

For the Pacific Region International Federation of the Red Cross and Red Crescent Societies

Reducing vulnerability to HIV and its impact in four Pacific Island Countries

Findings from the Mid-term Evaluation of the IFRC component of GFATM Round 7

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Abbreviations

CCM	Country Coordinating Mechanism
FSM	Federated States of Micronesia
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immuno-deficiency Virus
KAP	Knowledge attitudes and practices
MoU	Memorandum of Understanding
MRC	Micronesian Red Cross
PIAF	Pacific Island AIDS Foundation
SPC	Secretariat of the Pacific Community
STIs	Sexually Transmitted Infections

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Clockwise from top left:
 Kosrae State FSM youth peer educators creating pictures of most significant changes, Kosrae State FSM two pictures of most significant changes, Pohnpei State FSM youth peer educators creating pictures of most significant changes, Mangaia Island Cook Islands students discussion the Red Cross and HIV interventions, Kiribati youth peer educators discussing target groups, four pictures of those identified as most vulnerable in Kiribati.

Executive Summary

The Pacific Regional International Federation of Red Cross and Red Crescent Societies and four Pacific Island National Societies were funded under the Global Fund Round 7 to expand efforts to reduce vulnerability to HIV and its impact.

A mid-term evaluation was undertaken during September and October 2011 to review efforts to date. The evaluation found that:

1. Focusing on STIs

There should be more focus on the prevention and treatment of STIs as a way to reduce HIV transmission.

2. The integration of HIV and STI awareness across programmes

Integrating HIV and STI awareness activities across the National Societies programmes has the potential to:

- *Reduce the risk of losing technical skills, experience and project momentum if a key staff member leaves.*
- *Enable cost-sharing and reduce overall costs.*
- *Pool resources and contribute to sustainability.*
- *Reach people who may not attend an HIV and STI specific activity.*
- *Enhance knowledge and skills within the National Society.*

3. Condom availability, use and acceptability

3.1 *Condom availability and reach needs on-going input.*

3.2 *More information on condom acceptability and the consistent and correct use of condoms is needed.*

3.3 *There are opportunities to enable women and girls to have the knowledge and skills to use female condoms.*

4. IFRC resource materials

IFRC written information, in particular resource materials, is generally overwhelming.

5. Communicating HIV and STI prevention messages

The current HIV and STI prevention messages, and how these prevention messages are communicated, needs to be re-visited.

6. Delivering and expanding the response

The delivery and expansion of the response to HIV and STIs must be balanced with what can be realistically achieved.

7. Broadening peer education

Broadening the youth peer education approach is an opportunity to reach others who are vulnerable to HIV and STI infection.

1 Introduction

The Pacific Regional International Federation of Red Cross and Red Crescent Societies (IFRC) and four National Societies (Cook Islands, Kiribati, Federated States of Micronesia (FSM) and Samoa) were funded to promote and protect the health of the most vulnerable to HIV (Human Immuno-deficiency virus), be leaders to address stigma and discrimination and work in partnership with local stakeholders.¹ This report documents the findings from a mid-term evaluation of project implementation.

1.1 Background

The Pacific Regional Office of the IFRC secured funding under Round 7 of the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) from mid-2008 to mid-2013. Securing GFATM funding created an opportunity for the IFRC and the four national Societies to 'reduce vulnerability to HIV and its impact'.²

The IFRC's Pacific Regional HIV programme was formed in 2008 as part of the IFRC's Global HIV Alliance. The Global HIV Alliance aims to support National Societies to implement HIV interventions through the provision of a comprehensive framework to mobilise resources and capacities.³

The IFRC contributes to the GFATM Round 7 objective 'to support national and regional efforts to prevent the spread and minimize the impact of HIV and other STIs (sexually transmitted infection) on individuals, families and communities'. The IFRC also contributes to the GFATM's Principal Recipient's in the Pacific (the Secretariat of the Pacific Community (SPC)) outcome that people in the Pacific Islands 'have the information, behaviours and skills to help prevent the transmission of HIV and other STIs'.⁴

The project's purpose is *to scale-up the IFRC's efforts in support of the National HIV/AIDS Programmes to reduce vulnerability to HIV and its impact*. The IFRC reports to the SPC on the following two outcome indicators.

- The number of volunteer non remunerated blood donors.
- The number of condoms distributed.

The three outputs the IFRC contributes to under the Global Alliance and GFATM framework are:

- Preventing further HIV Infection.
- Reducing HIV Stigma and Discrimination.
- Strengthening National Societies capacities to deliver and sustain a scaled-up HIV program.

As the project moves into Phase 2 (mid-2011 to mid-2013) it was pertinent to undertake a mid-term evaluation. The purpose of this evaluation was to:

- Review how successful the Project has been to achieving the GFTAM outcomes and outputs.

¹ The Red Cross Red Crescent Global Alliance on HIV Programme Manual (undated). Work in Progress. Version 6.

² IFRCRC (Undated). Global Alliance on HIV. Pacific Regional HIV Programme (2008-2010) of the Red Cross and Red Crescent Global Alliance on HIV. Page 4.

³ The Red Cross Red Crescent Global Alliance on HIV Programme Manual (undated). Work in Progress. Version 6.

⁴ IFRCRC (August 2011). Terms of Reference (TOR) for Evaluation of the IFRC Component of the HIV Global Fund Grant – Round 7.

- Assess the impact of the first three years of funding and use the lessons learned to inform Phase 2 and future IFRC-based HIV interventions.
- Inform the development of the IFRC proposal for GFATM Round 11 (2013-2018).
- To evaluate how the Project has built the capacity of the four National Societies (Cook Islands, Kiribati, Federated States of Micronesia and Samoa) to implement sustainable programming that is responsive to identified community /targeted populations needs.
- To increase National Societies awareness of evaluation processes and how these processes can be used to strengthen programme delivery.⁵

1.2 Scope of this Report

This Report summaries the findings from the mid-term evaluation. These findings are consolidated and reported against the IFRC's evaluation criteria.⁶ Approaches to strengthen interventions in Phase 2 and to inform the GFATM Round 11 proposal are recommended. Three interim reports document detailed findings and suggestions from the field visits against the project's outcomes and outputs. (Refer to Attachments 1-3 Interim Reports).

⁵ International Federation of Red Cross and Red Crescent Societies (August 2011). Terms of Reference (TOR) for Evaluation of the IFRC Component of the HIV Global Fund Grant – Round 7

⁶ International Federation Red Cross Red Crescent, Secretariat (2011). IFRC Framework for Evaluation. Planning and Evaluation Department www.ifrc.org

2 Methods Used

Rapid participatory appraisal methods were used to gather qualitative information quickly and at low-cost. A desk review of project and IFRC archival documentation plus selected literature on HIV and STIs in the Pacific informed a pre-determined question guide as well as the findings. Discussions with IFRC past and present personnel from the Pacific Regional Office, plus staff at SPC provided valuable insight into the project's history, the status of the four National Societies plus the successes and challenges of project implementation.

Field visits to three of the participating National Societies (Cook Islands, Kiribati and the Federated States of Micronesia) enabled face-to-face semi-structured discussions with Red Cross staff, volunteers youth peer educators and key external stakeholders. Three one-to-one informal discussions and three group discussions with direct beneficiaries were held. A workshop approach was used to gather information from Red Cross staff, volunteers and youth peer educators in Kiribati and youth peer educators in the Federated States of Micronesia. (Refer to Attachment 4: People Consulted).

Observations of project activities took place at three bars in Kiribati plus one public event and one peer education awareness session in the Federated States of Micronesia (FSM). A telephone conversation was held with the Health Coordinator at the Samoan Red Cross.

Discussions with the Red Cross staff, volunteers, beneficiaries and external stakeholders enquired into:

- The availability, accessibility, affordability, acceptability and use of condoms.
- Recruitment of voluntary non-remunerable blood donors and blood safety including the use of universal precautions.
- The project's achievements and challenges including the most significant changes experienced by beneficiaries.
- The project's ability to reach those most at risk.
- The relationship between the National Society and external stakeholders.
- The link between the project and other National Society activities.
- Planning, monitoring and evaluating of project implementation.

An interim report was written after each country visit.

A six-member critical reference group was established at the evaluation's outset to provide advice on the terms of reference, the question guide and the approaches to be used. Comments on the interim reports from the Critical Reference Group informed the final report. The final report was circulated for comment. Telephone conversations were held with two members of this group for advice and debriefing.

3. Findings

Each National Society is to be congratulated on their work to reduce vulnerability to HIV and its impact. Building an expanded response to preventing HIV and STIs is not easy. Cultural and religious taboos and sensitivities, denial of HIV, gender and power dynamics and limited access to health services are a few of the complexities that make HIV and STI prevention challenging.

The four National Societies have progressed towards reaching the project's outcomes and outputs. Progress has depended on the technical capacity of the National Society and its status plus the dynamics of the local situation. Progress was also affected by the demands of the GFATM funding processes and the requirements of the IFRC.

3.1 Relevance and Appropriateness

Overall the relevance of the project is sound. Greater relevancy for the HIV and STI situation in each country would be achieved if the project strengthened its focus on STI reduction. It is well documented - with the exception of Papua New Guinea - that the prevalence of HIV is low in the Pacific. However the prevalence of STIs, in particular Chlamydia, are high across the region. For example in the four countries where the project is implemented second generation surveys found that: 38 percent of young pregnant women were infected with Chlamydia in the Cook Islands; 26.4 percent in Pohnpei State, FSM; 20 percent in Kiribati and 40.7 percent in Samoa.^{7,8,9} For the Pacific reducing STIs as a way to prevent HIV transmission should be emphasised.

Key Finding: Focusing on STIs

There should be more focus on the prevention and treatment of STIs as a way to reduce HIV transmission.

Access to GFATM funding has provided the IFRC with an opportunity to scale-up its efforts to support National HIV/AIDS Programmes. It was evident in the three countries visited that the contribution of the Red Cross to national efforts is well recognised. In each country the Red Cross is represented on the GFATM Country Coordinating Committee (CCM) and the Red Cross is considered a valuable adjunct to the services funded through the CCM. Government health workers in both policy and service delivery acknowledged the importance of the project and their collaboration with the Red Cross. In particular the efforts of the Red Cross in condom distribution, awareness raising - especially among young people - and blood safety were seen as critical and complementary activities to government services. In Kiribati the project is starting to re-energise relationships with the Ministry of Health, and the potential for on-going collaboration was apparent.

⁷ Ministry of Health Cook Islands and Secretariat of the Pacific Community (2006). Second Generation Surveillance Surveys of antenatal women and youth Cook Islands 2005-2006.

⁸ Secretariat for the Pacific Community (2009) Second Generation Surveillance Surveys in the Federated States of Micronesia 2006-2008

⁹ Ministries of Health (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu) WHO, SPC, UNSW (2006) Second Generation Surveillance Surveys of HIV, other STIs and at Risk Behaviour in 6 Pacific Island Countries 2004-2005.

Each country works to the same outcome, outputs and approach. How and when activities are implemented depends on the local context, technical ability, resources and the functionality of each National Society.

3.2 Efficiency

A dedicated pool of funding channelled through the IFRC to prevent HIV and other STIs in the four countries is a strength. The cost of funding such projects in the Pacific is high because of a mixture of cultural and linguistic diversity, limited and expensive transportation and variable infrastructures. While funding for HIV and STI prevention has been, and is, sourced directly by National Societies dedicated funding through IFRC has enabled co-ordinated planning, reviews, technical support plus the opportunity for shared learning between National Societies.

In each country the majority of the GFATM funding goes to four full-time salaries. A full-time position is funded at the IFRC Regional Office plus a contribution to the salaries of a least one in-country HIV Officer and the IFRC Regional Health Delegate is also covered by GFATM funds. Funding salaries is a cost-efficient way to ensure project activities are implemented as shown in Kiribati where the lack of an HIV Officer for six months halted implementation.

While funding salaries is cost-efficient, there is a risk that one person may not have the project management skills, technical skills, professionalism or time to implement the required activities effectively. In the Cook Islands this risk is reduced by using a 'working together approach' to integrate HIV and STI activities across all programme areas. The Cook Island's Red Cross also reduces the cost of activities by pooling funds from different sources when combining programme activities.

Key Finding: Integration of HIV and STI awareness across programmes

Integrating HIV and STI awareness activities across the National Societies programmes has the potential to:

- 1. Reduce the risk of losing technical skills, experience and project momentum if a key staff member leaves.*
- 2. Enable cost-sharing and reduce overall costs.*
- 3. Pool resources and contribute to sustainability.*
- 4. Reach people who may not attend an HIV and STI specific activity.*
- 5. Transfer knowledge and skills within the National Society.*

From observations in the three countries, the narrative and financial reports reviewed and discussions with two members of the IFRC finance and accounts team it was seen that finances are well-tracked at the Regional Office. The capacity of three National Societies (Kiribati, FSM, Samoa) to absorb project funding within the required timeframes was said to be difficult. Building the project implementers project management skills, in particular budgeting, was cited as one way to ensure funds are spent to plan.

Practices vary somewhat at each National Society and it was evident that acquittals to the Regional Office were often delayed. Delays in submitting both acquittals and project reports have led to delays in fund transfers and subsequently delays in implementation.

3.3 Effectiveness

The National Societies contribute to the greater availability of the UNFPA free male and female condoms in each country. As a project outcome reporting on condom distribution is required. Condom distribution records, with the exception of Kiribati, are kept and show an increase in the number of condoms distributed during the project.

The data collected on the project's effectiveness also includes the number of beneficiaries reached through awareness and condom distribution. As well, some assessment of the project's impact on knowledge, attitudes and behaviours has been made. For example:

- A knowledge attitude and practices survey (KAP) conducted in 2009 and 2010 by the Federated States of Micronesia Red Cross (MRC) in Pohnpei and Kosrae States recorded gaps in knowledge and practices among elementary school students aged 12 to 16 years. The results of the KAPs informed what needed to be emphasised in subsequent awareness and education sessions.
- Most significant change stories collected from peer educators in the Cook Islands and the stories collected through the field visits showed: an increase in HIV and STIs knowledge, including how to use condoms, and the confidence to talk about HIV and STIs. A positive change in attitudes towards HIV-positive people, understanding the importance of being a good role model for their peers and greater condom use were also cited as most significant changes.

