

Stakeholders' Involvement in addressing HIV/AIDS in the Porgera Valley



Human-race
Is
Violated
Am
I
Doing
Something?

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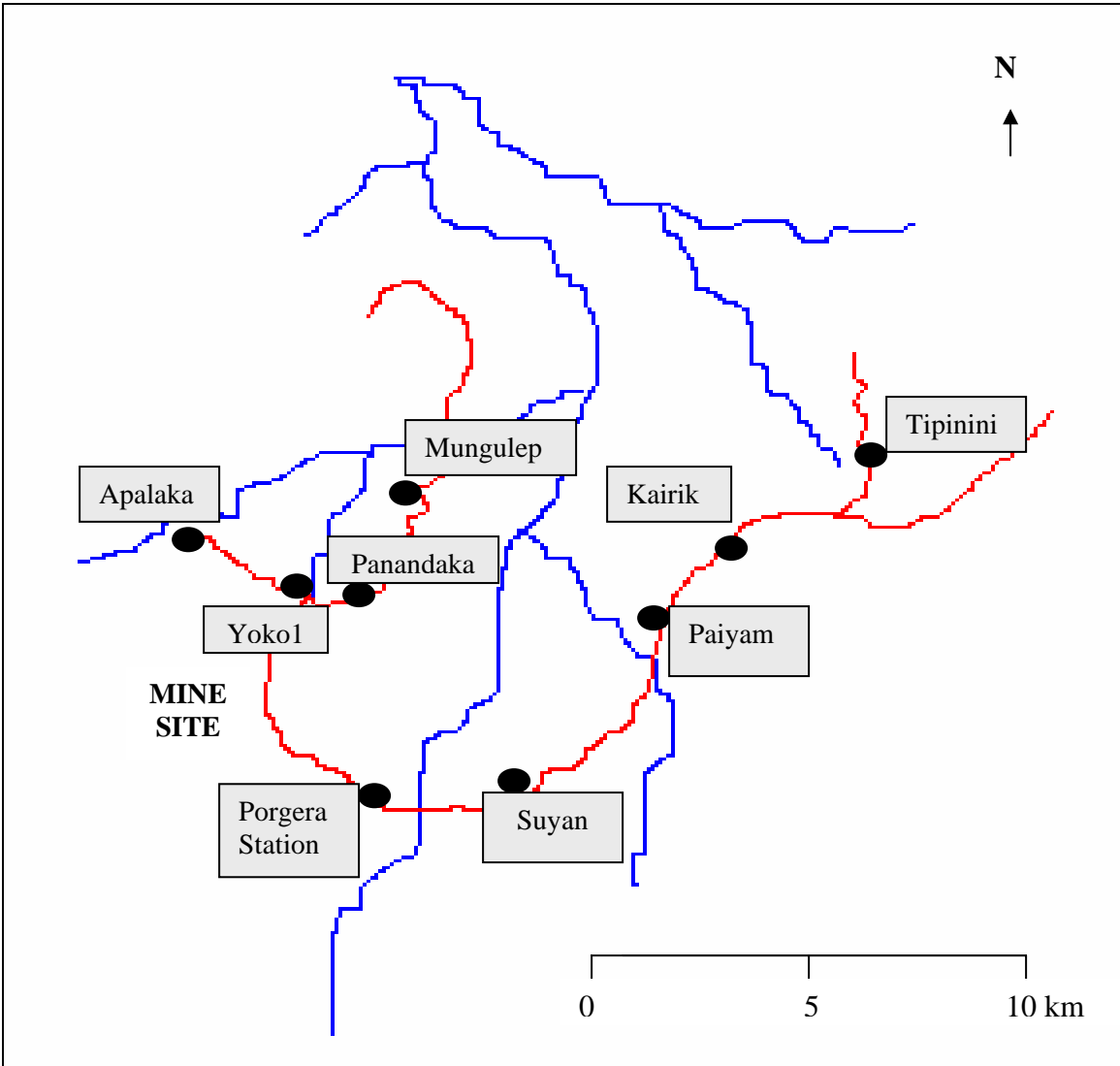
“There is no real aggressive HIV program apart from what DAC is doing. In terms of stakeholders involvement or collaboration to address the issue in Porgera - Nil. SDAs are doing something. There are trainings run for the public but there are certain drawbacks –There is not enough publicity for everyone to get information on where and when HIV trainings were held in the past years. Otherwise not everyone or majority is benefiting. Sometimes the same people are hand-picked for second training. The question is: Does everybody have the prerogative to get permission to run HIV/AIDS awareness and training? Men generally are hesitant to talk openly about HIV in Church. Condom is greatly used – sometimes seen as balloons blown and thrown on streets.”

Girl Guide President- Paiyam Village, 19th April 2008

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MAP: STUDY AREA -- PORGERA VALLEY



Legend:

- Research Sites
- ~ River
- ~ Road

ABBREVIATIONS

ADB	Asian Development Bank
ART	Anti-Retroviral Treatment
CAF	Christian Apostolic Fellowship
CIC	Community Issues Committee
DAC	District AIDS Committee
DoH	Department of Health
EBC	Evangelical Brotherhood Church
FBO	Faith Based Organisation
HIV	Human Immune deficiency Virus
IPI	Ipili Porgera Investments
LLG	Local Level Government
NAC	National AIDS Council
NDoE	National Department of Education
PDCC	Porgera Day Care Centre
PEAK	Porgera Environmental Advisory Komiti
PNGEC	Evangelical Church of Papua New Guinea
PDA	Porgera Development Authority
PDYA	Porgera District Youth Association
PDWA	Porgera District Women's Association
PJV	Porgera Joint Venture
PLA	Porgera Landowner Association
PLWH	People Living With HIV
PMC	Paiyam Management Corporation
PNGIMR	Papua New Guinea Institute of Medical Research
SDA	Seventh Day Adventist
SML	Special Mining Lease
VCT	Voluntary Testing and Counseling
WHO	World Health Organisation

1. EXECUTIVE SUMMARY

This survey of Porgera stakeholder opinions is based on two key questions. Firstly, what is the current involvement of various stakeholder groups in Porgera in dealing with HIV&AIDS? Secondly, what are the unmet needs at the present time in dealing with HIV&AIDS in Porgera? The survey was conducted over four days from 17-20th April, 2008. Many of those consulted acknowledged HIV to be a growing issue in Porgera yet there appear to be no robust ongoing HIV programs in place for the general public. Some corporate bodies and individuals consulted have made attempts in addressing HIV within their respective organizations or localities with what little resources and knowledge are available. However, there seems little partnership amongst fellow stakeholders. A number of challenges and unmet needs will have to be addressed before real networking and co-operation and involvement can successfully take place.

