

Family Planning NSW

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. We are experts on contraception, pregnancy options, sexually transmissible infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

We have five fixed clinics in NSW and use innovative partnerships to deliver services in other key locations across the state with more than 28,000 client visits annually. We also provide Family Planning NSW Talkline, a confidential telephone and email information and referral service, connecting our expertise to people and communities across NSW. We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

As an independent, not-for-profit organisation, we recognise that *every body in every family* should have access to high quality clinical services and information, and we provide a safe place for people to talk about their most intimate and personal issues.

Our services are targeted to communities, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and LGBTI people.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Our work is evidence-based, and shaped by our research through the Family Planning NSW Sydney Centre for Reproductive and Sexual Health Research, our published clinical practice handbooks on reproductive and sexual health, our nationally recognised data and evaluation unit and validated through our own extensive clinical practice.

Our international program – Family Planning Australia

Family Planning NSW operates internationally as Family Planning Australia. We work to assist poor and disadvantaged communities in the Asia Pacific region to improve access to comprehensive reproductive and sexual health services with funding from Australian aid and private donors.

Our international program works with family planning organisations at national and international levels as to promote the rights of all people to achieve reproductive and sexual health and wellbeing in the context of a sustainable environment. We also work in partnership with local NGOs and health services to increase access to quality health and education services.

All of our international projects are closely aligned to the achievement of the United Nations' Millennium Development Goals, particularly MDG5b - increasing universal access to reproductive health - as this is key to reducing maternal mortality, preventing unwanted pregnancies, curbing the spread of sexually transmitted infections, empowering women and girls to exercise their reproductive and sexual health rights through greater decision-making powers, and building a more sustainable world for all regardless of gender, sexual orientation, or social and economic status.

Specifically, our work in the Pacific includes long term capacity building of NGOs and local health systems to address areas of reproductive and sexual health need including: training programs for nurses and health extension officers; men and boys behaviour change programs to improve health outcomes and relationships by addressing cultural barriers gender equality; implementing cervical cancer screening and treatment programs; and improving access to contraceptive supplies.

During 2013-2014, our work in the Asia Pacific region reached 3,948 direct and 33,370 indirect beneficiaries in Fiji, Vanuatu, the Cook Islands, Timor Leste, PNG, the Philippines, Samoa, Solomon Islands, Tonga and Tuvalu.

Our capacity building works include clinical services, community education, resource development and professional education. We place emphasis on improving the monitoring and evaluation of all of our project work, implementing child protection training and supporting our NGO partners to improve financial management and governance.

We are a signatory to the Australian Council for International Development Code of Conduct, adherence to which is monitored by an independent Code of Conduct Committee elected from the NGO community. Our voluntary adherence to the Code of Conduct demonstrates our commitment to ethical practice and public accountability.

We are fully accredited with the Department of Foreign Affairs and Trade in relation to the management of international aid projects. This includes all components of the compliance requirements for service integrity, development effectiveness and financial management.

The situation in PNG

PNG is currently ranked 156 out of 187 countries in the Human Development Index. It remains off-target against all of the Millennium Development Goals and its health and education indicators lag behind the rest of the Pacific.¹

The position is especially dire for women and girls in PNG. Women and girls suffer unacceptably high mortality rates related to pregnancy and maternal health issues. The rate of maternal mortality is one of the highest in the world at over 500 per 100,000 live births, while 5,000 babies in PNG die in the first month of life; two-thirds of these deaths being from preventable causes.² Women in PNG are dying at up to thirteen times the rate of women in Australia from cervical cancer due to lack of prevention and treatment services³ and there is a 30% unmet need for family planning, which impacts on women's choices and circumstances⁴.

Regrettably, many key indicators for maternal health and family planning show a worsening situation. The *PNG National Health Plan 2011-2020, 2014 Sector Performance Report* shows that the rates of supervised births, antenatal care and family planning usage are declining. The report noted that the low rate of supervised deliveries "are a huge concern that must be addressed immediately"⁵. Additionally, it found that antenatal coverage has not improved since 2009 and family planning usage rates have dropped by over 50% between 2009 and 2013. The report recommends that "more advocacy and efforts are needed to raise the prominence of family planning as a major health and development issue"⁶.