Male condoms are distributed through project activities and collected from the Red Cross, hospitals, family planning associations and the peer educators directly. Overall the opportunities for someone to access these condoms discreetly, confidentiality and at any time of the day or night are limited. The exception is the Cook Islands where condom dispensers allow for greater accessibility to male condoms on Rarotonga Island. In each country visited condom availability on the outer-islands was said to be minimal. At two of the National Societies visited there were difficulties with condom availability including no supply, expired stock and no lubricant.

The female condom was available in each of the countries visited. According to the Red Cross educators, hospital staff and the Family Health Associations visited the female condom is not often asked for, or distributed as openly as the male condom.

Talking about condoms is taboo. But, anecdotally it was said that condoms are now more acceptable because of more discussions about condom use in general and ensuring that condoms are discussed alongside abstinence and being faithful messages.

Published surveys have shown condom use to be low in all age groups.^{10,11} When asked stakeholders and Red Cross staff and volunteers believed condoms were not used because: 'condoms don't feel good', 'there is a lack of sexual pleasure for males', 'people like to use skin to skin', 'people don't believe in HIV' and, or for some women 'they trusted their partners'. Apart from the MRC's KAP survey little information is collected by the National Societies on condom use and acceptability.

¹⁰ Secretariat for the Pacific Community (2009) Second Generation Surveillance Surveys in the Federated States of Micronesia 2006-2008.

¹¹ Ministries of Health (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu) WHO, SPC, UNSW (2006) Second Generation Surveillance Surveys of HIV, other STIs and at Risk Behaviour in 6 Pacific Island Countries 2004-2005

There is little knowledge of people's attitude towards or use of the female condom despite 'women's vulnerability to STIs because of gender inequality and high rates gender-based violence'¹² While the female condom is apparently discussed during awareness activities overall it appears to be given little attention.

Key Findings: Condom availability, use and acceptability

1. *Condom availability and reach needs on-going monitoring.*
2. *More information on condom acceptability and the consistent and correct use of condoms is needed.*
3. *There are opportunities through the project to enable women and girls to have access to the female condom and the knowledge and skills to use them.*

The recruitment, retention and support of voluntary non-remunerable blood donors through the Red Cross is well-underway in the Cook Islands and Samoa¹³ and at different stages of implementation in the other two countries. A Memorandum of Understanding (MoU) between the Cook Islands Red Cross and the Ministry of Health guides blood donation activities. Similar MoUs in Kiribati and Samoa are waiting to be signed and in the FSM the MoU is being revised. Good relationships were observed between laboratory staff and the National Societies visited.

Copies of IFRC resources were sighted and discussed at the Kiribati and Micronesian Red Cross. In general the resources are not used because of the 'denseness' of the material and the technical language used. For example the IFRC resource 'Standards for HIV Peer Education Programmes' was said to be 'too complicated' and 'not particularly useful'. Likewise the resource 'Making a Difference. Recruiting voluntary non-remunerated blood donors', which outlines how to implement Club 25, is not being used. The Club 25 concept outlined in the manual was understood by the project implementers but 'how to make it happen' in practice was not clear.

Key Finding: IFRC resources materials

IFRC written information, in particular resource materials, is generally overwhelming and not particularly useful.

Communicating the HIV/STI prevention message has lost its freshness. It was said that the HIV message has been heard many times and people consider it 'boring', 'they already knew the topic' and that the topics are repeated over and over again'. In Kiribati the messages delivered during drama performance were said to be 'negative' and did not motivate people to listen or act.

Key Finding: Communicating HIV and STI prevention messages

The current HIV and STI prevention messages, and how these prevention messages are communicated, needs to be re-visited.

¹² Gooch N (2007). Female condoms – empowering Pacific women to protect themselves. Pacific AIDS Alert. Bulletin No 31 pp 22-23.

¹³ International Federation of Red Cross and Red Crescent Societies. (February 2011) Samoan Red Cross Society. Health Mission Report. Muhammad Khalid Khadim Regional Health Delegate and Rosemary Fenton Community Health Delegate

Project management has its difficulties. As mentioned above (Refer to 3.2 Efficiency) when funds are not remitted from the IFRC Regional Office - because of delays in submitting reports or acquittals - planned activities stop. Not only is the timeliness of activities affected, but the ability of the National Societies to retain active peer educators and volunteers. Reporting can be overwhelming and unnecessarily complicated. For example in the Cook Islands the HIV Officer reports to four donors and out of the four reporting on the GFATM project was said to be the most difficult.

The project implementers have come together once a year since the beginning of the project to review implementation and replan with support from the IFRC Regional Office. The plans appear to be ambitious especially for Kiribati. Training is included in the annual review and replanning meetings and it was suggested that more training inputs on technical knowledge and skills would assist National Societies to both plan and implement activities.

Key Finding: Delivering and expanding the response

The delivery and expansion of the response to HIV and STIs must be balanced with what can be realistically achieved.

In each country visited it was evident that coordination efforts by the project implementers with external stakeholders – particularly those in the health sector - were smooth. Stakeholders spoke candidly about their perspective of the project and it was evident that the project implementers were respected. Overall the National Societies were considered to be performing best in peer education and community awareness. Coordinating activities by and for the youth peer educators was more problematic because of gaps in funding for activities, transport on and between islands, and the need to motivate peer educators. The best motivators were ‘snacks’ and ‘travel’.

A formal partnership between and the Red Cross and Pacific AIDS Foundation (PIAF) demonstrates an effective coordination structure. The Red Cross is able to tap into PIAF’s technical support to advocate on behalf of those people living with HIV. Working in partnership allows networks, knowledge and strategies around the complexities for HIV-positive people to be shared.

3.4 Coverage

The 2005 Second Generation Surveillance Surveys showed that STI prevalence among young people was up to 40 percent.¹⁴ Consequently the project focused on reaching young people and the general community with HIV and STI prevention messages.

However these strategies may not be reaching others vulnerable to infection including:

- Older men who do not use condoms and their wives, live-in and casual partners. Documented evidence shows in FSM for example shows that on average one in four sexually active adults had a STI.¹⁵
- Young and adult women who engage in sex for the exchange of goods of money, including those who visit the ships.¹⁶ For example the Samoan Red Cross has identified the need to recruit peer

¹⁴ Ministries of Health (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu) WHO, SPC, UNSW (2006) Second Generation Surveillance Surveys of HIV, other STIs and at Risk Behaviour in 6 Pacific Island Countries 2004-2005

¹⁵ Secretariat for the Pacific Community (2009) Second Generation Surveillance Surveys in the Federated States of Micronesia 2006-2008.

educators from the sex worker community. In Kiribati the Ministry of Health's HIV Coordinator and the Kiribati Red Cross indicated that more activities involving young women visiting the ships were necessary.

Key Finding: Broadening peer education

Broadening the youth peer education approach is an opportunity to reach others who are vulnerable to HIV and STI infection.

3.5 Impact

Limited surveillance, under reporting, geographical restraints and limited testing facilities means the true HIV and STI transmission story is unknown.^{17,18,19} It is too early to consider or measure how much difference the project has made within such complexities. Ideally the impact of this project should be tracked to a reduction in the incidence of STIs, including HIV. However tracking reduction is not easy especially when national surveillance data is limited.

3.6 Coherence

Through the evaluation process nothing was seen to contradict coherence to the Red Cross principles or national policies. A strength of the National Societies to ensuring and retaining coherence is the development of Memorandums of Understanding to foster partnership approaches with government and non-government organisations.

3.7 Sustainability

A risk for sustainability is the retention of the project implementers. The passion and intellect of the project implementers met are admirable yet keeping these people committed may be a challenge.

The potential for financial sustainability of expanded project activities without GFATM funding is debatable. A commitment to the response, the integration of HIV and STI prevention into other programme area plus formal partnerships and relationships with other organisations has the potential for the National Societies to sustain low-cost activities without GFATM funding, but not to expand the response. As already mentioned project activities are stalled when funding is not available, and while salaries may be covered through core funding in the short-term it is questionable how long this could last. Local funding raising efforts are limited and it is unrealistic to believe the project could be self-sustaining in the short or long term.

For the more fragile National Societies any sustainability will be tough without reducing expectations and without regular and in-depth technical and management support from the Regional Office. Ensuring activities can be done within the resources available will be an on-going discussion

¹⁶ McMillian K, Worth H (2010). Risky Business Kiribati: HIV prevention amongst women who board foreign fishing vessels to sell sex. International HIV Research Group. School of Public Health and Community Medicine. University of New South Wales. Australia.

¹⁷ Secretariat for the Pacific Community (2010) STI Epidemiological Update PICTs 2009. HIV & STI Surveillance Unit.

¹⁸ International Family Planning, SPC, Population Action (2009). A Measure for the Future. Women's Sexual and Reproductive Risk Index for the Pacific.

¹⁹ AusAID (2009). Tracking development and governance in the Pacific. Commonwealth of Australia. Canberra. Australia

3.8 Limitations of the Evaluation

It is doubtful if the ability of the National Societies to conduct small scale evaluations was built during the evaluation. The project implementers knew the value of, and reason for the evaluation; understood the approaches used and understood how information was gathered and validated. Yet, it appeared that they did not have 'ownership' or a real interest in the process. It would be pertinent for future evaluations to find out how useful this mid-term evaluation was.

No field visit was made to Samoa. While a telephone conversation was had and reports were read the findings may not represent the true situation for Samoa. Likewise the limited time in each of the other three countries may not reflect the situation as accurately as intended.

At the Regional Office a change in personnel meant there was minimal organisational memory of the project's systems. A cumbersome electronic filing system made it difficult to access critical information and consequently a plethora of documents were made available for the desk review. Key documentation was either difficult to locate, not recognisable or not available such as the IFRC's original GFATM proposal.

4 Recommendations

The following recommendations suggest possible ways to go forward. These recommendations are made against the findings and are not ranked.

4.1 Key Finding: Focusing on STIs

There should be more focus on the prevention and treatment of STIs as a way to reduce HIV transmission

Ensuring there is a prominent focus on reducing STI infection as a way to reduce HIV transmission is essential. The shift is to stress the prevention of STI's as a way to reduce HIV infection. Strategies could include:

At the Regional Level

- Ensure the focus in all documentation and discussions includes reducing STIs as a way to prevent HIV.
- Determine what, if any, technical knowledge is required across the four countries to support a stronger focus on STIs at the country level.
- Include a discussion on reducing STIs at the next regional planning and review meeting.

At the National Level

- Ensure the consequences of STIs, including HIV, plus treatment options are included in all awareness and peer education activities.
- In the peer education refresher courses planned by the four countries in Phase 2 include in-depth information on the consequences of STIs and treatment options in consultation with local experts and IFRC.
- Review all Information Education and Communication (IEC) materials distributed to ensure STIs and HIV the consequences of STIs are included.

4.2 Key Finding: The integration of HIV and STI awareness across programmes

Integrating HIV and STI awareness activities across the National Societies programmes has the potential to:

- *Reduce the risk of losing technical skills, experience and project momentum if a key staff member leaves*
- *Enable cost-sharing and reduce overall costs.*
- *Pool resources and contribute to sustainability.*
- *Reach people who may not attend an HIV and STI specific activity.*
- *Enhance knowledge and skills within the National Society.*

In Phase 2 the IFRC should support the National Societies to plan how to strengthen the integration of HIV and STI prevention across the different programme areas. The Cook Islands Red Cross approach of

'working together' is one example of how a National Society can work to prevent an HIV and STI silo. Steps to support integration could include the following.

- National Society Board of Governors, staff and volunteers are trained in HIV and STI prevention. This training should include a session on why the Red Cross works in HIV and STI prevention and the activities undertaken by the National Society.
- Board of Governors, staff and volunteer orientation includes information on HIV and STI prevention.
- HIV and STIs prevention is a key discussion topic in Community Based Health and First Aid activities.
- Lessons learned from integrating HIV and STI across programme areas are shared during the regional planning and review meeting.

The establishment of the IFRC Community Programming Unit is timely as an advisory and technical resource to support integration.

4.3 Key Finding: Condom availability, use and acceptability

4.3.1 Condom availability and reach needs on-going input.

Ensuring condoms are readily available is a core part of the project. How to reach the outer islands will be an on-going and important discussion. The relationships that each National Society has with the Ministry of Health and or the local UNFPA will enable discussions on how to ensure the continual availability of useable (not expired) condoms. At the regional level the IFRC can influence supply through UNFPA's regional office.

4.3.2 More information on condom acceptability and the consistent and correct use of condoms is needed.

To gauge a greater understanding of the effectiveness of project activities and to help plan activities monitoring methods are needed. While a KAP survey provides useful data conducting a KAP requires resources and skills that may not be available. Developing the technical skills during GFATM Round 11 to conduct a KAP, and for the IFRC to support the stronger National Societies to do this, would be useful. However less resource intensive tools can be used to find out knowledge, attitudes and practices around safe behaviours including condom use such as focus groups and most significant change stories. Whatever method is used it is critical that:

- Monitoring and evaluation processes are kept realistic and simple.
- The information collected is used to inform annual work plans and activity development.
- The National Society has the capacity to do it.
- The IFRC provides technical support as required.

4.3.3 There are opportunities through the project to enable women and girls to have the knowledge and skills to use female condoms.

Promoting the female condom and its advantages especially to those women and girls most at risk should lead to its use, or greater use, over time. Monitoring will assist in determining if the female condom is easily available, actually used, and what motivates women and couples to use it. Information

on why the female condom is used, or not used, will assist the development of approaches and messages to make the condom more acceptable. Under the GFATM Round 11 a female condom demonstrator should be considered for each country, and especially in Kiribati and Samoa where women and girls are known to provide sex for money or goods.

