

Executive Summary

This study provides an overview of the situation of children and families affected by HIV/AIDS, and of other vulnerable children. Its purpose is to assist the Government, civil society organisations and development partners in the development of policies and programmes for on-going support, and in the monitoring of community-based assistance to families and children affected by HIV/AIDS. The study is a joint project of the Department for Community Development and the National AIDS Council, supported by civil society organisations and UNICEF.

HIV/AIDS is not a new concern for Papua New Guinea. Although the first case of HIV was reported in 1987, many factors have since worked in combination to increase the prevalence of HIV to the alarming levels that we see today. Some of these factors, such as the impact of colonisation and missionisation pre-date independence, where as other conditions conducive to a rising HIV prevalence have materialised since independence.

Perceptions about the HIV/AIDS epidemic are changing quickly as information gradually becomes available from improving surveillance networks. Estimates of 50,000 HIV infections were greeted with dismay in July 2004. A second expert consensus workshop held in 2005 estimated that about 69,000 or 2.4% of the 2.9 million people (14-49 years old) are now HIV positive.

Evidence currently suggests that the epidemic has already extended into the general population and that it will be extremely difficult to contain. In addition, major social and economic vulnerabilities threaten to hasten the spread of the virus among rural and urban populations alike.

It is clear that the worsening HIV/AIDS epidemic is linked to the violation of women's and children's rights and that these violations have also resulted in the stagnation of social and economic development.

Despite national data collection systems being biased toward urban settings, it is clear that HIV/AIDS is overwhelmingly a rural problem and that unless rising prevalence is arrested; HIV/AIDS will have a profound social and economic impact. In many Sub-Saharan countries it is estimated that the

impact of HIV/AIDS has resulted in a 7.5% overall decline in gross domestic product.

In regard to combating the epidemic, caring for the sick and dying and caring for children left behind by the loss of their parents, evidence contained in this report and in other studies suggests that most communities are not adequately prepared for an increasing HIV/AIDS prevalence. Information campaigns aimed at reducing stigma are yet to reach many communities, and the development of community based responses that mitigate the impact of HIV/AIDS on children and women has been slow. The stigmatisation of infected adults and infected or affected children is still widespread.

Family and community care support systems must be strengthened quickly and these systems must address not only the needs of adults living with AIDS, but the needs of an increasing number of children who are being made vulnerable by the epidemic.

In addition to HIV/AIDS, the vulnerability of children and of their overwhelmingly female caregivers is exacerbated by an acute lack of social and economic growth and as such this report will consider not only estimates and projections of the number of children infected or affected by HIV/AIDS, but also of the overall numbers of vulnerable children.

Of the country's 2.66 million children, most live in a family setting (less than 1% live in institutions or on the street). However, living in a family setting does not guarantee that children will live safe, comfortable or fulfilling lives. In addition many women live under the constant threat of domestic and civil violence which by proxy, also condemns many children to lives of violence, ignorance and ill health. Violence undermines the lives of mothers, families and communities.

Response for families and children affected by HIV/AIDS vary between rural and urban areas, but in all of the areas visited during research for this study, responses are limited, have only recently begun and are mainly provided through church initiatives, Non Government Organisations (NGO's) and women's groups. While there are many challenges faced when building family and community based responses for HIV/AIDS affected children, and indeed for other

vulnerable children, many communities have demonstrated that these challenges can be overcome.

The conditions that have led to the persistent violation of children's and women's rights—and to the worsening of the HIV/AIDS epidemic in the country—are pervasive and must be addressed at every level of society. It is critical that broad-ranging social actions are mobilized now. Papua New Guinea currently has a window of opportunity to change the social conditions that are exacerbating the HIV/AIDS epidemic and as such avert a situation that could devastate its economy and society over the next twenty or so years. Global experience has shown that even the worst HIV/AIDS epidemics can be halted but that clear and consistent leadership is needed to right the worst of inequities, and to set society on a new course of action from top to bottom.

Responses to HIV/AIDS must be built on the strengths of Papua New Guinean culture, and while, for example, gender inequities are pervasive, some communities are also characterized by a strong sense of solidarity and social cohesion. Both urban and rural communities still embrace the concept of wantok or of helping one another and because the extended family and wantok systems are threatened by the rise of cash economies and the consequent erosion of community values, greater effort is required if the government and civil society is to preserve those aspects of the wantok system that could help improve the situation of women and children.

Religious conviction and belief systems are also yet to be harnessed as a means of addressing the underlying causes that have led to women and children bearing the brunt of the HIV/AIDS epidemic. While religion sometimes cements gender inequalities, it is also a potent and widespread system that can be used to change values and promote service provision. Although some religious groups condone or even encourage sex-based discrimination, none explicitly asserts that people are created to be discriminated against on the basis of their sex. In this context, religion can be a useful advocacy vehicle against sex-based discrimination. However, although the church has improved the well-being of people through the provisions of services such as schools and health facilities, it is yet to start addressing

gender-based inequalities.

The recommendations of this report are based on the best thinking of a concerned community of government and non-government stakeholders who met in January 2005 to discuss the findings of this assessment. In May 2005, the final version of this report was presented to the stakeholders involved in the design of the study. Following the review and amendment of recommendations stakeholders endorsed the report.

Summary of Recommendations

The recommendations from this Situational Analysis are discussed in further detail in Section V.

Recommendation 1

Accelerate family- and community-based mobilization and responses in the five Government and UNICEF focal provinces of Eastern Highlands, Western Highlands, Simbu, East Sepik, and Milne Bay and the Autonomous Region of Bougainville provinces.

Recommendation 2

Fast track the development of a National Strategy for AIDS-Affected and Other Vulnerable Families and Children under the national HIV/AIDS strategic plan.

Recommendation 3

Strengthen the national network of provincial programs for families and children affected by HIV/AIDS, including collaborators in the Family and Sexual Violence Action Network and the NAC's Home-Based Care Network.

Recommendation 4

Fast track the development a national data base and monitoring system for vulnerable children.

Recommendation 5

Reduce violence against women and children and improve the village court justice system so it addresses their needs.

Recommendation 6

Conduct sectoral studies in health, education and agriculture so the impact of HIV/AIDS on families and children is better understood and can be anticipated in national planning.

Recommendation 7

Increase direct support to vulnerable families and children, including provision of basic services.

Recommendation 8

Examine and improve traditional adoption and fostering through the wantok system to build on its strengths through regular monitoring.

Recommendation 9

Seek immediate passage of the Lukautim Pikinini Act to limit the growth of institutional care and develop a national policy that specifically contains and regulates institutional growth and makes it subordinate to a carefully developed national system supporting family and community care.

Recommendation 10

Involve children and young people in formulating national youth policy, data collection and implementing family- and community-based care.

Recommendation 11

Expand PMTCT as quickly as possible and include counselling to prevent potential cases of infant abandonment and the sale of babies.

Recommendation 12

Collect serodata on infection among children and young people by different age groups.

Recommendation 13

Examine related policy issues.

Recommendation 14

Request ILO regional assistance for further studies of child trafficking/the sex sector and child labour.

Recommendation 15

Investigate the causes of high male to female sex ratios in children and young people and the cause of variation in infant mortality rates.

Recommendation 16

Expand UNIFEM's presence in Papua New Guinea.

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