From discussions with various stakeholders including churches, education, health, youth, women, landowners, local authorities and the mining company, the following expressed needs were identified:

- A liquor ban in the Porgera District to help mitigate the deteriorating law and order situation.
- Inclusion of HIV&AIDS in school lessons
- Provision of anti-retroviral treatment
- Better trained counselors at VCT centres
- Training for law enforcers so as to better deal with HIV&AIDS related cases
- Greater involvement of youth in development programs and activities
- More and better organized HIV education and training
- Better resources at the Porgera Health Centre
- Inclusion of family members in the PJV workplace policy
- Better partnership among stakeholders

There are also issues that have a restraining or negative impact on stakeholders' involvement in HIV work. These include:

- The law and order situation in Porgera
- Involvement of some churches in healing is raising false expectations
- Poor co-operation in use of resources.
- Awareness strategies not effective
- Youth involvement with social problems
- Money verses volunteerism in HIV work
- Safe sex methods not fully encouraged or not used
- No CD4 cell count machine and understaffing at the Porgera Day Care Centre

The survey recommends that in order for progress to be made, firstly, there should be in-depth research so as to map serologically and explain behaviorally the HIV epidemic and to understand it in relation to social, political, cultural and biological factors. Secondly, key people, such as teachers or church pastors and leaders require quality training in awareness and counseling. Thirdly, such training must be part of a better co-ordinated effort for a more effective response. Something must change for the present NAC-PAC-DAC system of co-ordination to be more effective. Finally, the survey notes the importance of identifying new and effective ways to deal

with negative social forces and to improve the law and order situation in Porgera so as to set the scene for more effective stakeholder involvement in the future.

2. INTRODUCTION

The Porgera Environmental Advisory Komiti (PEAK) HIV/AIDS sub-committee contracted local research officer Ms. Marie Mondu from Caritas Australia, who was assisted by Mr. Philip Maso of Caritas PNG to consult various stakeholders in the Porgera valley and report on stakeholders' involvement in dealing with HIV/AIDS. Consultations took place between 17th -20th April, 2008.

3. METHODOLOGY

Based on the agenda of the stakeholder meeting with a PEAK representative held at Porgera LLG Council Chamber-Paiyam on Thursday April 17th, the two key questions to be addressed were;

1. *What is the current involvement of various stakeholder groups in Porgera in dealing with HIV/AIDS?*
2. *What are the unmet needs at the present time in dealing with HIV/AIDS in Porgera?*

Subsidiary probing questions were fostered during the time of consultations to qualify questions (1) and (2). Some of these questions include;

- What are organizations/communities doing about HIV at present?
- Have stakeholders received HIV training or education? Who is involved?
- What are organizations/communities doing for PLWH?
- What can be done to better deal with HIV in the Porgera Valley? etc...

Other important issues and commonly held views worth mentioning are included as additional findings. This assessment was mostly engineered qualitatively by the research consultants with key informants representing different bodies. Initially, PEAK scheduled a meeting on the 17th of April at the LLG Council Chambers, Paiyam, inviting the following stakeholders;

- Porgera Development Authority (PDA),
- Porgera Landowners Association (PLA),
- Porgera LLG and District Administration,
- Community Issues Committee (CIC),
- Porgera District Youth Association (PDYA)
- Porgera District Women's Association (PDWA)
- Porgera District AIDS Committee (DAC)
- SML Youth,
- Porgera Hospital, Day Care Centre
- Four main primary schools and high schools
- PJV Families residing in Porgera
- And all FBOs (Catholic, CAF, Foursquare, SDA, Lutheran, United etc...)

Data was collected from gallery displays and brief 10 minute presentations made by the few attendees. The next three (3) days were spent contacting and interviewing key stakeholders who had not been present at the Council Chambers meeting. Verbal consent was gained from individuals identified to participate during the four (4) days consultation. See annex 1 for list of stakeholders consulted.

3.1 Study Limitations

Key stakeholders absent and not able to be contacted during the survey period (Principle Landowners and PDA)

4. BACKGROUND

The Porgera Valley is situated in the Papua New Guinea Highlands in the Western corner of the Enga Province. Human contact in Porgera extends back at least 11,000 years (Jackson and Banks 2002: 9) Human habitation goes back more than 10 generations. First contact with the modern world may have occurred in 1934 when the Fox brothers traveled down the Lagaip River, crossed the Porgera River, continuing through Paiela to the Stickland Gorge area. In 1939 John Black crossed the Porgera River again and found gold. That discovery signaled dramatic changes for Porgera.

In a short time Porgera was transformed from a traditional highlands society living by gardening, hunting and gathering into the site of one of the largest gold mines in the world. As Golub notes, in less than thirty years the owners of the land on which the mine operates went from their first exposure to money to receiving roughly four million kina (over a million US\$) a year in royalties alone (Golub 2001, p. 26).

Today, the Porgera mine employs over 2,000 workers, and there are many contractors and associated industries besides. The year 2000 Census records 22,809 people in Porgera. The Porgera population continues to grow at a very high rate of about 8% per annum mostly due to immigration from other parts of Enga and the Southern Highlands (reports to PEAK).