4.4 Key Finding: IFRC resources materials

IFRC written information, in particular resource materials, is generally overwhelming and not particularly useful.

Adaption of IFRC resources is required if National Societies are to use them. Any adaption of resources should be done in consultation with National Societies. More importantly conversations about applying concepts in practice and 'hands on' direction or support are needed.

4.5 Key Finding: Communicating HIV and STI messages

The current prevention messages, and how these prevention messages are communicated, need to be re-visited.

Prevention messages should be reconsidered to ensure that messages are not only fresh and positive but targeted to different audiences. Messages need to continually reinforce the consequences of STIs and that male and female condoms correctly used prevent STI transmission, including HIV, and teenage pregnancy. Message development should follow behaviour change communication techniques including the development of messages with the target group and pre and post testing.

In Phase 2 it is recommended that the IFRC Regional Office works with each National Society to plan a tailored, yet basic, behaviour change communication approach for implementation during GFTAM Round 11. For National Societies an added advantage is that behaviour change communication skills and experience can be applied to other programmes.

To more effectively communicate HIV and STI messages the following is recommended.

- The current peer educators' technical skills are up-dated to include more in-depth information on STI prevention and treatment.
- Peer educators are skilled in how to conduct interesting interactive and participatory awareness and, or education sessions.
- The use of drama, music, puppetry and other forms of education-entertainment is re-visited to refresh the methods used in conjunction with local experts. Regional experts such as the community theatre group based in Vanuatu Won Smolbag and the SPC should also be consulted

4.6 Key Finding: Delivering and expanding the response

The delivery and expansion of the response to HIV and STIs must be balanced with what can be realistically achieved.

It was evident through project reports and the field visits that the ability of the National Societies to expand the HIV and STI response depends on how well the Society is functioning. In particular a lack of operational leadership jeopardises implementation. Reach, especially to outer islands, is influenced by cost, the existence of a Red Cross Branch and the Branch's capacity.

Meeting project management requirements and the expectations to deliver and sustain an expanded response is not easy. Reporting structures need to be clear, feedback prompt and project information managed in a way that works at the Regional and National Society level. The IFRC has a responsibility to ensure it does not have unwieldy expectations, or impose these expectations on the National Societies. In turn the National Societies, and in particular the project implementers, have the responsibility to speak out when they require support.

The establishment of the Regional Community Programming Unit means there is a greater opportunity for the IFRC to be able to work alongside the National Societies to provide the required support. The challenge for the IFRC is to understand the realities of each country while the challenge for the National Societies is to identify and respond to community and target group needs. It is essential that monitoring and evaluation processes are kept realistic so that the information collected is used to inform annual work plans and activity development.

Some ways the IFRC can support the National Societies to deliver and expand the project are:

- Establish simplified reporting systems, which include immediate feedback on issues identified in reports from National Societies.
- Create a compatible filing system to manage GFATM documentation with National Societies.
- Provide further 'hands on' support to National Societies, in particular Kiribati, for project management, including budgeting, acquittal management and reporting, and the implementation of activities.
- Assist with practical 'how to do it' approaches to HIV and STI prevention through regional training and in-country support. It is anticipated that in-country support may need to be more resource intensive (such as regular and longer visits by IFRC) in some cases. In-country training and/or support could be conducted by regional experts such as the SPC and PIAF, in areas such as behaviour change communication and anti-discrimination.
- Provide further opportunities for shared formal and informal learning between the participating countries. For example; shared training, the establishment of a regular on-line and/or voice-to-voice discussion group using Skype, buddy or mentoring systems and across country learning exchanges.

4.7 Broadening peer education

Broadening the youth peer education approach is an opportunity to reach others who are vulnerable to HIV and STI infection.

While young people are being reached with HIV and STI through peer education activities others vulnerable to HIV and STI infection are not. It is timely in Phase 2 to plan with local stakeholders how to broaden the peer education approach to ensure others at risk of infection are reached. For instance: adult males (seafarers, taxi and bus drivers, men who travel) migrants and women and girls who exchange sex for money or goods.

It will be necessary to consider not only training peer educators, but the training of trainers. It would be beneficial to have a larger pool of competent trainers to ensure peer education continues especially if current trainers leave. It is imperative that trainers of trainers understand interactive learning principles, are skilled in participatory approaches and techniques and are able to pass these skills to the peer educators.

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Attachment 1: Interim Report No 1 - Cook Islands

Mid-Term Evaluation of the IFRC Component of the GFATM Round 7 Interim Report 1: Cook Islands

A Introduction

1. Cook Islands Field Visit

The Cook Islands Red Cross (CIRC) field visit was conducted from Monday 12 Saturday 17 of September. A visit to the CIRC Branch on Mangaia Island was included in this field visit.

Findings from the field visit were discussed with the HIV Coordinator throughout the visit and with CIRC staff during a final debrief.

B Meeting the outcome indicators

1 Condom Distribution

1.1 Outcome Indicator Results

- From June 2010 to July 2011 the number of male condoms distributed was 22,820 and female condoms 1,850.
- In the June to December 2009 report it is unclear if the number of people benefiting from CIRC activities is recorded by people reached or condoms distributed. However the current clearer reporting on condom distribution makes tracking easier.

1.2 Strengths

- Collaborative working relationships with the MoH (UNFPA and Health Promotion Unit), Cook Islands Family Welfare Association and the secondary schools are in place for condom distribution.
- Condoms are free and available at public places (refillable PVC pipes), at clinics, the CIRC, the main secondary school on Rarotonga Island. Supplies are also said to be available through CIRC Branches on three outer islands (Mangaia, Aitulaki, Manihiki) and through local focal points on three other outer islands (Atiu, Mitira, Mauke).
- Teenage pregnancies have reduced from 54 in 2009 to 32 in 2011. Stakeholders attributed this reduction to greater condom use plus access to contraception.
- Most Significant Change stories were collected by the Youth Peer Educator as part of her reporting requirements for the Regional HIV and STI Response Fund. The HIV Coordinator was part of the process. In the three stories shared by the CIRC – collected from Youth Peer Educators – two story-tellers talked about an increase in confidence when talking about condoms and demonstrating how to use a condom while one talked about how he now used a condom consistently with his girlfriend.

1.3 Challenges

- It is believed that condoms are used however STIs remain high. Knowledge, attitudes and practices discussions / surveys around condom use and acceptability have not been conducted to-date. While most significant change stories have been collected there are not many and there are opportunities to collect more such stories, especially from end beneficiaries, and get a clearer picture of changes.
- Condom awareness and use is said to be limited or nil on the five outer-islands where there is no CIRC Branch or focal point (as mentioned above of the twelve in-habited islands four have youth peer education activities and three have focal points). On Mangaia – the Island visited – condoms were available however the Red Cross volunteers and peer educators told us that the condoms were not easily accessible.. Lubricant has been distributed in separate packages and with the condom kits. The local stock records show that lubricant in separate packages has not been available since May 2009 and the HIV coordinator and UNFPA representative commented it was hard to procure separate packets of lubricant.

2 Voluntary blood donor recruitment

2.1 Outcome Indicator results

- From June 2010 to July 2011 the units of blood collect from voluntary blood donations was 152. It is unclear what the number of voluntary blood donations were prior to the CIRC recruitment drives.
- A break-down of donations by age group and/or gender was not available.

2.2 Strengths

- Voluntary blood recruitment drives in collaboration with the Ministry of Health's (MoH) laboratory have led to an active voluntary donor recruitment list (Rarotonga Island 300 donors and Mangaia 120 donors out of a population of 600. Mangaia is considered a back up source for blood donors if required. Recruitment drives have included government and private sector workplaces.
- Blood donation is demand driven and 100 percent of donations are recorded as voluntary. Voluntary donations include families of those needing blood who donate, apparently blood collected from families is not specifically used for the family member.
- The demand for blood is met through the CIRC voluntary blood recruitment program. The laboratory calls the CIRC HIV Coordinator when blood is required. CIRC locates suitable donors and transports them to the laboratory. One example of recruitment success was when the blood bank was filled in June 2010 in three hours (the Blood Bank's current capacity is 20 units at one time).
- Consent forms must be signed and pre-test counseling is provided for blood donors. If blood screening presents a positive result (Hep B, Hep C, Syphilis, HIV) the donor is referred to the ante-natal / VCCT clinic where an experienced staff member provides post –test counseling and information.

- A national blood safety policy is in place and the laboratory follows Universal Precautions
- GFATM Round 7 funding from the MoH has been allocated to fit out a van for the CCIRC in conjunction with laboratory staff to recruit, test and screen voluntary donors.

2.3 Challenges

- Family members may be 'being bled' in preference to calling the CIRC by some of the laboratory technicians. The senior laboratory technician is working to reduce this practice in conjunction with the CIRC's promotion of voluntary blood donation and recruitment of voluntary blood donors.
- Information on the number of blood donors with a positive screening was not easily available when asked. However it was indicated that the number of positive screenings was nil or low.

C Preventing further HIV Infection

1 Strengths

- The 'working together approach' and ability of the CIRC was reflected in the way HIV prevention activities are integrated across programme areas and how the CIRC proactively works to prevent an HIV/STI programme silo.
- The HIV Coordinator (GFATM funded) and the Youth Peer Education Coordinator plan, implement and monitor HIV awareness activities together.
- A refresher course for thirty-two youth peer educators held in late 2010 from Rarotonga and three outer islands conducted by the HIV coordinator from the Federated States of Micronesia was hailed as a great success because:
 - _ The young people had a chance to be together and share experiences
 - _ Demonstrated how GFTAM and Response Fund resources (money, people and time) could be pooled.
 - _ It was the first refresher training in the Cook Islands since 2006.
- Collaborative working relationships with the MoH (UNFPA and Health Promotion Unit), Cook Islands Family Welfare Association, Pacific AIDS Foundation (PIAF) secondary schools, sports groups and local government authorities were evidenced by:
 - _ CIRC support to the MoH in conducting mass treatment for chlamydia.
 - _ The MoH stating that the CIRC 'has got us a long way in HIV prevention'.
 - _ The HIV coordinator being asked to present to senior secondary school classes and at health forums.
 - _ The HIV coordinator, Youth Peer Educator and First Aid Coordinator working together to prepare for the Mana Sports Games on Mangaia Island.
 - _ UNFPA's funding for peer education is given to the CIRC to support awareness activities in the outer-islands.
- The GFATM funded HIV coordinator works closely with the VCCT project manager to promote the VCCT and also works as a counsellor. The CIRC VCCT clinic is housed in MoH building and was established in early 2011. Thirty-four VCCT clients have been tested by the CIRC's two male

counsellors of which twenty-six were male and eight female. It is intended that a female counsellor will join the VCCT team.

- The Junior Red Cross arm of the Mangaia Branch actively participates in community affairs and the older students (aged 16-18) are aware of STI/HIV prevention and where to get condoms.

2 Challenges

- The Youth Peer Education and VCCT activities are a key avenue for the GFATM funded interventions. The Youth Peer education and VCCT activities are funded through the HIV and STI Response Fund with funding scheduled to end in 2012.
- Data on the current STI, Hep B and Hep C rates were not available from the MoH. The CIRC appeared to rely on anecdotal data plus information from the SPC and the IFRC.
- Currently the CIRC has a target audience of young people and communities. It was evident in all meetings that the drivers of prevention activities were predominately women. Youth volunteers, CIRC staff and stakeholders were asked if the target group reflected the most vulnerable people. The response was:
 - _ Girls and women are considered the most vulnerable but boys and young men need to be targeted so that they take greater responsibility for prevention.
 - _ Men aged 35-50 are not presenting for STI check-ups. It is understood that STIs are high in this age-group, as pregnant women at the ante-natal clinic are presenting with STIs.
 - _ There was no suggestion that men who have sex with men are a vulnerable group. A trans-gender support group on Rarotonga Island has links to the VCCT clinic and it was commented that members of this community 'know where to go'.
- Volunteers on Rarotonga and Mangaia Islands commented that communities have heard the HIV story many times and it is now boring.
- Attracting and retaining active volunteers.
- Activities in the workplan include theatre and creative expression, theatre programs, the development of information, education and communication materials (IEC) for HIV/STI and blood donor awareness. These activities have not been implemented because of a lack of time and people resources. Each of these activities could be better connected, planned, resourced, implemented and evaluated through a behaviour change communication (BCC) approach.
- Beneficiaries' perception and experience of the CIRC services, such as the VCCT service, is not captured.

D Reducing HIV stigma and discrimination

1 Strengths

- Discussions on stigma and discrimination are held with stakeholders annually (where condoms are distributed) to thank them. Discussions are held with religious and community leaders on the outer islands.
- Collaborative working relationships with other organisations on HIV/STI awareness activities on celebration days such as World AIDS Day and Blood Donors Day.
- The CIRC HIV in the workplace policy has been endorsed by the Board.

- The IFRC's Memorandum with PIAF guides the relationship between PIAF and the CIRC. The Secretary General of the CIRC sits on the PIAF Board of Governors.
- The revealing of the Cook Island's first HIV+ person by the MoH demonstrated how the CIRC and PIAF worked together to advocate against stigma and discrimination. Actions and results included:
 - Lobbying of parliamentarians
 - AIDs Ambassadors visited and spoke publically
 - Training was delivered for the newly elected parliamentarians.
 - Discussions were held with government officials
 - A candle ceremony was hosted by a Church and led by CIRC.
 - The Church leader who signed the Nadi Declaration on solidarity against stigma and discrimination declared he was a signatory.
- The consequence of the disclosure of this person's HIV status led to the CIRC strengthening its VCCT capacity and enhanced by the provision of two rooms for the service from the MoH.
- PIAF described the CIRC as 'CIRC is very strong. We don't need to put a positive HIV perspective to them, don't need to provide a lot of technical support'.

2 Challenges

- As the person disclosed as being HIV+ was a foreign national there is a risk that Cook Islander's will consider HIV to be external to their country.
- After the World AIDS event in 2010 200 street surveys were conducted to assess the event's success among young people. It was unclear if respondents were asked about stigma and discrimination or if the responses informed planning.

