HIV / AIDS Prevention and Capacity Development in the Pacific: Peer Education and Support Program Mapping Consultancy

Tuvalu: Country Report

The Secretariat of the Pacific Community

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Country Report

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1.0 Country summary

According to figures reported by Tuvalu to SPC's HIV & STI surveillance unit, cumulative HIV cases at the end of 2008 were eleven. This includes four AIDS cases with three deaths due to AIDS related illnesses. In a small population of approximately 9,100 people this translates into one of the highest per capita rates of HIV in the Pacific. Seafarers account for the majority of HIV cases.

2.0 Findings

This mapping of HIV & STI peer education programs for vulnerable populations involved: examination of national strategies, and other relevant documentation; surveying and interviewing national organisations involved in peer education; and consulting with regional organisations involved in the delivery of HIV & STI services

The following 'tight' definition of peer education has been used in this analysis:

> *the teaching or sharing of health information, values and behaviours by members of similar age or status groups*.

Peer education therefore is an education program run by, and for, members of the same peer group; and a peer is someone from the same group, in which the group members identify with each other because of certain features they have in common.

Using this definition, the information gathered is discussed with the following ten criteria in mind:

1. The project **targets a vulnerable community** in the country. The intervention is well targeted. (Basis for this comes from the national strategy and from the feedback about what the vulnerable populations are in the country.)
2. **Governance.** The peers are involved in the way things are run and the decision-making. There is **engagement with the target population** in the design, implementation and evaluation of the project. There is engagement at some levels and constant attempts are made to pursue this engagement.
3. There is obvious **support** for the peer education project at an organisational and national level.
4. **Collaborative relationship** with other organisations who are undertaking HIV peer education based activities in the country so that there is no duplication (competition) of services.
5. **Recruitment strategies** for peer educators are appropriate, systematic, ongoing and sustainable. This includes developing defined marketing strategies. There is an accepted and celebrated **exit strategy** for peer educators.
6. There is initial and follow-up education for the peer educators. There is **sustainable capacity building** of peers.
7. **Referral systems** are in place to address the needs of the target population as things arise. This includes the ability to follow-up on whether anything happened as a result

of the referral (did the person actually attend for VCCT), and an ability to assess whether the referring agency is effective and provides suitable service.

8. **Evaluation**. There are set outcomes. How is the **effectiveness of the project determined?** What agreed measures are in place to assess whether this project 'makes a difference' or not, and is there a defined mechanism to report against these? It is acknowledged that this is extremely difficult, however are there attempts to do this?
9. Monitoring. A code of behaviour is defined and followed. This includes a **monitoring mechanism for the knowledge, skills and conduct of peer educators**.
10. The project makes an **obvious and tangible impact**. Things that have changed as a result of the project being in existence are able to be discussed.

2.1 The national strategy

The current national strategy is the *Tuvalu National Strategic Plan for HIV and AIDS 2009–2012*. A detailed analysis of the strategy with reference to peer education appears as Appendix One and is summarised below.

Strengths include:

- Clear identification of target vulnerable groups is described.
- Significantly, the need to create an enabling environment through legislation change is specifically referred to in relation to women, sex workers and MSM.
- Behavioural research to better describe vulnerable populations is also highlighted.
- Peer education is referred to with respect to young people and commercial sex workers, and peer support for PLWHA.
- Reference is made to the need for support and training of peer educators.

Areas for improvement in peer education include:

- No guiding principles are articulated.
- A number of interventions are highlighted but no indication as to their inclusion of peer based methodologies.
- No explicit reference is made to the need for engaging and collaborating with vulnerable communities.

2.2 Organisations involved in peer education

Different organisations target different populations and undertake peer education in different ways. In Tuvalu two organisations were identified as being involved in peer education. Only one organisation responded to the survey questionnaire.

2.2.1 Tuvalu Family Health Association (TuFHA)

TuFHA commenced in 1989 to address sexual and reproductive health issues and employs nine FTE staff and approximately 30 volunteers. The Ministry of Health in consultation with relevant stakeholders initiated the introduction of the first peer education program in Tuvalu; and it was agreed at the time that TuFHA was the most appropriate organisation to

implement the program due to its existing work in sexual and reproductive health and with youth. Approximately 30% of the organisation's activities are now based in peer education, utilising three FTE staff and nine volunteers. The program targets marginalized young people, young people attending school, women, people living in rural / remote communities, and seafarers.

