



National HIV/AIDS Support Project (NHASP)



Strategies and Framework for Targeting Youth

Advising with PNG Youth on HIV/AIDS

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"The future of the HIV epidemic lies in the hands of young people. The behaviours they adopt now and those they maintain...will determine the course of the epidemic to come. Young people will continue to learn from one another, but their behaviour will depend largely on the information, skills and services that the current generation of adults choose to equip their children with" (*UNAIDS 1999b: 13*).

Young people are also "constrained in their behaviours by social, economic, legislative and other factors that are beyond their control" and programs must take into consideration the contextual and structural factors influencing young peoples' choices, actions and behaviours (*Rivers & Aggleton 1999*).

"Where they have been able to access appropriate knowledge, skills and means, young people have shown a remarkable propensity to adopt safer behaviour - even more so than their elders. Countries that have worked with young people to reduce risk in sexual and drug taking behaviours have often been rewarded by dramatically lowered levels of HIV infection" (*UNAIDS 1999b: 13*).

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ATL	Australian Team Leader
AusAID	Australian Agency for International Development
BSS	Behaviour Surveillance Survey or Behaviour Sentinel Surveillance
CBO	Community Based Organisation
DoE	Department of Education
DWSD	Department of Welfare and Social Development
EU	European Union
GPA	Global Programme on AIDS, WHO
GoPNG	Government of Papua New Guinea
HDN	Health and Development Networks
HIV	Human Immunodeficiency Virus
HRC	HIV Response Coordinator
IEC	Information, Education and Communication
IMR	Institute of Medical Research
K	Kina
MSM	Men who have sex with men
MTCT	Mother to child transmission
MTP	Medium Term Plan
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NCW	National Council of Women
NDOH	National Department of Health
NGO	Non Government Organisation
NHASP	National HIV/AIDS Support Project
NHP	National Health Plan
NRI	National Research Institute
NSC	National Sports Commission
NSI	National Sports Institute
NYC	National Youth Commission
NYF	National Youth Federation
PAC	Provincial AIDS Committees
PCC	Provincial Counselling Coordinator
PDD	Project Design Document
PE	Peer Education
PGS	Pacific Gold Studios
PNG	Papua New Guinea
PMGIMR	Papua New Guinea Institute of Medical Research
PNGNCW	Papua New Guinea National Council of Women
PNGNYC	Papua New Guinea National Youth Congress
PID	Pelvic Inflammatory Disease
PLC	Provincial Liaison Coordinator
PLWHA	People Living With HIV/AIDS

PMGH	Port Moresby General Hospital
PRYC	Pacific Regional Youth Congress
PYC	Pacific Youth Council
SP	Strategic Planning
STI	Sexually Transmitted Infection
SW	Sex Worker
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPNG	University of Papua New Guinea
WHO	World Health Organisation
YP	Young People
YWCA	Young Women's Christian Association

1. Introduction

This milestone report –**Strategies and Framework for Targeting Youth** - provides a framework and identifies strategies to address the needs of young people in the prevention and care of HIV/AIDS and STIs in Papua New Guinea (PNG). It provides technical advice towards creating a strategic plan for young people, and suggests pilot strategies based on best practice in youth sexual health programs in resource-poor settings (*See Appendix 1 – Terms of Reference for Youth Adviser input*).

These strategies support objectives and strategies established by PNG's National HIV/AIDS Medium Term Plan 1998-2002 (MTP) and the objectives of the PNG National HIV/AIDS Support Project components (*GoPNG 1998, AusAID 1999*). Best practice strategies are based on a review of literature, deliberations from the recent Pacific Regional Youth Congress (*See Appendix 2 – Pacific Regional Youth Conference, Sept. 02*), and consultation with young people and individuals from government and community-based organisations (CBO) in Port Moresby, Goroka and surrounding areas (*See Appendix 3 – List of people and organizations consulted*).

Conceptually, this report provides a foundation in the development of a strategic plan for young people. It looks at the needs of young people, their vulnerability to HIV infection and the requirement for their active participation in multi-sectoral prevention and care responses. Many of the strategies identified in the report have already been initiated in at least limited scale by program partners, or are scheduled for implementation as part of existing workplans. Issues and options for programs development have been identified, however it is recognised that implementation of all proposed strategies, especially on a national scale, could not occur with the currently available resources and capacity. As such, the report provides a resource to support program development, not a blueprint for program implementation.

**For this, as any MS report, there should be a description of the process of collection and involvement of partner agencies, including presentation of information at end of input.

2. Overview of a Complex Context

Papua New Guinea is a country with a population of 5.3 million. Its population has a youthful structure, with 40 per cent aged between 0-14, 20 per cent aged between 15-24, and 16 per cent aged between 25 and 34. While approximately 36 per cent of the total population are young people between the ages of 15 and 34, 76 per cent of the population are 34 years or younger (*NSO, 2002*).¹ Between 1990 and 2000, the population grew at a rate of 3.1% per year.

¹ In the 1996 and 2002 Youth Policies, 'young people' or 'youth' has been defined as between the ages of 12-25 GoPNG. 1996. *National Youth Policy of Papua New Guinea (First Revised 1996)*, National Youth Service, Port Moresby GoPNG. 2002. *The National Youth Policy of Papua New Guinea (Revised 2002)*, National Youth Commission, Port Moresby. The recently revised policy also recognizes that there are YP who are over 25 but still identify as YP and they maintain active involvement in community youth activities. It must be recognized that the needs and issues of youth can vary considerably between the ages of 12-25 and between different life circumstances; these need to be considered in prevention and awareness campaigns.

PNG has over 800 different languages and dialects. There is geographic and socio-cultural complexity within the country and the 20 provinces each have great linguistic, socio-economic and cultural diversity. The geographic diversity – from rugged mountain terrain to remote islands - creates communication and transport challenges (*Jenkins 2002*). While the majority of the population lives in rural areas, there has been an increase in urbanisation over the past 35 years and, by the time of PNG's independence; large numbers of rural men were seeking opportunities in Port Moresby. Increases in urban growth have continued since 1975, with more recent increases in urban migration in the early 1990s (*NSO 1994, O'Collins 1986*).

2.1 Migration, Economics and Education

Young people are mobile. Youth migrate to urban centres for many reasons including: education and employment opportunities, an attraction to a different way of life, to remove themselves from the restrictions of their villages and from familial abuse and violence, to access services, and for pleasure. There are also young people who have been born in urban areas and raised in the city. They do not necessarily go to their family's home villages or speak their parent's village languages but speak PNG Tok Pisin (*Ryan 1993*). Youth also migrate from urban and rural areas to places where economic development is occurring, around logging camps, mines, oil fields, plantations and other major economic activities. Migration to different villages, towns and cities offers more 'sans ia' or opportunities for sex. These increased opportunities for sex can impact on the spread of STIs, including HIV.

Urban settlements have increased, and overcrowding and lack of services create vulnerability to communicable diseases (*GoPNG 1998*). In settlement areas, large numbers of unemployed youth, without land or jobs, are part of gangs that can contribute to law and order problems through "break and entering, hold ups, shoplifting or anything to get money". Vandalism and theft caused the closing of a health clinic in Morata settlement, but young people in Morata are trying to have it reopened. They have raised some money through fundraising and are willing to provide the security to maintain it (*Focus Group with Morata Youth, 2002*).

In Port Moresby, some young people, who refer to themselves as reformed youth use entrepreneurial skills to try to eke out an income but find barriers to finding grants or micro-finance schemes to kickstart their businesses and sustain their incomes. Some 'reformed' youth have initiated their own NGOs or set up shelters to start addressing the issues for out-of-school youth and provide some alternatives. Some young people in Port Moresby, unable to find alternative forms of income generation have growing frustrations about the government system that does not meet their needs. They have been calling for a separate Ministry of Youth that could be more focused on young people's problems. Other youth groups have joined them. Youth leaders feel YP have been neglected and that there has been a lack of political will to constructively address youth issues (*Kapi 2002, Wakus 2002*). Lady Carol Kidu, Minister for Social Welfare and Development, responding to their requests said that there were no funds to create a separate Ministry and called on youth leaders to meet with her (*Daure 2002*).

Poverty and unemployment are critical and stressful issues for YP in PNG, and there is a lack of educational and employment opportunities and government funds to meet young people's overall needs. Young people find that there is a lack of accessible micro-finance schemes or small grants for sustainable income generation. While many young people

sell marijuana, *buai* – betel nut, cigarettes, market food and sex to survive, they can also turn to other “crime” because of the economic situation, creating increased law and order problems (*Focus Groups and Interviews with Youth, POM Settlements 2002; Decock et al 1997*). In rural and urban areas, a garden is seen as a source of income for both male and female youth. YP sometimes describe money as ‘life’ as it allows one access to clothes, food, travel, school fees, medicines, soap, cargo, smokes, beers, paying for sex and meeting social obligations (*Decock et al 1997*).

Rural and urban youth live in the context of poverty, crime and sexual violence (*UNICEF & GoPNG 1996*). These are not new issues for youth (*O'Collins 1984, O'Collins 1986*) but they have become increasingly exacerbated. The Bougainville Crisis, the Asian economic crisis, the closing of the Panguna mine, which was an important foreign exchange earner, low export commodity prices and financial mismanagement have contributed to the country’s economic recession and lack of employment (*Jenkins 2002*).

At a primary school level, there has been an increase in access to education, and attendance levels have increased. However, high drop out rates at primary school level steadily increase the number of out-of-school and unemployed youth, and it is estimated that less than 15 per cent of all school-age youth are enrolled by the secondary level (*Jenkins 2002*). There are still wide gender differences in access and participation in secondary school. Young women recognize that there is gender inequity occurring in relation to educational opportunities and they also pinpoint the costs of school fees and school closures as reasons why they lack access. Education is perceived by young people as leading to a job and access to money (*Decock et al 1997*).

2.2 Drugs, Alcohol, Violence and Sexual Behaviours

Without education and employment, many young people are involved in the use of betel nut ‘*buai*’, tobacco, marijuana ‘*spak brus*’ and alcohol. Young people at school and on university campuses also use drugs and alcohol (*Johnson 1998*). PNG marijuana is potent, highly used, illegal, easily accessible and cheap to buy. It is grown as a cash crop, sold by the joint and is also linked to organised crime for external export or traded for guns (*Jenkins 2002, Marshall 1993*).

While commercial alcohol is consumed, fermented home brews referred to as Pine, Steam, JJ (Jungle Juice), Gold Spot, or *Wai* are potent, cheap and easily accessible. It was indicated in focus groups that young people also consume methylated spirits (*Focus Groups, POM Settlements, 2002*). Alcohol use leads to social problems such as domestic and sexual violence, fighting and disruption in the community, crime and alcohol related accidents (*Marshall 1993*). YP use alcohol and drugs for pleasure and also to escape and forget about their problems such as poverty, domestic violence, sexual abuse, lack of money, and lack of communication with parents and other adults (*Decock et al 1997*).

While it was discussed in some interviews that cocaine, crack, ecstasy, and heroin are available for the small portion of the population that can afford these (expatriate and nationals), the majority of YP said that the cost of such drugs was beyond their reach (*Focus Groups, POM Settlements, 2002*). It will be important to watch closely for other drugs, particularly amphetamines and opiates, coming across the border because of the lack of youth employment and the prospect of a new drug trade (*Jenkins 2002*). Drug use among youth is an area that requires more research and education to ensure that they the health risks are clearly understood.

In POM, family conflict and violence lead to growing numbers of youth leaving their homes or being “chased away from their families”. There are growing numbers of street youth and street children in POM. Young people are living on the streets, in drains, in market areas, around church grounds or in ‘match box’ houses in groups, some modeling these after traditional men’s houses - *haus man*. These youth and children are particularly vulnerable. In some market areas they help the market sellers so that they can earn some money for their daily living (*Focus Groups, POM Settlements, 2002*). In rural areas, familial conflicts are also of great concern for young people. Conflicts between YP and their parents occur about the lifestyles they choose i.e. choice of boyfriend / girlfriend, drinking, smoking marijuana, not having a job, commercial sex or rascal behaviours (*Decock et al 1997*).