According to statistics by the National Health Department and NACS in December 2006, there are more than 839 confirmed HIV positive in the Enga province (NACS and DoH 2006, Table 1.2). A recent NHASP Social Mapping Project notes how in Porgera, “sex is sold everywhere” (p. 35) and health workers from Porgera are quoted as saying, “...people come from all over the country [to Porgera], some to seek employment, some for cheap sex. This means they sell sex for 20 toea, 50 toea, betel nuts, smoke and gambling. It is a problem because many PLWHA marry many women and so the virus is spreading” (p. 40). An unpublished report by PNGIMR notes high rates of STDs and of HIVab+ in Porgera.

In this situation, who is taking action? The mining company has a work place policy that offers VCT to employees and care for those who are HIV+. The Company is also participating in a Rural Development Enclaves Project (Department of Health and Asian Development Bank, 2007, p. 84). The NHASP Social Mapping Project of 2005 mentions the Porgera District Women’s Association (PDWA) peer educators, health workers and councilors (p. 64). What about other stakeholders – recognized bodies and organizations that make up the Porgera community? What is their current involvement? This survey was commissioned by PEAK in an effort to answer that question.

5. PRINCIPAL FINDINGS

5.1 Present involvement of Porgera Stakeholders in addressing HIV/AIDS

Many of those consulted acknowledged HIV to be a growing issue in Porgera yet there appears to be no concrete paradigm of aggressive and ongoing HIV programs in place for the general public. Corporate bodies and individuals we consulted have to some extent made attempts in addressing HIV within their respective organizations or localities with what little resources and knowledge is available. Discussions with participants have opened doors for realization that HIV is not one person's fight. Many in that light pushed for partnership amongst fellow stakeholders. However, a number of challenges and unmet needs have to be addressed before real networking can successfully take place. Most of the needs identified in this survey correlate in many aspects.

5.1.1 Faith Based Organizations (CAF, E.B.C, Catholic, ECPNG, Baptist, SDA, Lutheran, Foursquare)

Representatives of churches shared a common opinion that the spread of HIV in the Porgera valley is a serious problem and that churches are doing something about it. Many felt more is yet to be done though. The need for church mobilization to take on a holistic approach in addressing the HIV epidemic was strongly voiced. This step could strengthen partnership amongst stakeholders as some recommended.

A few church representatives were involved in campaigns to ban alcohol in Porgera District through crusades. One female participant commented that support is needed from PDA, Police, Home Affairs and other stakeholders to actively support campaigns on issues affecting Porgera through church coordinated crusades.

All church pastors placed emphasis on teaching moral values based on biblical principles as an indirect means of educating people about risk reduction. Church members consulted said that they are providing home based care support, spiritual counseling and paying hospital visits to PLWH either individually or through church fellowship groups. However, when questioned, one pastor confessed to not having visited anyone in particular this year, whilst another said that he had visited one person living with HIV.

A number of HIV related trainings were coordinated through DAC in the last five years for the general public. One pastor benefited from these trainings unlike the majority of FBO workers who expressed disappointment to have missed out on such programs. They realize that they could be better in what they are already involved in if they had undergone some HIV education. Some blamed DAC for either providing little notice to the general public about trainings or for handpicking the same people to attend different HIV short courses.

Two church elders were privileged to attain HIV training during their pastoral studies however felt restricted in transferring that knowledge. One honestly said he would rather have someone outside the congregation provide HIV knowledge to the people he is serving. He said, "*As pastors we follow church doctrines of preaching and sometimes these can pose some restrictions on effective HIV awareness....*".

A few church members who benefited from HIV trainings actively coordinated behavioral change communication programs in their communities especially amongst families within their congregations. One shared his experience, *“In my church there is a lead in prioritizing youth projects as ‘sports’, and ‘capacity building’ or ‘skills development classes’. For instance, under mental development classes there is a subject concerning ‘Biblical Marriage’ or ‘Marriage and Courting’. Our youths are mentored through these-directions on good marital practices”*.

Those health workers who carried out awareness amongst fellow church-goers experienced challenges in fostering interest. A community health worker encouraged people in her church to talk about HIV but many paid little attention. She suggested that a way to stir up interest to participate is to offer life skill incentives such as baking for mothers. HIV lessons can then be inserted in such programs.

Discussions included talk about miracle healing as well. It seems that for some churches, healing through miracles is an important part of their ministry. Health workers debated otherwise that such practices have already raised false expectations making their job harder in counseling and supplying support for living positively with the virus.

5.1.2 Education

The National Department of Education (NDoE) in collaboration with National AIDS Council (NAC) produced a HIV & AIDS & STI Basic Training Resource Book in 2007 for schools throughout PNG. At the beginning of the 2008 school year these materials were distributed to several schools in the country. It is unclear how influential these materials will be as it is left to teachers to decide what to do with the information. None of the schools around Porgera have received or sighted any of these materials from the NDoE.

Teachers from schools around Porgera - International Schools, Paiyam Secondary and Mungulep Primary were consulted to find out if any form of HIV education was taught in their schools. They say materials such as pamphlets and posters were supplied through the National Education Board. Some say that the posters *“ol i bilasim klasrum tasol.”* –were for decorating classrooms only. One of the literacy teachers received a day’s training on HIV alongside his five days literacy training. He has tried occasionally to include HIV topics within literacy lessons. Other teachers from schools that receive AusAID funding said AusAID requires their schools to teach about HIV.

In some schools HIV and AIDS is incorporated under subjects dealing with the human reproduction system. Upper primary students benefited from the likes in a subject called ‘Personal Development’ which was recently introduced into school syllabii. One teacher made the following remarks, *‘We are using second-hand information collected from media and public awareness heard elsewhere..... Teachers and students have never attended any course or training on HIV/AIDS....There is no plan in place for any HIV/AIDS course for the whole school’*.

In 2005 and 2006 high schools in Porgera took part in some HIV programs. Activities involved students participating in short dramas on condom use and competitions sponsored by PJV on essays and poster designing around the theme of HIV. Teachers felt those occasions provided an

opportunity for both teachers and students to learn more about the epidemic. Students were eager to win the competitions and requested HIV materials. A few teachers responded and sought help from health workers and the Catholic parish priest who supplied some resources on STIs, HIV and teenage reproductive health. When sponsoring competitions, PJV also supplied some posters and pamphlets for students to read.

