



**IPPF** International  
Planned Parenthood  
Federation  
East & South East Asia and Oceania Region

# Niu Vaka Gap Analysis Report

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## Introduction

The Pacific Australia Labour Mobility (PALM) scheme has become a vital component of Australia's aid program, addressing critical workforce shortages. Through the PALM scheme, eligible businesses can recruit workers for short-term jobs lasting up to nine months or long-term roles ranging from one to four years in unskilled, low-skilled, and semi-skilled positions (Australian Government Department of Foreign Affairs and Trade, 2024). This initiative helps fill labour gaps in rural and regional Australia, as well as nationally in agriculture and select agriculture-related food product manufacturing sectors, by providing employers with access to a pool of reliable, productive workers (Australian Government Department of Foreign Affairs and Trade, 2024). As of September 2024, approximately 34,000 Pacific Islanders have participated in the PALM scheme, 21% (7,140) of these workers being women (Australian Government Department of Foreign Affairs and Trade, 2024). The scheme not only supports Australian industries but also offers Pacific and Timor-Leste workers the opportunity to develop their skills, earn income, and support their families back home (Australian Government Department of Foreign Affairs and Trade, 2024).

Despite the scheme's success in addressing labour shortages and providing economic opportunities, significant barriers in accessing sexual and reproductive health (SRH) services and information have been experienced by PALM participants (Kanan & Putt, 2023). Specifically, PALM workers encounter obstacles such as a lack of information, stigma around SRH topics, fear of judgment, have limited access to technology or digital literacy, concerns about costs, language, transport, and confidentiality (Kanan & Putt, 2023). These challenges are further compounded by geographical and social isolation, as well as cultural barriers (Kanan & Putt, 2023).

While data on sexually transmissible infections (STIs) frequency among PALM workers is limited across broad populations, a recent study revealed alarmingly high rates of STIs and treponemal exposure (the bacterium that causes syphilis, however, doesn't necessarily mean current infection) among Solomon Islands guest workers in Australia (Seymour et al., 2025). At a STI screening campaign conducted among PALM workers in Queensland between September and October 2023, workers were provided with information about sexual health and the screening event in both English and Pijin as part of the TRUE Relationships and Reproductive Health, Health in My Language program. 93% of PALM participants who attended this session underwent point of care (POC) STI testing.

These findings underscore the importance of comprehensive SRH education for PALM workers to enable them to make informed decisions about seeking healthcare to ensure appropriate treatment and management can be accessed. A standardised SRH education package delivered alongside POC testing at pre departure briefings for PALM workers would ensure consistent, comprehensive, and culturally appropriate SRH education and services, addressing the identified gaps and barriers to accessing essential health care (Seymour et al., 2025). This approach is vital for enhancing the health and wellbeing of PALM participants and ensuring they have the necessary resources to make informed decisions about their sexual and reproductive health (Seymour et al., 2025).

This report is a part of the Niu Vaka Wellness Project, funded by the International Planned Parenthood Federation (IPPF), which aims to create a comprehensive and standardised SRH education program for PALM participants. The project was jointly delivered by Family Planning Alliance Australia and True Relationships and Reproductive Health. This report aimed to summarise insights from Pacific Island countries Member Associations (MAs), to understand and identify gaps and challenges regarding current SRH resources and education delivered to PALM participants pre-departure. The findings will inform the development of a comprehensive and standardised SRH training and resource package for MAs, which will be used to inform pre-departure briefings delivered to PALM participants. By addressing these critical issues, we can enhance the overall well-being of PALM workers and ensure they have the necessary resources to make informed decisions about their sexual and reproductive health.

## METHODS

### Design and recruitment

In this report, we collected data informing the development of standardised SRH education packages through two complementary approaches: (1) expert review of existing pre-departure SRH education resources used by MAs across the Pacific for PALM workers, and (2) focus group interviews with MAs to explore current practices, needs, and challenges in delivering SRH education.

