
Nauru: Country Report

The Secretariat of the Pacific Community

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Peer education and support program mapping consultants:

**Joe Debattista**  
joedebat@powerup.com.au

**Steve Lambert**  
s.lambert@uq.edu.au

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Original text: English
1.0 Country summary

According to updated figures reported by Nauru to SPC’s HIV & STI surveillance unit, cumulative HIV cases (including AIDS) at the end of 2008 were two—both male expatriates—of which one was an AIDS case who has died; and the second returned to his home residence.

2.0 Findings

This mapping of HIV & STI peer education programs for vulnerable populations involved: examination of national strategies, and other relevant documentation; surveying and interviewing national organisations involved in peer education; and consulting with regional organisations involved in the delivery of HIV & STI services. In Nauru however there is currently no organisation involved with direct peer education initiatives (although this has occurred in the recent past) and therefore no country specific agencies contributed to this mapping exercise.

The following ‘tight’ definition of peer education has been used in this analysis:

*the teaching or sharing of health information, values and behaviours by members of similar age or status groups.*

Peer education therefore is an education program run by, and for, members of the same peer group; and a peer is someone from the same group, in which the group members identify with each other because of certain features they have in common.

Using this definition, the information gathered is discussed with the following ten criteria in mind:

1. The project **targets a vulnerable community** in the country. The intervention is well targeted. (Basis for this comes from the national strategy and from the feedback about what the vulnerable populations are in the country.)
2. **Governance.** The peers are involved in the way things are run and the decision-making. There is engagement with the target population in the design, implementation and evaluation of the project. There is engagement at some levels and constant attempts are made to pursue this engagement.
3. There is obvious **support** for the peer education project at an organisational and national level.
4. **Collaborative relationship** with other organisations who are undertaking HIV peer education based activities in the country so that there is no duplication (competition) of services.
5. **Recruitment strategies** for peer educators are appropriate, systematic, ongoing and sustainable. This includes developing defined marketing strategies. There is an accepted and celebrated exit strategy for peer educators.
6. There is initial and follow-up education for the peer educators. There is **sustainable capacity building** of peers.
7. **Referral systems** are in place to address the needs of the target population as things arise. This includes the ability to follow-up on whether anything happened as a result of the referral (did the person actually attend for VCCT), and an ability to assess whether the referring agency is effective and provides suitable service.

8. **Evaluation.** There are set outcomes. How is the effectiveness of the project determined? What agreed measures are in place to assess whether this project ‘makes a difference’ or not, and is there a defined mechanism to report against these? It is acknowledged that this is extremely difficult, however are there attempts to do this?

9. Monitoring. A code of behaviour is defined and followed. This includes a monitoring mechanism for the knowledge, skills and conduct of peer educators.

10. The project makes an obvious and tangible impact. Things that have changed as a result of the project being in existence are able to be discussed.

### 2.1 The national strategy

The *Nauru Health Operational Plan 2008* was used as the national strategy and reviewed for its reference to peer education. A standard matrix has been used for the analysis and appears as Appendix One.

It is noted that the operational plan has no reference to peer education; the identification and targeting of vulnerable populations; or the need for engagement of those vulnerable groups in program design.

### 2.2 Other documentation

As there were no organisations involved directly in peer education at the time of the mapping exercise three additional documents were reviewed.


This document set a wide definition of youth as 15–35-years. The policy highlights key issues of social disadvantage challenging Nauruan youth i.e. low education levels, high unemployment, alcohol use, single parenthood and delinquency.

Sexual health is referred to under the Goal Area of Social Development with the objective of, “Create and support social development programmes to improve lifestyles of young people.” This objective seeks to address issues of sexual health, amongst other health and social concerns, using a number of social development programs and states, “awareness raising programmes using peer education model is an important approach for targeting these sensitive issues at a level that is relevant and effective to the youth population”. A number of strategies refer to peer education or associated principles:

- Youth outreach: Establish and implement youth outreach program (link with peer education program for awareness raising on social issues).
• Programme development: Create social development programs in consultation with youth.
• Healthy lifestyles: Develop innovative means of raising youth awareness on health issues and providing options for safe practices such as condom availability and access.

2.2.2 Pacific Regional HIV / AIDS Project (PRHP) Nauru Country Update 2003–2006

This document provides a sombre assessment of the state of HIV and STI programming in Nauru. Despite an initial period of activity in 1999/2000 with the establishment of an AIDS Task Force, National Strategic Plan, condom distribution program and peer education training, very few of these efforts have been sustained: “There is now no condom promotion undertaken. The MOH has large quantities of condoms which are not distributed”; “Four peer educators from Nauru have been trained by the AIDS Taskforce of Fiji. Unfortunately none of these educators are currently involved in activities to provide education and condoms to their peer groups.” This level of inactivity must be viewed within the context of a society currently affected by high rates of STIs.

The document highlights a number of gaps that have limited any effective and sustainable response:
• Lack of “in-country training activities that broaden the expertise of government personnel across a number of ministries.” Training had been previously conducted off-shore.
• Weak NGO sector which relies upon volunteers. Some of these NGOs were reported to be “involved in HIV education activities in partnership with the Health Promotion Unit undertaken on a request basis.”
• Greater priority of limited resources to non communicable diseases and the absence to date of a “local face” to HIV.
• An inactive national task force and an outdated Strategic plan.

The document outlines two capacity building programs facilitated by PRHP and SPC by which young people have become more engaged as peer educators.
• Peer education refresher training was conducted in December 2005. “The one-week training included training of youth leaders and health promotion team in peer education and HIV 101—basic HIV information dissemination participatory model and undertaking an outreach program.”
• PDM/BCC training was conducted in November 2006. The training aimed to build upon skills and knowledge that many previously trained peer educators possessed and used in their HIV community outreach program. M&E, needs assessment and project development skills were included.