Teachers observed that more teenagers are becoming sexually active and felt the need to improve lessons concerning sexual health. *“Kids as young as those in year three are sexually active already and talking about dating. I believe personal development should seriously stress on young girls to maintain self dignity. Our kids are exposed to pornographic materials with computer access and more young girls are experiencing abuse when seeking refuge from tribal fights,”* (Male teacher, Porgera International School, April, 18th, 2008). A few teachers have taken initiative to address some of these issues at the primary level with grades 6, 7 and 8 this year. We heard that there were some levels of resistance to accepting HIV lessons in lower primary, as opposed to upper secondary classes. Secondary students responded more maturely to sexual health issues.

Generally, all teachers were enthusiastic about putting extra efforts into addressing the HIV epidemic but are faced with challenges as one comments, *“I run the literacy programs and the bulk of the population who are in rural places need to be educated. HIV can be incorporated into the literacy programs I run but basically there is no support from other stakeholders”*. Another teacher protested otherwise that he would only teach if the HIV training he took was sponsored by the Education Department. *“We can’t implement what we’ve learnt from our personal expenses. We get paid for what we teach. Extra work has to be rewarded as well”*.

5.1.3 Local Authorities

Apart from the District Administrator (who heads the District Administration which is part of the Enga Provincial Government), there was little input from local authorities at the introductory stakeholder meeting on 17th April. We were told that they were involved with the up-coming Council elections. There was no clear indication of where LLGs might have stepped in to address HIV.

Porgera Development Authority (PDA) is a special purpose authority funded by mining derived special support grants, royalties and Mining Development Agreement grants; it reports to the Minister and Secretary for Inter-governmental Affairs. PDA supports the District Administration with grants for some operations. It also provides ongoing support for the Paiyam Hospital Care Centre and general hospital operations, but the exact extent is unclear.

Paiyam Management Corporation (PMC) is the subsidiary arm of PDA that administers the Porgera township. Its management include the local radio station *Radio Ipili* that occasionally airs HIV awareness programs free over the radio for the general public. The management of the radio station is concerned about the epidemic and encourages programs that help people to face the HIV situation. According to one worker, an HIV awareness program by local health workers was aired once last year. No awareness was provided so far this year. Other members of the public such as church representatives and women were particularly vocal about the benefits of

HIV education over radio. However, there were reports of advocates encountering hostile responses from the public after airing their opinions on HIV over radio.

Apart from radio programs, PMC make the sports oval available for World AIDS Day activities. Ipili Porgera Investments (IPI) on the other hand is said to have met logistical expenses in previous awareness programs.

There has been collaboration between the district health department and the Porgera District Women's Association (PDWA) where public awareness was seen as effective.

Police operations to stop drug, alcohol abuse and night entertainments in Porgera were counted as an indirect measure to address the HIV epidemic. Other stakeholders protested otherwise that more needs to be done in that aspect.

5.1.4 Porgera Joint Venture

The mining company provides regular condom supplies for its workers and voluntary testing and counseling is available through the Mine Medical Centre.



Within the company's premises, PJV has a workplace policy that benefits mine workers living with HIV. Employee's tested positive can resume work until such a time as they are unable to work – and are entitled to a 50% salary benefit thereon. From consultations with families of mine workers, housewives felt that they are at a greater disadvantage than their working husbands. *“We are at risk of getting infected but are not tested regularly like our husbands and the HIV workplace policy does not cover us,”* one commented.

Although there was no direct representation from PJV, other stakeholders pointed out areas where PJV has stepped in to fill gaps where necessary. For instance, some local women previously working for PDWA saw the need for a VCT centre and appealed to PJV. As a result, PJV along with PDWA and NAC renovated the Porgera Day Care Centre for public use.

Other stakeholders expressed disappointment in PJV's limited involvement in addressing HIV outside the company's fence as one remarked, "*PJV is a world class mining project and we are not seeing benefits that Porgeran people ought to from the day care centre. It's a shame our facilities and services are not up to standard.*" A few participants argued that the general public in Porgera is putting undue pressure on PJV to solve all their problems when it is really the government's responsibility. A company representative said that the general support for groups that wish to promote HIV "awareness" has been conservative because the Company wants people to have PAC authorisation for such programs and to be assured that people involved in such work are suitably qualified.

PJV families residing in Porgera were consulted and many are not aware if there is an HIV Coordinator appointed to coordinate programs for mine workers and families. One working mother said she carried out peer education amongst mothers at her church only. She further commented, "*We have not on one occasion during my seven years in Porgera had an HIV awareness within our residential area. I did try showing the movie 'Mist in the Mountains' in our community hall*". Moreover, none of the families of mine workers residing in Porgera had any form of HIV training. Most gather information from media. When asked if housewives would feel comfortable to talk to their husband's about VCT, all remained silent. They raised other concerns however on insecurity of traveling to do shopping in Wabag and what they see as a low standard of education available in Porgera for their children.

5.1.5 PJV Youth and Sports Section

The Coordinator of PJV Youth and Sports section attended a three day training on peer education facilitated by Hanan Nivi from PNGIMR in July 2003. The coordinator touches on awareness verbally once in a while with 200 plus youths when chairing quarterly meetings. He pointed to the need for individuals to take responsibility for their sexual health, stating, "*We pretty much rely on other HIV programs for awareness and education. We recognize the need for more advocacies but who is to take lead?*" He claims many young men and women miss out on HIV trainings around Porgera. In another consultation a woman leader remarked that youth seem uninterested in awareness courses. "*They ask to be paid to attend courses. Lunch is provided including transport and still they ask for an allowance if they are to attend. They say, 'Mipela westim taim long kisim dispela skul,' –we are wasting our time to attain such training*". When it comes to programs to make Porgera a better place, it seems that money is the key factor influencing people's involvement.