There are no easy generalisations in PNG about the cultural and social contexts in which different sexual behaviours occur or their meanings. Sexuality is expressed in different contexts in different ways based on cultural practices. These complexities are a challenge when creating prevention and awareness campaigns for YP in diverse communities. There were/are varied levels of traditional social control and permissiveness around young people’s sexual behaviour between different cultural groups in PNG (*Jenkins 2002, Lepani 2001*). Elders used/use different initiation rites to enforce limits and power over YP’s sexual behaviours (*Herdt 1982, Herdt 1991, Jenkins 2002*). Social sanctions, retaliation, violence, sorcery and compensation were ramifications for breaches in sexual behaviour in some areas. More control was exerted over unmarried and married women’s sexuality in many cultural groups, but not all, while male youth experienced more sexual freedom within limits. Christianity, the state, the cash economy, education, modernisation and urbanisation have caused changes in ritualised sexual behaviours and in traditional forms of social control around sexual behaviour. Some of these changes have contributed to YP’s sense of personal sexual freedom (*Clark 1997, Hammar 1998, Jenkins 2002, NSRRT & Jenkins 1994*).

High rates of STI and HIV infection for youth and increases in teenage pregnancy are indicators of premarital sex and unprotected sex. Studies have shown that sexual relationships begin at an early age, that high numbers of young unmarried and married people have multiple partners and that condom use is low (*Decock et al 1997, Freisen et al 1996, Hammar 1998, Jenkins 1997, Jenkins 2002, Lemeki et al 1996, NSRRT & Jenkins 1994, Yoifi et al 1998*). Access to condoms is more limited for YP in rural areas and YP are concerned about the lack of confidentiality in health services (*Decock et al 1997*). Sexual behaviour is influenced by pornography and eroticism is infused with experimentation of different sexual positions (*Hammar 1996*). Young people refer to the Australian television station SBS as sex before studies or *station blo stimulation*. Young male youth also use combinations of herbs, oils and magic to stimulate their performance or to apparently increase the size of their penis. Sexual aids such as penile insertions are sometimes inserted under the foreskin, and rubber bands folded in shapes and placed on the penis during sex are also at times used to enhance pleasure (*Decock et al 1997*). These practices can result in high levels of infection. Studies in other areas have shown that there can be more pain than pleasure for female youth with these aids, and there is a need to understand these practices in PNG in relation to condom use and other infections (*Hull 2000, Hull 2001*). Multiple partners, a lack of prompt STI treatment, a lack of condom use, the implications of unprotected sex, and a lack of knowledge of STIs and HIV put young people at risk of STI and HIV infection.

Growing numbers of YP sell or exchange sex for money or resources (*Hammar 1992, Hammar 1998, Hetahu 2002, Jenkins 1996a, Jenkins 1996b, Jenkins 2002, Mgone et al 2002, NSRRT & Jenkins 1994, Wardlow 2001b*). Both male and female youth sell sex, and there are complex patterns of sexual networking and the exchange or sale of sex through different ‘labor forms’ (*Decock et al 1997, Hammar 1992, Hammar 1998, Jenkins 1996a, Wardlow 2001a, Wardlow 2001b*). Many uneducated young women sell sex to support themselves and their families (*Hammar 1998, PNGIMR 1995, PNGIMR n.d.*). Many people involved in the exchange of sex for money or resources do not necessarily identify themselves as sex workers (*Sinclair 1995*). The unstructured or informal nature of transactional sex in PNG has an impact on responding to SWs and their clients as a high risk behaviour group.

In a multi-site study (*Jenkins 1996a*) 50 per cent of young women between the ages of 15 and 24 accepted cash or resources in exchange for sex, while the national study (*NSRRT & Jenkins 1994*) showed 66 per cent of young women under 25 were also exchanging sex for cash or other ‘gifts’. One study of urban unemployed young women showed that 48 per cent were partially supporting themselves through sex work (*Levantis 2000*). Some studies show that the average age of female sex workers in Lae and POM is around 24-25 years old, however ages were as low as 13 (*Mgone et al 2002*). Rates of STI and HIV are high for sex workers and condom use is inconsistent.² While the clients in this study were reported from a wide range of occupations, students rated higher than sailors as frequent clients of SW. Knowledge of STIs and HIV can be low for SW (*Peter 1998*), and alcohol use is reported to decrease condom use for both sex workers and their clients.

Male youth also participate in sex work although to a lesser degree (*Jenkins 1995, Jenkins 1996a, NSRRT & Jenkins 1994*). In POM there are public places being created where men who have sex with men (MSM), either commercially or non-commercially, meet. The male sex trade is known to be occurring in POM, Lae and Daru. Research in this area is lacking. Because of the high risks relating to unprotected anal sex, more research is required in relation to MSM and those men who identify as bisexual (*Jenkins 2002*). Many men who have sex with men are bisexual, including male youth, creating an urgent need for more information for prevention and awareness strategies (*Jenkins 1996b*). Both male and female sex workers and their clients also have non-commercial partners. Condom use can be infrequent in what are considered ‘safe’ relationships.

Sex workers also reported being involved in forced long line rape – also known as pack rape, line up, deep line, or single file. Police and security men can misuse their positions of power and coerce SW into long line rape or giving sexual favors free of charge (*Anang & Jenkins 1998*). In PNG sexual violence against women is high and poses considerable risk of infection for young women and for the young men involved. Group sex can involve vaginal, anal and oral sex (*NSRRT & Jenkins 1994*). Force, threats, alcohol and trickery are used against women to coerce and rape them. “Men’s violence is a key determinant of the inequities and inequalities of gender relations, both disempowering and impoverishing women” (*Greig et al 2000:11*).

² In the study by Mgone et al, 2002, the overall rates of HIV (10 per cent), syphilis (32 per cent), genital chlamydial infection (31 per cent), gonorrhoea (36 per cent) and trichomoniasis (33 per cent) for the 407 sex workers were high with multiple infections occurring. Rates of HIV infection in POM were at 17 per cent. It is important to note that the data for this study was collected in 1998, and prevalence of infection may well have increased since then.

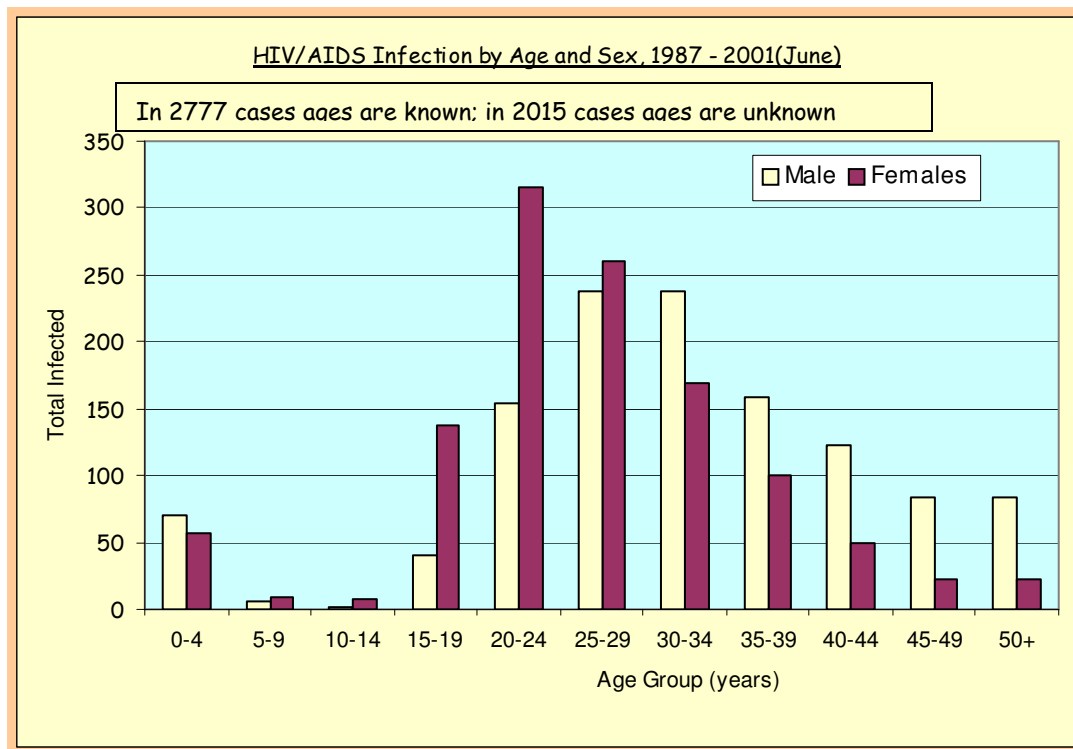
Alcohol and marijuana are contributing factors in decreasing inhibition and increasing the aggressiveness of sex (*Jenkins 1995, Jenkins 1997, Jenkins 2002, UNICEF & GoPNG 1996*). Young people have identified that line up could occur if a young woman rejected a man, was rude, or refused to marry (*NSRRT & Jenkins 1994*). Frustration, desire, drugs, alcohol and pornography were also given as reasons. Most commonly mentioned by male youth was that gang rape occurred to teach women not to dress or act in a sexually provocative manner and to not be involved in sex work, as these went against their traditional “moral values” and were spoiling their family and community image (*Focus Groups, POM 2002*).

In many areas in PNG pack rape was traditionally used as a punishment against women for breaches of sexual behaviour, refusals to marry or for breaking taboos. Group sexual practices also occurred in the context of traditional religious practices (*Jenkins 2002*). “While the full social acceptability of punitive sex has waned, the practice continues to be widespread in modern guises” (*NSRRT & Jenkins 1994, p. 102*). The widespread nature of gendered sexual violence makes YP vulnerable to STIs and HIV/AIDS. It has also been reported in the media that rape as payback can be an accepted part of clan disputes.

2.3 STI/HIV/AIDS

Globally there are an estimated 11.8 million young people between the ages of 15-24 living with HIV/AIDS, and everyday there is an approximate 6000 YP who become infected with HIV (*UNICEF et al 2002*). In PNG there are 4792 known cases of HIV/AIDS and 66.1 per cent of all known cases of HIV/AIDS are between the ages of 15 and 34. A lack of proper recording of age and gender hinders an accurate demographic breakdown of known cases in PNG, and in 42 per cent of reported cases, ages are unknown. Of the 58 per cent (2777) known cases: 28 per cent are young men (15-34 years); 38 per cent are young women (15-34 years); 66.1 per cent of known cases are between 15-34 years and 0.1 per cent is unknown (*NACS & DOH 2002*).

Figure 1: HIV/AIDS Infection by Age and Sex, 1987-2001 (June)



Source: National AIDS Council Secretariat and Dept. of Health HIV/AIDS & STI Quarterly Report, June 2001

Of the known age distribution for the 1386 male cases of HIV/AIDS, 56 per cent are young men living with HIV/AIDS between the ages of 15 – 34 years and, of the 1384 female cases, 76 per cent are young women between the ages of 15 – 34 years. Of the 350 new cases reported in the last quarter of 2001, age was unknown in 144 cases. In the remaining 206 new cases of HIV/AIDS, 22 per cent were young men (15 – 34 years) and 47 per cent were young women (15 – 34 years); thus 69 per cent were between the ages of 15 – 34 years old (NACS & DoH 2002). These figures may indicate high rates of infection for young people in this known age group, and may also suggest increasing rates of known infection in young women. There is a lack of easy access for young people to voluntary counselling and testing.

A lack of recording of the mode of transmission occurred for 70 per cent of all known cases, but in the remaining 1419 cases of HIV/AIDS, mode of transmission is predominantly heterosexual (90.8 per cent), followed by mother-to-child (MTC) transmission (8.5 per cent), homosexual or bisexual (.5 per cent) and blood transfusion (.2 per cent). One should be hesitant to draw absolute conclusions from this data as the unknown conceals much about the transmission of HIV.

YP have misconceptions about HIV transmission (Decock et al 1997, Freisen et al 1996, Jenkins 1993, Jenkins 1997, Jenkins 2002, Jenkins & Alpers 1996, Kaul 1995, NSRRT & Jenkins 1994). These misconceptions can create fear, impact on condom use and contribute to stigma and discrimination of PLWHA (Kaul 1995). Young people also lack basic knowledge or have misconceptions about STIs (Decock et al 1997, Freisen et al 1996, Hughes 1991).