Training for peer education has been organised by TuFHA in the previous 12 months, and was facilitated by the one of the peer educators from Fiji and doctors from MOH. No external training has been organised.

Strengths include:

1. The organisation is included in the national HIV/AIDS strategy, and is part of a formal HIV network.
2. The program does collaborate with the Red Cross and MoH in the delivery of services.
3. It refers the target population to the TuFHA clinic or MOH, and attempts to follow up these referrals through condom distribution.

Opportunities for further development in peer education:

1. Little information is available to assess whether there are unidentified vulnerable groups yet to be targeted.
2. Limited exposure to other peer education programs or ability to exchange with other peer education programs at the regional level.
3. Lack of a peer education network.
4. Insufficient incentives offered to peer educators.
5. Compartmentalisation of different NGOs leads to duplication of activities in this small country.

2.2.2 Tuvalu National AIDS Council (TUNAC)

TUNAC is the country coordinating mechanism (CCM) and monitors all activities under the national HIV strategic plan; and also other related HIV & STI activities from development partners. It is understood that TUNAC is involved in peer education initiatives however no information about this organisation was received during the mapping exercise.

2.3 Regional organisations

The mapping exercise also included consultations with regional partners based in Fiji on peer education. Two organisations mentioned Tuvalu in their discussions.

2.3.1 Marie Stopes International Pacific (MSIP)

Developed initially in Fiji, the condom social marketing (CSM) program of MSIP relies upon peer distribution of condoms. Persons with previous experience in peer education (often head hunted from existing agency networks) are trained in sales and marketing and are designated as peer leaders. The training workshop is a two-day program dealing with the principles of CSM with refresher training on HIV and other STIs. The educators recruit teams of condom distributors from villages (or from vulnerable communities). This model was first

developed in Fiji and is now being implemented in other countries, including Tuvalu, where MSIP partners with local agencies and selects trained educators to become skilled in CSM. Though initially developed as a peer education program, CSM has become more of a community education and outreach project with less focus placed on engaging and developing peers as distributors and educators.

2.3.2 Secretariat of the Pacific Community (SPC) and UNFPA Adolescent and Reproductive Health (ARH) Program

The ARH program was implemented across the Pacific in 2001 as a UNFPA sponsored program in collaboration with SPC. UNICEF established a life skills program in 2002 which took on a broader scope of adolescent development beyond ARH and became the Adolescent Health & Development (AHD) Program in 2005 by merging with the UNFPA-SPC project.

The life skills program utilised master trainers within existing NGOs and attached SRH to their agenda. The ARH program placed coordinators in each country but over time their role has diversified, and at times, confused as they take on a wider range of activity and responsibility.

The MOH is the lead agency for the AHD program; but there is a AHD Committee which monitors the implementation of the program; and an Assistant AHD & RH Coordinator has recently been recruited to co-ordinate and facilitate the implementation of the program activities. Since the inception of the AHD program peer education activities have been included in annual work plans. The MOH has been working with TuFHA, Tuvalu Youth Department and Tuvalu Red Cross on training more peer educators and life skills trainers in order to sustain the number to carry out activities specifically for them. So far, there are peer educators / life skills trainers working as volunteers with TuFHA and Tuvalu Red Cross.

3.0 Discussion

The *Tuvalu National Strategic Plan for HIV and AIDS 2009–2012* offers a solid framework for conducting peer education in Tuvalu. The document is inclusive of a number of vulnerable groups and presents a strong base for the development of effective peer education in the country.

However Tuvalu does exemplify the issues confronting peer education as implemented in a number of small countries. It has experienced a high per capita rate of HIV and this is comprised of a highly vulnerable group of seafarers. These seafarers serve as a significant bridging population for HIV and other STIs to enter the remaining small, isolated resident population.

Exactly what is peer education and what is broader community based education may have become slightly confused in Tuvalu. While the need for continued community engagement and education in broader HIV education and prevention is noted, the defined utilisation of a peer education methodology is also warranted.

The size of Tuvalu's population presents both significant challenges and benefits when discussing HIV peer education. These challenges include the lack of information about other vulnerable populations given their invisibility within a closed community; and that little has been done to assess the level of STI risk. Additionally, the country is relatively isolated from other regional programs, both in terms of geography and communication, and this results in limited opportunities for peer educators to gain experience and knowledge through training and networking across the region. The small population imposes difficulties on achieving a local critical mass of expertise, further limiting training opportunities. Poor resourcing impedes access to regional training and skills.

Add to this, the fear of exposure and stigmatisation within a small community creates great difficulties for any effective targeting of vulnerable groups.