5.1.6 Provincial Health Office

The Health Department has responded to the epidemic as a key player in service provision and most often collaborating with other stakeholders for awareness activities. Medical personnel at the Paiyam hospital are very much involved in VCT, running clinical tests for prenatal mothers and nursing HIV patients. There are challenges and areas that needed improvement still. One health worker commented that with the availability of test kits and HIV trainings coordinated through the Department of Health (DoH) and NAC, hospital staff are generally performing well. The hospital benefits from World Health Organisation (WHO) and also PJV for supplies.

Provincial and National Health Offices through the National Rural Enclave project have renovated health facilities at Porgera Station and are now moving to nearby Tumundan.

Most health workers consulted expressed need for sound base training and facilities for Anti-Retroviral Treatments (ART) to take effect soon. This need was gradually recognised when recently, 23 health workers at Porgera underwent training on STIs. It was planned that 3 more would be flown to Port Moresby for ART training on the 4th of May, 2008. Most of these capacity building programs were coordinated by the Porgera District Health Office and Porgera Day Care Centre (PDCC). More progress in addressing the issue of ART Training is underway. Dr. Kaime of NDoH is expected in Porgera in early July to set up and accredit the ART centre at Paiam hospital. There may also be an ART centre at the Government Clinic at Porgera Station.

It was noted that PDCC is located within the grounds of the Porgera Health Centre and its facilities are maintained by PJV. The Day Care Centre was renovated and set up with funds from PDWA, NACS and PJV. It is currently staffed by two PJV employees plus a driver and various staff members from the Porgera Clinic. Concerns have been raised that there is really no overall management structure for the facility. Lines of authority and responsibility are unclear as the Health OIC looks after the facility whilst the two PJV employees report to PJV.

A community health worker reports the following for PDCC, *“We provide testing and counseling every Monday and Friday sometime extending into weekends depending on client demands. We deal with reactive cases sometimes 5-6 per week. For the month of March and February we dealt with a total of 19 reactive cases. We sent some to Paiyam for confirmatory tests. Half of those patients never returned after confirmation tests. Only few return when their health declines. We put more emphasis on Home Based Care but because of under staff we don’t usually go out to do extension work as often as we would like to”*.



Porgera Day Care Centre (PDCC)



Interviewing one of the few dedicated Staff

At the beginning of April 2008 Home Based Care training was held at the Centre. A total of 26 participants from each of the Wards around Porgera attended. It turned out 20 were male participants and 6 were female. The Centre felt privileged to have support from the Asian Development Bank (ADB) with two vehicles for awareness and HIV follow up visits. The Porgera Drop-in Centre is understaffed. Plans are underway to employ a coordinator through PJV, however, progress is slow.

5.1.7 Special Mining Lease (SML) Youths Association

There were estimated to be 8000 youths under SML of which 25 committees represent all the sub-clans identified under the SML areas. A few within these populations were identified under successfully registered groups such the Porgera District Youth Association (PDYA), SML Youth Association and SML Business Development. Representatives defined ‘youths’ as men and women under the age of 30. Fear was expressed that as much as half of this young population could be infected already given the risks they take or are subjected to everyday in Porgera. A few members of the SML had attended a course on HIV/AIDS which was organized by the Porgera District Women’s Association (PDWA) in 2007 funded by NAC.

Many youth feel hopeless and disadvantaged at present with few opportunities for a descent life, hence HIV was not prioritized in their day to day activities. One youth leader strongly made the following remarks, *“We blame different stakeholders in authority for not meeting our needs. We seem to be labeled against all sorts of law and order issues brewing here – homebrew, drugs etc. that is putting pressure on police but the root cause of all these are not looked at. There is a big problem with poverty in the heart of this world-class mine. Commercial sex is high around here. Seldom are stakeholders embracing young people in productive activities. The involvement of youth is very poor here”*.

When asked when youths would normally talk about HIV, some said during training time for rugby, or during church activities. Youth talk among themselves and feel that elders are too patronizing. Many are in favor of peer education. One pointed out that a good model to attract youth is that used by the Australian Business Volunteers. Public awareness was not seen as sufficient. They believe it would make a difference if advertising about awareness programs would be done several weeks beforehand and followed by actual visits to people’s dwellings. There is a general feeling amongst male youths that the Day Care Centre at Porgera Station is just for women. *“Could we have a youth representative there, or have a day marked specially for youth?”*

Representatives spoke strongly that young men and women are enthusiastic about carrying out awareness activities but they feel that support is basically lacking whenever requests were made. Some associations have approached PDA almost 3 years ago for logistical support to patrol villages but have not received any response as yet.

5.1.8 Porgera District Women’s Association (PDWA)

Several years back some women from PDWA underwent basic HIV training. A Peer Education training took place in 2003. Appointed representatives from each Ward around the mine comprising of women, youth and church leaders making up 20 participants attended a-week long training. The former President of PDWA and her secretary saw the demand in HIV advocacy and appealed to PJV to establish something under the Social Development Program, which resulted in the Porgera Day Care Centre. Most of the women who took basic HIV training were illiterate, which was the draw back. Those that attended gave one to one HIV education within their family unit and communities but were not able to expand beyond that. One representative made the following remarks, *“Masi and Meli (PDWA president at the time, and secretary) are seen as the*

key players in HIV awareness and education programs around Porgera. Our women support them in terms of preparing meals when there is a training or awareness program rolled out”.

As soon as these two women took the lead other women stepped in and concentrated on PDWA programs and supported them when the need arises. For instance, PDWA assisted and took the lead in awareness programs during World AIDS Day for one week covering communities around the mine site. At other times they seize the opportunity to educate congregation members whenever a church crusade is hosted. One of the mothers shared experience on the loss of a son to AIDS.

Many women felt there was no follow up with previous trainings. Most of them who partook in HIV training are PJV workers but are at present are not aware of how women in general are dealing with HIV in Porgera. From a broader perspective, participants discussed the underlying need for a body affiliated to Churches and NGOs whose main task would be to coordinate and involve different stakeholders. They believe this body could start a network of PLWH and concentrate on family care and support. Furthermore, proper monitoring and evaluation of training programs and ART supplies at the Day Care Centre could be done through such coordination as well. Right now there is none in place.

