

## Papua New Guinea - 2015 Annual Newsletter

### HIV project providing essential training to healthcare workers to improve services for most at risk populations

HIV/AIDS



**The Provider Initiated Counselling and Testing (PICT) training is a National HIV testing initiative in Papua New Guinea (PNG). The aim of introducing PICT is to ensure that more people are offered testing by integrating testing into any clinic visit. PICT trains clinicians to know how and when to offer testing and counseling in a sensitive way for patients. FHI 360 provides technical support to the implementing partner organisations and National Department of Health (NDoH) to deliver training on National HIV counselling for clinicians.**

The nine days of training were completed on 10-20 August 2015 and were facilitated by a qualified trainer from NDoH. Twenty-three participants attended the training; all were health care providers working at health facilities that are either government funded, church funded, or in partnership with

stakeholders. Among the participants were several clinicians from TB clinics to improve TB/HIV case finding and support.

The first six days of training involved theoretical presentations, small group and paired activities, role-play and panel discussions. The laboratory aspect of the training involved theoretical learning about doing HIV testing and continued with individual practical sessions in the afternoon. Each participant was given a blood specimen, safety gown and gloves and HIV test strips to do testing. Facilitators then assessed the participants competency in the handling of blood products, how to analyse the test results and the safe disposal of sharps. Pre-tests and post-tests were given to evaluate and assess the participant's knowledge and understanding of the training.

As a result of the PICT training, 23 clinicians

are now certified to offer HIV counselling and testing at their respective clinics in all entrypoints, TB, STI, antenatal and well baby clinics. Trained clinicians are at many sites across NCD, including:

- Koki clinic, supported by the USAID/FHI 360 key populations project
- 9 mile clinic, supported by DFAT/FHI 360 project
- Institute of Business Studies, an educational institution
- Several other NCD Health sites, including in the TB clinics

In addition, trained participants will go back to their sites in:

- Mt. Hagen (a clinic supported by BUPNG and DFAT/FHI 360), and;
- Enga Province - a clinic supported by Anglicare and DFAT/FHI 360 ●

## FHI 360 helps shape guidelines for HIV and GBV

**FHI 360 has been instrumental in informing two sets of guidelines: one for HIV care and treatment and one for management of gender based violence. FHI 360 has been called upon to use their experience on the ground in PNG and technical expertise in our team to inform National Department of Health (NDoH) guidelines for care in these two critical areas.**

For the new guidelines for HIV care and treatment, the FHI 360 team saw an opportunity to optimise care in the country by creating more inclusive guidelines that recognise the vast diversity throughout PNG, both in terms of the qualifications of health care providers, as well as the health risks throughout the country. They made the case for simple recommendations like using Cotrimoxazole Preventive Therapy for all HIV positive patients due to the endemic nature of malaria and bacterial infections in the country, as well as recommending changes in the management of treatment failure.

FHI 360, in collaboration with Medecins sans Frontieres, UNICEF, NDoH and WHO, also helped lead discussions that optimised the first sexual and gender based violence (SGBV) guidelines for the country. FHI 360 experts gave advice on emergency contraception, post exposure prophylaxis, post-rape vaccination and management of sexually transmitted infections; ensuring survivors in PNG receive care informed by not only the best science but also compassion.

By helping to put best practices into the guidelines, FHI 360 has opened the doors for hundreds of thousands of Papua New Guineans to receive much better care for HIV and SGBV in the coming years ●

## Updates to the HIV clinical guidelines

**Global knowledge in HIV medicine evolves as the world works towards eliminating HIV. Antiretroviral drugs have given hope to the HIV infected population who are now living longer. Providing quality of life and long lasting care and treatment for people living with HIV is the aim of PNG.**

PNG now has many more HIV clients taking lifelong antiretroviral drugs than in past years. Regular reviews of the nation's HIV care and treatment guidelines is essential, keeping PNG up to the highest and most recent international standard. The STI/HIV program of the National Department of Health reviewed the National HIV guidelines in 2014, incorporating updates from the 2013 Consolidated World Health Organisation HIV Guidelines and subsequent addendums. The following areas have been updated:

New guidelines include:

- At the time of this printing, WHO has recommended immediately starting treatment for all those who test positive and have been assessed for medication adherence. Given the above guidelines for starting treatment, PNG is already almost implementing the new WHO guidance, but it will take time for the government to decide whether or not to officially change their guidelines
- The preferred ARV regimens for adults and children have been standardized. The adult regimen is much easier to tolerate and easier to take as it comes in a single combined tablet taken once a day. A previously used drug, d4T or stavudine, has been removed from the PNG recommendations for adults and children because of issues with adverse effects.
- Clarification for use of TB prevention

therapy (IPT) in all eligible patients for 6months. WHO guidance suggests a large decrease in deaths when patients take IPT.