E Strengthening Red Cross National Societies capacity to deliver and sustain a scaled-up HIV programme

1 Strengths

- Training, in particular monitoring and evaluation training, conducted through the IFRC is appreciated as are the annual review and planning meetings for the Red Cross National Societies participating in the GFATM Round 7 interventions.
- Improved coordination between the participating National Societies is encouraged through the annual review and planning meetings. An example of regional coordination was the involvement of the Federated States of Micronesia HIV Coordinator as the facilitator for the youth peer education refresher training.

2 Challenges

- While regional monitoring and evaluation training has been conducted in practice monitoring and evaluation is said to be difficult and 'left to the side'.
- Hardware (a laptop and camera) was purchased for the HIV Coordinator however a private laptop is used as the purchased computer is broken. It was said that there was no maintenance budget for hardware.

- The HIV Coordinator reports to four donors and was overwhelmed by the reporting requirements. In response to a query about the ease of reporting it was said that the Global Alliance template used for reporting to the IFRC regional office was the most difficult to use at the National Society level. Other templates used included the Australian Red Cross, the Country Coordinating Mechanism and UNFPA.
- Communicating and reporting between the IFRC Regional Office and the CIRC was problematic at times. For example there could be a long delay by IFRC in responding to mistakes in reporting.
- The lack of clear record management systems was evident at CIRC and the regional level. That is:
 - _ Information on activities is not well managed. Electronic and hard files are not logically filed making records and evidence hard to access.
 - _ At the Regional level a change in personnel means there is minimal organisational memory of the Project's systems and electronic files are not systemically filed making it difficult to access critical information.
- Financial acquittals are an on-going discussion, and at times tension, between the CIRC and the IFRC.

F Suggestions for Strengthening Implementation in Phase 2

- Activate the IFRC's Club 25 approach, which aims to increase the number of voluntary blood donor's between the ages of 20 and 25.
- Work alongside the local UNFPA representative to assess the best way to make more lubricant readily available and accessible.
- Find out what specific community members are most vulnerable to STI/HIV infection such as men who have sex with men, the wives and partners of men in the 35 to 50 age group.
- Plan for a BCC approach, with a clear understanding of how to target messaging plus pre and post test the approaches to be used, messages and materials. (For the CIRC the skills developed and experience gained in BCC in Phase 11 and potentially during GFATM Round 11 could be transferred to other health programmes such as a response to the high, and increasing, non-communicable diseases in the country).
- Implement the HIV/AIDS workplace policy.
- Conduct a rapid training needs analysis among youth peer educators and volunteers,
- Upskill youth peer educators / volunteers to facilitate community awareness, and/or one-to-one discussions on different issues linked to safe behaviours and HIV/STI prevention. For example, alcohols use and abuse, the impact of STI/HIV on women and men, facilitation skills, adult learning skills. A mentoring and/or buddy systems will assist the youth peer educators to put their training into practice.
- VCCT clients (beneficiaries) are asked about their perceptions and experience of the CIRC VCCT service with the results used to strengthen the service.
- The HIV Coordinator is mentored in project management including financial and activity record keeping plus monitoring and evaluation.
 - _ It is critical that monitoring and evaluation processes are kept realistic and simple and the information collected is used to inform annual work plans and activity development.

- Technical input and mentoring on how to use knowledge, attitude and practices assessment tools was requested.
- Budgeting is included in the annual review and planning meetings and enough time is allocated to ensure participants can demonstrate the necessary skills during training. Support is given to ensure the HIV Officer can apply the learning in practice.
- The IFRC and CIRC design and implement a compatible record management system.
- IFRC streamlines the narrative reporting for the GFATM Round 7.

G Suggestions for the GFATM Round 11

- Include boys and men as target groups and develop specific activities with representatives from these groups to ensure men are part of the solution.
- Use a BCC approach for community awareness and activities targeting specific groups.
- Continuation of youth peer education.
- Continuation of the voluntary donor recruitment and supply system.
- Continuation of the VCCT activities including the clinic and female plus male counsellors.
- Monitoring and evaluation activities to assess community perceptions of the availability, acceptability and use of condoms.
- Monitoring and evaluation activities to assess beneficiaries perceptions of intervention activities to inform operational and annual workplans
- Implement an information management system with easy tools to collect, analyse and report/communicate results to IFRC, donors, stakeholders and beneficiaries.

H

Summary Table of Challenges and Suggested Approaches

Challenges	Suggested Approaches	
Meeting the outcome and outputs	Suggestions for Phase 2	Suggestions for GFATM Round 11
Outcomes		
<ul style="list-style-type: none"> There are opportunities to collect more such stories, especially from end beneficiaries, and get a clearer picture of changes. Condom awareness and use is said to be limited or nil on the five outer-islands On Mangaia – the Island visited – condoms were not readily accessible. lubricant in separate packages has not been available since May 2009 	<ul style="list-style-type: none"> Work alongside the local UNFPA representative to assess the best way to make more lubricant readily available and accessible. 	
<ul style="list-style-type: none"> Family members may be 'being bled' in preference to calling the CIRC by some of the laboratory. Information on the number of blood donors with a positive screening was not easily available when asked. 	<ul style="list-style-type: none"> Plan to activate the Club 25 approach 	<ul style="list-style-type: none"> Activate Club 25 as applicable Continuation of the voluntary donor recruitment and supply system
Outputs		
Preventing Further HIV Infection		
<ul style="list-style-type: none"> Funding for the The Youth Peer education and VCCT activities are scheduled to end in 2012. 		<ul style="list-style-type: none"> Continuation of the VCCT activities including the clinic and female plus male counsellors.
<ul style="list-style-type: none"> Boys and young men need to be targeted so that they take greater responsibility for prevention. Men aged 35-50 are not presenting for STI check-ups. It is understood that STIs are high in this age-group, as pregnant women at the ante-natal clinic are presenting with STIs. There was no suggestion that men who have sex with men are a vulnerable group. A trans-gender support group on Rarotonga Island has links to the VCCT clinic and it was commented that members of this community 'know where to go'. 	<ul style="list-style-type: none"> Find out what specific community members are most vulnerable to STI/HIV infection such as adult men who have sex with men, the wives and partners of adult men 	<ul style="list-style-type: none"> Include boys and men as target groups and develop specific activities with representatives from these groups to ensure men are part of the solution.
<ul style="list-style-type: none"> Communities have heard the HIV story many times and it is now boring. Activities have not been 	<ul style="list-style-type: none"> Plan for a BCC approach, with a clear understanding of how to target messaging plus pre and post test the approaches to be 	<ul style="list-style-type: none"> Use a BCC approach for community awareness and activities targeting specific groups.

<p>implemented because of a lack of time and people resources. Each of these activities could be better connected, planned, resourced, implemented and evaluated through a behaviour change communication (BCC) approach.</p> <ul style="list-style-type: none"> • There is a risk that Cook Islander’s will consider HIV to be external to their country. 	<p>used, messages and materials.</p>	
<ul style="list-style-type: none"> • Attracting and retaining active volunteers. 	<ul style="list-style-type: none"> • Conduct a rapid training needs analysis among youth peer educators and volunteers • Upskill youth peer educators / volunteers to facilitate community awareness, and/or one-to-one discussions on the different issues linked to safe behaviours and HIV/STI prevention. • Look at a mentoring and/or buddy systems to assist the youth peer educators to put their training into practice. 	<ul style="list-style-type: none"> • Continuation of youth peer education and expand the peer education approach to others vulnerable to infection
<ul style="list-style-type: none"> • Beneficiaries’ perception and experience of the CIRC services, such as the VCCT service, is not captured. 	<ul style="list-style-type: none"> • VCCT clients (beneficiaries) are asked about their perceptions and experience of the CIRC VCCT service with the results used to strengthen the service. 	<ul style="list-style-type: none"> • Refer to monitoring and evaluation under strengthening capacity
<ul style="list-style-type: none"> • The HIV/AIDS workplace policy is in place but not implemented. 	<ul style="list-style-type: none"> • Implement the HIV/AIDS workplace policy. 	
Reducing Stigma & Discrimination		
<ul style="list-style-type: none"> • Street surveys were conducted to assess the event’s success among young people. It was unclear if respondents were asked about stigma and discrimination or if the responses informed planning. 	<ul style="list-style-type: none"> • Include questions to assess stigma and discrimination in street surveys 	<ul style="list-style-type: none"> • Refer to monitoring and evaluation under strengthening capacity
Strengthening Capacity		
<ul style="list-style-type: none"> • Monitoring and evaluation is said to be difficult and ‘left to the side’. 	<ul style="list-style-type: none"> – Technical input and mentoring on how to use knowledge, attitude and practices assessment tools 	<ul style="list-style-type: none"> • Monitoring and evaluation activities to assess community perceptions of the availability, acceptability and use of condoms. • Monitoring and evaluation activities to assess beneficiaries perceptions of intervention

		activities to inform operational and annual workplans.
<ul style="list-style-type: none"> • Reporting requirements are overwhelming. • Long delay by IFRC in responding to mistakes in reporting. 	<ul style="list-style-type: none"> • IFRC streamlines the narrative reporting and feedback 	
<ul style="list-style-type: none"> • Producing financial acquittals on time is an on-going discussion. • There was is no maintenance budget for hardware 	<ul style="list-style-type: none"> • The HIV Officer is mentored: in project management including financial and activity record keeping • Budgeting is included in the annual review and planning meetings 	
<ul style="list-style-type: none"> • The lack of clear record management systems at the CIRC and the regional level. 	<ul style="list-style-type: none"> • The IFRC and CIRC design and implement a compatible record management system. 	<ul style="list-style-type: none"> • Implement an information management system with easy tools to collect, analyse /report and communicate results to IFRC, donors, stakeholders and beneficiaries.

Attachment 2: Interim Report No 2 - Kiribati

Mid-Term Evaluation of the IFRC Component of the GFATM Round 7 Kiribati Interim Report

A Introduction

2. Kiribati Field Visit

The Kiribati Red Cross (KRC) field visit was conducted from Wednesday 21st to Tuesday 27 of September on Tarawa Island. Findings from the field visit were discussed with the HIV Coordinator throughout the visit, with three members of the Governing Board, including the Acting President, and with KRC staff during a final debrief

1.1 Situation Overview

The KRC has been through, and is going through, organisational changes. These changes have affected the implementation of the GFATM activities, namely:

- The HIV /M&E Project Officer position was vacant for six months from January until June 2011. During this six month period the GFATM activities were limited to basic HIV awareness being delivered through the First Aid program.
- The new HIV/M&E Officer was employed in June 2011. During the three months since his employment there has been no induction to the Red Cross, his role or technical training.
- The Secretary's General role has been vacant since January 2011 and consequently there has been no direct leadership for the HIV/M&E Officer. The Officer-in –Charge while the Secretary General's role has been vacant is managing as best he can in a difficult situation but does not have the managerial or technical experience to offer the necessary guidance.
- It was observed during the field visit that the HIV/M&E Officer has the ability to implement the required HIV activities under GFATM Round 7. However, it will take time plus regular technical support during Phase 2 from the IFRC Community Programming Unit to make this happen.

B Meeting the outcome indicators

3 Condom Distribution

3.1 Outcome Indicator Results

- There is no record of the number of condoms distributed by the KRC, or nationally.

3.2 Strengths

- A condom distribution activity was observed in three out of five bars visited one Friday night. Approximately twelve young people were involved in this activity. It was observed that:
 - _ The KRC volunteers/peer educators were keen. (The peer educators are three volunteers with more training and responsibility).

- It was observed that the HIV/M&E coordinator was known, and respected, by bar staff.
- Condoms were available behind the counter at the bars. According to a staff member in one bar visited patrons asked for condoms.
- Condoms are accessed through the Ministry of Health (MoH) via UNFPA’s supply chain and distributed at no cost.
- It was commented at the KRC that ‘young people are now ready to use a condom and know how to use it’.

3.3 Challenges

- Balancing the costs (dollars, time taken and number of people involved) in condom distribution activities with the number of condoms distributed needs to be considered. During the condom distribution activity outlined above one (1) condom was distributed peer to peer and three boxes (432 condoms) were given to bar staff for distribution. The cost of the twelve volunteers / peer educators was approximately (AUD120) plus the cost of hiring transport and the time taken to travel the length of the island to collect, and drop off the volunteers/peer educators.
- Patrons arrive at the bars late in the evening and are generally drunk, and potentially violent. It was said that once drunk that the peer educators / volunteers could not speak to the patrons.
- While condoms are available in Kiribati on Tarawa Island it is unclear how accessible condoms are. Condom distribution occurs through activities described above and during awareness activities conducted by different stakeholders including the KRC. Condoms are also available directly from the KRC, youth peer educators, the hospital and the Kiribati Family Health Association clinic. The opportunity for someone to access condoms discreetly, confidentiality and at any time of the day or night is limited.
- The KRC said that some, but not many, condoms are available on the outer-islands. One public health nurse from the outer-islands described accessibility as condoms are ‘not really’ available. Condoms have been made available during KRC’s HIV/STI and Community-Based First Aid awareness activities, but as commented above there is no record of the number of condoms distributed.
- KRC peer educators and volunteers said condoms were not used because of ‘culture’, ‘religious beliefs’ and ‘a lack of sexual pleasure for males’. At the ante-natal clinic the three nurses spoken to commented that girls and women told them that ‘they trusted their partners’ and therefore did not use condoms. The nurses also said that young people did not like condoms.
- The KRC volunteers / peer educators were asked if they believed condoms were accepted. It was said that many people did not use condoms because they did not believe in HIV and ‘don’t believe it is easy to get HIV’. It was also said that people ‘refused to listen to awareness activities’.

4 Voluntary blood donor recruitment

2.1 Outcome Indicator results

- There is no record at the blood bank or the KRC of voluntary non-remunerable blood donors.

2.2 Strengths

- In 2007 a Memorandum of Understanding (MoU) was signed between the Ministry of Health (MoH) and KRC. A new MoU was recently developed and waits signing by the Secretary General, when one is appointed.
- Staff at the MoH's laboratory are keen to work with the KRC to recruit voluntary blood donors. (See 2.3 for the challenges linked to the recruitment of non-remunerable blood donors).