Alternately however, there are significant benefits for the small population. If a coordinated and effective peer education methodology was implemented then contact with, and broad coverage of, the population would be achievable.

The difficulties facing Tuvalu are recognised within the national strategy, which clearly identifies particular vulnerable populations and calls for legislative changes to enable better service access. Given this though, the government appears unable to support existing peer education programming. This coupled with limited networking with other NGOs risks duplication of the few services available.

4.0 Recommendations

1. Peer education among seafarers should be encouraged and continued.
2. Efforts to identify the needs of those within other vulnerable groups should be undertaken. This includes an assessment of the levels of involvement capable of individuals within these populations.
3. Outreach and support to PLWHA in Tuvalu should be enhanced. This includes advocacy roles within organisations.
4. Education and up-skilling in the precise methodology of peer education, and the roles and responsibilities of peer educators, is warranted both for peer educators themselves, and for members of the broader stakeholder organisations and community.
5. Monitoring and evaluation processes need to be addressed, including the development of evaluation tools appropriate to the unique constraints of Tuvalu.
6. Formalised networking and coordination among the organisations involved in peer education in HIV is warranted. Resourcing to support this coordination is important so the mechanisms of interagency collaboration, communication and support between NGOs and Government may be addressed.
7. A system of networking and communication with other country peer education programs should be developed to provide support, in-service and guidance to local programs in Tuvalu.

8. A detailed assessment of the state of sexual and reproductive health amongst the population should be conducted, with particular focus on the most vulnerable populations.

Appendix One

Analysis of peer education within the national strategy

Country: Tuvalu Strategy Document: Tuvalu National Strategic Plan for HIV and AIDS 2009–2012		
Does the Strategic Plan include Guiding Principles which highlight the importance of:	The rights of all people to access education & prevention services	No comments
	Partnership and engagement with the affected community (i.e. vulnerable groups)	No comments
	Engagement of young people and their right to access education & prevention services.	No comments
Does the Strategy highlight the importance of Identifying and targeting vulnerable populations? Refs	Page 18: Policies, legislation and traditional laws that discriminate against vulnerable populations including women, sex workers and men who have sex with men reviewed and amended. Appropriate policies that underpin the enabling environment are an essential part of an effective HIV response. This output will entail a comprehensive review of policy and legislation that might inadvertently give rise to discrimination, along with recommendations for changes that bring such policies and legislation into line with Tuvalu's international obligations on human rights. 1.C. Policies, legislation and traditional laws that discriminate against vulnerable populations including women, sex workers and MSM reviewed and amended 1.C.1 Assess existing policies & legislation to identify those discriminating against vulnerable populations including women, sex workers and MSM Page 18: Behaviour change strategy developed. Given the complexity of achieving effective behaviour change in any community a thorough study will be undertaken to ensure that whatever interventions are undertaken, they meet the needs of the highly specific and unique situation. This study will inform the BCC strategy for Tuvalu. Page 18: Strategy for HIV and STI prevention among Tuvalu youth devised and implemented. Page 18: Prevention strategies specifically targeting vulnerable groups designed and implemented. Such measures are seen as a cornerstone of an effective response in settings like that of Tuvalu. Seafarers are among the Pacific's most vulnerable population sub groups and Tuvalu is no exception. Although sex work is not as common in Tuvalu as it is in some other Pacific island nations it does happen and may become more common. These are among the groups that need specific interventions based on good information. 2.C Prevention strategies specifically targeting vulnerable groups designed and implemented 2.C.2 Undertake KAPB studies to inform behaviour change strategies with vulnerable groups 2.C.4 Design, pre-test, publish and distribute culturally specific BCC materials for vulnerable groups 2.C.6 Review seafarers HIV education campaign 2.C.7 Design HIV prevention campaign for entertainment venues where risk behaviours are known to be prevalent 2.D.9. Engage in targeted condom and lubricant distribution campaign for identified vulnerable groups in targeted condom and lubricant distribution campaign for identified	
Does the Strategy highlight the	2.A.5 Design "life skills" training program for teachers, health workers, community leaders, NGO personnel, young people and other suitable key players incorporating communication, negotiation skills, sexuality, Gender respect and	