The government (Health Dept) is not tapping into their potential as much as PDWA would like. One participant expressed frustration that there is too much expectation on PJV by DAC and the health department in Porgera. Other circles outside the perimeter of the company’s fence are perceived to be the government’s responsibility. *“People don’t take it to heart for partnership. Partnership would fuel ownership”.*

PDWA also see the importance of having the right people in the right places. The general message is that everyone is asked to take on full responsibility. Dr. Ame from the Mine Medical Centre has made attempts to form a ‘Committee’ inside-the-fence. There is doubt about effective coordination within the company - as one woman claimed – *“Who is responsible for people connected to infected PJV employees? The mindset of the people in a routine job is very hard to change as they are concentrating on a day to day survival”* (Welfare Officer PDWA, April 18th).

Some women supply condoms to womenfolk in their communities. They claim at least one client per week. Mostly Commercial Sex Workers (CSW) and male youths benefit from this service. One gave an account of a hostile reaction experienced that discouraged them from supplying condoms and personal use.

“Sometimes our own women bring home condoms as they don’t trust their husbands. These brought problems as well. On one occasion a mother was hurt badly, speared and stoned almost to death because a condom was found in her bilum. The community helped in bashing her. The poor woman’s husband left her soon after. Her children approached the office demanding compensation for the injury caused to their mother. This stopped other mothers from obtaining and distributing condoms”.

A woman leader wonders if the availability of ART would have a negative connotation. She fears people might keep taking part in risky activities because “marasin i stap” – there is medication. In

her experience in educating other women, the married women listened attentively but the youth were hard to reach. “Laik bilong mipela” - We do as we like, was the attitude she described from youths.

5.1.9 Porgera Landowners Association (PLA)

We were told that principle landowner representatives were out of the country on their way to Canada, so consultations involved participants residing in villages within the catchments of the mine area that were identified as landowners. The men we spoke to did not partake directly in dealing with HIV. They shared a general sense of the community’s response towards PLWH and awareness. Community needs were highlighted as well.

Public awareness was done in communities around Porgera on World AIDS Day but locals felt it would have been more effective to have awareness more often and continuously. They acknowledge the involvement of churches in addressing the needs of PLWH. This gesture had encouraged community support in Home Based Care. However stigma and discrimination still lurks at the back of people’s minds. One reports, *“In my community there is tremendous family support for PLWH. Many died of AIDS and we assist those who are affected if they lose a family to HIV - with firewood, food and friendship. The danger is that the whole community observes signs and symptoms on people and draw conclusions that someone is HIV positive. Any one dying from ordinary diseases was labeled HIV. This can be destructive”*.

Most feel communities’ lack of knowledge in Home Based Care should be prioritized. They claim not many local representatives participate in HIV training coordinated by DAC, the Day Care Centre, or the PJV Community Development Department. All landowners spoken to made reference to certain problems in their communities that they believe fuels HIV infections. The following were identified;

- Promiscuous behavior
- Commercial sex
- Alcohol related offences e.g. rape and fights
- Poor community policing
- Royalty payments

One commented on the latter. *“Royalty money is not spent wisely. Most of the people residing here are not purely locals or landowners. We have a lot of people from other places in the provinces migrating to settle with us. Most don’t have jobs or land to garden hence commercial sex is high when royalty is given out”*. In another interview a woman landowner remarked that relocated villages are becoming like squatter settlements as there is no suitable land for gardening.

Condoms are available for use in communities but there are doubts whether condoms are 100% safe or not. Some couples or sexual partners were reported to double 2-3 condoms for sex.

Other landowners living at Mungulep simply do not know where to get help to address the HIV issue in their community... *“...I’ve done my best on community policing but there are lots of distractions and oppositions to keep the community a HIV free one. We generally say no to HIV*

but royalty payments have a big influence on people's sexual behavior. There are discos that our young people are drawn to.... (Parish Chairman, April 20th)

5.2 Unmet Needs

Different stakeholders experience challenges in their struggle to deal with HIV in the Porgera Valley. Very few deal directly with the issue but have a role in addressing driving factors behind the epidemic. Discussions included noting their suggestions on how to improve their current involvement and learning of expectations that are not being met.

5.2.1 Total liquor ban in Porgera District

Churches have been pushing really hard for some time now for an alcohol ban in the Porgera valley. They want a ban on homebrew and the selling of factory made beer. When questioned why this was not done, we heard that there was a strong stand made to ban alcohol a few years back, however, by the time the policy was gazzetted local pub owners had already established themselves and threatened local authorities for large claims of money to possible property loss if they would shut down. Moreover, police do not have power to control the amount of homebrew produced each week.

5.2.2 Inclusion of HIV/AIDS lessons in schools

Teachers and a few other stakeholders strongly feel HIV and AIDS must be integrated into school syllabii. A few teachers have made attempts individually. Support materials are lacking and basic HIV training is poorly attended. DAC has not responded well in supplying materials in schools and in working towards establishing a HIV subcommittee in schools to coordinate HIV education at that level. It was expressed that teachers need to attend HIV and AIDS courses before they can give the right information to the students in the schools.

5.2.3 When will ART to happen?

Both Porgera Day Care Centre and Paiyam hospital are providing care for reactive cases. However, at the time of our survey there were no trained specialists to provide ART. Moreover, both centers provide VCT and are in dire need of a CD4-count machine. Paiyam Hospital does not provide post-exposure prophylaxis (PEP) nor any special care or drugs for positive pregnant mothers - PMTCT.

PDCC are under pressure dealing with a larger number of patients who cannot meet the hospital fees of Paiyam Hospital. PDCC is under staffed and plans to employ a coordinator are making slow progress. Extension work and follow up on reactive cases are not possible due to this workload. Workers feel they are not doing enough in care and support and HIV awareness where there is no road leading to rural communities such as Paiela, Mt. Kare, Hewa etc. There is need for a proper office set up for the Day Care Centre or collaboration with the public health office to share office equipment.

5.2.4 There are inadequacies in the way VCT is conducted

There are already complaints from other stakeholders that both VCT sites need better trained counselors.