2.3 Challenges

- For the implementation of the MoU between the MoH and the KRC it was said that the MoH needs it to be signed by KRC's Secretary General.
- The demand for blood exceeds supply. For example, in 2006 2719 units were required and 1259 received. According to laboratory staff at the MoH these figures are still current.
- While some blood donors are sourced from local institutions blood donors are generally family or friends of people requiring a transfusion.
- Ownership of donated blood is common with unused units being claimed by the person the blood was donated for, or the person who donated the blood.
- In 2005-6 voluntary blood donation was promoted. In 2009 the President's wife was used as a voluntary non-remunerable blood donor. According to staff at the blood bank these promotion activities were not successful.
- Under GFATM Round 7 a mobile blood collection activity was conducted at schools. A shortage of laboratory staff was cited as the reason for this activity ending.
- The recruitment of non-remunerable voluntary blood donors is potentially problematic in a country where there is poverty and high unemployment, poverty.
- Some KRC volunteers donate blood, but the exact numbers were not specified and no record is kept. One volunteer had donated blood twice in the past year. However, it was not clear if donating blood was truly voluntary, that is the volunteers could be paid the standard KRC volunteer allowance of AUD10 for activities and/or the volunteer was donating for a family member or friend.

C Preventing further HIV Infection

3 Strengths

- The Secretary to the GFATM Country Coordinating Committee (CCM), who is also the MoH's HIV Coordinator, plus the Coordinator of the Capacity Development Organisation both expressed their appreciation that the KRC was once again participating in the CCM and HIV/STI activities in general.
- The KRC has a committed and enthusiastic core of approximately fifteen active volunteers/peer educators.
- The use of drama and song is used to promote HIV/STI prevention messages. It was observed while attending a fundraising event hosted by a local radio station that drama/skits/song are a key form of entertainment in Kiribati. To an audience of approximately five hundred and an audience of all ages, and broadcast throughout Kiribati, numerous acts were presented. The

most popular performances were comedy acts. The KRC performance watched was a well-danced, well-sung and well-received HIV/AIDS prevention song. Such public entertainment events are held regularly.

- In 2009 some HIV/STI awareness work was conducted on the outer islands and recently on one outer-island during first aid training.
- Activities on event days; such as World AIDS Day and Blood Donor Day are shared with stakeholders (MoH, Kiribati Family Health Association and the media).

4 Challenges

- The integration of HIV/STIs across programming at KRC appears to be in its early stages. Examples were given of how HIV/STI awareness is presented during first aid training in regard to blood safety otherwise integration seemed limited.
- The Acting President and the HIV/M&E Officer both commented that a new technical 'approach' was needed to gain entry to communities. Because:
 - _ As KRC staff, volunteers and peer educators commented people do not attend awareness sessions as 'people already know the topic', the topics are repeated over and over again, 'people will only participate if dollars are given', and that 'people are reluctant to know and talk about such things'.
 - _ Each stakeholder is repeating the same message.
 - _ It was commented by the volunteers/peer educators and the Acting President that KRC's drama / song repertoire was 'tired' and needed to be refreshed.
 - _ The messages given during drama performances were said to be 'negative' and did not support people to make healthy decisions.

D Reducing HIV stigma and discrimination

3 Strengths

- The Pacific AIDS Foundation (PIAF) is keen to reactivate the MoU with KRC to reduce HIV stigma and discrimination in Kiribati.

4 Challenges

- The KRC does not have an approach to stigma and discrimination, besides talking about anti-stigmatisation during awareness activities.
- It was evident when talking with staff and volunteers that:
 - _ More training and support to conduct awareness and peer education activities is required. For example volunteers/peer educators commented that one question they have not been able to answer during awareness sessions is "how do you know an HIV person?"
 - _ The KRC has limited knowledge about the situation for people living with HIV/AIDS in Kiribati.

E Strengthening Red Cross National Societies capacity to deliver and sustain a scaled-up HIV programme

3 Strengths

- a. The commitment of the new HIV/M&E Officer was reinforced when his contract was signed during the field visit.
- b. The HIV/M&E Officer, with the support of IFRC, will be able to start re-building the HIV programme.
- c. The KRC is working to integrate HIV activities across its programmes.

4 Challenges

- Sustainability and scale-up of the HIV programme is dependent on the recruitment of a Secretary General who can suitably lead the KRC team.
- Gathering information about the implementation of GFATM funded activities was difficult as there was a lack of history among current staff, volunteers and Board Members.
- Electronic programme files were not accessible or non-existent at KRC. Hard files were stored in filing cabinets but were not used.
- Most Significant Change stories were not collected during Phase 1, and given the situation at KRC were not explored during this field visit.
- Basic monitoring/evaluation strategies were discussed with the HIV/M&E Officer. That is the recording of condoms distributed, blood donors recruited, activities conducted (including what was the intention/what was achieved and what could be improved) plus changes for beneficiaries. The challenge for the HIV/M&E Officer will be putting these strategies into practice.
- Resource materials from the IFRC are not used. For example the IFRC resource “Standards for Peer Education Programmes” was said to be too dense and complicated.
- Project management, including budgeting skills are new for the HIV/M&E Officer.

F Suggestions for Strengthening Implementation in Phase 2

In Phase 2 the KRC has an opportunity to re-establish their efforts on HIV and STI prevention. However, regular technical support will be required from IFRC to ensure the HIV/M&E Officer is not swamped by the demands of the role or the complexities of KRC’s current management and governance situation.

The following suggestions to strengthen activities in Phase 2 build upon activities observed and discussed during the field visit. While this list is long, and potentially unwieldy, the activities are not unachievable. It will be important for the HIV/M&E Officer, potentially in discussion with IFRC’s Community Programming Unit, to prioritise what can be achieved in Phase 2.

1. Condom distribution

3. A record of the numbers of condoms distributed should be kept. This record should record:
 - The number of condoms received from the Department of Health and the date the condoms were received.

- The numbers of condoms distributed including.
 - ✓ The date the condoms were distributed
 - ✓ The place the condoms were distributed
 - ✓ The activity through which the condoms were distributed
- In Phase 2 the use of different strategies to distribute condoms in places people gather – including the bars should be tried to find out which strategy enables the most peer to peer education and distribution of condoms. Strategies for distributing condoms could include:
 - Having volunteers/peer educators distributing condoms / IEC during public events where dramas/songs are performed by KRC.
 - All volunteers/peer educators keep a supply of condoms for distribution or to give away if asked.
 - In the bars
 - ✓ Volunteers/peer educators visit the bars without wearing KRC T-shirts, but with identify cards, so they can circulate among the bar-goers with more anonymity. (During the condom distribution activities observed volunteers were identifiable by the number of volunteers / peer educators, the Red Cross T-Shirts and bags of condoms being carried).
 - ✓ Volunteers / peer educators visit the bars when there are more customers.
 - ✓ Male and female volunteers /peer educators team-up to visit the bars and focus on targeting male and female bar customers respectively.
- Condom accessibility, including the use of PVC dispensers was discussed with KRC staff, volunteers/peer educators. The KRC decided PVC dispensers could be used in Kiribati and that a rapid survey among target groups would determine the best locations for the dispensers. A system to ensure the dispensers are regularly filled will need to be developed.
- During peer to peer condom distribution activities give more than one condom to allow for practice, curiosity and potential damaging of the condom.

2. Voluntary non-remunerable blood donation

- Phase 11 should be used to explore the barriers, and to strategise how to overcome the barriers to voluntary non-remunerable blood donation, in conjunction with the MoH laboratory staff. For example one strategy could be to develop Kiribati specific approaches to voluntary non-remunerable blood donation including promotional information, education and communication materials.
- A system should be developed with laboratory staff to:
 - Record all voluntary non-remunerable blood donors
 - Ensure signed consent is obtained from all voluntary non-remunerable blood donors (KRC volunteers commented that consent forms were filled in however these forms were not sighted).
 - Pre-screening counseling is available for all voluntary non-remunerable blood donors and post screening counseling is readily available for those donors with positive results.

3. Preventing further HIV Infection

- Work alongside stakeholders (MoH, Kiribati Family Health Association, the media) to ensure activities are complementary and not repetitive.
- During the field visit the idea of engaging a local performer / script writer to guide the KRC through the process of developing new scripts and performances was discussed. Key points from this discussion included:
 - _ The performer / script writer must be independent from the KRC.
 - _ The development of new scripts and performances should be created as a learning opportunity for the volunteers/peer educators.
 - _ Wan Smolbag Theatre (Vanuatu)²⁰ could be consulted for ideas and support.
 - _ Positive 'happy' messages should be explored.
 - _ Messages developed are pre and post tested with the target groups.
 - _ The Ministry of Health is consulted as a key partner.
 - _ Results from the post tests are used to create new performances.
- Purchase a sound system for clearer performances.
- Improve condom demonstration activities by having appropriate models available. It was suggested that at least twenty models were required.

4. Reducing HIV Stigma and Discrimination

- There is an opportunity for KRC to take the lead in preventing and reducing stigma and discrimination in Kiribati, with PIAF's support and in collaboration with the MoH, the Kiribati Family Health Association and the media.

5. Strengthening KRC to deliver and sustain a scaled up HIV programme

- During the field visit discussions with the KKRC staff, volunteers/ peer educators indicated that more training was needed on stigma and discrimination. STIs, HIV, peer education, community health and voluntary non-remunerable blood donation. It is suggested that the IFRC works with the HIV/M&E Officer to prioritise and plan for relevant training.
- Link the HIV/M&E Officer with his counterparts in the other three participating countries. For example the Cook Islands Red Cross for information on blood donor recruitment and monitoring/evaluation support with the Micronesian Red Cross.
- There will be opportunities for the HIV/M&E Officer to enhance his monitoring and evaluation skills during Phase 11. Monitoring the effectiveness the PVC condom dispensers for example could be a start with monitoring used to:
 - _ Learn if the locations are suitable
 - _ Find out who accesses condoms from the dispensers
 - _ Find out how acceptable the dispensers are to the target group/s
 - _ Find out how acceptable the dispensers are to the local communities.

²⁰ Wan SmolBag Theatre <http://www.wansmolbag.org/>

- An external space (buia or small thatched roofed open-sided building) is constructed at the KRC offices for the volunteers/peer educators to meet, practice performances and be available for their peers.

G Suggestions for the GFATM Round 11

- The KRC identified the following groups as the most vulnerable to HIV infection in Kiribati:
 - _ Young people²¹
 - _ Women, especially women who visit the ships to have sex in exchange for money, fish or other items.²²
 - _ Older men – especially those who travel overseas and those who drive buses – and their wives /partners.
- The two target groups not identified by the KRC, but discussed with the KRC that should be included in intervention activities, are PLHIV and men who have sex with men.
- Firmly integrate HIV/STI across KRC's programmes.
- Expand stigma and discrimination activities and build community support for those living with HIV/AIDS.
- Build behaviour change communication approaches and skills to ensure messages and approaches are applicable to Kiribati and transferable to other health issues,
- Use the Club 25 concept to establish a focal point to:
 - _ Recruit young voluntary non-remunerable blood donors.
 - _ Broaden awareness activities to skill development for example how to negotiate safer-sex, how to say no to alcohol or drugs, conflict resolution and violence, road safety.
 - _ Broaden the health approach to include pertinent issues for I-Kiribati such as hygiene and sanitation plus non communicable diseases.
 - _ Have fun.
- Use evidence from what works and what does not work to re-fresh approaches and activities..
- Support the MoH to establish a VCCT clinic at the KRC office and train KRC staff/volunteers as counsellors.
- Continue and increase learning and information sharing opportunities with the other National Societies.

²¹ In a recent survey of youth aged from 15 to 24 years in Betio, Tarawa, 27% reported having participated in sex involving the exchange of cash or goods in the past year. (McMillian K, Worth H (2010).

²² The term *ainen matawais* is now used locally instead of korekora a name for women who board foreign fishing. . (McMillian K, Worth H (2010).