There is a lack of analysis of cases of STIs, either from laboratories or diagnosed with the syndromic approach. A lack of analysis of the age of the recorded STI cases hinders an

accurate demographic breakdown of STI cases in PNG. From studies and medical experience it is known that levels of STI are high for young people in urban and rural areas (*Hawap 1999, Hudson et al 1994, Law 2002, Lemeki et al 1996, Lupiwa et al 1996, Mgone et al 1999, Mgone et al 2002, UNICEF & GoPNG 1996*). Anecdotally, cases of pelvic inflammatory disease (PID) are high for young women, as a longer-term complication of untreated STIs (*Law 2002*). High numbers of cases of STIs, particularly chlamydial infections, would support this anecdotal information about PID if infections were not being treated (*WHO, NAC, & NDoH, 2000*). High levels of untreated STIs also indicate the lack of access/perceived access to effective diagnostic and treatment services.

Some young people seek treatments for STIs at clinics and hospitals, but they can also self-treat with antibiotics purchased from pharmacies or received from *wantoks*, or take traditional medicines.³ It has been reported that high school students and young mothers are not accessing services at the established STI clinics easily, and just over 20 per cent coming for treatment are YP between the ages of 15-25 (*SMRG 2002*). Barriers to the use of STI services can include the asymptomatic nature of many infections, the stigma and shame associated with sexually transmitted infections, concern over lack of confidentiality, and the judgmental or negative attitudes of health staff to young people when they present with STI symptoms (*NSRRT & Jenkins 1994, SMRG 2002*). In focus group discussions and interviews completed during the youth adviser input in Port Moresby (POM), young people and sex workers expressed negative attitudes about the STI clinic at the Port Moresby General Hospital (PMGH) and said that the attitudes of nurses were a barrier to receiving sexual health services. There is generally a lack of youth-friendly services at clinics and, at some STI clinics, the potential for development of youth specific services should be assessed providing that suitable resources are available to undertake the assessment.

When developing HIV/AIDS awareness programs for youth, it is important to look closely at the wider context in PNG that makes YP vulnerable, particularly socio-cultural practices, gender and sexual violence, politics, economics – poverty and a lack of income generation - and lack of educational and skill-building opportunities. Some of the factors that make young people vulnerable and contribute to the spread of HIV infection include:

- ▶ High rates of sexually transmitted infections (STI);
- ▶ High rates of HIV infection in the youth population;
- ▶ High levels of unprotected premarital and extramarital sex;
- ▶ Low knowledge about sexual and reproductive health;
- ▶ YP's low knowledge about STI and HIV transmission;
- ▶ YP's low knowledge about STI symptoms;
- ▶ Circumcision, scarification and tattooing practices where sharps and needles are reused;

³ There is a lack of kastom healer's integration into the health system, and a lack of understanding of traditional healers' knowledge about HIV and their potential roles as educators and condom distributors when they are giving treatment to young people for STIs. Their role in treating HIV/AIDS-related infections or being a community support for PLWHA is supported by the MTP. The role of healers as a complement to the health system has been put forth in policy and objectives in the most recent Health Policy PNGMH. 2001. *National Health Plan 2001-2010. Health Vision 2010: Policy Directions and Priorities. Volume 1*, Ministry of Health, Port Moresby.

- ▶ A depressed economy and lack of employment;
- ▶ A lack of educational opportunities for youth;
- ▶ YP's involvement in the exchange of sex for money or resources;
- ▶ Migration and mobility;
- ▶ A high fertility rate (4.8 per cent between 1990 – 1995);
- ▶ The low status of women;
- ▶ Sexual violence against women;
- ▶ Incidence of polygamy, arranged marriages and early age of first sexual encounter.
- ▶ Interpersonal violence and crime;
- ▶ Alcohol and marijuana use/abuse;
- ▶ YP's lack of access to youth-friendly services;
- ▶ YP's lack of access to youth-developed IEC materials focusing on specific, local youth contexts generated by youth using music, drama, or videos;
- ▶ YP's lack of easy access to free condoms, particularly in rural areas;
- ▶ A lack of training for health workers in the area of STIs and HIV/AIDS, coupled with often negative attitudes towards condom distribution with YP;
- ▶ Inadequate involvement of YP in developing appropriate responses.

3. Technical Advice on Best Practice in Youth Sexual Health Programs in Resource-Poor Settings

Best Practice in youth sexual health programs proposes development of multi-sectoral responses that foster youth participation. To support and develop the capacity of young people and youth-focused CBO and other organisations that have been working in the area of HIV/AIDS would help to achieve effective youth health sexual programs and facilitate important sustainable partnerships.

3.1 Youth Participation as Best Practice

Youth participation at all levels in the response to HIV is generally viewed as Best Practice and effective in resource-poor settings (*SC 2001, UNICEF et al 2002, USP et al 2002, WHO 1999*). Young people are indispensable team members and become empowered through training and participation. They are aware of youth issues and what is occurring in the lives of young people, have great access and are effective working with their peers. When creating effective youth approaches and programs, Best Practice is an ongoing process of learning, reflection, feedback and analysis by all sectors of what works/ doesn't work and why.

In PNG, young people need to be able to represent themselves versus being represented by others. The most recently revised National Youth Policy (Draft) stresses the need to mobilise and strengthen youth participation in national development issues (*GoPNG 2002*). YP should be actively involved, for example, in HIV/AIDS prevention and care programs, policy revision, IEC materials and strategies developed for specific youth contexts, networking with NGOs, mobilising youth, documenting and mapping youth organisations and structures, peer education, and doing interviews and focus groups with YP. Their involvement will enable young people's perspectives to be expressed, considered and

incorporated so that YP needs are met and programs are relevant. Young people have the right to be involved in and part of the solution for something affecting/infecting their lives.

Young people are an opportunity but they need serious and sustained efforts to build their capacity, knowledge, negotiation and communication skills (*UNICEF et al 2002*), as well as their advocacy skills, so that they can support and promote the needs of young people including those living with HIV/AIDS.

Youth participation is a guiding principle in the following recommended strategies for:

- ▶ best practice pilot projects to increase the involvement of out-of-school youth in HIV/AIDS and STI awareness and peer education programs;
- ▶ strategic planning for youth;
- ▶ targeting youth through sporting organisations; and
- ▶ involving youth-focused organizations in sexual health programs.

The approach to the short-term youth advisory input was participatory and aimed to create a youth focus, get young people involved, and support their participation. Youth Adviser Holly Buchanan-Aruwafu worked with a youth team comprised of two peer educators (one male and one female), one out-of-school youth, and one in-school youth. Holly attended the Pacific Regional Youth Congress in September 2002 just prior to arriving in PNG (*See Appendix 2*). One of her team, Rory Sitapai, had also participated in the Congress, thus enabling more incorporation of Best Practice from YP and youth programs across the Pacific in the strategies the youth team developed.

The youth team participated in consultations with government organisations, CBOs focused on youth and with out-of-school youth in settlement areas. Focus groups in settlements and with out-of-school youth required preparatory meetings and planning with the gatekeepers (gang/leaders) of the areas. No government counterparts were identified but consultations were made with the PNG National Youth Commission and the PNG Sports Commission. The youth team participated in data collection and the process of pinpointing needs and strategies, and was actively involved in the development, organisation and in-country presentation of the information contained in this report. Lack of time was the biggest limitation in the breadth of consultations and the information that could be gathered.

3.2 Youth-focused Programs

PNG's National HIV/AIDS Medium Term Plan 1998-2002 (MTP) identified a particular focus on youth - in-school youth and out-of-school youth - across the six priority areas of the multi-sectoral plan. The component objectives of the PNG National HIV/AIDS Support Project [NHASP] relate directly to these MTP priority areas. The following strategies to build effective best practice sexual health programs for young people support the objectives and strategies that were established by the Medium Term Plan (MTP) and stated as component objectives in the PNG National HIV/AIDS Support Project (*GoPNG 1998, AusAID 1999*).

3.2.1 Youth Infrastructure

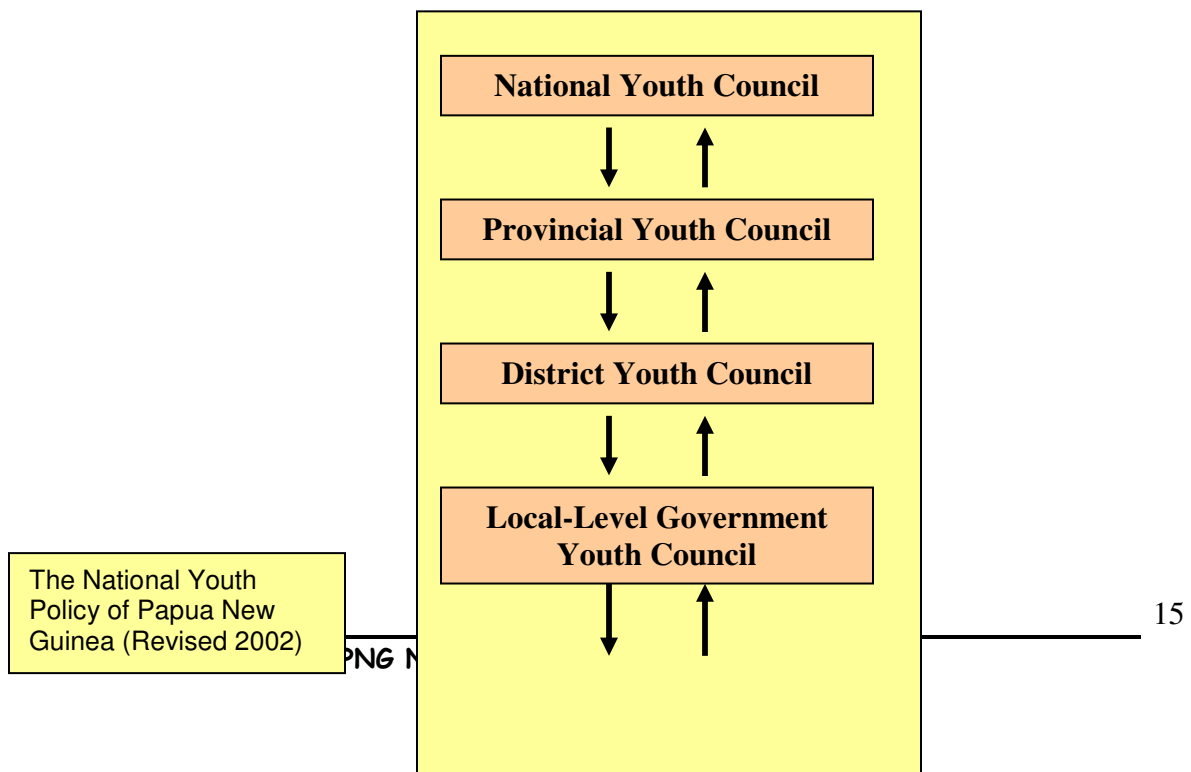
When creating opportunities for sexual health awareness and prevention programs for youth, it is important to use existing organisational structures to map out youth organisations and mobilise youth. The lack of accessible written documentation of existing community organisations at a district and ward level makes it difficult to understand how

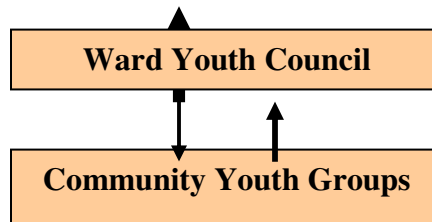
easily these networks of youth could be mobilised through existing structures. However, existing structures such as the National Youth Commission (NYC), the National Youth Federation (NYF), the Pacific Youth Council (PYC), the National Sports Commission (NSC), the National Council of Women (NCW) and the churches have national structures and operational frameworks that theoretically move from a national to a provincial ward level and imply the ability to mobilise and network from a national to a ward level.

Existing government and non-government operational youth structures are not being utilised as a means to map youth organisations and mobilise youth through these organisations. The Provincial, District, LLG, and Ward Youth Councils [see *Figure 2* over page] are all supposed to have youth presidents that could assist in the further mapping of youth organisations. These could be used to communicate information about the PAC, activity grants or generate interest in peer education programs. There would be a need to build their capacity to do so, however it's possible that the PNG National Youth Congress could provide this opportunity. At the same time, the NYC, the PYC, the NYF, the NSC, the NCW and the churches have policies that have a youth focus or include youth; which form guiding principles when creating multi-sectoral strategic plans. These organisations provide an opportunity for human resources and pragmatic support. The LLG in NCD has allocated a budget for the NYF for their activities and the Director has an interest in allocating funds to put towards HIV/AIDS activities for youth.