### **Representatives from the following MAs were invited via email to participate:**

- Kiribati: Kiribati Family Health Association (KFHA)
- Papua New Guinea: Papua New Guinea Family Health Association (PNGFHA)
- Fiji: Reproductive and Family Health Association of Fiji (RFHAF)
- Tonga: Tonga Family Health Association (TFHA)
- Tuvalu: Tuvalu Family Health Association (TuFHA)
- Samoa: Samoa Family Health Association (SFHA)
- Solomon Islands: Solomon Islands Planned Parenthood Association (SIPPA)
- Vanuatu: Vanuatu Family Health Association (VFHA)

Our expert education team, is highly experienced in providing SRH education to school-aged youth in Australia, using evidence-based, curriculum-aligned methods. However, we recognised that the needs of PALM workers from diverse Pacific nations may differ. To address this, we conducted focus group discussions with Pacific-based MAs to gather local insights and cultural considerations. This dual approach of expert review and stakeholder engagement ensures that the development of standardised SRH education packages for PALM workers is both evidence-informed and contextually relevant.

**Expert review of SRH educational resources** Educational resources were sought from MAs and submitted to our True's expert education team

for review. The education team conducted a detailed review of each resource to critically evaluate

the content and provide constructive, written feedback which identified both strengths and areas

for improvement. The project team subsequently analysed the data using a content analysis and

**Focus group interviews:** summarised the key points raised by the education team.

Using the Talanoa method we conducted in-depth focus group discussions on the current SRH education and services provided to PALM participants to identify existing gaps and challenges and explore potential improvements and future needs. Talanoa is a traditional Pacific method of dialogue that emphasizes storytelling, open conversation, and building relationships (Vaiotele, 2006). This method is particularly effective in Pacific contexts as it fosters a safe and inclusive environment where participants feel comfortable sharing their experiences and perspectives, leading to richer and more nuanced insights.

The focus group discussions covered a range of topics, including current practices for pre-departure SRH education programs, challenges delivering programs, areas for improvement and future needs. Focus groups were audio recorded and transcribed using TEAMS software. Transcripts were analyzed thematically for key themes (Braun & Clarke 2006). Transcripts were double coded with any discrepancies discussed and consolidated among team members.

## RESULTS

### **Expert review of SRH educational resources**

Of the eight MAs invited to submit resources for review, three (Tonga, Kiribati, and Fiji) participated, while five did not respond to the invitation or follow-up emails. It is important to note that non-responses may also reflect that some MAs are not currently delivering activities or programs related to this topic. Overall, the presentations were comprehensive, covering a wide range of SRH topics with efforts to engage the audience through visuals and interactive elements. However, they need aesthetic updates, consistent use of organisational templates, accurate referencing, and improved visual appeal. Ensuring content accuracy, maintaining consistency, and providing training for MAs are also essential. Establishing a feedback mechanism will help continuously improve the materials.

## **Strengths**

1. **Comprehensive Content:** The presentations cover a wide range of topics related to sexual and reproductive health (SRH), providing thorough information on various aspects.
2. **Engagement Efforts:** There are attempts to engage the audience through visuals and interactive elements, which can enhance learning and retention.
3. **Diverse Topics:** The materials address multiple dimensions of SRH, including behavior change, life skills, sexuality, reproductive anatomy, socio-cultural dimensions, and healthy relationships.

## **Room for Improvement**

1. **Aesthetic Updates:** Many presentations require updates in font type, size, and color schemes to improve readability and engagement. Improving the visual appeal of presentations is essential to enhance engagement and understanding.
2. **Organisational Templates:** Consistent use of organisational templates is recommended for a professional and cohesive look.
3. **Referencing:** Proper referencing of information is necessary to ensure credibility and accuracy.
4. **Content Accuracy:** Ensuring all information is accurate and up-to-date is crucial.
5. **Consistency:** Maintaining consistency in formatting and referencing across all materials is important for coherence and professionalism.
6. **Standardised Templates:** Develop and implement standardised templates for all presentations and documents to ensure uniformity and professionalism.
7. **Regular Updates:** Schedule regular reviews and updates of all materials to maintain accuracy and relevance.
8. **Training for MAs:** Provide training for Member Associations (MAs) on how to use the standardised templates and update content effectively.
9. **Feedback Mechanism:** Establish a feedback mechanism to continuously gather input from MAs and participants, facilitating ongoing improvements to the materials.