2.2.3 Evaluation of Chlamydia Testing and Treatment Pilot: Republic of Nauru. SPC and the Ministry of Health, Nauru, July 2008

This testing program identified a high Chlamydia prevalence of 32%, considered to be “at the higher end of the range reported in other PICTs”. Highest rates were in young people (15–
19-years). Amongst a number of recommendations, two that are relevant to the assessment are:

- Health promotion and testing on outreach should continue and be expanded to increase access to young people and men.
- Condom availability, promotion and access be reviewed.

### 2.3 Organisations involved in peer education

Different organisations target different populations and undertake peer education in different ways. In Nauru there currently are no organisations involved directly with peer education initiatives.

### 2.4 Regional organisations

The mapping exercise also included consultations with regional partners based in Fiji on peer education. One organisation raised Nauru in their discussions:

#### 2.4.1 HIV & STI Section, SPC Suva

In Nauru there is no structured program. An original team of peer educators were trained under the Regional Capacity Building Program of the AIDS Task Force of Fiji (ATFF) and two volunteers attended for 5-week training in Suva in 1999, 2000 and 2001. These volunteers developed work plans, and on return, organized a two-week peer education training program for other members of the peer education team, which was facilitated by a staff member from ATFF. Otherwise the individual trained at ATFF would have a community education type work plan where they would organize to do a presentation of HIV 101 to a group and this would again be co-facilitated by the ATFF staff. Feedback and mentoring was a pivotal part of this capacity building process.

The Health Promotion Unit within the MoH now coordinates peer education. A pool of peer educators from different organisations are available on request to outreach to communities and provide individual, group and event based interventions as well as distribute condoms. The team of peer educators do not belong to any particular agency. It is believed that the last peer education training was organised in 2005 by UNICEF as part of life skills program.

### 3.0 Discussion

Understandably when HIV was first identified within the Nauru community there was a strong urgency to dedicate national and community resources to address the potential health threat. It is equally understandable that the failure of the threat to materialise has led to a loss of motivation and commitment, with a resulting re-prioritisation of limited resources to other immediate health concerns.

This re-prioritisation should be viewed in the context of alarmingly high rates of other STIs such as Chlamydia. The implications for long term reproductive and antenatal health should
urgently reinvigorate efforts to establish a new national task force, strategic plan, condom social marketing and peer education programs that address all STIs including HIV.

A public health and community infrastructure that has been established for the control of Chlamydia and syphilis could be easily adapted should HIV re-emerge.

4.0 Recommendations

1. The development of a national HIV and sexual health strategic plan that identifies vulnerable populations, and incorporates peer education based methodologies amongst its set of responses is warranted. The Pacific Regional HIV / AIDS Project (PRHP) Nauru Country update 2003–2006 previously noted the importance of this:
   - Development of a new national strategic plan that integrates HIV and STI control activities into existing community based programs.
   - A national plan developed in consultation with total community, inclusive of local community leaders and specifically addressing the most vulnerable groups such as the youth.

2. Proactive efforts—from within Nauru and from external sources—to develop links with regional HIV prevention and peer education partners is warranted.

3. Revitalisation of previously existing peer education activities that target populations vulnerable to HIV is warranted.

4. Peer education initiatives do not operate in a vacuum. The need for community engagement and education in broader HIV education and prevention is strong. Continued general community development is warranted, even if the purpose is only to support any specifically targeted peer education initiatives.

5. The original recommendations made at the conclusion of the Evaluation of Chlamydia Testing and Treatment Pilot be acted upon, specifically:
   - The program should continue and more actively recruit youth (15–19 years) and men. This could be achieved through outreach to these populations, for example at schools, men’s health check activities and workplace visits.
   - Community awareness of the program be increased through health promotion and outreach.

6. Training and up-skilling should be provided in-country rather than removing key personnel from the country.

7. Given the high population rates of Chlamydia (and other STIs) a peer education program should be closely aligned with clinical service delivery to facilitate easy access to testing and treatment. The potential impact of Chlamydia on fertility rates and peri-natal health should be highlighted.

8. The very wide definition of youth (15–35-years) should be reconsidered with respect to its impact on program planning, targeting and resourcing and greater attention should be given to more precisely defining those sub-populations that present the greatest vulnerability to STI infection.
Appendix One

Analysis of 2008 Health Operational Plan
### Country: Nauru

<table>
<thead>
<tr>
<th>Does the Strategic Plan include Guiding Principles which highlight the importance of:</th>
<th>The rights of all people to access education &amp; prevention services</th>
<th>No comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Partnership and engagement with the affected community (i.e. vulnerable groups)</td>
<td>No comments</td>
</tr>
<tr>
<td></td>
<td>Engagement of young people and their right to access education &amp; prevention services.</td>
<td>No comments</td>
</tr>
</tbody>
</table>

| Does the Strategy highlight the importance of identifying and targeting vulnerable populations? Refs | No comments |
| Does the Strategy highlight the importance of peer education as an intervention? | No comments |
|  | Vulnerable Groups identified in Strategy and associated Prevention Strategies/Actions identified in Strategy |

<table>
<thead>
<tr>
<th>Population</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI awareness programs and screening &amp; surveillance campaign/ STI project-</td>
<td></td>
</tr>
<tr>
<td>HIV/ AIDS awareness program/ campaign/ education on condom use</td>
<td></td>
</tr>
</tbody>
</table>

| Does the strategy highlight the importance of partnership/engagement with vulnerable groups? Refs | No comments |
| Does the strategy highlight the importance of training for peer workers? Refs. | No comments |