercise will commence in November 2011 and conclude in March 2012. The field work will involve two teams undertaking field work at targeted sites across Papua New Guinea and meeting together to talk through their findings in a continuous process of information collection in the field and shared discussion and analysis. Team One will be made up of a coordinator and three field workers who will undertake field work along the Highlands Highway (pilot phase), and in targeted palm oil sites (phase two). Team Two will also be made up of a coordinator and three field workers who will undertake field work at sites along the LNG pipeline (phase one), and in military sites (phase two). Training of field workers will occur from 1-6 November 2011.

### TEAM ONE

Team: Coordinator, three field workers



### TEAM TWO

Team: Coordinator, three field workers