- Increase in the use of Cotrimoxazole Preventive Therapy to decrease illness and death related to other preventable diseases and to keep HIV patients living longer, healthier lives.
- Introduction of algorithms for viral load that recommends ensuring patients' viral loads are below 1000 copies to keep health high and transmission low.
- Longer breastfeeding by HIV+ mothers since we now know that we can prevent HIV transmission from mother to child in breastfeeding by proper ARV use, babies will have higher survival rates with longer duration of breastfeeding that matches other mothers.
- PEP guidance to include a stronger (triple therapy) and more tolerable (TDF/3TC/EFV) regimen. PEP guidance was also changed to reflect the need of survivors of rape to have the right to decline HIV testing and still receive PEP ●



## Strongim Hauslain (Strengthening Community Structures)

Australian AID - DFAT Australia funding has been providing financial and technical support to implement HIV response focusing on the key affected populations. The intervention has been implemented for the last four years (2011 – 2014). The HIV response was implemented with productive collaboration among key stakeholders such as the National AIDS Committee Secretariat, Provincial AIDS Council Secretariats, Provincial Health Offices, Community and Faith Based Organisations.

Since 2008, FHI 360 has been contributing to the national HIV response through partnerships with community and faith-based organisations in Madang, National Capital District (NCD) and the Eastern Highlands Provinces to organise community and home based care interventions. In FY 14, FHI 360 built on the Continuum of Prevention to Care and Treatment model in the program design to provide technical assistance to Anglicare Inc, Baptist Union PNG and Sirus Naraq Foundation.

FHI 360 now proposes to work with implementing partners to provide technical assistance to partner organisations to takeover HIV prevention interventions, care and treatment. In year three of the project FHI 360 will provide technical assistance on strengthening HIV prevention intervention and health facility capacity in containing TB/HIV co-infection, reinforce the link between STI and VCT services and fortify strategies to reduce loss to follow up for clients on ART in three provinces: Enga, Western Highlands and NCD ●



## FHI 360 regional director visits PNG and witnesses communities standing against violence

**FHI 360 regional director, Dr Jackie MacPherson and senior program officer, Ms Dalina Prasertsri, visited the FHI 360 PNG office from 21-25 September 2015. During a jam-packed visit, Dr MacPherson and Ms Prasertsri visited the National Capital District and spent one day in Western Highlands Province (WHP) visiting FHI 360 projects. The pair met with donors from both Department of Foreign Affairs Australian Government for the HIV and gender projects and USAID for the HIV most at risk populations projects.**

On 23 September, they travelled to WHP to visit the projects implemented by the Strongim Hausline and Komuniti Lukautim OI Meri project. The pair had the opportunity to witness an important sub-agreement being signed between K1 association and FHI 360 to implement outreach activities

on gender based violence. This agreement will encompass seven communities covering three districts and five local level governments. Afterwards they visited the Western Highlands Provincial Health Authority's Well Women Clinic and observed a hotspot mapping exercise conducted by Strongim Hausline project. At the hotspot location they met with peer educators and a program officer for Baptist Union PNG. The final visit of their busy schedule was made to Pultimb village where they met with community mobilisers and action group members to hear about their perspective of FHI 360 and the work that they are supporting: "The community are appreciative of the work being done to help end violence against women and girls as it has made the community safer from violence. However, we still continue to face one big challenge that impacts on women's safety which is access to clean water", expressed the village leader ●



## Frontline helpers ending violence against women and girls

**FHI 360 empowers men and women to find their voices and supports them to become community mobilisers, helping to combat gender based violence. This powerful story from one of the courageous community woman shows the imperative need for these respected frontline helpers.**

I consider myself to be a typical woman from the village in the highlands of Papua New Guinea. I have not gone to school so I don't know how to read and write. I am the first wife to my husband who is in a polygamous marriage with three other women including me. I am also a mother of three children. I love my husband and the family we have created together with our marriage. Our custom dictates that I belong to my husband, he decides what happens in our home and also with me and for the most part of my life I have been scared. Scared of my own voice because I know that our custom does not have ears for the voices of women.

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But in 2012, I attended a community meeting at the school grounds run by FHI 360. I sat at the back of the crowd with other women listening while the leaders spoke to us. I heard them talking about our concerns – women things that we experience in silence in our bedrooms. They were talking about husbands hitting their wives. I felt this fire inside of me burn as my ears became excited to hear. They wanted a woman in our village to become a volunteer to do this work so I put my hands up nominating



myself to be that woman volunteer. All the village members and leaders agreed so they gave my name to our visitors. I walked home feeling like I was waking up. I don't know what happened in the meeting, I don't know where my shyness and fear went but it was gone. The leaders and other community members believed that I could do the work and this excited me.