## **Focus groups**

Of the eight MAs invited, five (Kiribati, PNG, Fiji, Tonga, and Tuvalu) participated in interviews across three focus group sessions. Three MAs did not respond to invitation and reminder emails. Two overarching themes developed including education challenges, and healthcare challenges. Education challenges encompassed insights regarding the structure, timing, and contents (including cultural considerations) of the education program, as well as specialist training needs of the educators. Healthcare challenges spanned considerations across clinical testing and SRH services accessibility both pre-departure and within Australia. Illustrative quotes are included throughout.

## Education Challenges

### *Structure, Timing, and Content of Education Programs*

The structure, timing, and content of sexual and reproductive health (SRH) education programs for PALM seasonal workers were found to be highly variable. Focus group participants reported that the content was often tailored to the specific needs and size of the group, covering topics focusing mostly on STI screening, safe sex practices, respectful relationships, reproductive healthcare, and understanding the Australian healthcare system, including costs, Medicare, and insurance implications.

**So unplanned pregnancy, STI, HIV also family planning and contraceptives.  
So those are the topics that we talked about and now with inclusion of the testing  
cause of the HIV outbreak we have here in Fiji**

*...healthy relationships is a target [topic]. The issue that we need to really focus on,  
and address is the domestic violence and that is why we also include that in our  
training programs for the pre departure.*

**...they may not be covered. By the insurance some of them have to pay out of their  
own pockets so. The cost itself can be a barrier for islanders who are coming in.**

*They emphasised the importance of timely medical care prior to departure and  
clear referral pathways whilst in Australia. Concerns were raised that many PALM  
participants did not understand the barriers and expenses involved in seeking  
care within Australia and the importance of having testing and knowing one's  
health status prior to departure.*

**A lot of the issues are the cost. A lot of people don't realise that when they come  
to Australia that it's not as cheap as it should be and it's not as cheap as the Pacific.  
So a lot of services here, they cost a lot of money because they're not eligible for  
Medicare or what, you know, Australian residents and citizens are eligible for.  
And so we want to encourage them to access those services while they're at the  
Pacific at a cheaper cost. So those are all things that we're trying to do  
through this project.**



**I think the referral is really important. So accurate information about where they can go and how that can be provided. I know that's very challenging in remote areas for them to be able to get there to services.**

Importantly, the MA's also highlighted the need to educate PALM workers on when to seek medical care particularly with reference to delaying care until symptoms become severe or reliance on herbal medicines.

**"The kind of mentality with them, even when they come to Australia and you know, like accessing services is not a thing for us. Until or unless we are sick, then even with signs and symptoms of STI they're still sick. Other forms of treatment, like herbal and a few of the men I've been talking to, you know, like when they have symptoms, they tell a friend. And if that friend had the same symptoms, they share the medication or, you know, like, oh, you can take this and it will go away. I said, yeah, the signs and symptoms will go away, but not the germs that lives in the system. That will continue to affect the reproductive organs, especially with herbal cause they are more into herbal. There is certain sickness that herbal can treat, but not everything."**

The duration of these sessions varied significantly, with some lasting as short as fifteen minutes, which participants felt was insufficient.

**I think the only challenge that we've had so far and also we've mentioned it with our counterpart is the timing 'cause they come in for four days training and like it's a full congested 4 days like with money minded and all this information about. Traveling to Australia and everything and we come in on the last day, so we come in on the last day, which is Thursday. So, we have the morning and after that it's the closing. So the provisional services, you know, like within that time frame, they are thinking of other things, you know, like leaving either Friday or Saturday or Sunday. So the timeframe to provide service is you know it's unrealistic if we are to provide such a plan and productive health services.**

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Cultural sensitivity was highlighted as crucial, with content adapted to respect cultural taboos and gender-specific needs.

**I'm not sure about the other Pacific Island countries, but in PNG sometimes people do not have a health seeking behavior where once they see some signs and symptoms, they, you know, it prompts them to get help or like that. But in PNG it takes a while for people to come out and actually get help in terms of like, if there's any sexual productive health issue, we experience this a lot in pain.**

**...sometimes like when a girl like is presenting to like the boys, they'll be like having different type of questions, but like nonsense ones, you know.**

**Even though these topics are very taboo and culturally sensitive, it's breaking those barriers down on both ends. So on the Pacific and also on our end here and increasing their knowledge of where to go and how much it costs.**

Different materials, such as PowerPoint presentations, flip charts, and photos, were used depending on the group. Some noted the importance and impact of including photos within their education sessions to support the understanding of sexual health related conditions.