H Summary Table of Challenges and Suggested Approaches

Challenges	Suggested Approaches	
Meeting the outcome and outputs	Suggestions for Phase 2	Suggestions for GFATM Round 11
Outcomes		
<ul style="list-style-type: none"> Balancing the costs (dollars, time taken and number of people involved) in condom distribution activities with the number of condoms distributed needs to be considered. 	<ul style="list-style-type: none"> Keep a record of the numbers of condoms distributed The use of different strategies to distribute condoms in places people gather should be tried to find out which one enables the most peer to peer education and distribution of condoms. 	
<ul style="list-style-type: none"> It is unclear how accessible condoms are. Accessing condoms discreetly is limited Some, but not many, condoms are available on the outer-islands. 	<ul style="list-style-type: none"> Ask target groups where the best locations for condom dispensers are. Develop a system to ensure the dispensers are regularly filled. 	
<ul style="list-style-type: none"> Condoms are perceived not to be used. 	<ul style="list-style-type: none"> Give out more than one condom to allow for practice, curiosity and potential damaging of the condom. Have at least twenty appropriate condom models available for demonstrations 	
<ul style="list-style-type: none"> The MoU between the MoH and the KRC for blood safety needs to be signed by KRC's Secretary General. 	<ul style="list-style-type: none"> On-going 	
<ul style="list-style-type: none"> The demand for blood exceeds supply. Ownership of donated blood is common. Blood donor promotion activities were not successful Shortage of laboratory staff Uncertainties about the voluntary status of Red Cross donors 	<ul style="list-style-type: none"> Explore the barriers, and strategise how to overcome the barriers in conjunction with the MoH laboratory staff. Develop a way to recruit blood donors and record what happens. Counseling is easily available for those donors with positive results 	
<ul style="list-style-type: none"> The recruitment of non-remunerable 	<ul style="list-style-type: none"> Consider how to implement Club 25 as a focal point to build healthy lifestyles and 	<ul style="list-style-type: none"> Implement Club 25

voluntary blood donors in a country with poverty and high unemployment	recruit young voluntary non-remunerable blood donors	
Outputs		
Preventing Further HIV Infection		
<ul style="list-style-type: none"> The integration of HIV/STIs across programming at KRC is in its early stages. 	<ul style="list-style-type: none"> On-going 	<ul style="list-style-type: none"> On-going
<ul style="list-style-type: none"> A new technical 'approach' is needed to gain entry to communities. 	<ul style="list-style-type: none"> Work alongside stakeholders (MoH, Kiribati Family Health Association, the media) to ensure activities are complementary and not repetitive 	<ul style="list-style-type: none"> Plan how and expand how to reach those most vulnerable to infection. Build behaviour change communication approaches and skills applicable to Kiribati and transferable to other health issues. Support the MoH to establish a VCCT clinic at the KRC office and train KRC staff/volunteers as counsellors.
<ul style="list-style-type: none"> The drama / song repertoire needs to be refreshed with new messages. People 'refused to listen to condom awareness activities'. 	<ul style="list-style-type: none"> Engage a local performer / script writer to guide the KRC through the process of developing new drama scripts. Purchase a sound system for clearer performances. 	
Reducing Stigma & Discrimination		
<ul style="list-style-type: none"> The KRC does not have an approach to stigma and discrimination, besides talking about anti-stigmatisation during awareness activities. 	<ul style="list-style-type: none"> Look at how to reduce stigma and discrimination in Kiribati, with PIAF's support and in collaboration with the MoH, the Kiribati Family Health Association and the media 	<ul style="list-style-type: none"> Expand stigma and discrimination activities and build community support for those living with HIV/AIDS.
<ul style="list-style-type: none"> Relaying anti stigma and discrimination 	<ul style="list-style-type: none"> Training and support to conduct awareness and peer education activities 	
Strengthening Capacity		
<ul style="list-style-type: none"> Sustainability and scale-up needs leadership 	<ul style="list-style-type: none"> Ongoing An external space is constructed at the KRC office for the volunteers/peer educators use 	
<ul style="list-style-type: none"> Training to deliver HIV and STI awareness 	<ul style="list-style-type: none"> IFRC works with the HIV/M&E Officer to prioritise and plan for relevant training. Training implemented 	

<ul style="list-style-type: none"> • Project management, including budgeting skills are new for the HIV/M&E Officer. 	<ul style="list-style-type: none"> • Provide IFRC support • Link the HIV/M&E Officer with his counterparts in the other three participating countries. 	<ul style="list-style-type: none"> • Continue and increase learning and information sharing opportunities with the other National Societies
<ul style="list-style-type: none"> • Most Significant Change stories were not collected • Putting monitoring and evaluation strategies into practice. 	<ul style="list-style-type: none"> • Use current and planned activities (eg condom distribution, condom dispensers, dramas) to enhance monitoring and evaluation skills 	<ul style="list-style-type: none"> • Use evidence from what works and what does not work to re-fresh approaches and activities.
<ul style="list-style-type: none"> • Information on GFATM funded activities is limited • Electronic programme files were not accessible or non-existent at KRC. 	<ul style="list-style-type: none"> • IFRC streamlines the narrative reporting and feedback • The IFRC and KRC design and implement a compatible record management system. 	
<ul style="list-style-type: none"> • Resource materials from the IFRC are not used 	<ul style="list-style-type: none"> • IFRC adapts key materials • Hands on support from IFRC and counterparts in other countries to put ideas into action 	

Attachment 3: Interim Report No 3 - Federated States of Micronesia

Mid-Term Evaluation of the IFRC Component of the GFATM Round 7 Federated States of Micronesia Red Cross Society

Interim Report

A Introduction

The Federated States of Micronesia (FSM) Red Cross Society (MRC) was visited from Monday 3rd to Thursday 11 October. The field visit was conducted in Pohnpei and Kosrae States. Findings from the field visit were discussed with:

- The Secretary General and the HIV Officer throughout the visit.
- The Kosrae MRC Monitoring and Evaluation (M&E) Officer / Chapter Coordinator during the field visit to Kosrae State.
- The MRC Secretary General and the HIV Officer at a final de-brief.

B Meeting the outcome indicators

1 Condom Distribution

1.1 Outcome Indicator Results

- The number of condoms distributed in 2010 in Pohnpei and Kosrae States was 4,900 compared with 4,374 in 2009 and 5,833 in 2008. The 15 percent decrease in condoms distributed between 2008 and 2010 was because no condoms were available in the first quarter of 2010. Similarly condoms were not available in the last quarter of 2009. The lack of condoms was attributed to a change in staff at the National Department of Health and Social Affairs (DHSA).
- *Note: The number of condoms distributed separately by Pohnpei and Kosrae States is currently being prepared by the HIV Coordinator. As well the number of condoms distributed throughout the Federated States of Micronesia (FSM) from 2008-2011 is being sourced from FSM's Department of Health and Social Affairs (DHSA).*

1.2 Strengths

- MRC keeps accessible records for the total number of condoms distributed through GFATM funded activities.
- Condoms are distributed during community outreach, school sessions, and event days and through the Peer Educators. Condoms are also available at the Red Cross Offices for example 61 condoms were collected from the MRC Office from August 11th and 15th this year.
- Monitoring of condom distribution activities has informed new approaches. For example as the distribution of condoms to young people is/was seen as encouraging sexual activities peer educators distribute condoms to young people with the message 'to give the condom to a friend that they know is at risk'. The young people can either take the condom/s and pass them on or keep the condoms for themselves.

- In Pohnpei and Kosrae it was said that the making and location of condom dispensers was a topic to be discussed during the peer educators refresher training planned for Phase 2.

1.3 Challenges

- Continuous condom supplies.
- Access to condoms in Kosrae State was compromised when the only condoms available were expired. The peer educators commented that the condoms had expired because young people are ashamed to take the condoms, or were afraid of asking for condoms from the hospital because of the attitude of the nurses and that 'everyone knows everyone'.
- When the peer educators in Pohnpei and Kosrae were asked if condoms were accepted they commented that 'talking about condoms is still taboo...but getting easier'.
- Peer educators in Pohnpei and Kosrae States said that condoms are being used because condoms are asked for whereas prior to HIV interventions the use of condoms was limited to some pregnancy prevention. MRC's Knowledge Attitude and Practices (KAP) Survey 2009 of elementary students (aged 12 – 16 years) in six schools in Pohnpei showed that out of the total respondents surveyed (1,208 respondents) 60 percent were sexually active and 17 percent reported that they used a condom every time they had sex.
- Evidence that condoms are not acceptable or not used, or not used consistently includes:
 - The MRC's 2009 Knowledge, Attitudes and Practices Survey (KAP) of elementary students aged 12 to 16 years in six schools in Pohnpei showed that out of the total students surveyed (1,208 respondents) 60 percent of the students reported they were sexually active. Out of this 60 percent, 20 percent had had sex without a condom and 9.4 percent had never used a condom.
 - Staff at the Public Health Unit said that one out of every four women screened at the ante-natal clinic is tested positive for chlamydia.
 - Both the UNFPA male and female condom packages are distributed. While the female condom is distributed it is unclear if it is used. Currently knowledge on how to use the female condom is reliant on the instructions in the condom packet.
 - In Kosrae the HIV and STI coordinators at the DHSA believe that while a lot of condoms are distributed they are not used. It was said a 'low percentage are used', 'people like skin to skin' and that 'lubricant is taken to play with'.
 - In the Micronesian Second Generation Surveillance Surveys 2006-2008²³ it was found:
 - ✓ That condoms were not used because condoms 'were not available' and/or condoms did not 'feel good'.
 - ✓ In Pohnpei young females were less likely to have reported condom use at last sex or having ever used a condom.
 - ✓ That condom use among older men is variable. For example in Pohnpei a survey of policemen found that 'of the 32% of men that reported sex with both a live in and causal partner in the past 12 months 65% said they never used a condom with

²³ SPC (2009) Second Generation Surveillance Surveys in the Federated States of Micronesia 2006-2008

their live in sex partner and 77% said they never used a condom with their casual sex partner.

- ✓ Young people in Pohnpei who had tried marijuana were less likely to use a condom the last time they had sex. Plus, 17 percent of young males indicated that they did not use a condom the last time they had sex because they were too drunk or high.

2 Voluntary blood donor recruitment

2.1 Outcome Indicator results

- In Pohnpei the laboratory keeps one list for all donors. Of approximately 300 registered blood donors 100 plus were said to be registered through the MRC.
- The MRC does not keep a record of the voluntary non-remunerable blood donors.

2.4 Strengths

- The 2003 Memorandum of Agreement (MoU) between DHSA and the MRC for the recruitment and management of voluntary blood donors is currently being revised. The revision of the MoU will detail the responsibilities of the MRC in recruiting and supporting voluntary non-remunerable blood donors.
- There is a strong working relationship between the National Laboratory Consultant and MRC's HIV Officer. This relationship was evidenced by collaboration for public events on World Blood Donor Day and discussions on how and when to recruit voluntary non-remunerable blood donors.
- The National Laboratory Consultant is working to ensure that Universal Precautions are adhered to throughout the FSM.

2.5 Challenges

- The development of a data-base of voluntary non-remunerable blood donors is planned through a national health information system, which funding is being sourced for. The MRC needs to develop its own data-base/record of the voluntary non-remunerable blood donors they recruit.
- In Kosrae State the former Branch Coordinator had recruited voluntary non remunerable blood donors. The current Branch Coordinator / M&E Officer did not have access to the voluntary blood donor list when he began in 2007. A complication for the Branch Coordinator is that people who were apparently on this list have been asked to donate blood. As well, the government used to pay blood donors and there is still an expectation that payment should occur.
- The Kosrae Director of Health and the National Laboratory Consultant both discussed the need to improve the systems, practices, equipment and technical skills at the Kosrae laboratory prior to voluntary blood donations re-commencing. The National Transfusion Committee will be assessing practice at the Laboratory.
- Recruitment of young people as blood donors through the Club 25 approach has not been implemented. The MRC has received manuals from the IFRC about Club 25 however these

Manuals on their own do not offer the direction required to establish a Club 25. It was stated that more hands-on-programme direction was required on 'how' to develop and implement Club 25 and not the concepts alone.

C Preventing further HIV Infection

5 Strengths

- MRC targets young people and works alongside the Pohnpei and Kosrae DHSA to ensure that activities are not duplicated. For example the Public Health Unit in Pohnpei targets bars and the ports while the MRC peer educators conduct community outreach and are the focal point for young people in local communities. In both Pohnpei and Kosrae the DHSA provides the detailed technical information during MRC's awareness / education sessions. Similarly in Pohnpei the MRC provides interactive awareness activities when the DHSA is conducting HIV/STI sessions.
- The MRC and DHSA staff from the Public Health Unit conduct screening for STI/HIV infection together. During one-to-one peer education sessions VCCT is discussed and young people are referred to the DHSA VCCT clinic. It was observed during one mobile screening activity that five MRC peer educators recruited twelve volunteers to partake in screening while DHSA staff provided pre-test counseling plus took blood and urine samples. DHSA also provides post-test counseling as required. This was the second recruitment activity for VCCT in 2011.
- The MRC makes an effort to provide awareness sessions to young people in elementary schools aged thirteen to sixteen year olds because they know people in this age group are sexually active and that no-one else is targeting this group. The DHSA HIV/STI Coordinator mentioned that girls who do not finish school often up on the fishing boats and selling sex. MRC is accessing this younger age group by:
 - Working through the Department of Education to access schools. It was observed when visiting one school that the HIV Officer had a good relationship with the principal. A discussion with four boys aged 13 to 16 at this school (beneficiaries) revealed that the boys had enjoyed the awareness session/s by the MRC conducted the year before and could recall what HIV was.
 - Entering a formal partnership with an undergraduate program titled Gaining Early Awareness and Readiness for Undergraduate Program (GEAR UP). GEARUP targets thirteen to sixteen year old students who are the most likely to drop-out of school. The partnership developed as the project director was concerned about the number of pregnancies among young students and because she observed the positive response from students at an MRC HIV awareness session.
- Both Pohnpei and Kosrae States have a consistent pool of eight active peer educators. During the field visits an activity was undertaken in each State to tease out stories about the most significant changes for the peer educators since their involvement with the MRC. The driver for the changes described by the peer educators was the acquisition of knowledge leading to new attitudes and practices. The changes described by the peer educators were:
 - They are more confident in themselves.
 - They now know how to use condoms.

- Know how to relay messages using the correct words.
 - Understand, and can talk about the differences between HIV and STI.
 - Are not afraid of people who are living with HIV/AIDS.
 - An understanding that if you have HIV you can still live a happy life.
 - Are knowledgeable and can talk to peers and family.
 - Are confident to stand in front of people and present.
 - The pleasure of meeting people in the community and making new friends through the Red Cross.
 - Personally being more responsible, such as no longer being promiscuous and being faithful to one partner.
- Culturally talking about sex, and therefore talking about HIV/STIs and condom, is taboo. By managing its activities sensitively (such as separating groups into females and males) slowly the MRC is contributing to the creation of communities where it is acceptable to discuss and practice safer-sex.

2. Challenges

- There is an emphasis in Pohnpei and Kosrae on HIV transmission and while STIs are considered the emphasis is more limited. For example the four boys spoken to at one elementary school did not know what STIs were and in Kosrae during an awareness session STIs were not discussed.
- During the field visit a demonstration of the male condom was observed in association with HIV prevention. The opportunity to talk about condoms for STI and pregnancy prevention was not used.
- It was commented that information on HIV and other health issues is available, but getting people to act on their knowledge is difficult.
- In both Pohnpei and Kosrae it was discussed that men 25 years and older (in particular men who travel to FSM and from FSM, taxi drivers, men who drink and frequent bars) are a target group that is not being reached.
- For three months HIV specific prevention activities were not conducted because the GFATM funds were not available. The MRC used core funding to pay the salary of the M&E Officer and the 'top-up' required for the HIV Coordinator.
- In Kosrae State it was considered important for the Red Cross to 'give something' back to the community when conducting sessions such as paying for people to provide afternoon tea. Deciding how to give to the community and accounting for what was given was cited as problematic.
- The integration of HIV across programmes is happening to some extent. For example the UNFPA condom kit is included in the material given out at First Aid trainings. Community Based Health and First Aid (CBHFA) approaches are currently not being implemented. The rationale is that MRC is taking a staged 'step by step' approach to programming and that technical input from the IFRC on implementing enhanced CBHFA is required.