We heard news that a male volunteer and I needed to travel to Mount Hagen for some training. I walked into the room and I saw chairs and tables, I felt so nervous but I was excited at the same time. I have never been to school and today I was going to learn. The teacher was so understanding when she realised that I could not read and write and asked the male volunteer from my village to sit with me and speak in our language when

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### PNG women taking centre stage

The 2015 Papua New Guinea Women's Forum was held between 9-11 March 2015 and co-hosted by the Ministry of Community Development and the U.S Embassy. In this year's forum FHI 360 participated by hosting the panel 'combating sexual violence against children', had a panellist on the 'innovative projects to combat gender based violence' session and ran a booth at the event. The women's forum attracted women from across the country and focused on advancing gender justice and economic opportunities.

Maryce Ramsey, senior gender advisor for FHI 360 moderated the panel on the opening day, defining the problem, its magnitude, the health and legal sector response, advocacy and global best practice ●



## The powerful voice of a highlands woman brings a bridge to her remote community

"When I was selected to be one of the women in the village to participate in the photography project I was so shy and nervous. I had never held a camera before but with some practice I became confident in taking pictures. My photograph was about the river that divides my village from basic government services such as the health clinic, schools, markets and Mount Hagen. There are 5000 people living on the other side of the river and we have major difficulty accessing services when the river floods as it becomes too dangerous to cross. During the flooding season we get stranded and for us women during that time if we are on the wrong side we are worried about getting to the hospital or of being attacked and raped by young men involved in drinking home brew and smoking marijuana.

During the flooding seasons we always feel vulnerable for our safety. FHI 360 organised a photo exhibition in Mount Hagen and I told my story about the river and this caught the attention of the Department of Works. Through government support I am proud that my village will now be connected to Mount Hagen by a bridge. I am personally proud that my photograph has resulted in the development of my community. Being from the highlands, development is seen as something only done by men but through my photograph and storytelling, I, a woman, have been able to bring development into our community. Also through this project I have developed my own self confidence and I am not shy or scared of standing in front of people and talking. I am a single mother and I wanted to be involved so that I can be an example to my children and show them that a mother can also participate in the development of our community." shared Nancy Kons, powerful voices photographer.

**The powerful voices photo book and Harim Mi film were communication tools developed by FHI 360 under the Komuniti Lukautim Oi Meri project (KLOM). On 18 February 2015, the Prime Minister of Papua New Guinea's wife, Ms Lynda Babao-O'Neill and the Australian High Commissioner Her Excellency Ms Deborah Stokes launched these tools. Sixty individuals attended the launch at the Paradise cinema to hear the experiences of two of the 49 women photographers and watch the film.**

The vision behind the powerful voices photo book was to extend the voices of community women to raise their concerns with their own voices through the use of photography. The project was aimed at giving women an opportunity to document their lives using digital photography and speak out on issues that directly effect women in their communities. The photo book is a compilation of all these voices on issues that are not individual womens issues in Western

Highlands and Sandaun but also for the whole of PNG.

The Harim Mi: Stori blo bagarap, stori blo kamapim gutpla film is about women and men sharing their opinions about violence against women and girls. The film was put together to inspire hope for change. An important focus is that it does not only highlight the problem but also shares the changes that are taking place.

The Prime Minister's wife said that she was delighted to see the courageous steps these women have taken to share their stories and of the communities that are supporting and embracing this change. "They show how community action to end violence against women and girls is possible when men and women stand together to put an end to violence. They also illustrate the need for community actions to be connected and supported by service delivery, such as health, police and courts," her excellency Ms Deborah Stokes said ●



## Friendliness assessment helps to provide better care for most at risk populations



**The USAID MARPS programme focuses on improving service delivery to key populations (KPs). One of the most important aspects is providing sensitive, 'friendly' care for the target population. This has to be evaluated over time, as things can change, staff may turnover, workload may increase which changes time and patience levels, people may develop good or bad habits, and other changes in protocol or clinic function can effect the way that the service is provided for KPs. The MARPS team has devised a protocol for clinical assessments to help monitor the quality of the services and identify areas that have deficiencies in order to guide planning for improving accessibility of the clinics to KPs.**

Friendliness refers to not only the staff attitude and treatment of KPs, but includes the environment of the clinic, sense of privacy and confidentiality, the flow in which the service is conducted in a way that avoids creating coercion or the feeling

of being 'herded' and that Individuals time is respected (clients are not being asked to wait unreasonably long amounts of time or to come back an unreasonable numbers of times).