5.2.5 Law enforcers unable to deal with HIV/AIDS cases (need clear legislation)

Compensation usually is demanded for someone who is blamed for infecting another. A majority is not aware of the HAMP Act and it is important for law enforcers and court systems to be clear on how to deal with HIV related cases.

5.2.6 What is there for young men and women?

Youth's involvement in development programs - spiritual, mental, physical etc... is very poor at present. There are established groups such SML Youth Association and Porgera District Youth Association that PDA, PJV, DAC, Churches and other stakeholders could work through them to reach the youth populace of Porgera. Youths have raised concerns that Porgera District should have a District Social Development Officer as the PJV Social Development Department is not meeting youths' requests or is not sufficiently cooperative in engaging youths in their programs.

Many young men and women would like to take part in HIV awareness activities but the opportunity is not given. Attempts were made in the past in requesting business groups to conduct non-formal training for young people who are illiterate. Youths from relocated settlements say that their basic needs are clean water and housing. (*Youth and Sports Section Coordinator*).

5.2.7 More HIV Training

All stakeholders stressed a big need in HIV education and training. It was unclear who will provide sponsorship for participants who would like to receive training in the future. Remarks were made about poor advertising of the training schedule in the past years available to the general public. Trainings need to be continuous and widespread. In the same light, selection of participants must meet certain criteria. Previously, some participants were illiterate and were not able to do much afterwards.

5.2.8 Limited Resources

It was questioned why the Asian Development Bank works through PJV and not directly with the Porgera Health Centre, for example. One said, *"We are like crippled beggars. The District Administrator does not have a car. The Porgera Health Centre has an unregistered 10 year old ambulance. ADB donated two cars. One went to the District AIDS Committee and the other is hidden at the mine site and it is rumored that it will go to the Southern Highlands"*.

According to PJV sources there are plans for the second vehicle to operate in Porgera as a mobile library/AV resource centre for greater outreach. A question was raised as to whether PJV or the Enga Provincial Government is responsible for the replacement and maintenance of vehicles used in Government run health facilities.

5.2.9 PJV HIV Workplace Policy

PJV's policy benefits mine workers (VCT, and 50% salary for retired workers living with HIV). Families of mine workers residing in Porgera felt they should benefit from VCT at the Mine Medical Centre as well. The fly in fly out policy could be putting more men at risk of infection and housewives would easily get infected. Frequent road blocks over the highway put women at risk of rape when traveling elsewhere to buy supplies. Families have requested PJV to recognize this danger and to subsidise airfares for family members. It is unclear if there is a HIV

coordinator within the company's fence to coordinate programs for families and mine workers residing in Porgera.

5.2.10 Stakeholders and Partnership

Partnership appears to be particularly poor in addressing HIV. Stakeholders are doing something within their respective networks with what little HIV knowledge and resources they have. At other times the buck is passed on. Most recognize the need to partner to strengthen coordination of programs and sharing of resources. Some have taken small steps towards that, however, the "handout mentality" has a strong negative influence. For instance, DAC asked some church representatives to take part in the World AIDS Day in 2007. Many took part tirelessly for one week with awareness programs and were disappointed to be paid K20.00 per head. When asked why as they agreed to volunteer, one said, "*We know HIV programs have a lot of money pumped into and most of us have families and deserve to be rewarded fairly for a week's work*". Thus if this is going to be the mentality portrayed across the board achieving partnership will be difficult.

5.3 Issues

A number of pressing issues arose during consultations. Most of which were counted as unmet needs for individual stakeholders. Some needs appeared more than once or were talked about often. Other issues were simply drawbacks that have had negative impacts on stakeholders' involvement in HIV work. Thus we feel it is important to include those issues as a separate section in this report.

5.3.1 Law and Order

Police ineffectiveness in dealing with Law and Order problems (drug smuggling, rape, illegal liquor sales, drunkards). It is unclear whether manpower is a problem in the police department.

"The company provides more money for Police in Porgera but there is little done to control law and order problems around here. There is not enough support to churches who are struggling to address such issues" (Women Leader and landowner).

Since our investigation, Porgera District has been declared a 'dry district' for three months. Beer is still available, but less prevalent. There have been no reports of an upsurge in home brew production in response.

5.3.2 Involvement of Churches in healing is raising false expectations

Many church workers have not undergone proper HIV training hence will not be familiar with important concepts such as the "window period" and rapid testing procedures. The latter can give a false reactive or negative result. On the first day of stakeholder consultations, health workers warned of opportunity seekers who made money or attracted church goers by evangelizing based on claims to have healed people infected with HIV.

5.3.3 Poor co-operation in use of resources

Some stakeholders have resources that others do not. Awareness materials, manpower, HIV knowledge and facilities are examples of resources that can be shared through collaboration of different stakeholders. This is happening on only a very small scale. At times, the buck is passed around as to who should contribute the most.

“People generally need motivation to keep going. Such incentives as certificate of recognition, life skill training, monetary compensation, promotional t-shirts, caps, and meeting logistical costs of campaigns. This can be addressed through partnership amongst Youths, PLWH, PDA, District Administrator, Education and Health Department. For example, Health Extension Officers on regular program visits to villages could partner with youths who are educated on HIV so costs of travel will be shared under the Health Department” (Porgera Sports and Youth Section Coordinator).

5.3.4 Awareness Strategies-not seen as effective

Public awareness that occurs aggressively on days leading up to the World AIDS Day was not well received as reported.

Many people would like to have frequent community based awareness, having billboards at strategic locations, substituting verbal awareness with more visual materials and so forth. PDCC however is under staffed and can not meet public demands of frequently coordinated awareness programs



Billboard in front of PDCC

5.3.5 Youth and Social Problems

Youths feel they have no voice on issues affecting them and that little is done to mentor self reliance in Porgera youths. The root cause of commercial sex work, high abuse of homebrew and marijuana and illegal mining are often overlooked by local authorities. HIV education is not prioritized as many young men and women struggle on a day to day basis for survival.