- Currently the condom demonstrator used is the banana replica with the pink penis model inside. This model is not suitable for FSM as the model is the wrong colour and linking food with sex may be offensive to some people.

D Reducing HIV stigma and discrimination

5 Strengths

- When the KAP surveys found that out of 181 respondents 62 percent stated that a teacher who has HIV and is healthy should not be allowed to continue teaching the MRC focused on stigma and discrimination issues.
- The MRC works alongside the DHSA on public event days in Pohnpei and Kosrae.
- DHSA and MRC staff and peer educators in Pohnpei and Kosrae said that overall the tolerance towards people living with HIV/AIDS has improved. In the past people living with HIV/AIDS were followed and/or their family 'kicked them out', now the people in the community appear not to care. MRC's approach to supporting people living with HIV/AIDS is highlighted below.

When three people in Pohnpei State were diagnosed with HIV they asked the Pohnpei DHSA to respect their confidentiality. It was known that community members believed that someone was HIV positive because of the many visits by the hospital to the community. Knowing the people with HIV, and the community, would need support the DHSA Public Health Unit contacted the MRC HIV Coordinator

The MRC slowly started HIV awareness sessions in the surrounding communities focused on minimising stigma and discrimination. In 2009 six outreach activities were conducted to these particular communities with follow-up activities concentrating on STI and HIV screening.

The MRC established an informal support structure through a youth peer educator from the same community. This peer educator stays in contact with the people living with HIV and talks to the MRC HIV Coordinator when support is needed. The MRC then liaises with DHSA who in turn provides counseling, antiretroviral treatment, other clinical and pharmaceutical requirements as required.

The work by the MRC in these communities is said to have led to a change in the way people interact and a reduction in fear. The elements leading to this change are the trust between the people living with HIV/AIDS and the peer educator plus the easy collaborative relationship between the Department of Health and MRC's HIV Coordinator.

2. Challenges

- A key challenge is to continually make sure that the people living with HIV needs are met. Ideally in the situation the experience of living with HIV and the experience of the MRC and DHSA's support could be explored by the peer educator. As well most significant change stories and/or a rapid qualitative survey of knowledge, attitudes and practices in the surrounding communities will provide the MRC and the DHSA with more evidence on the impact of their work and evidence to inform their future work.

- It was commented that the older members of communities are more likely to discriminate against people living with HIV/AIDS. The challenge for those working to reduce stigma and discrimination is to meaningfully reach these people.

E Strengthening Red Cross National Societies capacity to deliver and sustain a scaled-up HIV programme

5 Strengths

- The MRC is recognised by government for its auxiliary status and as the only international humanitarian non-government organisation active in the FSM.
- The MRC's Secretary General has a strong network among stakeholders plus the experience and background to direct and support the HIV program, particularly in Pohnpei.
- The HIV and M&E Officer have the ability, and confidence to plan, implement and monitor/evaluate the project.
- It was evident that the MRC and the HIV Officer have strong relationships and are respected by key stakeholders in Pohnpei. In Kosrae the M&E Officer also has good working relationships particularly with DHSA,
- During outreach activities it was observed that the peer educators are respected role models.
- The use of KAP surveys to inform activity planning and implementation is to be congratulated.
- The MRC has the understanding and technical skills to scale-up activities to broaden its activities to reach harder target groups such as older men and those vulnerable to STIs and HIV from this group, particularly wives and partners. Through its networks the MRC potentially has the ability to support hidden groups such as men who have sex with men.
- The HIV Officer is a qualified Master Trainer in peer education.
- The GFATM reports sighted were clear, informative and provided good visuals. The HIV Officer is working to improve reporting by using linked excel workbooks to more effectively input the information required for the quarterly and six-monthly reports.

2. Challenges

- As the Yap and Chuuk States are not active the scale-up of activities by MRC in these States is extremely limited. The cost of transportation to Kosrae also prevents regular 'hands-on' technical support for the Branch Coordinator / M&E Officer.
- Limited MRC resources and high transport costs makes the expansion of activities to outer-islands difficult.
- In Kosrae the Governing Board has limited knowledge of the project or technical understanding of HIV/STI prevention. During the field visit the Chairman of the Board asked for training for Board members. Finding the appropriate time and enlisting support from MRC plus IFRC was considered challenging.
- While there is an understanding of GFATM funded activities across MRC staff and volunteers the programme relies on the technical skills of one person. The challenge is to build the technical skills of the M&E Officer and key peer educators to be trainers as well as peer educators.

- The current peer education training module covers the theory of behaviour change communication; the challenge is to put this theory into practice.
- The implementation of project activities is often slowed down by external visits and off-island trainings.
- Written information, in particular resource materials, from the IFRC is generally overwhelming and not particularly useful because of the technical language and overall ‘denseness’ of the material.

F Suggestions for Strengthening Implementation in Phase 2

- The MRC works with the Kosrae hospital to ensure that the condoms are distributed before the condoms expire and discusses the possibility of awareness raising with nurses about STI/HIV and young people.
- Appropriate male condom models are secured.
- The foundations for the establishment of Club 25 are reviewed with the IFRC Community Programming Unit, especially how to establish Club 25 using a life-style, community development approach.
- In consultation with the National Laboratory Consultant and the DHSA use the out-reach VCCT activities to recruit voluntary non-remunerable blood donors.
- A system to record voluntary non-remunerable blood donors is established.
- Planning begins with key stakeholders, including the peer educators, on how to work with men and women over 25 years.
- Project awareness activities are conducted with the Board of Governors of the Kosrae Chapter.
- Consideration is given to running a trainer of trainer’s workshop to increase the number of people with generic technical capacity in adult facilitation and training skills. Ideally some people over 25 are included in this training.
- The planned peer education refresher course happens.
- Ensure STI awareness is included all discussions on HIV prevention.
- When discussing condoms include the messages that condoms used correctly and consistently prevent STIs, including HIV, and pregnancy.
- Review the information collected through the KAP surveys for relevancy and the language used is consistent such as ensuring the words HIV and AIDS are used correctly.
- Use the activities with the GEAR-UP programme to gather most significant change stories from project beneficiaries over the life of the GEARUP.
- With the IFRC Programming Unit look at ways to integrate CBHFA (including basic hygiene and sanitation, alcohol misuse, violence, gender relations) into GFATM funded activities in Round 11 such as Club 25.

G Suggestions for the GFATM Round 11

- Continue to work with young people, especially those under 15 years old.
- Broaden the target group to include men and women over 25 years. Strategies could include:

- The older peer educators being trained to work with their immediate peers.
 - Mothers and fathers are recruited as community peer educators to assist parents to teach basic health, including sexual health and safety to their children.
 - People from specific workplaces and occupation groups being recruited as peer educators for example taxi drivers.
 - There is an opportunity during Round 11 to ensure that messages that do not stigmatise or discriminate against men who have sex with men and girls and women who visit the port and fishing vessels, are included in activities.
 - Club 25 is implemented in Pohnpei and Kosrae. In Kosrae Club 25 is established in preparation to give blood when the laboratory is functioning.
 - A female condom demonstration model is purchased.
 - If not already conducted, conduct a trainer of trainers and monitor training in practice.
 - Implement workplace -based HIV/STI awareness.
 - Implemented enhanced CBHFA activities as planned in Phase 2 of Global Fund Round 7.
 - Broaden awareness activities to build skills and safe practices by taking a behaviour change communication approach to address:
 - Consistent condom use.
 - Alcohol, drug use and condom use.
 - Gender dynamics and condom use.
-

H Summary Table of Challenges and Suggested Approaches

Challenges	Suggested Approaches	
	Phase 2	GFATM Round 11
Outcomes		
<ul style="list-style-type: none"> Continuous condom supplies. 	<ul style="list-style-type: none"> Work the Kosrae hospital to ensure that the condoms are distributed before they expire 	
<ul style="list-style-type: none"> Access to condoms can be difficult 	<ul style="list-style-type: none"> Explore how to raise awareness with all nurses about STI/HIV and young people. Refer to BCC under Preventing Further HIV Infection 	
<ul style="list-style-type: none"> Condoms are not acceptable, not used, or not used consistently 	<ul style="list-style-type: none"> Messages convey that condoms used correctly and consistently prevent STIs, including HIV, and pregnancy Appropriate male condom models are bought A female condom demonstration model is purchased 	<ul style="list-style-type: none"> Conveying of applicable messages continues
<ul style="list-style-type: none"> The MRC needs to develop its own data-base/record of the voluntary non-remunerable blood donors they recruit. 	<ul style="list-style-type: none"> A system to record voluntary non-remunerable blood donors is established 	
<ul style="list-style-type: none"> Re-recruiting voluntary non-remunerable blood donors 	<p>2 The foundations for the establishment of Club 25 are reviewed with the IFRC Community Programming Unit</p> <p>3 In consultation with the National Laboratory Consultant and the DHSA assess if the general community out-reach VCCT activities could be used to recruit voluntary non-remunerable blood donors</p>	<p>4 Re-activate recruitment strategies</p>
Outputs		
Preventing Further HIV Infection		
<ul style="list-style-type: none"> Limited emphasis on STIs Limited emphasis on STI and pregnancy prevention when discussing condoms 	<ul style="list-style-type: none"> The planned peer education refresher course happens. STI awareness is included in prevention messages 	<p>5 Implement workplace -based HIV/STI awareness</p>
<ul style="list-style-type: none"> Getting people to act on their knowledge is difficult. 	<ul style="list-style-type: none"> Plan for a BCC approach, with a clear understanding of how to target messaging plus pre and post test the approaches to be used, messages and materials 	<ul style="list-style-type: none"> Use a BCC approach for community awareness and activities to target specific groups
<ul style="list-style-type: none"> People vulnerable to HIV infection are not being reached. 	<ul style="list-style-type: none"> Planning begins with key stakeholders, including the peer educators, on how to broaden the peer education approach to 	<ul style="list-style-type: none"> Continue peer education work with young people, especially those under 15 years old, while

	work with men and women over 25 years.	broadening the peer education to other at risk groups.
<ul style="list-style-type: none"> Managing the community expectation that the Red Cross should 'give back' to the community. 	<ul style="list-style-type: none"> Consider how to promote MRC as a 'value' to the community Refer to BCC above 	<ul style="list-style-type: none"> Refer to BBC above
Reducing Stigma & Discrimination		
<ul style="list-style-type: none"> Continually meeting the needs of people living with HIV Assessing how and if the situation has improved for those vulnerable to stigma and discrimination 	<ul style="list-style-type: none"> Monitor what is happening by using M&E tools such as most significant change stories 	<ul style="list-style-type: none"> Refer to BCC under Preventing Further HIV Monitor what is happening by using M&E tools such as most significant change stories
<ul style="list-style-type: none"> Reach those people most likely to discriminate. 	<ul style="list-style-type: none"> Planning begins with key stakeholders, including the peer educators, on how to broaden the peer education approach to work with men and women over 25 years. 	<ul style="list-style-type: none"> Target those people who are most likely to discriminate
Strengthening Capacity		
<ul style="list-style-type: none"> Integration of HIV across Red Cross programmes. 	<ul style="list-style-type: none"> With the IFRC Programming Unit look at ways to integrate CBHFA (including basic hygiene and sanitation, alcohol misuse, violence, gender relations) into GFATM funded activities in Round 11 	7 Implement and monitor enhanced CBFA
<ul style="list-style-type: none"> Expanding to other states Limited resources to provide support to Kosrae 	<ul style="list-style-type: none"> Plan expansion to other states in line with the National Societies capacity Plan resources needed to support the Kosrae Chapter 	
<ul style="list-style-type: none"> Enlisting governance support 	<ul style="list-style-type: none"> Project awareness activities are conducted with the Board of Governors of the Kosrae Red Cross Chapter in conjunction with the IFRC. 	
<ul style="list-style-type: none"> Reliance on the technical skills of one person 	<ul style="list-style-type: none"> A trainer of trainer's workshop is conducted to increase the number of people with generic technical capacity in adult facilitation and training skills and monitor training in practice. 	
<ul style="list-style-type: none"> Absorbing external visits and off-island trainings 	<ul style="list-style-type: none"> IFRC plans external visits and trainings early and in consultation with MRC 	
<ul style="list-style-type: none"> IFRC written information, in particular resource materials, is generally 	<ul style="list-style-type: none"> IFRC adapts key materials Hands on support from IFRC and counterparts in the other countries to put ideas into action 	

<p>overwhelming and not particularly useful</p> <ul style="list-style-type: none"> • Putting theory into practice 		
<ul style="list-style-type: none"> • Activities are not conducted if GFATM funds are not available. 	<ul style="list-style-type: none"> • The HIV Officer is supported in project management practices including financial accountability 	
<ul style="list-style-type: none"> • Monitoring and Evaluation 	<ul style="list-style-type: none"> • Review the information collected through the KAP surveys for relevancy and consistency with the support of the IFRC Community Programme. 	<ul style="list-style-type: none"> • Consider conducting a follow up KAP (from the 2010 KAP) to assess changes in knowledge attitudes and practices.
	<ul style="list-style-type: none"> • Use the activities with the GEAR-UP programme to gather most significant change stories from project beneficiaries over the life of the GEARUP. 	

Attachment 4: Record of Telephone Conversation – Samoa

Mid-Term Evaluation of the IFRC Component of the GFATM Round 7 Samoa Red Cross

Record of Telephone Conversation

A Introduction

Prior to the start of the GFATM mid-term evaluation it was determined by the IFRC that a field visit to the Samoan Red Cross (SRC) was not feasible at this time. This decision was made as the SRC was focused on conducting its General Assembly.