For example, in 2002, the National Youth Federation had a provincial youth show at the Iarowari High School. This showcased cultural dancing, had a cultural king and queen contest and held debates, particularly around issues of government. This year's debate was "Should provincial youth councils be recognised by the government". In addition, the youth show passed resolutions to bring forward to the Southern Regional Youth Council on October 7, 2002. Organisations that have networks of youth present opportunities for increasing the effectiveness and reach of sexual health awareness and prevention programs. The NYF, the PYC, the NSC and the NYC are interested in joining in partnerships in the response to the HIV/AIDS epidemic.

Figure 2: Structure of the PNG National Youth Commission





3.2.2 Review existing youth programs and the capacity of youth-focused organisations to participate in sexual health awareness and prevention programs. Review programs for out-of school youth.

There has been a lack of sustained youth-focused sexual health interventions, HIV prevention and awareness programs, and condom distribution for out-of-school youth. The networking and mobilisation of CBOs/NGOs to create a focus on youth sexual health issues at urban, rural, national and provincial levels needs considerable strengthening. While awareness-raising programs for young people are occurring in some areas through activity grants, there is a need to develop supportive monitoring and evaluation of these activities and programs so that groups can establish them strongly, assess their effectiveness and expand their existing responses.

Consultations with youth-focused programs showed that there was recognition by youth organisations of the need to address sexual health issues and a willingness to be involved. Some church leaders for related youth groups, particularly those within the Catholic Youth Commission, resist the promotion of condoms and safe sex; however this does not limit their participation in other areas of raising awareness and care (*Bouten 1996; Stakeholder Interviews, Port Moresby, 2002*). There is also significant variation in the level of cooperation of various church groups/officials in different provinces and while the reasons for this are complex there remain opportunities to work with supportive partners as appropriate. The Catholic Church has had youth-focused materials and programs about HIV/AIDS operating for close to ten years. UNICEF, Anglicare, NDoH and the Dept. of Education (DoE) have also developed IEC materials for YP. Many youth leaders and youth-focused organisations lack knowledge and skills in the area of STI/HIV/AIDS and lack materials to work with out-of-school youth. Some also lack knowledge of their local PAC thereby limiting their ability to participate. Effective responses are not only limited by resource and information deficits. Community governance and power allegiances also influence the options and decisions of youth leaders.

Organisations already working with youth in the area of HIV/AIDS also require capacity building to develop materials and expertise to work with out-of-school youth. At a Provincial AIDS Committee level, there is a need to create a focus on youth issues and needs, and work together with related CBOs to create more sustainable activities. There has not been a sustained supportive involvement to create collaborative partnerships with CBOs, national government or local-level governments in a response with out-of-school youth. There are great differences between the PACs in their abilities to network with CBOs. Collaborative efforts between organisations are needed to share resources and

information and create wider support systems for youth around prevention, treatment and care efforts.

There is a lack of capacity at an NGO level to carry out peer education for out-of-school youth (urban and rural). Those involved in sexual health education and HIV programming with youth have been limited by a lack of focused support in the area of out-of-school youth, as well as support to develop materials that could be used in training out-of-school youth to be peer educators. A lack of access to the NACS peer education manual, and lack of focused peer education for young people, who are not sex workers, has further hampered this development. The PE manual lacks completion, not accessibility.

When creating opportunities for sexual health programs for youth it is important to support and develop the capacity of existing youth-focused CBO and other organisations that have been working in the area of HIV/AIDS, and use existing organisational youth structures to begin to map youth organisations so that youth can be mobilised to participate.

4. Recommendations

4.1 Strategies for involvement of youth-focused organisations in sexual health programs

I think the headings and content of these sections could be improved. As noted later, the term peer education is used indiscriminantly in 4 & 5. Process of national to provinbce/district should be clarified re phasing, rollout etc, and use of skilled POM advocates to support rural youth mobilization as appropriate.

Pls note – from here on I have not commented on all existing activities which are listed here as potential ideas. Start of section six identifies how I think sections 4-6 could be re-structured.

Perhaps I've missed it, but I think awareness, prevention and life/survival skills training for youth could be better profiled. This is what groups we've worked with requested as a priority, and in the last couple of months 200+ young people have completed 2 day workshops conducted in association with STOPAIDS.

- ▶ To develop a multi-sectoral Peer Education Training Program for out-of-school youth, to be piloted in NCD and then expanded into rural areas. (PILOT)
- ▶ To have multi-sectoral bi-weekly support groups for trained out-of-school and sports group peer educators. (PILOT)
- ▶ To develop the capacity of organisations to work with out-of-school and in-school youth, and assist them to strategically plan and monitor their programs. (PILOT)
- ▶ To develop the capacity of a Youth Task Force to advocate for youth issues, network and mobilise organisations, participate in identified pilots, begin the process of mapping youth organisations and become a resource for community organisations in the development of youth-focused programs. This strategy would necessitate the hiring of two National HIV/AIDS Youth Coordinators (one male youth and one female youth, preferably with peer education experience), who would spearhead the Youth Task Force. The Youth Coordinators' training would require a supportive participatory approach, with learning occurring over time

through experience and direct/indirect involvement with the project and CBOs (PILOT).

- ▶ To hold a National Youth Congress in PNG on HIV/AIDS. (PNG NYC PILOT)
- ▶ Create a multi-sectoral committee of young people and stakeholders that could spearhead the organisation of a PNG National Youth Congress on HIV/AIDS and be a consultative group around youth prevention and care issues. National HIV/AIDS Youth Coordinators could chair this piloted committee in NCD (PILOT).
- ▶ Mapping of youth organisations and youth contacts, to ensure that there is accessible documentation of a network of youth organisations from which to mobilise youth
- ▶ Support multi-sectoral committees made up of CBOs who work in the area of HIV/AIDS (i.e. FACE in NCD). The NGO's involved in FACE gather together to discuss issues and give each other mutual support in their HIV/AIDS-related work outside the PAC environment. These committees could also be used as forums to discuss youth issues and youth-focused sexual health programs.

4.2 Strategies for youth at national level translated to strategies at provincial and district levels

- ▶ Pilot the recommended project strategies in NCD, and then use lessons learned to adapt these to respond to the needs of youth or organisations in rural and urbanising district areas.
- ▶ Hold a National Youth Congress on HIV/AIDS to mobilise and involve youth from around the country (PILOT). Duplicates point 5 in 4.1
- ▶ Utilise operational youth frameworks and structures to mobilize youth through their organisations at national to local levels (MAPPING PILOT).
- ▶ Support the printing of a quarterly youth magazine on youth issues and HIV/AIDS, produced by youth in partnership with the National Youth Commission Media Division. Distribute throughout the country through the PAC and to wider networks of CBOs and interested youth.
- ▶ Have weekly radio broadcasts that are youth focused, and produced by youth, that bring youth issues and information about prevention, awareness and care to broader youth audiences.

4.3 Strategies to involve out-of-school youth in HIV/AIDS and STI awareness and peer education programs.

Peer education - out of school youth and sports;

- ▶ Drama;
- ▶ Music;
- ▶ Art;
- ▶ Youth Friendly Services;
- ▶ Youth Drop In Centre;
- ▶ Income Generation Strategy;

- ▶ Involvement of young PLWHA;
- ▶ Youth and Organisational Capacity Building;
- ▶ Weekly Youth Radio program;
- ▶ Production of youth-developed and produced videos;
- ▶ Knowledge generation through Internet access, CDs and Resource Centre.

4.4 Strategies for targeting youth through sporting organisations

Peer education – out of school youth/sports;

- ▶ Capacity building of youth athletes;
- ▶ Involvement of the Sports Commission;
- ▶ Involvement of the National Sports Institute in Goroka;
- ▶ Involvement of those teaching in the area of sports at the Teachers College and UPNG in Goroka;
- ▶ Knowledge generation(?) through Internet access, CDs and Resource Centre.
- ▶ 5. Strategic Pilot Projects delete

transition here from 4 to 5 is confusing – again, PE is represented as a generic bit of everything – not helpful when NACS, NHASP & EU Project are trying to clarify IEC, counselling & PE (targeted intervention) distinctions.

5.1 Peer Education

Young people are able to discuss sensitive issues around sexuality and reproductive and sexual health with their peers, while their peers can be more open to discuss these issues with them. It has been found that people being interviewed about sexuality tend to be more willing to disclose personal information when their peers of the same gender are interviewing them, when rapport is established and when privacy is maintained and confidentiality is assured (*FHI 2000, UNAIDS & FHI, 1998*). Peer Education is Best Practice. (*Coconut-Wireless-Team 2002, Consortium 1996, HDN 1999, UNAIDS 1999a*).

Pilots

1. **Multisectoral Peer Education (PE)** Multisectoral PE? A collection of words, not a recognised strategy or defined term. My concern here is that the term peer education is being used indiscriminantly in sections 4 & 5, and is not being used in a manner consistent with its use in the MTP, NACS & EU Sexual Health Project. for three groups of out-of-school youth: Recycled Youth, Hohola Spiders Rugby Team and Waigani Market Youth, including younger youth 12-14 years that are living on the streets. These groups completed activity grant applications in consultation with the youth team. Both Recycled Youth and the Hohola Spiders Rugby Team came to us for assistance after completing activity grant forms from the NCD PAC. The Waigani Market Youth advocated for their participation during our consultation with them.

This pilot project has built into the activity grant budgets a three-month period of time when newly trained peer educators would be supported with allowances to undertake outreach activities. It has been shown that peer education in some resource settings with

vulnerable youth requires some allowances, transport money etc as this builds the esteem of youth and gives them access to some money for their efforts.

Newly trained peer educators would also participate in meetings with a multi-sectoral support group on a bi-weekly to monthly basis so that they can be supported in their work and their skills can be developed.

Youth STI/HIV/AIDS peer education training would be multi-sectoral and could also cover gender issues, gendered violence, and the effects of drug use. During consultations, STOPAIDS expressed interest in increasing its capacity to work with out-of-school youth, saying that it could supply the venue and undertake training collaboratively with other members of the multi-sectoral committee that designs the training material (See Pilot #2).

This peer education training program for out-of-school youth could be taken to provincial settings after a review of the success of the pilot and the associated training materials.

2. To be able to undertake **peer educator training for out-of-school youth**, there is a need to **create appropriate teaching and support tools**. Resource development needs to occur before pilot 1. It is recommended that this be undertaken by a multi-sectoral group. I don't think its appropriate to list proposed participants as this inherently excludes others, & some descriptions are inaccurate. The group would need to develop a program to train out of school youth – ie: in Tok Pisin, creating teaching materials based on current Anglicare materials, the Best Practice Manual/NCD29 developed by the NACS Peer Education Adviser, I can only presume that this refers to the draft PE manual, which is not yet in a state for general use. the Best Practice Manual in Pisin “Seks, Sekualiti na Helt’ recently revised by Help Resources (Wewak), and additional gender material sourced through the Youth Adviser and other sources. There would be a need to incorporate videos and drama into training sessions, to cater for varying literacy levels. Morata Youth Theatre group recently received an activity grant to undertake this project.
3. There is a need to have **stamps created and made available for IEC materials** providing information about who to contact for more information so that young people have the choice of further information, counselling, and testing. At present, there is no information being stamped consistently onto IEC materials, which leaves young people with lots of questions but no contact details for further information. This is not a pilot activity – or a peer ed activity
4. To **regenerate the peer education system in Goroka** (through IMR and another local NGO) for out-of-school youth through the mobilisation of previously trained peer educators. During the Sexual Health Project, 106 peer educators were trained in Goroka by IMR (*Yoifi et al 1998*). These peer educators have not been supported or developed after the establishment of the PAC. They could be given a refresher course, materials, support and allowances to do their outreach work as in the above pilot in NCD. It would be important to draw on the resources that are available at IMR in the area of peer education and build the capacity of other NGOs in the Goroka area to support them. Again, issue needs consideration – is it appropriate to try and remobilize the 106 PEs?