PNG has an overwhelming need for greater investment in reproductive and sexual health. There is a growing body of evidence that investing in family planning can result in substantial savings in public spending and support economic growth, through increased productivity and participation by women, making it one of the most cost-effective investments in global health and development.⁷

¹ DFAT, 2014, *A new direction for Australian aid in PNG: refocussing Australian aid to help unlock PNG's potential* p3

² World Bank. <http://data.worldbank.org/indicator/> and Global Burden of Disease Study 2013, The Lancet, 2 May 2014

³ Australia 1.6; Papua New Guinea 21.7 per 100,000 women, Source: WHO GLOBOCAN 2012, <http://globocan.iarc.fr/Default.aspx>

⁴ Pacific Islands Forum Secretariat, Pacific Regional MDGs Tracking Report 2014

⁵ PNG National Department of Health, 2014 Sector Performance Annual Review p17

⁶ Ibid, pp18-19

⁷ The Partnership for Maternal, Newborn and Child Health. The economic benefits of investing in women's and children's health. 2013.

However, less than 1% of the 2012-13 Australian Government PNG bilateral aid program was spent directly on 'gender equality and women's empowerment'.⁸

The reprioritisation of aid to PNG, outlined in the Australian Government's *A new direction for Australian aid in PNG: refocusing Australian aid to help unlock PNG's economic potential*, that suggests an increased focus on infrastructure projects, trade and private sector-led growth initiatives at the expense of other development challenges such as the critical health and family planning issues highlighted above is concerning.

Addressing critical health needs is a fundamental prerequisite to development success in infrastructure, trade and economic participation. Infrastructure, aid for trade and private sector growth initiatives should be required to take into account and contribute, in a concrete and measurable way, to gender equity and women's empowerment.

The recommendation in *A new direction for Australian aid in PNG* that support for women's empowerment be expanded, includes an increased focus on women's effective participation in the economy through agribusiness, financial literacy and microfinance, as well as leadership in public and community life, and improved security in public and private spaces. For this focus to be supported, however, there must be acknowledgment that there are significant challenges faced in achieving women's empowerment, beginning with adequate access to sexual and reproductive health, and cultural attitudes that contribute to sexual and gender violence.

Aid funding should prioritise addressing these basic barriers to women's greater economic and social participation and provide a greater level of investment in family planning programs and services, as well as programs which target cultural attitudes to sexual and reproductive rights and gender-based violence. This should be a key component of seeking to support women's empowerment.

Our work in PNG

The right to sexual and reproductive health is a fundamental human right, which includes: the right to liberty, autonomy, privacy and security of person; the right to access healthcare; and the right to non-discrimination in the allocation of healthcare resources and services.

Sexual and reproductive health and rights saves lives, empowers women, and lifts women and their families out of poverty. Family planning is one of the most cost-effective investments in global health and development.

We note that The Australian Government is committed to delivering an effective Australian aid program and recognises that the empowerment of women is fundamental to effective aid.

Family Planning Australia has been working in Morobe, PNG, for more than seven years. During this time we have worked in partnership with the Papua New Guinea Family Health Association and Population Services International, and the Morobe Provincial Health Office. Our capacity building projects (outlined in greater detail in the attached Appendix) include capacity building training for local nurses and health extension officers in reproductive and sexual health, and a men and boys behaviour change program that addresses gender issues, sexual health and violence.

Our training course in reproductive and sexual health for nurses and health extension officers, piloted in Lae, PNG in 2012, and developed in response to an approach by the National Department of Health, was the first ever post graduate course in sexual and reproductive health delivered in PNG. On evaluation, the course was found to be "an excellent response to the long-

⁸ Australian Government: Department of Foreign Affairs and Trade (2014), *Aid Program Performance Report 2012-13 Papua New Guinea* <http://aid.dfat.gov.au/Publications/Documents/png-appr-2012-13.pdf>

standing gap in the post basic training options for clinicians working in STI and HIV clinics as well as Primary Health facilities.”

The course, based on a human rights approach, challenged negative stereotypes and cultural norms and emphasised the rights of women and girls to make their own decisions and to live free from violence. The course provides an important element of a much needed multi-sectoral approach to addressing reproductive and health sexual issues in PNG and is in obvious need, given that few local health officials have post graduate training in reproductive and sexual health. It makes a desirable adjunct to the work of the Sexual Violence Case Management Centre in Lae, funded by the Australian Government in recognition of the unacceptably high levels of family and sexual violence in PNG.

In 2014-2015, the course is being managed by Family Planning Australia in partnership with Population Services International in Lae, and is funded through private donation (the FP Archer Charitable Trust) and the Australian Government.

Similarly the Men and Boys program is another program that could act as an adjunct to the Sexual Violence Case Management Centre in Lae and positively impact reproductive and sexual health and address gender violence.

The involvement of men in reproductive and sexual health programs has been largely ignored, however men are the decision makers in many aspects of life in PNG and the Pacific, and often exercise control over many family planning decisions. This program, in recognition of the role of men in reproductive and sexual health, focuses on positive role modelling for men as fathers, partners and community leaders. The focus of activities has been on raising and discussing respectful relationships, sexual health, and testing and treating STIs.