In lieu of a field visit telephone discussions were planned with the key people involved in implementing the GFATM funded activities. Email communication and a direct request by IFRC's Head of Delegation led to a Skype conversation being held with Goretti Wulf SRC's health coordinator on October 19th. Further telephone conversations with SRC staff and volunteers did not occur because of the lack of time and people's availability.

Not visiting Samoa meant the depth, amount of, and triangulation of information was limited. (For an overview of the SRC's voluntary blood donor recruitment programme and peer education activities refer to IFRC's February 2011 Health Mission Report²⁴).

B GFATM Activities

The following points summarise the telephone conversation with the SRC Health Coordinator on 18 October 2011.

1. Overview

- GFATM activities have essentially been on hold since the beginning of June 2011 as the SRC prepared for its General Assembly.
- Despite activities being on hold since June 2011 the Pacific Islands AIDS Foundation (PIAF) AIDS Ambassador, and SRC staff member continued to meet with people living with HIV and conducted HIV awareness sessions.
- The GFATM funded activities focus on young people.
- Peer educators from the Australian Pacific Technical College (APTC) have recently been recruited.
- A community based self-reliance program is scheduled to start in November 2011 which will give the SRC a greater reach into the community.
- Information about preventing STIs is bundled inside information preventing HIV.

²⁴ International Federation of Red Cross and Red Crescent Societies. (February 2011) Samoan Red Cross Society. Health Mission Report. Dr Muhammad Khalid Regional Health Delegate and Rosemary Fenton Community Health Delegate.

2. Strengths

2.1 Preventing Further HIV Infection

- While 'culture' is said to prevent discussions about HIV and STI in the community the SRC have observed that people are eager to know more. For example older people in the villages have said 'don't hide it any more...bring it out into the open'.
- Volunteers work on drama skits focused on prevention messages.
- Having a PIAF AIDS Ambassador working for the SRC was described as the 'number 1 weapon to make the SRC program strong'.
- Local fundraising is happening. For example people living with HIV are supported to sell goods.

2.2 Reducing HIV Stigma and Discrimination

- When a family living with HIV was discriminated against the SRC delivered HIV awareness sessions in the village. These sessions led to the Pastor from the local church asking for the program to be delivered to all his congregations. When the community had a greater understanding the family living with HIV was accepted back into village activities and most importantly the church and the school.

2.3 Building National Society Capacity

- Direct technical support from the Regional Office of IFRC is beneficial such as the visit in February 2011 by the IFRC Regional Health and Community Development Delegates.

3. Challenges

3.1 Preventing Further HIV Infection

- The female condom is not popular but it is considered that 'they are getting there'.
- Condom dispensers were in place but were 'torn down'.
- It was said that if those working in HIV have the attitude that people will not accept the messages 'then people won't listen'.
- 'People wander around at night' and it is important to reach these people with prevention messages.
- More peer educators are needed however finding the right people is difficult. For example recruiting peer educators from the sex worker community is necessary to be able to work more realistically with this community.
- Re-training is required of the current peer educators to increase their skills and maintain their motivation.

3.2 Building National Society Capacity

- The GFATM reporting framework is hard to work with.
- Most significant change stories have not been collected.

Attachment 4: People Consulted

Date	Organisation	Name	Sex	Position
Cook Islands				
12/09/2011	Cook Islands Red Cross	Nikki Rattle	F	Secretary General
	Cook Islands Red Cross	Danny Vakapora	M	HIV Global Fund Programme Manager
	Cook Islands Red Cross	Patience Vainerere	F	Youth Peer Education (YPE) Outer Islands
	Cook Islands Red Cross	Tim Nubono	M	Climate Change Officer
	Cook Islands Red Cross	Fine Arnold	F	Humanitarian Law Officer
	Cook Islands Red Cross	Lalit Prasad		VCCT Counsellor
	Cook Islands Red Cross	Ashley White	F	Volunteer
	Cook Islands Red Cross	Charlie Numanga	M	Disaster Management Coordinator
	Cook Islands Red Cross	Tumaiata Numanga	F	Branch Development Coordinator
	Cook Islands Red Cross	Oropai Mataroa	F	First Aid Coordinator
	Pacific Islands AIDs Foundation	Hilary Gorman	F	Research Officer
	Cook Islands Family Welfare Association	Rongo File	F	Executive Director
	Antenatal/VCCT Clinic	Dr May Aung	F	Doctor in Charge Ante-Natal Clinic
13/09/2011	Akirata Clinic	Maine Beniamina	F	UNFPA Representative / Nurse
	Ministry of Health,	Edwina Tangaroa	F	Manager Health Promotion Unit
	Tereora College	Apii Napa	F	Teacher – Vocational Program
	Cook Islands Red Cross	Junior (Jay) Taivairanga	M	Volunteer (National Youth Council)
	Cook Islands Red Cross	Maru Nariri	F	Volunteer (Rotaract, Youth Council, Church Group Volunteer)
	Cook Islands Red Cross	Anjima Atirau	F	Volunteer (trainee teacher)
	Cook Islands Red Cross	Patience Vainerere	F	Volunteer afterhours (YPE Coordinator)
	Cook Islands Red Cross	Miimama Moutairi	F	Volunteer (Television)
	Cook Islands Red Cross	Helina Glassie	F	Volunteer (Youth Member on the CIRC Governing Board)
	Mangaia Island Administration	Helen Henry	F	Island Secretary
	Mangaia Hospital	Dr Dawn Ngatokorua	F	Medical Officer in Charge
	CIRC – Mangaia Branch	Melissa Mani	F	YPE Officer (staff)
	CIRC – Mangaia Branch	Toa Pole	M	Volunteer/ Blood Donor Recipient
	CIRC – Mangaia Branch	Urukia (Dixon) Moeara	M	Volunteer (YPE Treasurer)
	CIRC – Mangaia Branch	Christina Tuara	F	Volunteer YPE
	CIRC – Mangaia Branch	Corrina Shelton	F	Volunteer YPE
	Mangaia School	Sue Ngatokorua	F	Principal
	Mangaia School	Atingakau Moekapiti	F	Student YPE: Class Senior 2
	Mangaia School	Stormmel Ruatoe	M	Student YPE : Class Senior 2
	Mangaia School	Junior George	M	Student YPE : Class Senior 2
	Mangaia School	Moe Atariki	F	Student YPE: Class Senior 2
	Mangaia School	Eireen Tangatakino	F	Student YPE: Class Senior 2

	Mangaia School	Students	F/ M	Class Senior 2 – 8 females and 8 males
	Mangaia School	Students	F/ M	Junior Red Cross Elective – Class 12 Students
	CIRC – Mangaia Branch	Marilyn	F	Governing Board - Branch Treasurer
	CIRC – Mangaia Branch	Titangi George	M	Governing Board - Vice President
	CIRC – Mangaia Branch	Sue Ngatokorua	F	Governing Board member
	CIRC – Mangaia Branch	Dawn Pasina	F	Governing Board member
	CIRC – Mangaia Branch	Tangimama Vavia	F	Governing Board member
	CIRC – Mangaia Branch	Tuakana Tupou	F	Volunteer YPE
	CIRC – Mangaia Branch	Gil Vaiimene	F	Branch President
Fiji				
19/09/2011	IFRC	Amir	M	Accounts Unit
		Anoska	F	Accounts Unit
		Toakase Ratu	F	Community Programming Unit
		Aurelia Blape	F	Regional Director
20/09/2011	PIAF	Temo Sasau	M	Pacific Positive Community Programme Coordinator
	SPC	Albert Angelo L Concepcion	M	Grants Coordinator, Grants Management Unit
		Bryan Rochelle	M	Monitoring & Evaluation Adviser, Director's Office
20/09/2011	IFRC	Mukesh	M	Organisation Development
		Annie Rogers	F	Consultant Organisation Development ,Kiribati Red Cross
Kiribati				
21/09/2011	Kiribati Red Cross	Benaawa Arobatai	M	HIV/M&E Officer
	Kiribati Red Cross	Toupe Aberaam	M	Office in Charge & Disaster Management Officer
	Kiribati Red Cross	Aako Galu	F	Accounts Clerk
	Kiribati Red Cross	Aotai Iererua	F	Accounts Clerk
	Kiribati Red Cross	Tiraen Kienene	F	First Aid Officer
	Kiribati Red Cross	Matirita Nabong	F	Acting President
22/09/2011	Kiribati Red Cross	Benaawa Arobatai	M	HIV/M&E Officer
Workshop	Kiribati Red Cross	Youpe Aberaam	M	Office in Charge & Disaster Management Officer
	Kiribati Red Cross	Aako Galu	F	Accounts Clerk
	Kiribati Red Cross	Aotai Iererua	F	Accounts Clerk
	Kiribati Red Cross	Tiraen Kienene	F	First Aid Officer
	Kiribati Red Cross	Taborenga Takabea	F	Volunteer / Peer Educator
	Kiribati Red Cross	Uowandag Yerouete	M	Volunteer
	Kiribati Red Cross	Ritang Tenanai	M	Volunteer
	Kiribati Red Cross	Nabiri Rairaki	M	Volunteer
	Kiribati Red Cross	Kabuati Terawati	M	Volunteer
	Kiribati Red Cross	Rotau Urantabo	M	Volunteer
	Kiribati Red Cross	Babakat Aberaam	M	Volunteer / Peer Educator
	Kiribati Red Cross	Baberoti Burerua	M	Volunteer / Peer Educator
	Kiribati Red Cross	Burenneita Temaeva	M	Volunteer / Cleaner
22/09/2011	Kiribati Red Cross	Benaawa Arobatai	M	HIV/M&E Officer
	Kiribati Red Cross	Toupe Aberaam	M	Office in Charge & Disaster Management Officer

26/09/2011	Kiribati Red Cross	Tiraen Kienene	F	First Aid Officer
	Ministry of Health	Tiero	F	Head of Laboratory Services
	Ministry of Health	Gretma	F	Head of Laboratory Services
	Kiribati Red Cross	Matirita Nabong	F	Acting President
	Kiribati Red Cross	David Teaabo	M	Governing Board Vice President
	Kiribati Red Cross	Teeta Wiauea	M	Governing Board
27/09/2011	Ministry of Health	Taniera Teibuako	M	HIV Coordinator / Secretary to the Country Coordinating Committee (CCM)
	Kiribati Family Health Association	Mareweia Fenua	F	Capacity Development Organisation CCM
	Ante Natal Clinic	-	F	Gynecology nurse
		-	F	Gynecology and family planning nurse
		-	F	Public health nurse outer islands
Federated States of Micronesia				
3/10/2011	Micronesia Red Cross	Morgan David	M	HIV/AIDs Coordinator
	Micronesia Red Cross	Sizue G Yoma	F	Secretary General
4/10/2011	Pohnpei State Public Hospital	Simao Naman	M	Chief of Staff
	Pohnpei State Public Hospital	Nancy Edward	F	HIV/STI State Coordinator
	National FSM Health & Social Affairs	Johnny Hehel	M	National HIV/STI Coordinator
	National FSM Health & Social Affairs	Neverty David	F	Monitoring & Evaluation HIV/STI
	National FSM Health & Social Affairs	Nena Arthey	M	Acting Secretary Health
5/10/2011	Micronesia Red Cross	Elnora Eperiam	F	Youth Peer Educator
	Micronesia Red Cross	Elson Mark	M	Youth Peer Educator
	Micronesia Red Cross	Hati -	F	Youth Peer Educator
	Micronesia Red Cross	Nuhrine Paul	F	Youth Peer Educator
	Micronesia Red Cross	Ariminus Paulino	M	Youth Peer Educator
	Micronesia Red Cross	Nadlic Ifamilik	F	Youth Peer Educator
	Micronesia Red Cross	Johnny	M	Youth Peer Educator
	Mobile VCCT Micronesia Red Cross	1 client	F	Beneficiary
6/10/2011	College of Micronesia	Nora Kriauzaite	F	Project Director GEAR UP
	Awak Elementary School	Four students	M	Beneficiaries
7/10/11	Kosrae Red Cross Chapter	Hans Skilling	M	Branch /M&E Coordinator
8/10/2011	Kosrae Red Cross Chapter	Shrue Miako Sahn	F	Youth Peer Educator
	Kosrae Red Cross Chapter	Sunhee Albert	F	Youth Peer Educator
	Kosrae Red Cross Chapter	Amako Caleb	F	Youth Peer Educator
	Kosrae Red Cross Chapter	Becky Arriola	F	Youth Peer Educator
	Kosrae Red Cross Chapter	Jacob Nema Junior	M	Youth Peer Educator
	Kosrae Red Cross Chapter	Reynold Tilfes	M	Youth Peer Educator
	Kosrae Red Cross Chapter	Weston Palik	M	Youth Peer Educator
	Kosrae Red Cross Chapter	JDson Likiak	M	Youth Peer Educator
9/10/2011	Young person 18-20 years	-	F	Beneficiary
	Young person 22-25 years	-	F	Beneficiary

10/10/2011	Kosrae Red Cross Chapter	Berlin Sigrah	M	Chapter Chairperson
	Department of Health & Social Affairs	Dr Livingston Taulung	M	Director
	Department of Health & Social Affairs	Foster Waguk	M	Coordinator STI Program
	Department of Health & Social Affairs	Barry Mongkeya	M	Coordinator HIV Program
12/10/2011	Department of Health and Social Affairs	Lisa Kohler	F	National Laboratory Consultant
Telephone Conversations				
08/09/2011	Neil Waters	Australian Red Cross	M	International Blood Adviser
09/09/2011	Manish Pant	IFRC	M	Health and Care Coordinator Africa Zone Ex Pacific Regional Health Delegate
09/09/2011	Muhammad Khalid Khadim	IFRC	M	Health Delegate, IFRC Afghanistan Delegation Ex Pacific Regional Health Delegate
17/10/2011	Terhi Heinäsmäki	IFRC	F	Zone Health Coordinator, Asia Pacific
19/10/2011	Samoa Red Cross	Goretti Wulf	F	Health Coordinator