5. To **re-generate the peer educators who were attached to Friends Foundation** and assist them to carry out work with PLWHA. Perhaps an NGO like STOPAIDS could incorporate these peer educators into their work as they expand their work with PLWHA. Support and allowances to undertake outreach work would be of support to them. Such a recommendation needs discussion – there were considerable tensions/criticisms of the Friends model, especially re use of client contracts. From the statement above, STOPAIDS has not been consulted about what is proposed.
6. To **activate the group of peer educators trained by IMR in POM**. Due to lack of support, these peer educators are currently not active. They should be contacted and given a refresher course, materials, support and allowances to do outreach activities as described in the above pilot. There is a need to create create? How long would such a process take? a support NGO/support group that they would be attached to/affiliated with.
7. There is a need to **maintain peer educator efforts and monitoring of sex workers** to reduce STI and HIV infection for these young people (SW and clients). There is a need highlighted by the literature and in focus groups to assist in increasing viable, sustained alternative skill building and income generation/small grants. Input for NCD29 interim support, and progress towards ASCF management of Transsex II style activities not mentioned.

5.2 Involving Sport Organisations

Pilots

1. Pilot **sports peer education** with the Hohola Spiders Rugby Football Club. Expand this to other sports teams in different areas and to Women in Sports groups in urban and rural areas. The second sports peer educator training after the pilot should include female youth.
2. Give **team sponsorship for uniforms** . Not currently a popular or effective use of resources for Waigani touch rugby and volleyball groups (some members to be involved in the PE pilot) that publicise condom promotion messages. Acknowledge that disadvantaged youth struggle for sponsorship of sports uniforms and that they could be promoting condom use while playing sport. This would be sponsorship of a sports team of out-of-school youth who are willing to also distribute pamphlets and condoms before and after games Pamphlet distribution w/o associated information/discussion not highly regarded as a behaviour change strategy
3. **Involve the National Sports Commission** through awareness raising and education of sports officers, and support policy revision in the area of HIV/AIDS as part of the Commission's upcoming overall policy revision. Thomas Lisenia, NHASP Institutional Strengthening Adviser – Multi-sectoral has the current policy and associated information. The Youth Task Force could work with the Sports Commission (contact: Patrick Longe) to map the sports organisations for YP through their existing structures.
4. To create **sports promotion items with messages** in collaboration and cost sharing with the Sports Commission: balls, water bottles, towels etc with safe sex messages, anti-discrimination messages for PLWHA and other messages. The Sports Commission suggested this strategy.

5. To **empower the National Institute of Sports (NSI)** in Goroka to be condom distributors and information brokers for teams coming to the Institute for training. In consultations with the Director, he stated that this had been something that he has wanted to do but that he had been unaware that there was a PAC in Goroka. A useful or relevant sentence for inclusion? Perhaps he doesn't know there's an IMR either. It would be important to set up a distribution system for condoms and information through the NSI and to have peer educators trained with those athletes that are attached to it throughout the year. The NSI is a valuable opportunity to reach a large number of YP.
6. The use of well-known sports personalities in the condom social marketing campaign was highly recommended by YP: Marcos Bai (Melbourne Storms), Stanley Nandex (kick boxer), Peter Pulu (sprinter), Mona Lisa (netball), Nalugui Guy (squash), Iamo Launa (athletics). Existing and scheduled work with sporting identities through Social Marketing program not acknowledged.

5.3 Income Generation

The PNG National HIV/AIDS Medium Term Plan, recognising the relationship between poverty and HIV transmission, set an objective “to promote sustainable development initiatives to alleviate the socio-economic disparities that contribute to the spread of HIV/AIDS” (*GoPNG 1998:37*). The promotion of broad-based extension services that include youth, income-generating activities for vulnerable groups (including youth), the expansion of micro-credit schemes, and the encouragement of sports and theatre as cultural and recreational activities for youth were recommended (*ibid.*). Income generation support is Best Practice and provides alternatives to activities that can contribute to the transmission of HIV and decrease youth vulnerability, help to decrease law and order problems and develop YP's skills and self-esteem (*UNAIDS 1999a*).

Income generation prioritised by young people, but we need to be realistic in expectations. NHASP recognised as not targeting social / economic factors influencing HIV in PNG. Income generation/contribution activities very complex to set up & opportunities & practical expectations of income generation are limited. Link between income generation & self esteem is significant.

Pilots

1. There is a need to be able to **link unemployed youth to income generation opportunities** but there is a lack of information about what is available/accessible for youth. Assistance could be made available through the youth drop-in centre (pilot) for application writing and income generating schemes.
2. While small amounts of allowances have been inserted for the peer education pilot, it would be important to try to **create income generation opportunities**. Groups should be given the support to assist them to come up with viable options, carry out skills development that would assist them in their proposed business, and be given small grants as seed money to begin their business. Waigani Youth and Morata Youth (through George Koivi) expressed interest in undertaking such schemes. Country Side Social Group [CSSG] was referred to the Youth Team through the NCD PAC after its application for support for income generation activities was refused. CSSG is a group of out-of-school vulnerable youth from 9 mile that have 2 hectares of land, have

registered themselves as an NGO and have the will to try to make a difference in their lives. CSSG was linked by the Youth Adviser with HOPE Worldwide for Agricultural Training and Anglicare who provided support for seeds and tools. CSSG has also shown interest in peer education, which could be considered after the pilot projects have been completed.

3. **Involve CBOs** -such as HOPE worldwide and other groups that have previously undertaken skill building with youth - **in skill building**, to enhance the potential positive outcomes for projected youth-focused income-generating schemes. When approached, HOPE set significant financial conditions on their participation, and created a very tense situation by canceling their first proposed training with not advance notice.

5.4 Drama, Video, Music and Art

The use of theatre and multiple media such as music, video and art to increase awareness and education for YP is Best Practice.

Pilots

Many of these pilots are already scheduled/proposed as NHASP/NACS activities. Not appropriate to represent them in the report as new ideas.

1. Baua Baua and Seeds Theatre groups could be asked to **create scripts in Tok Pisin and make videos about HIV/AIDS**. Script work already happened. Videos are a powerful medium, particularly in rural areas, and these videos could be used to obtain broad exposure. It would be important that the scripts are developed in conjunction with YP and that the videos are youth-focused. As Lucas from Baua Baua Theatre explained, “We give simple strong and clear messages so that people will see the point quickly. We go straight to the point and then we go around the message so that people get a clear picture. Some theatre just goes round and round and round”. Possibly not a good quote – I’m not sure if Lucas is having a go at the Goroka based Raun Raun (Run Run?) theatre group
2. These messages could also be broadcast via radio in the **weekly radio program for young people** about STI/HIV/AIDS. This radio program could become a communication vehicle to foster wider involvement of youth and youth-focused groups. This initiative could be collaborative with the Youth Task Force and UNFPA (which previously supported and worked on a radio program). A committee of youth could be involved in the production of the program. The weekly radio program for young people could also discuss other issues affecting YP and be used as a vehicle for wider communication about living with HIV, drugs, violence, sexual violence, reproductive health, sports events, income generation or new courses available for youth etc. The broadcast team could also respond to written questions about STI/HIV/AIDS that youth have sent in.
3. **To build the capacity of young people to use drama and other media** as part of outreach and peer education activities. Involve the PNG NYC to produce videos of youth and develop and produce IEC materials (Media Division). Baua Baua Educational troupe and Seeds could hold workshops with young people so that youth could write and develop their plays. They could also review the plays of Wan Smol Bag as examples of Best Practice (*Wan-Smolbag 2002*).

4. There could be the initiative for young people to **write a video film script with youth involvement and make a video**. This could be based on Best Practice UNICEF videos launched at the PRYC from Cook Islands, Tonga and Fiji. These films varied as did their focus. “Behind Closed Doors”, Cook Islands, was about how informal dialogue can be used to increase awareness and promote discussions about HIV/AIDS. “I Remember That Night”, Tonga, was a drama about a YP who becomes HIV-positive and the challenges he and his family face. “Paradise”, Fiji, was about why YP do not like condoms and parental refusal to acknowledge the sexual activity of young people. A video could be made in PNG in Tok Pisin to capture the context of YP’s lives (*Husein 2002*). To view UNICEF video productions and receive more information contact: Dr Ayoade Olatunbosun-Alakija, Project Officer HIV/AIDS & Adolescent Development at UNICEF in Suva, Fiji.
5. **Use existing opportunities in the column - Youth of Today** – in the Independent Newspaper. Support the newspaper through monthly contributions from the various NHASP components to the Youth of Today section.
6. As a **lead up to December 1, World AIDS Day**, a call for **innovative lyrics and songs could be requested from young people** or their groups. There could be a prize in NCD and all youth groups could perform on World AIDS Day in POM. These lyrics and songs could later be used as media promotion to increase the quality of life for PLWHA. This competition would need to be publicised through newspaper, radio, posters in settlements, school announcements and television. The Youth Taskforce could help develop the announcement and disseminate the information. This would be a collaborative effort between the Health Promotion and Counselling and Care components of the NHASP project and the Youth Task Force.
7. **Mobilise known musicians** through CHM and Pacific Gold Studios (PGS) for a **benefit performance**. Funds would be directed to the development of a youth drop-in centre or a care centre. Music could be recorded with prevention and care messages from groups like Ocean, Haus Boi, Dema Soul, Wiggy Wee Girls, etc to attract YP’s attention through role models. Previously, Harvey Sebea created a tape about HIV/AIDS and raised money at a nightclub that was to be donated. However the tape was not screened properly and there were issues with the lyrics. Lesson learned: all musical groups need to be educated about HIV/AIDS before they create lyrics, and a multi-sectoral group including YP’s must be involved in reviewing the lyrics.
8. Musicians through these studios could be mobilised to make a **music video**. PNG music group Azimba previously made a music video about HIV/AIDS, which was funded and produced through the Sexual Health Project. The video was also shown on TV. Azimba has since disbanded.
9. **Support KBBN to air the script** developed through an activity grant. This has been pending IEC approval for around four months – Mt. Hagen – (*FM 96.2*).
10. The **National Youth Commissioner** has offered **Media and Graphics technical support in HIV/AIDS responses with young people**. This could be used to assist YP in the technical aspects of the creation of their materials. Chris Usuka previously made a submission to NACS on behalf of the NYC media section but no response has yet been received. This could be an opportunity for partnerships.

11. **IEC material to be developed by youth and locally produced for specific groups.**
This focus could be generated through newly trained peer educators. Young people could get involved in the development of youth-specific IEC materials such as comic books, pamphlets, posters etc. These could draw on the Youth Commission graphic division to assist if this could be arranged and NHASP supported the youth activities. Support would be needed from NHASP and NACS in collaboration with the Youth Task Force (or a multi-sectoral committee formed with youth representation) to review the content and ensure that the messages are clear but that they maintain the form and ideas designed by the youth, and that the local context has not been censored. As there is a lack of TV and radio in the settlements, many YP in this context would not be accessing the present social marketing campaign.
12. **Controlled graffiti.** The painting of murals with messages: prevention, awareness, care and anti-discrimination for PLWHA. A group of out-of-school youth could be chosen after the news of this activity is publicised through newspapers, radio, posters in settlements, school announcements, and television. The youth task force could help develop the announcement and disseminate the information. The task force could be asking for youth who are artistically or graffiti-oriented or just interested to come in and present themselves. A group of YP could be hired to design and develop this project and paint it on one wall (perhaps on the side of the Health Department near the NAC) however approval would need to be coordinated for them. Tau who presently works with NHASP's counselling and care component would be an asset for this project. This would also be an income generation opportunity for talented out of school youth and increase public exposure to youth designed messages and art through health promotion messages.

5.5 National Youth Congress on HIV/AIDS

Pilot - PNGNYC HIVAIDS

A **Youth Congress at a national Level**, the PNG National Youth Congress on HIV/AIDS (PNG NYC HIV/AIDS) would be an opportunity to mobilise youth and those who work with youth across multiple sectors to focus on youth issues. This would include youth from NGOs working in awareness and education in the provinces, drama groups, CBOs, and district/ward and provincial youth representatives, using the network set up through the Youth Commission and local level governments. Provincial LLG would need to support their youth representatives to attend. There would be the need for mobilisation of donor support: (UNICEF, UNFPA, AusAID, NZAID), Global Fund, and churches, CBOs.