Successful Family Planning Australia programs elsewhere in the Pacific

PNG has unacceptably high rates of cervical cancer incidence and mortality. Cervical cancer screening saves women's lives, however it is not routinely available in PNG.

We have piloted and developed a successful and sustainable, low resource cervical cancer screening and treatment program in Fiji using VIA (visual inspection with acetic acid and cryotherapy) that could save the lives of many women in PNG, if the program and capacity building training in the method were further implemented there. The pilot and training program were undertaken in collaboration with Fiji Ministry of Health, the Fiji Nursing Association and Reproductive and Family Health Association of Fiji. The program has now been integrated into the Fiji Ministry of Health's *Cervical Cancer Screening Policy*. We are currently supporting the capacity building and upskilling of the Fijian Ministry of Health workforce to support implementation of the national cervical screening program across Fiji. From this, we have developed a customisable training program in VIA cervical screening specifically for the Pacific, and are working in Vanuatu, Cook Islands and Solomon Islands with government and civil society organisations to implement customised cervical cancer screening programs.

Similarly, we have implemented an access to contraception program in Vanuatu that could lead to reduced teenage and unintended pregnancies in PNG, if also implemented there. Developed in partnership between Family Planning Australia and the Vanuatu Family Health Association (VFHA), this two year project aims to promote increased access to family planning services by providing quality contraceptives, counselling and accurate information to young people in rural areas. The project will add value to a new clinical outreach service being implemented by the

VFHA and will also align with a program to train their own nurses to insert contraceptive implants.

Our projects in PNG and in other areas of the Pacific demonstrate the success of programs that focus on capacity building local health services and government to provide basic sexual and reproductive health services and assisting build local level governance. We support efforts to transition responsibility for basic service delivery to the government of PNG at a rate that is sustainable and achievable. Any sudden diminution in Australian aid programs that support that capacity building would undermine a successful transition.

Conclusion and recommendations

Australia's aid program includes an increased focus on the Asia Pacific region, and women's empowerment is identified as one of the most important priority areas in the new aid paradigm.

We welcome this focus on the empowerment of women. Training women for employment, empowering them and building their capacity to participate in society, will deliver social and economic benefit to all of PNG society, but only becomes widely possible when women have control over their reproductive and sexual health. Consequently, women's empowerment must first be underpinned by programs that address gender stereotyping, sexual violence, and reproductive and sexual health.

An increased focus on infrastructure delivery and private sector involvement in delivering aid outcomes should not be to the detriment of aid investment in health, gender equity and capacity building particularly rural and remote areas.

Encouraging economic growth in and of itself, through private sector enterprise and infrastructure building, will not address the serious development challenges facing PNG, particularly in often overlooked but critical areas such as family planning.

Based upon our experience in PNG and elsewhere in the Pacific, we believe that an effective Australian aid program in PNG is one that recognises women's empowerment as key to achieving progress towards internationally recognised developmental goals and that recognises sexual and reproductive health and rights as an integral component of any women's empowerment initiatives.

Given this, we make the following recommendations.

1. Australia's aid program in PNG should continue to support progress towards achieving the Millennium Development Goals and new Sustainable Development Goals;
2. The recognition of women's empowerment as one of the six focus areas of Australia's aid program should be reflected in increased funding for programs addressing women's empowerment and gender equity, including sexual and reproductive health and family planning;

3. The proportion of the aid budget allocated to human development, including sexual and reproductive rights, should match that allocated to infrastructure development, aid for trade and private sector led development;
4. Programs in which NGOs seek to build capacity and improve governance in local-based partner organisations to ensure the long term effectiveness and sustainability of initiatives should be prioritised;
5. Australia's bilateral aid program should be focussed on addressing basic health needs for poor and marginalised people in PNG and those in remote and rural areas. Addressing critical health needs is fundamental prerequisite to development success in infrastructure, trade and economic participation;
6. Infrastructure, aid for trade and private sector growth projects selected for funding should be required to take into account and demonstrate whether they contribute to gender equity and women's empowerment.

Appendix: Case Studies - Our Projects in PNG

The following case studies are examples of effective reproductive and sexual health initiatives, undertaken by Family Planning Australia with local stakeholders, with support from the Australian Government.

Post Basic Certificate Course in Sexual and Reproductive Health for Nurses and HEOs

Reproductive and sexual issues are tied to cultural, traditional and religious taboos in PNG that impact the whole population, and in turn, an effective response to sexual and reproductive health issues.