<table>
<tr><th colspan="8">Country: Tuvalu
Strategy Document: Tuvalu National Strategic Plan for HIV and AIDS 2009–2012</th></tr>
<tr><td>importance of peer education as an intervention?</td><td colspan="7">responsibility, and safe sex
2.B.7 Adapt existing peer education support materials
2.B.8 Monitor peer education activities
2.C.5 Implement peer education program for sex workers to provide condoms and safe sex education
3.D.1 Establish peer support network for people infected and affected by HIV</td></tr>
<tr><td rowspan="12">Vulnerable Groups identified in Strategy and associated Prevention Strategies/Actions identified in Strategy</td><td>Population
Intervention</td><td>Seafarers</td><td>Young People</td><td>MSM</td><td>women</td><td>SW</td></tr>
<tr><td>World AIDS Day campaigns</td><td colspan="5" rowspan="11">The populations listed above are not aligned to any of the interventions listed in the strategy (on left)</td></tr>
<tr><td>“life skills” training program</td></tr>
<tr><td>stepping stones program</td></tr>
<tr><td>Produce (print/record/make) culturally specific/ sensitive HIV and STI behaviour change materials</td></tr>
<tr><td>media HIV strategy</td></tr>
<tr><td>broadcast a series of radio messages on HIV and STIs</td></tr>
<tr><td>Arrange with Telecom and design mobile phone spot messages</td></tr>
<tr><td>youth HIV strategy</td></tr>
<tr><td>pilot implementation of HIV and Sexuality curriculum in selected schools</td></tr>
<tr><td>Distribute condoms and information</td></tr>
<tr><td>Provide IEC and other behaviour change materials to support VCCT</td></tr>
<tr><td colspan="2">Does the strategy highlight the importance of partnership/engagement with vulnerable groups? Ref</td><td colspan="6">No comments</td></tr>
<tr><td colspan="2">Does the strategy highlight the importance of training for peer workers? Refs.</td><td colspan="6">2.B.4 Develop/adapt a peer education training manual
2.B.5 Identify, train/ retrain youth peer education teams
2.B.6 Devise Peer Educator support mechanisms</td></tr>
</table>

Appendix Two

Transcript of interview with Tuvalu Family Health Association

The Tuvalu Family Health Association (TuFHA), commenced in 1989 to address SRH issues, employs nine FTE staff and approximately 30 volunteers. The organisation uses a formal definition of peer education documented in its national strategy.

The interviewee defined peer education as "The term peers means one of equal standing with another. So in this case peer education is communicating and exchanging ideas and knowledge with your own peers and in this case is youth. Peer education can be done on different approaches like one to one basis and community outreach."

Approximately 30% of the organisation's activities were based in peer education, utilising three FTE staff and nine volunteers. The program targets the following groups: marginalized young people, young people attending school, women, people living in rural / remote communities, and seafarers. Peer education activities include: direct one-on-one education, group based education, education sessions (e.g. in schools), advocacy for peer education, condom and resource distribution, resource production (IEC materials) by peers, theatre / role play education, media production and use, and skill training (e.g. in communication) for peer education workers.

The organisation is included in the national HIV/AIDS strategy, is part of a formal HIV network, but not a peer education network. The program does collaborate with the Red Cross and MoH in the delivery of services. It refers the target population to the TuFHA clinic or MOH, and attempts to follow up these referrals through condom distribution. Whilst the program felt it had the support of the organisation for its peer activities, it was believed that the government was not aware of the peer education program.

Training for PE has been organised by TuFHA in the previous 12 months, and was facilitated by the one of the peer educators from Fiji and doctors from MOH. The visiting trainer had come to Tuvalu to review PRHP project and assisted in training the peer educators (volunteers) for a short period. No external training has been organised.

Significant education and training skills for effective peer education were identified as:

- BCC skills
- Negotiation skills (condom use)
- Communication skills
- Leadership skills
- Facilitation skills
- Pacific Star Life skills
- Basic information on STI/HIV, teenage pregnancy, contraceptive methods
- Reporting and monitoring skills

While the interviewee acknowledged that there was no survey to assess whether there were unidentified vulnerable groups yet to be targeted, it was felt that peer education had made extensive reach into the public sphere through radio programs and community outreach.

A number of education and training gaps were identified:

- Lack of Pacific life skills

- Insufficient information on SRH issues such as teenage pregnancy, STI/HIV
- Limited exposure to other peer education programs or ability to exchange with other peer education programs at the regional level.
- Lack of a peer education network.
- Insufficient incentives offered to peer educators.

The proper recruitment of peer educators was highlighted as critical for ensuring a right understanding of peer education. The interviewee identified a lack of support from Government and compartmentally of different NGOs leads to duplication of activities in this small country.