The National HIV/AIDS Youth Coordinators (Youth Taskforce) would be involved in the development and running of the congress, as would young PLWHA. Youth would participate in a variety of sessions based on the recent regional congress. Peer education and counselor training for a select group could occur after the congress or as part of the sessions. Strategic plans could be further developed with YP input – from provincial level to ward activities.

A Congress could be an avenue for those working with youth and could be created along the lines of the PRYC, to ensure its focus on and around youth. There would need to be a briefing for those who work with youth but are not youth so that they would allow the young people to have 'their' congress. The congress would be focused on youth but there could also be components built in so that trainers from different provinces could be trained

in peer education, counselors could be trained, and new strategies for youth-focused activities could be generated.

From this congress could evolve the creation of a multi-sectoral youth committee (solely youth) from throughout the country. Youth will lead the prevention and care of HIV/AIDS in the future. The youth committee could be used as a vehicle for change and as a lobby group.

5.6 Youth - Drop in Centre / Youth Friendly Clinic

Pilot

1. To begin to explore a **Drop in Centre and Youth Friendly Clinic** for youth in POM and another in a rural area after the pilot in POM. These need to be developed in conjunction with local youth. Initially two people could be sent to Vanuatu for in-house training (one young person and either one youth/health worker who was to be part of the pilot or Dr Greg Law, NHASP Deputy Team Leader/Sexual Health Adviser). The purpose of this trip would be to explore the best practice of the projects in Vanuatu, and for NHASP/NACS to liaise with those who have been involved in such clinics throughout the Pacific. Youth-friendly services and drop-in centres are Best Practice (*SPC 2002, UNICEF et al 2002, Finger 2000, FSP, 2002*). The Youth Adviser has supplied the project with the recent review of the Youth Friendly Clinic in Vanuatu. Further information can be found at: Wan Smolbag Theatre, P.O Box 1024, Port Vila Tel: (678) 27119

Fax: (678) 25308 Email : Smolbag@vanuatu.com.vu

<http://www.tellusconsultants.com/wansmolbag/vanuatu.html>

2. The clinic at Morata is presently closed and YP and community members are trying to raise funds to have it reopened. This could be a **pilot to create youth-friendly services** for two days a week at Morata Clinic– where counselling, testing, STI treatment and follow-up, educational videos etc could be made available on these days, resources that youth could explore without the watchful eyes of adults. A place where youth could gather to create IEC materials. The community would need assistance to have this clinic reopened. Perhaps this could be a multi-sectoral venture - managed by an NGO with the support of the NDoH.
3. Explore the use of the present drop-in centre/house, where young people are living, which was established via Joe Mesa from the Pacific Regional Youth Council (PYC). Particular resources could be made available to the young people that are using this space. Perhaps there is the **potential to develop a distribution point for information and condoms**, or to use it as a place where skill building or other activities that young people need and like could be undertaken.

5.7 Capacity Building

Pilots

1. **Train young people to be researchers with their peers** with the broader aim that they could be used as part of BSS teams. This could perhaps be undertaken in collaboration with the Operational Research Unit (ORU) to be established at IMR in Goroka. It is recommended that the NHASP Social Research Adviser incorporate youth researchers

to undertake research with YP. Again, capacity building, support and monitoring of youth research teams would be an integral part of youth research.

2. **Building NGO Capacity with Out-of-School Youth** through multi-sectoral pilots.
3. **Support NGO staff development** in exploring new approaches around young people and HIV/AIDS and IEC materials for and about youth.
4. In the area of **monitoring and evaluation**, it would be helpful if those NGOs that have received grant activities and those presently involved in outreach programs for youth (for both in and out-of-school youth) are given support in assessing the success and problems encountered in their outreach or programs. This would give the groups an opportunity to self assess what they have done with youth and the impact of these activities, review their materials, and look at how they can undertake further evaluation to improve services for youth based on their activities.
5. Those CBOs that are major stakeholders in the area of HIV/AIDS be given support in **organisational strategic planning** to help set objectives, strategies and activities to focus and achieve the work they want to do. This could also help the CBOs to monitor and evaluate their programs.

5.8 Building Positive Networks and Involving Positive YP

Pilot

1. Create a Pilot involving YP living with HIV/AIDS focused on speaking out and positive living. There is a need to involve HIV-positive YP, who are increasingly activists. There could be a need to translate parts of the manual “Lifting the Burden of Secrecy”. The pilot would **create a network of HIV-positive youth** through initial support from APN (Dr. Susan Paxton) to draw willing young HIV-positive people together and work with them. It would be crucial to also involve other YP who are living with HIV/AIDS and who are already “public” or “speaking out”. HIV-positive YP would also need to be involved in the PNG NYC.

5.9 Knowledge as Resource for Government, CBO and YP

Pilots

1. That support is given to the NAC **Resource Centre** to **have a computer (or two) with Internet access for NGOs and other partners**, to enable them to do research about sexual health at the Centre. For the Resource Centre to supply expertise in this area, and create a resource list of Internet sites related to STI/HIV/AIDS and youth so that groups can easily access these.
2. To ensure that all **academic research** on sexuality and related areas (NRI/IMR) is **deposited at the NAC Resource Centre**.
3. A separate listing of youth-specific materials is put together so that the Resource Centre has a youth section.
4. **Increase the number of videos** that are available at the Resource Centre and network with others in the Pacific region to get up to date information about what is happening in the region with YP. Make these available for the PACs to share.

5. Have a **meeting for stakeholders** to educate them on what is available in the Resource Centre and have the Resource Centre sponsor previews of videos for youth to get their feedback on new videos for their library.
6. **Burn a CD** of materials from the Internet from UNAIDS, FHI and other partners of Best Practice examples that could be made available for the PACs. This could assist in building capacity at a provincial level. CDs could be used to focus on particular areas i.e.: peer education, life skills training, young people living positively etc. so that activity grants could become infused with new ideas. Existing Resource Centre activity
7. A strategy **to increase knowledge at the level of the PAC** could be the presentation of research in an area of youth, or representatives from CBOs getting together, discussing and sharing their experiences about the success of or issues relating to their activity grants.
8. **Condom marketing launch materials** should reach the provincial level and be promoted by youth.

5.10 Documentation of Youth Organisations by Youth - Beginning the map

The Youth Task Force could begin the process of documenting youth organisations and stakeholders, as the first phase in establishing a national network of youth organisations. This would allow for greater understanding of the youth groups and networks in PNG and how they operate. Youth and stakeholders could be drawn together through the youth documentation and mapping processes.

- Review existing structures and networks and draw out the names of youth organisations and their contact details. This exercise will create an understanding of how well the infrastructure actually represents the breadth of community groups at the ward level. Initially, gather data from the NYC, PYC, NSC, NCC, and NCW of what is known or documented for them. Missing information can be filled in through consultation with these bodies. These structures should be seen as an opportunity to create the foundation of a countrywide map of youth groups.
- Move from National level to Ward level in the documentation process, keeping all groups organised in a system that identifies provinces, districts, and wards.
- Insert locations of International NGOs.
- Map projects of donor agencies that relate to youth for social development/health/income generating projects etc. in all areas.
- Document vocational programs. [HOPE Worldwide has a book for programs in NCD]. (*HOPE 2002*)
- Document schools (Dept. of Education would have lists) and ask which schools have sexual health integrated into their curriculum and what materials are used.
- Document theatre resources/drama groups in each area.
- Document music resources/musical groups in each area.
- STI clinics in provinces and urban centres.

- Places where youth gather and gang territory if relevant. [these would be documented for specific research or access purposes].

6. Strategic Planning (SP) - Where To Begin

6.1 Provide technical support in the development of a strategic plan for NHASP and NACS to address the needs of YP in the prevention and care of HIV/AIDS and STIs.

This section should be expanded and be inserted before existing sections 4 & 5. It should progress from the general information included here to identify capacity and resource opportunities and limitations, then at least identify priorities for the myriads of activity recommendations included. I'd see two options – either identify existing and currently scheduled activities, and prioritise those to be expanded, or delete the detailed information, and just identify all headings as existing or potential activities which should be reviewed, prioritised and scheduled as part of the strategic planning process – and incorporate this process into the proposed national youth conference

As the majority of PNG's population is under the age of 34, there is a pressing need to integrate focused multi-sectoral strategies and activities that involve YP across all components so that greater sustainability can be achieved.

There is a need to clearly look at issues of risk and vulnerability for YP. Risk refers to specific actions that put a person at risk of being infected with HIV, for example, unprotected sex or sharing needles. Vulnerability is how susceptible a person may be to situations of HIV transmission. There are many factors in PNG that impact on individual and societal vulnerability, for example, high rates of unemployment and a depressed economy, the low status of women and sexual violence or low individual communication skills.

Strategic planning must look at what is known about the situation (risk and vulnerability in context), identify gaps for further research, and identify what opportunities and obstacles exist to the creation and expansion of responses. The responses that have occurred need to be assessed to see if they are working and, if needs be, they should be changed or expanded. Broad goals and objectives are created that incorporate MTP and NHASP component objectives for youth/which relate to youth. Strategies would then be identified and activities created at a community level to work towards these objectives. Activities would be pinpointed as the responsibility of different groups across the sectors included in the plan. As a process, strategic planning fosters responses within the community and from donors for identified needs at an activity level. It is also well understood that analysis and strategic planning in the area of STI/HIV/AIDS requires flexibility for review, as different needs become known, situations change, and resources and capacities evolve (*Larson & Manderson 1996, UNAIDS 1998*).

Government and CBO involvement in strategic planning creates opportunities for wider involvement in the response to HIV. There is a need for strategic planning processes for YP to be collaborative with youth, and to include involvement from all sectors of the community, government departments (national down to district level) and PACs (HRC, PCC and PEC).

The PAC three-year strategic blue prints have not all been developed with a multi-sectoral team or focus at the provincial level. There is a need to build the capacity of the PACs to network with CBOs and have a focus on YP in their strategic planning/blue prints. An initial focus for strategic planning in the provinces could be in areas where known rates of HIV are high. There would need to be a review of all six-monthly activity plans and blue prints for these provinces to see how the needs of out-of-school and in-school youth have been incorporated/addressed. Strategic planning processes could initially occur at a national level with the involvement of youth and stakeholders, and identified objectives and strategies could be worked with at a provincial level. These would act as a foundation for the strategic planning of youth activities to address local needs and resources.

7. Further Comments / Recommendations

The majority of the recommendations in this report have been given through the mechanism of strategies and pilots, which create a framework for working with YP, particularly out-of-school youth. Following are other comments and recommendations that fall within or are linked to these strategies and pilots.

1. There is a need for input from a youth adviser over a longer period of time in a series of in-country inputs, with some additional inputs from outside PNG. There is an enormity of issues in PNG in relation to youth and there has been a lack of previous programmatic focus, particularly for out-of-school youth. A more comprehensive consultative process of longer duration in different geographic contexts with youth and youth-focused community-based organisations, would allow for a more inclusive review of local needs and organisational capacity to carry out awareness, prevention and care programs for young people. Such a process would create and enhance a focus on youth. It would also allow time to collaboratively create multi-sectoral strategies and activities for awareness, prevention and care programs with young people. This process has the potential to build on the local capacity of CBOs, HRCs and PCCs, Provincial AIDS Committees (PACs) and local level governments to work together, and work together with youth.

Additional short-term inputs by the youth adviser would focus on providing ongoing technical support and guidance to the National HIV/AIDS Youth Coordinators and monitoring the planning and implementation of the youth program. Specific areas of technical support would include planning and organisation of the PNG National Youth Congress, development of pilot programs based on Best Practice, planning of strategies for advocacy, and monitoring inclusion of youth-focused programs in the strategic planning process.

To be effective, these inputs could occur over an eighteen month period, with the initial input being two to three months, followed by three visits of two to four weeks each. Between in-country visits the youth adviser would provide support through regular email and telephone communication.

2. There is also a need to assist the PACs/HRCs/PCCs with community networking so that they are able to address the needs of youth (and other targeted population groups). Recommendations are:

Incorporate capacity building at a provincial level through the work of a youth adviser and the PLCs to advocate for youth and strengthen PACs to work with more extended partnerships for a multi-sectoral response.