FHI 360 is the first in NCD and maybe PNG to do a structured assessment in collaboration with external partners for the specific goal of assessing friendliness of the clinics for KPs. Three complementary strategies were used: mystery patient visits, walk throughs, and interviews with our peer educators. Mystery patients, like secret shoppers, were nominated by the community and were asked to attend the clinic. They were able to provide feedback about which ways clinics are acceptable for their peers as well as recommendations for improvement. The Community Service Organisation (CSO) leaders participated in the second part of the assessment. This exercise allowed for a close examination of the clinic set up, location, and environment; many rich recommendations came out of the exercise. And finally, gathering opinions

from peer educators (PEs). PEs are closest to the target population and are more likely to hear honest, open feedback which provides a superb insight into the quality of the service.

All four strategies were completed in three weeks. Following on from the activity, reports were compiled and disseminated and a feedback plan was developed to feed the information back to the clinics. Recommendations have been included as well as plans to address gaps and issues.

Common themes that have been identified during the July assessment is that lighting should be as natural as possible, clinic rooms should be numbered to provide confidentiality, clients should be warmly welcomed, a peer should be on site to help navigate them through the service, the clinic should be clean, brightly painted, with a functioning toilet, somewhere to sit and privacy, they should be located close to a bus stop, have appropriate reading material and the staff should be friendly, well trained and able to offer all testing required ●



## Essential drought, frost, food and water shortage information for health care workers

**With the El Niño effects continuing to have a devastating impact in many parts of PNG there are some key indicators that health care workers should look for when dealing with patients.**

During a food or water shortage some of the health effects that may be expected include:

- **Malaria and other diseases caused by mosquitoes** (such as dengue and chikungunya) may increase, particularly in areas that are currently on the edge of malaria zones (such as low areas of the highlands). It is essential that attention is paid to patients who have a fever.

- **Increase in diarrhoeal diseases**, including possible cholera and dehydration. This can come from reduced amounts of water available for washing in some drought-affected areas, or flooding and contamination of water supplies with sewage in other areas. Note patients with diarrhoea and make sure it's not cholera.

- **Increase in respiratory and skin diseases**, due to worse hygiene because of reduced amounts of water. Remind patients to practice good hygiene.

- **Malnutrition**, drought may lead to lack of food, which can lead to both general malnutrition and to lack of specific nutrients such as vitamin A. This malnutrition can worsen other diseases like diarrhoea and measles. Assess nutrition status of patients who appear malnourished or wasting.

- **Increased fish poisoning** (such as ciguatera), due to warm seawater temperatures leading to increases in poisonous algae (seaweeds) eaten by fish,

which are then eaten by people. Note patients with allergic reactions or neurological symptoms.

- **Occurrence of other disasters**, such as forest fires due to drought or landslides due to drought or flooding. This can lead to other health effects (for example, in the case of fires, burns and respiratory disease caused by smoke). There may be more burns and smoke inhalation during this time.

### Key messages during drought, food and water shortages

1. Mosquito nets prevent malaria and other mosquito diseases. Use mosquito nets every night for everyone in the family, especially for pregnant women and young children.

2. Don't make baby mosquitos - Cover water reservoirs and remove open containers that can hold rainwater.

3. Educate about clean drinking water and hygiene practices:

- Drink safe water – use chlorine or boil water before drinking

- Cover all drinking water and do not use water that is used by animals

- Wash hands with soap after you use the toilet, after you clean a baby, before you eat and whenever they get dirty

- Keep children's hands clean

- Wash fruits and vegetables with clean water before eating

4. Store water now! There may be a water shortage.

5. If you or your child has severe diarrhoea, come to the clinic! Do not delay. Children can die quickly from diarrhoea.

6. Do not dispose of human waste in places where you collect drinking water and food.

7. Avoid eating dead fish and predator fish because these fish may be eating poisonous algae in the water. Always eat fresh fish. If you or your child has signs of confusion or other mental changes, hives, or flushing after eating fish, come to the clinic immediately.

8. Avoid bush fires because they can get out of control. If you or your child is burned, it is important to come to the clinic immediately for care. Even small burns can be very dangerous.

Clinics should have the following supplies on hand:

- PNG paediatric and adult standard treatment guidelines

- Chlorine treatment for water and safe water storage containers

- Oral rehydration salts

- Prepared food product for malnutrition

- MUAC for assessing nutrition status

- Rapid test for malaria (e.g. Paracheck)

- Medication for malaria

- IV fluids and IV sets

**Health care workers should report changes and reportable diseases to your Provincial Health Office ●**



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