5.3.6 Money vs. Volunteerism in HIV work

The spirit of volunteerism is misunderstood, as money is often demanded for participation in humanitarian courses such as HIV awareness and training. This is already a setback for the much wanted partnership amongst stakeholders. One states, “The continuity of effective HIV awareness falls short as there is this ‘Handout Mentality’”.

5.3.7 Safe sex methods not fully encouraged/not used

Condoms generally are available and distributed around Porgera. There are many contributing factors that can make condoms unsafe - especially if people are under the influence of alcohol or are not taught how and when to use one correctly.

5.3.8 Lack of Proper Resources and Qualified Staff

Lack of proper VCT facilities and qualified health workers is a major concern for progress in dealing with HIV in the Porgera valley. This includes no CD4 Cell Count Machine, shortage of trained HIV Counselors and Under staffing at PDCC.

“If the government is serious they should have permanent workers with paid positions.... HIV care centres should have full facilities” (Women-PDWA).

According to PJV, a CD4 machine is expected to be delivered sometimes this year to Paiyam hospital as part of the ADB program.

6. RECOMMENDATIONS

This paper reports on a survey of reported stakeholder involvement in dealing with HIV&AIDS, and unmet needs in Porgera at the present time. This has been accomplished in the above sections. However, the writer would like to make four recommendations arising from opinions expressed during the survey.

6.1. Research. Too much talk about HIV and AIDS in Porgera is based on anecdotal evidence. There is an urgent need for an extensive in-depth surveillance study of the current situation in Porgera so as to map serologically and explain behaviourally the HIV epidemic and to understand it in relation to social, political, cultural and biological factors. A study of this kind was conducted by PNGIMR in 2003-4. However the results of that study have not been published, and with developments in the intervening years there is need of further study -- with timely applicable recommendations.

6.2. Training. Many key people, such as teachers or church pastors and leaders are expected to talk about the HIV and its effects, but too few have had adequate training for this task. It will be important that ways be found to enable such people in the community to receive such training. Also it will be important to deal with the present “money” mentality among youth so that many of them too will participate in appropriate training. Training must go beyond “awareness.”

6.3. Co-ordination. Activities to the present have been organized through the District AIDS Committee, or the Porgera Day Care Centre – sometimes with the assistance of PJV. Nevertheless there appears to be a lack of proper co-ordination of efforts in the Porgera Valley and this should be addressed so that individual involvement be part of a larger, better co-ordinated and more effective response. The present NAC-PAC-DAC system of co-ordination is not functioning well. Creating alternative parallel structures will not necessarily be more effective unless there are radical changes in attitudes and management practices.

6.4. Law and Order. That groups who have a common interest in law, order, social welfare and human rights, such as churches, NGOs, law enforcement agencies, and other interested stakeholders appear to be having little effect in the present worsening situation. They will need to find new and creative means to, plan and action ways to deal with present negative social factors such as alcohol and drug abuse, violence, poverty, etc and in so doing to open ways for more effective stakeholder involvement.

7. REFERENCES

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ANNEX 1 (People Interviewed).

Stakeholder	Organisation	Dates of Interview	Place of Interview
Masi Pakyo	PJV & Porgera Day Care Centre	17 th April	Paiyam LLG Council Chamber
Jerry Maku	OIC Porgera Health Centre and Chairman of DAC	17 th April	Paiyam LLG Council Chamber
Peter Mokai	District Administrator	17 th April	Paiyam LLG Council Chamber
Pastor Josua Marai	Gutnius Lutheran Church	17 th April	Paiyam LLG Council Chamber
Kararo Pus	Maramuni Literacy School Coordinator	17 th April	Paiyam LLG Council Chamber
Matthew Mark	Paiyam Primary School	17 th April	Paiyam LLG Council Chamber
Rev. Oscar Kuni	United Church	17 th April	Paiyam LLG Council Chamber
Pastor Danny Yakeri SDA - HIV/AIDS Coordinator	SDA Porgera	29 th April	Porgera SDA Church
Pastor Patemo Kolape	CAF Church Kulapi. Paiyam Hospital Board (representing churches)	18 th April	Paiyam Station
Mr. Sam Lonage	Teacher (Porgera Primary School)	18 th April	Porgera Primary School
Norbert Wamsi	Porgera International School Teacher	18 th April,	Catholic Church Paiyam
Panda Ekepa	Porgera Landowner Association	19 th April	Panandaka
PATE - Girls Guide President and her husband	PJV workers' families	18 th April	Paiyam Village & Suyan Village

Joseph Nick, Rex Katao, Nathan Nasa Anthony	Teachers of Mungulep Primary School	20 th April	Mungulep
Rachael Semery Manager of PMC	Paiyam Management Corporation	18 th April	PMC office, Paiyam
Luke Yakema Community Health Worker & HIV Officer	Health Office Porgera Day Care Centre	19 th April	Porgera Day Care Centre
Noelyn Seolo Koutalo Matron at Paiyam hospital	Paiyam Hospital	18th April	Paiyam Hospital
Dexcy Tangeria- The Coordinator	Porgera Sports and Youth Section-Social Development Dept	18 th April	Youth and Sports section office, Yoko 1
Elizabeth Umange	PDWA and landowner	18 th April	Yoko 1
John Yanguan	SML Youth	18th April	Yoko 1
Dickson Pundi	SML Youth Association and SML Business Development	18th April	Yoko 1
John Y	SML	18th April	Youth and Sports
Jenny Wanis - radio announcer	Radio Ipili - PMC	18 th April	Paiyam PDA Office
Lasui Tanakai- Executive Jenneth Aluako- Treasurer Maria Kensari-Vice President Linda Pakwo- Employed by PDWA -Mokop Tili- Executive Committee	Porgera District Women's Association	18 th April	Social Development Office. Yoko 1
Yamis Gigimat Welfare Officer	PJV Dept. of Social Development	18 th April	Social Development Office, Yoko 1
Nathan Mark - Acting President &John Papo-Youth Rep Porgera HIV	Porgera District Youth Association	18 th April	Paiyam PDA Office
Peter Pakoli - Parish Chairman	Landowner Association and Catholic Rep	20 th April	Mungulep