- This could assist the HRCs and PCCs to network and have meetings with stakeholders to deal with issues relating to youth HIV/AIDS prevention and care. This could also give the option for CBOs who are not on PACS to participate. This would nurture an expanded response.
3. It is important that all PACs and their counterparts have access to lists of people or organisations that are doing pre-test counseling in their areas and can undertake HIV testing. There is a need to disseminate specific information to young people about how they can access information, counselling and testing. Awareness-raising activities are creating a need for greater access to counselling and treatment in communities.
 4. It would be important for NHASP social marketing campaigns to use an athlete or musician as a role model to endorse condom use and promote a positive environment for PLWHA. The power of the music and youth culture is an opportunity. 5. It is also important to have youth-developed IEC materials from local contexts, actively created by youth in their language of choice. A flip chart for young people's peer education support could also be designed (maybe from the experience of the peer education pilot). Youth could be involved in outdoor distribution of condoms at markets and gambling sites where betel nut is being sold. A group could be allocated an income generation project to make information and condom display cases from wood. Presently, Anglicare has a group of 32 paper sellers who are also condom distributors. 6. A joint project established between the National Research Institute and NAC to ensure that copies of all related academic research on sexuality is deposited at the NAC Resource Centre would be of great assistance for those developing youth programs or strategic plans. This documentation could also be distributed to the PAC in the region where the research was undertaken. A lot of international social researchers have done research in PNG and easy access to this documentation for NACS, NHASP and communities involved would be invaluable.
 7. In Asia and in other Pacific Islands, UNICEF has a strong commitment to and involvement in life skills programming for out-of-school youth. A life skills program in PNG that ran in conjunction with other awareness and prevention programs would help increase the ability of YP to negotiate safer sex, talk about sexual health issues, and enhance their problem-solving skills. The Pacific Stars Life Skills curriculum used throughout the Pacific Islands was researched and developed with young people's participation and involvement at every stage (*Coconut-Wireless-Team 2002*). This is a Best Practice that UNICEF PNG could draw upon, and then work with CBOs to run it collaboratively.
 8. There is a need to establish a second-generation surveillance system (SGSS) so that Behaviour Surveillance Surveys (BSS) with youth can occur systematically over time. It is important to establish baselines of behaviour (quantitative surveys) with youth in specific areas and at particular sites. A strong qualitative component should be carried out at the same time to explore the meanings behind YP's behaviours and desires, and other related and relevant issues in YP's lives. Repeated systematic and comparable research provides valuable information on patterns of behaviour change over time and,

used in conjunction with HIV sero-surveillance data, provides essential background information for advocacy and planning. SGSS are designed to be dynamic and change with the needs of a country at different stages in an epidemic. This helps to use resources efficiently by focusing on particular populations at risk, and to integrate data from multiple sources.

Monitoring risk behaviours requires a capacity and commitment to utilise the findings in the planning of appropriate interventions for HIV/AIDS prevention and care (*UNAIDS, & WHO 2000*). Data from BSS can be used to design intervention programs with young people to target particular behaviours, knowledge or attitudes. The research data also helps to point out how young people's vulnerabilities are structured in particular contexts. Monitoring risk behaviours demands the commitment to make interventions from this information to reduce the risk of HIV infection and prevent infections.

9. Other, focused research should be undertaken with PLWHA and, in this case, with young people living with HIV/AIDS. Young HIV-positive people living with HIV could be trained to be researchers with their peers. Care, counselling and treatment initiatives could benefit from understanding the needs of HIV-positive young people living in specific contexts.
10. The project would benefit by having an older vehicle that could be used to go into urban settlement areas. Researchers and advisers need to go to YP on their own grounds for research, prevention and care efforts.

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APPENDIX 1 - Terms of Reference for Youth Adviser Input

YOUTH – SHORT TERM ADVISER PNG NATIONAL HIV/AIDS SUPPORT PROJECT

The Youth Adviser will provide technical support in the development of a strategic plan for NHASP and NACS to address the needs of young people in the prevention and care of HIV/AIDS and STIs.

The Adviser will be based in Port Moresby however some provincial travel may be required.

Terms of Reference

- Provide technical advice on best practice in youth sexual health programs in resource-poor settings;
- Review existing youth programs and the capacity of youth-focused organisations to participate in sexual health awareness and prevention programs;
- Identify and recommend strategies for involvement of youth-focused organisations in sexual health programs;
- Review programs for out-of school youth and identify strategies to involve out-of – school youth in HIV/AIDS and STI awareness and peer education programs;
- Identify strategies for youth at national level and translate these strategies at the provincial and district level;
- Identify strategies for targeting youth through sporting organisations;
- Other duties as requested by the ATL.

Counterpart(s): Counterparts will be identified with the PNG Youth Commission, Department of Education and the PNG Sports Commission. The adviser will also work with other relevant agencies including the youth music industry.

Inputs: Initial input is for one month

Qualifications and experience: Adviser should have relevant qualifications in social science, public health or community development. Experience working with young people and reproductive health in the Pacific region is essential. Previous experience in HIV/AIDS and STIs and health promotion is an advantage, as is previous experience working in Papua New Guinea.

APPENDIX 2- Pacific Regional Youth Conference on HIV/AIDS, September '02

Report of the Pacific Regional Youth Congress on HIV/AIDS:
"Changing the Course" Youth Protecting The Pacific Against
HIV/AIDS
September 1 - 6, 2002. Nadi, Fiji Islands.

By the Coconut Wireless Team: University of the South Pacific, the Burnet Institute, the Australian International Health Institute, the Victorian AIDS Council and UNICEF Pacific.
Report presentation on September 6, 2002.

The Pacific Youth Congress of HIV/AIDS will be marked in its success by you - the youth delegates, and your ability to transfer the ideas, innovative practices and lessons learned - back to your respective homes, work, communities and countries. You are all here as ambassadors of your countries, which means that there is a great burden on your shoulders to bring about positive and far reaching change, in what ever way possible when discussing and working in HIV and AIDS. This week at the Tanoa International Hotel we have heard how young people have been getting involved in the preparation of projects and programmes affecting their interests and lives.

Moana Fakava told us about the Health Behaviour of Pacific Youth survey, which took place in the Federated States of Micronesia, Vanuatu and Tonga. The survey developed the skills of young people in qualitative and quantitative surveying. It's a success for young people of the Pacific.

Now we have a strong core of young people who were involved and now skilled in the preparation, production and completion of a major research study.

Also - not to forget the fact that we have the results of the research. Not research that ended up getting dusty on a shelf.... But research that was actually used for a purpose. The HBPY surveys were used to develop the much talked about Pacific stars Lifeskills Curriculum. The success of the Pacific Stars Lifeskills curriculum perhaps lies in the fact that it was researched and developed with young people's participation and involvement at every stage.

For a change, this was not the usual "lip service involvement of young people to satisfy funding requirements", but real involvement. Young people were listened to. Young people's opinions were heard and young people were allowed to make final decisions. Young people made a difference.

RECOMMENDATION: That young people be fully involved in research and planning of all programming affecting their lives, particularly in the work of HIV/AIDS and HIV/AIDS awareness.

We have heard that there are lots of avenues of HIV/AIDS information, but yet we have also heard that there is a vast vacuum in the knowledge of young people when understanding, comprehending and explaining HIV/AIDS. A vast majority do not understand the what, where or hows of STIs, HIV/ AIDS, or being HIV Positive.

As Maire said at the beginning of the week, "it is your responsibility to fill your brains with new information". Obviously a lot of us took Maire's comments on board. Certainly many people attended the session on " Basic Information on HIV/AIDS".

This week we also learned about the importance of really taking that learning on board. The Congress moved to think about the language it used when discussing and explaining HIV/AIDS.

Dr Jiko Luveni from the UNFPA presented on Condom Programming, and the need for the development of a truly effective strategy for the Pacific Islands.

We heard that condoms are procured and distributed around the Pacific Islands, however it also became apparent through the later discussion and Wednesday evenings video documentary, that not everyone feels comfortable accessing or using them.

Many young people are exposing themselves to the transmission of STIs and HIV/AIDS through lack of understanding of the importance of condoms; lack of accessibility to condoms and the simple lack of use. We also heard about success stories in condom programming. There is the work of the AidsTask Force of Fiji, who arm their peer educators and researchers with Condoms and "easy to follow" instructions on how to use them. These condoms are made available to anyone who wants them. No questions are asked.

There is also the success story of the Kam Pussum Hed or KPH clinic in Vanuatu. Attached to the Wan Smolbag theatre, the service is staffed by nurses and out-reach workers who provide family planning, STI diagnosis and condoms.

Successful condom programming can be achieved; it just takes some creativity to ensure that they are accessible to young people.

Coconut Wireless top ten places for condom distribution brought the following results.

1. Night clubs
2. Kava Bars
3. Wharves/ Air Planes/ Ships
4. Tertiary Institutes
5. Toilets
6. Hotels
7. Stuck to coke bottles
8. Health Centres
9. Door to door
10. Supermarkets and Shops

The availability of, access to, and the correct and consistent use of condoms, for both males and females markedly reduce this risk of the transmission of STIs, and HIV/AIDS.

The Congress should be mindful that prevention of sexually transmitted infections and diseases is an important priority within HIV/AIDS prevention programmes. Dr Jimmy Rodgers' presentation on Monday made note of the fact that there is a particularly high prevalence of STIs in the Pacific.

This week we have been reminded of the ongoing success of peer education as an approach to reaching young people with information, knowledge and awareness on HIV/AIDS.

Carolyn Saemala shared with us her experiences in working with the Peer Educator - Youth Outreach Peace Programme in the Solomon Islands. The programme has been able to break down many of the myths and misconceptions surrounding HIV/AIDS and continue to reach young people, even in a country in conflict!

Melenie from the Flame Project in Samoa gave the Congress an overview of how simple and effective peer education can be. Together with a group of friends, she decided to act rather than to wait for others - to make a positive change for young people in Samoa. Free from the burden of donor reporting and bureaucracy, the Flame project has reached out to young people who have previously been too difficult to reach. Success can be achieved with very little. Enthusiasm counts for a lot!

We heard about the "Youth to Youth Counseling Project" in Vanuatu, which again has effectively used peer approaches with great success. The peer educators have been able to work in a number of provinces providing STI - HIV/AIDS and

reproductive health training, youth leadership skills and youth Counseling. Much like the UNICEF Lifeskills Peer Education project, the Youth to Youth approach has successfully trained others to be trainers, ensuring that information flows in both rural and urban areas. The youth to youth project also employs the use of drama and theatre. This week delegates have had the pleasure of watching and learning from the work of the pacific-renowned Wan Smolbag. Combining HIV/AIDS information with drama and humour is an innovative and extremely effective vehicle with which to reach people of all ages.

GOOD PRACTICE: Peer education and the use of drama are two overwhelming successful approaches in working with young people in HIV/AIDS awareness. Both are approaches, which hold appeal to youth as both 'providers' and receivers' of information.

Dr Stephen Homasi told the congress that we shouldn't forget to focus our attentions on men when considering reproductive health and HIV/AIDS awareness programmes. In Tuvalu sexual and reproductive health promotion is focused on women. This has been the practice for a long time, meaning that men then think that anything to do with sexual health is always the responsibility of the woman. It reinforces a negative gender stereotype. Men need information, and need to accept greater responsibility especially with the threat of STIs and HIV/AIDS.

Fiji Women's Crisis Centre research officer, Naeemah Khan told delegates women were in a disadvantaged position as far as successfully negotiating safer sex practices was concerned. Sexual violence against women intimidated them from making a stand against unsafe sexual practices despite their acknowledgement of the fact that their husbands may be sleeping with other women, manifest in their contracting STIs. This situation further increases the risk of contracting HIV/AIDS.

This violence does not allow women the confidence to initiate safer sex practices. In addition to this, cultural sexual perceptions are such that to initiate safer sex practices like urging husbands to use condoms is viewed in most communities as "forward" or an indication that the women has had a lot of sexual experience.

