

HIV and AIDS (01)  
Funding required

USD 2,500,000

### Programme area

HIV prevention/behaviour development change communication

### Target beneficiaries

Most at risk populations: young people with multiple partners, STI clinic attendees, seafarers, wives of seafarers, wives of highly mobile men, highly mobile men with disposable income

### Expected Outcome

Most at risk populations engage in HIV-risk reduction behaviours.

### Duration

5 years (2008-2012)

### Partner countries

Fiji, Kiribati, Samoa, Solomon Islands, Vanuatu

The new joint adolescent health and development project will also cover: Cook Islands, FSM, RMI, Tonga, Samoa.

### FINANCES

Communication for Behaviour Development/ Changes	1,062,500
New AHD joint project	1,062,500
Programme support, including monitoring and evaluation	375,000
<b>Funding required</b>	<b>2,500,000</b>

### Issues:

- Limited epidemiological data, especially among people who are most at risk of HIV.
- Very few people use or have ever had an HIV test; very few know the benefits of knowing their HIV status.
- High STI rates.
- Low condom acceptability, access and use.
- Early sexual debut and high teenage pregnancy.

### Actions

- Support the implementation of Life Skills and Adolescent Reproductive and Sexual Health Peer Education to the most at risk young people through the new joint AHD project among the Secretariat of the Pacific Community, UNFPA and UNICEF.
- Develop Behaviour Change communication activities promoting condom use, early STI treatment, Voluntary and Confidential Counselling and Testing services.

### Impact

- Most at risk young people are equipped with the life skills they need to face the challenges of today's reality: they know the benefit of and they are encouraged to establish meaningful relationship before they have sex, they know about HIV and adopt safer sex practices.
- Delay in sexual debut and reduction of teenage pregnancy rates.
- Reduction of STI rates.
- New norms are emerging in Fiji, Kiribati, Solomon Island, Tuvalu and Vanuatu with regards to condom use, early STI treatment and uptake of Voluntary and Confidential Counselling and Testing services.



HIV and AIDS (02)  
Funding required

USD 800,000

## Programme area

Capacity development of communities

## Target beneficiaries

Traditional, religious, women leaders, local government representatives, teachers and health workers

## Expected Outcome

Traditional, religious, and women leaders, local government representatives, teachers and health care workers in selected areas facilitate, plan, implement and monitor participatory programmes to address HIV prevention, care and support

## Duration

5 years (2008-2012)

## Partner countries

Fiji, Kiribati, Samoa, Solomon Islands, Vanuatu

## FINANCES

Communication activities	175,000
Capacity-building	175,000
Support to community response	300,000
Programme support, including monitoring and evaluation	150,000
Funding required	800,000

## Issues:

- Limited capacity of communities to facilitate, plan, implement and monitor participatory programmes to address HIV prevention, care and support.
- Limited coverage of HIV prevention, care and support response beyond the capital or the main island.
- High level of stigma and discrimination of People Living with HIV/AIDS (PLWHA) at community level.

## Actions

- Greater capacity of local stakeholders will be nurtured to create the conditions at community levels to accelerate HIV prevention, care and support interventions.
- Support advocacy efforts to ensure national HIV policy, response plans and programmes include capacity development activities for communities to plan, implement and monitor HIV programmes.
- Support the development of communication activities to promote non-stigmatising and non-discriminatory behaviours towards PLWHA.
- Support the implementation of community-based initiatives.

## Impact

- Traditional, religious, and women leaders, local government representatives, teachers and health care workers have increased capacity to facilitate, plan, implement and monitor participatory programmes to address HIV prevention, care and support.
- Community members adopt non-stigmatising and non-discriminatory behaviours towards PLWHA.
- Community members develop community-level HIV programmes in accordance with National HIV policy.
- Community members have support to implement their planned activities to address HIV prevention, care and support.



HIV and AIDS (03)  
Funding required

USD 1,665,000

### Programme area

Strengthening the health care system response to HIV

### Target beneficiaries

ANC women and their partner, health care workers

### Expected Outcome

ANC women and their partner in selected areas have access to and use quality VCCT and HIV-exposed/positive children and HIV-positive women and their families in selected areas have access to and are benefiting from quality PMTCT interventions.

### Duration

5 years (2008-2012)

### Partner countries

Fiji, Kiribati, Samoa, Solomon Islands, Vanuatu

## FINANCES

Communication activities	200,000
Capacity Development activities for health care workers	491,000
PMTCT sites	700,000
Programme support, including monitoring and evaluation	274,000
Funding required	1,665,000

### Issues:

- Very few women have access to quality VCCT
- Very few men accompany their partner at ANC clinics - if a pregnant woman is diagnosed with HIV, she might be vulnerable to negative reactions from her partner.
- Very weak linkages between different services available: STI, Reproductive Health, maternal and child health
- Limited capacity at country level to offer quality PMTCT interventions.

### Actions

- Communication activities to encourage men to accompany their wives at ANC clinic.
- VCCT at ANC clinics becomes part of an essential package of services.
- Capacity Development of health care workers to offer quality PMTCT interventions, including VCCT services.
- Strengthen linkages between health services available.
- Support to PMTCT sites.

### Impact

- Community members accept that it is normal for women and men to know one's HIV status during ANC routine visits.
- Health care workers are equipped to deliver quality PMTCT interventions including VCCT services.
- Referral system between different entry points in the health system is reinforced
- Functioning PMTCT sites.