While the situation is complex, workforce development is one strategy that assists in building the capacity of local people to work within their communities to not only implement change but also attitudes.

From 2007- 2012, Family Planning Australia managed the Clinical Health, Men's Programs, Advocacy and Sexual Health Strengthening Project (COMPASS) as part of the AusAID funded PNG Australia Sexual Health Improvement Program (PASHIP). In response to a National Department of Health (NDOH) request, the project developed the *Post Basic Certificate Course in Sexual and Reproductive Health for Nurses and HEOs* which was piloted in Lae, Morobe Province in 2012. This was the first post graduate course in reproductive and sexual health delivered in PNG, with nine nurses graduating in 2012.

The evaluation of this course found that if allowed to develop beyond the pilot phase, "the program is highly likely to enhance progress towards PASHIP Objective 1 in terms of improving services and accessibility", and that the course "is an excellent first response to a long-standing gap in post-basic training options for clinicians working in STI and HIV Clinics, as well as Primary Health Care facilities."

Despite the great need for training, the Post Basic Certificate Course in Sexual and Reproductive Health for Nurses and HEOs is yet to be taken up by PNG educational institutions. Family Planning Australia has been working since 2012 to attract donors and funding to ensure the continuation of the course given its potential to make a lasting and long term impact is immense. In 2014, funding was provided by the FP Archer Charitable Trust which is managed by Perpetual Trust. The addition of funding from the Australian Government has enabled a second delivery of the course, with 14 nurses and one health extension officer due to graduate in July 2015. Submission for the course to be accredited by the PNG Department of Health is currently underway. There is currently no further funding available to continue this course beyond 2015.

The course has a great degree of local support in the Morobe Province and, if continued, would be an important adjunct to the work of the Sexual Violence Case Management Centre in Lae, currently funded by the Australian Government.

Men and Boys Behaviour Change program

The Men and Boys Behaviour Change program, which was part of the COMPASS project, has broken new ground in Morobe where it seeks to raise awareness and support positive change among men and boys in regard to sexual health and gender related issues.

The role of men in the prevention of sexually transmissible infections (STIs) and improvement of their sexual health and that of their partner is critical, however the involvement of men in sexual health programs has been largely ignored, even though men hold most of the decision making power within PNG.

The program focuses on positive role modelling for men as fathers, partners and community leaders. The focus of activities has been on raising and discussing respectful relationships, sexual health and testing and treating STIs. Volunteer Community-Based Advocates (CBAs) and Community Based Organisation (CBO) partners have been trained to conduct community and workplace education as well as one-on-one sessions to encourage men to discuss issues related to sexual health, domestic violence, family dynamics and conflict resolution. A training manual (the Men's Health Manual), has been developed that covers a range of topics that can be delivered in an engaging manner. There is a focus on behaviour change, not just information provision. As one participant CBO partner has stated: 'if you change the men, you change everything in the community'.

The program has the support of the Provisional Office in Morobe and is attracting attention from national government levels including recent interest from the Economic & Public Sector Program, National Department of Personnel Management. This program works to strengthen key government institutions to support equitable service delivery to the men, women and children of Papua New Guinea. The Men's Health Manual and the approach of combining health with gender is seen as a relevant and positive approach that could be implemented at the District, local level and, community level.

Cervical cancer screening – visual inspection with acetic acid and cryotherapy

Cervical cancer screening saves women's lives, however screening is not routinely available in PNG and women are dying at unacceptable rates from cervical cancer (Australia 1.6; Papua New Guinea 21.7 per 100,000 women).

Over the past three years, Family Planning NSW has worked with the Fiji Ministry of Health, the Fiji Nursing Association and Reproductive and Family Health Association of Fiji to test the feasibility of using a low resource method of cervical screening, endorsed by the World Health Organisation (WHO). VIA - visual inspection with acetic acid, followed by cryotherapy, is an immediate "screen and treat" method for a suspected cancer.

The pilot resulted in a customised training program developed for the Pacific environment. Twenty six nurses and 13 doctors were trained, local resources were developed to educate women and men about cervical cancer, and more than 3,600 Fijian women received screening with 100 women having precancerous lesions treated with cryotherapy. The pilot proved that VIA and cryotherapy are acceptable and effective methods of cervical cancer screening and treatment in Fiji and there is local endorsement and planning to implement VIA with cryotherapy across Fiji.

Following the success of the program in Fiji, Family Planning Australia is exploring the feasibility of introducing VIA with cryotherapy in other Pacific countries that do not have access to effective methods of cervical cancer screening. We have been approached by doctors in Port Moresby interested in implementing a training program to utilise current doctors and nurses working within the health system to build their capacity to deliver VIA and cryotherapy.