Lisa Williams reminded the Congress that gender is not only a women's issue, but that gender very much involves men as well. Gender inequality puts half our Pacific population at an increased, unfair, and criminal risk of HIV infection. **"Gender is the fatal inequality because it takes the choice of protected sex out of the hands of the women."**

Due to men's roles and women's low position in Pacific Island countries, women are not able to make decisions about their bodies or to negotiate for safe sex, Williams

said. There is an urgent need for training and awareness of gender roles and their impact on HIV/AIDS.

Linked to gender violence we also heard about research on Alcohol and drug abuse. Both are considered to be factors increasing the vulnerability of youths to sexually transmitted infections (STI's). This was highlighted by Tangimeimoana Fakava, a Tongan delegate in her presentation on HIV and Substance Use based on survey results carried out in Tonga in August 2000.

The results of the research study showed that the issue arising from alcohol and drugs is a controversial one, which clearly show that the portion of young boys and girls who use various substances are more likely to be infected with STIs. "When young people are under the influence of alcohol they cannot really make wise decisions, can't say no to drugs, not even negotiate for safer sex practices,"

As long as society allows attitudes that facilitate the abuse of women, young women will not be able to adequately protect themselves. We clearly need to keep discussing gender, to be aware of the particular vulnerability of women, and to ensure that an emphasis is given to training both men and women on gender issues and awareness on STI's HIV/AIDS.

Delegates have heard repeatedly about the widespread use of alcohol across the Pacific, and the impact that this has on safe sexual behaviour. The impact of excessive use of alcohol also bears heavily on gender-based violence, as experienced by women in various countries in the region. The need to generate greater discussion around alcohol and its impact was highlighted to participants.

Delegates at the Congress this week were incredibly lucky to hear from several young people living with HIV with the result that the youth delegates at this Congress came to realise that anyone can get HIV. The session that had the greatest impact at this Congress was Wednesday's plenary on living with HIV/AIDS. The power of the words from HIV positive youth was enormous, and delegates were extremely grateful and inspired.

These young people - from Tahiti, Singapore, Zambia and Fiji - had so much to tell. Stories of empowerment, hope and living positively. And stories of terrible stigma and discrimination. Distressing incidents of violence and being driven out of families and communities, were reported from our own islands.

It became clear this week that stigma and discrimination remain one of the biggest barriers to HIV prevention, care and support in the Pacific region. In the words of Maire Bopp Dupont "HIV might be a deadly disease, but what kills is people".

The delegates also learned an enormous amount about the vital issue of confidentiality. Whilst we all live in small island communities, we need to be strong in maintaining confidentiality and in creating supportive environments where it is safe for people to disclose their HIV status. We need to advocate for access to voluntary confidential counseling and testing back in our own countries.

It also became clear that the course of stigma and discrimination can be changed. Young people at this congress have the power to change the course of negative attitudes and ignorance in our communities. We can be advocates of change.

Delegates heard yesterday from Dr. Stephen Homasi about advocacy. Young people in the Pacific context are often not taken seriously, but Stephen's lesson for us all was that if we lead by example, lead by getting out there and being active in the response; and secondly, if we be persistent and keep going to our community leaders, our pastors, and our governments, again and again eventually they will realise that we as young people mean business.

Young people can also be strategic about finding other ways to create change. We can find supportive people in influential positions who can advocate on our behalf. We can engage the support of people looked up to in the wider community - like Fiji Rugby Players, and TV personalities - to talk about HIV to change attitudes.

Advocacy was certainly something we have been hearing a lot about this week. But several delegates have also raised that they are not quite sure how to go about it.

RECOMMENDATION: That young people be trained in the specific skills of advocacy. What techniques can we use to get our message through to community leaders, church leaders and our governments so that they will hear our voice? If those organisations out there, like UNICEF, who have experience in advocacy for young people could expand their programs to Ensure more Pacific youth are empowered to advocate for their own needs, this Congress will have moved us in the right direction.

There were many presentations this week that highlighted how important it is to build partnerships. We heard from the Solomon Islands and Tuvalu about their multi-sectoral Strategic Plans for HIV/AIDS, and we know that many other countries in the region have developed Strategic Plans too. We heard about the importance of partnerships with organisations and sectors within our countries. Delegates were encouraged to work with the media when they go back to their islands, to reach out to other young people in all parts of our countries. We need to work with Churches. We are the Church, and through Church youth groups we can raise the awareness of many young people about HIV/AIDS.

Most delegates here are not lawyers! But through Anita Jowitt's presentations, we learnt about working with the legal community and how HIV is a law issue.

Many delegates to the Congress reported on how they are working in some of the most important partnerships of all - partnerships with marginalized groups. Young people from all corners of the region are doing excellent work in partnership with sex workers, with rural youth, with men who have sex with men, with prisoners, and with militants in the Solomon Islands.

And finally this week young people discussed how to develop teamwork and partnerships with traditional community leaders. **LESSONS LEARNT: More needs to be done to reach rural youth, young people who are out of school and young people with disabilities.**

MORE INPUT PLEASE: Young people reported to Coconut Wireless a need for further input on issues such as STIs. Given the high rate of STIs in our countries, and in our youth this is a really important area for us.

RURAL YOUTH: People have also been talking about the particular difficulties of rural and remote youth. We heard of some success stories, such as Andrew Sopot's awareness raising in Lihir PNG, and the presentation on peer education reaching rural youth in Vanuatu by Odina Lala, but we would like to hear more.

We could think out sessions where young people can discuss and debate some of the issues with parents. And it was a shame that we didn't hear more about working youth, such as seafarers. Seafarer's are young men particularly vulnerable to HIV infection, and in many of our countries, they are a key partner in an effective response. Finally, young people reported to the team that they needed more information about HIV treatment and access to HIV drugs. Whilst it might be a way off for many of our countries, it is coming - and young people need to know what all the fuss is about. Having said that, each of our delegations have learned so much this week. We would now like to hear from the representatives from each of our Pacific Island nations as to what they will do with what they have learned this week.

YOUNGEST DELEGATE: Came from Palau, and is 15 year old Obichang Otrto Ongklungel Otto.

CULTURE/TRADITION: Cathy Vaughn spoke of how the title of this Congress includes the phrase "Youth protecting the Pacific against HIV/AIDS". This is what you are protecting. Your languages, cultures, traditions and heritage. On each of our islands we have a proud and unique culture. If HIV were to take hold in our communities, who will there be to teach the future generations our languages?

Where will the children of tomorrow learn our stories, our dances, our songs? This is what is at stake.

We have heard this week how culture and tradition can be a barrier to talking about HIV. But if we don't learn from the rest of the world and act on HIV now, we heard from Maire this week that culture and tradition will have no reason to exist. They won't exist.

But culture and tradition can also be an opportunity for protecting the Pacific against HIV/AIDS. We have heard stories this week how our strong cultural heritage of close-knit families and communities can be the basis of an effective response. And it is up to us as empowered and informed young Pacific Islanders to take responsibility for protecting ourselves and our futures.

Delegates at the Pacific Regional Youth Congress on HIV/AIDS have been inspired and challenged this week by the many stories of young people working their butts off in very difficult circumstances.

We have heard from young people like Rory Sitapai in Papua New Guinea who has been caring for people living with HIV and dying from AIDS for many years now. We have heard from our friends in the Solomon Islands who have continued to implement their programs despite the conflict, political unrest and the withdrawal of donor agencies. It was great for all of us to have Jovesa remind us that once even Moana was a shy girl from Tonga just starting out in the field. Look at her now! Young people in the Pacific are making a valuable contribution to the HIV response, but we must do more. And we can do more!

For us at Coconut Wireless, the main message we have taken away this week is that young people in the Pacific can change the course. We can do it. The energy, enthusiasm and resilience of youth was found in every session of this Congress. We are inspired. We are motivated. And we need to keep together. The final recommendation from the team here relates to keeping our network going.

RECOMMENDATION: That UNICEF coordinates an ongoing youth network. This could involve an email network for those who have email access, and the production of a quarterly youth magazine on HIV/AIDS in the Pacific. We ask that each delegation nominate a focal point within their country, who could receive this magazine by email, and then print out copies to distribute widely within their communities. This way we would be able to reach rural young people and others who don't have email access. That way we can continue to work together, learn from each other, and inspire each other to truly Change the Course.

APPENDIX 3 - List of people and organizations consulted

Overall 54 Consultations

- 40 Individual consultations
- 6 Focus Group Discussions with Youth
- 7 Group Discussions
- 1 Participant Observation at NCD Youth Forum

Port Moresby

1. Andrew Sopot - **Red Cross / Lihir Island**
2. Anna Miro – **Federation of Youth** – President
3. Michael Miro – **Director of NCD Local Level Government**
4. Billy Strange
5. Bruno Kakelave – **Commissioner / Executive Division / National Youth Commission**
6. Christine Stewart - **Legal Adviser NHASP**
7. David Passirem – **Counselling & Community Care Adviser / NAC**
8. Elizabeth Cox – **Counselling & Community Care Adviser NHASP**
9. Febian Benito Jogoinei– **Six Mile Recycle Youth**
10. Focus Group Female and Male Youth - **Waigani Youth**
11. Focus Group Female Youth - **Marata 1 Settlement Female Youth**
12. Focus Group **Henoa Sisters** - **YWCA**
13. Focus Group Male Youth – **Marata 1 Settlement Male Youth**
14. Focus Group - **Peer Educators - Friends Foundation Task Force**
15. Focus Group - **Recycle Youth, Street Kids, Country Side Social Group, KC Boys, Iwani Group**
16. George Koivi - **Marata Theatre Group**
17. Greg Law (Dr.) -**Deputy Team Leader - Health Sector NHASP**
18. Group Discussion **Provincial Liaison Coordinators NHASP**: Leslie Bola– PLC New Guinea Islands; Vincent Manukayasi – PLC Highlands Region; Aisa Nao; Carol Ugava – PLC Southern Region
19. Group Discussion - **Hohola Spiders Rugby Football Club**
20. Group Discussion **Recycle Youth and Countryside Social Club**
21. Group Discussion **National Youth Commission**: Christopher Usuka – Publications Coordinator; Anna Miro – President Federation of Youth; Robi Duri – Human Resources; Charles Semwakesa – Manager Technical Division; Bruno Kakalave – Commissioner of Youth; Steven Kaikai – Graphic Designer
22. Group Discussion Jessica Leslie and Team– **Hope Worldwide PNG**
23. Group Discussion: **Eastern Highlands PAC members, CBO and PLC**
24. Hubert Warupi - **Hohola Spiders Rugby Football Club**
25. Ivan Bayagau - **Friends Foundation Task Force**
26. Jane Kenso

27. Jeanette Southwell – **StopAIDS / Anglicare**
28. Jeremy Burgess / General Manager – **Wantok Newspaper**
29. Joe Anang – **UNICEF**
30. Joe Mesa – **Pacific Youth Council / PNG Care**
31. John Billy – **Peer Educator StopAIDS**
32. Kal Indistange – **Health Promotion Adviser / NAC**
33. Kay Nicol – **StopAIDS / Anglicare**
34. Lazarus Natio – **Catholic AIDS Office – Previous Youth Coordinator**
35. Lucas Kou - **Baua Baua Popular Education Group**
36. Martin Brass - **Tanorama**
37. Mary Isa – **IMR / Port Moresby Office**
38. Max Mea
39. Participant Observers at **NCD Youth Forum**
40. Patrick Longe – **Director Sports Commission**
41. Rachel Pokesy– **Provincial Counselling Coordinator, NCD PAC**
42. Syeed Kemi - **Countryside Social Club**
43. Thomas Lisenia – **Institutional Strengthening Adviser – Multi-sectoral NHASP**
44. Vincent Manukayasi – **PLC Highlands Region NHASP**
45. Wilfred Peter- **Peer Education Adviser / NAC**

Goroka

46. Asibo Wahasoka – **Peer Education / Institute of Medical Research**
47. Henrick Wawe – **Goroka Community Awareness Foundation**
48. Herick Keno – **Peer Education / Audio Visual Institute of Medical Research**
49. Hannah - **Peer Education / Institute of Medical Research**
50. John Reeder – **Director / Institute of Medical Research**
51. Noah bere Komere and Amos Annabei – **HRC and PCC / PAC Eastern Highlands**
52. Terence Hetahu – **Dauola Youth Ministry**
53. John Tawi Doa – **Raun Raun Theatre**
54. Group Discussion **Yonipi Youth Group**