**You know, like with bigger classes, we prefer the PowerPoint because everybody can see it from the whole crowd. Instead of using the Flipchart standing in front of the group, only half of the people will see. So we prefer PowerPoints when there's a bigger class.**

**Yes, like for STIs, when we give the presentation on STIs, most of the participants, ... they are very interested in seeing all the diagrams, the photos that we took to let them know how really we want them to see, how bad when we have these, you know the consequences of having STIs and AIDS and HIV. So that they know and they should from like what we expected after seeing all those. Photos and hearing all those awareness they should know and be more be careful. Not only that, we told them that it's better for them to know this. We had to go to when they have some problem or issues in Australia. Or New Zealand and. Remember, they are not going there for good. They are going there and will come back to our country, and we want them to come back safely like free of infection.**



## Specialist Training

There was a clear need for specialist training to deliver comprehensive SRH education. MAs indicated that those providing education were not specialists in reproductive and sexual healthcare, and there was a strong demand for standardised training packages to support effective education delivery.

**At the moment we have a pretty inexperienced workforce... So yeah, any training that could be given would be helpful. We're doing a lot ourselves at the moment but as we're getting new staff, that would be great to have more. And also to have, to give them training on what services are available in Australia because it's very different...**

## Healthcare Challenges

### *Pre-departure Care*

MAs highlighted the need for standardised pre-departure SRH care, including STI and pregnancy testing.

**[Need to know] ...what pre departure testing is and what do they? Do they all have to pass certain blood tests or whatever? And what else is available and do they have tests when they come back? That would be good to know as well.**

Some of the MA's currently offered testing for STIs and pregnancy as a point of care test at the education session. However, current collaborations with organisations offering testing were deemed insufficient, and there was a call for more government support to facilitate comprehensive pre-departure care.

**And we often run out, stock out in terms of the, you know, proper containers that need to be used. And urine testing. But for the last, you know, last year and the previous year we encountered that we will run out of this and the needs and the demand for the workers, you know it's really increasing.**

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## Australia Healthcare System

The referral pathways for SRH in Australia were reported to be unclear and in need of greater transparency, particularly regarding state-specific pathways and insurance coverage. Additionally, there was a need for a continuum of care to ensure that workers receive consistent treatment even if they return to their home country mid-treatment.

**Say you still have the Pacific mentality of, you know, like just having sex with anyone and you know, and when they get symptoms, they are shy to access service until late, later, later stages, 'cause they're still used to herbal and I tell them, you know, when you go to Australia you might never find the herbal medicines that you have here in Fiji. So you have to access services now...**

**[We need]...referrals that we can give to the workers here, and so if they have issues in regards to SRH, they know where to go.**

## RECOMMENDATIONS

This report identifies several critical recommendations to strengthen the delivery of pre-departure SRH education and care for PALM workers. Overall, there is a clear need for coordinated, contextually appropriate education packages that are flexible to community needs and administrative constraints. Packages should be supported by well-trained educators and aligned with broader healthcare systems both in the Pacific and in Australia. Key recommendations include developing standardised yet adaptable education and training packages, improving Australia-Pacific communication and referral systems, and integrating SRH testing into pre-departure education programs.

### 1. Develop a standardised yet flexible education package with educator training

There is a strong need for the development of a standardised content within SRH education packages that includes training for educators and is designed to allow flexibility in delivery. Given the diversity of communities and constraints faced regarding timing of sessions, cultural considerations, and varying participant engagement levels—education packages must be adaptable. For example, training should equip educators with the skills to tailor content, facilitate gender-separated sessions where appropriate, and prioritise the most essential topics depending on available time. Incorporating culturally sensitive visuals (e.g. images showing the impact of STIs) can enhance understanding and engagement. Furthermore, cultural awareness training for educators is essential to ensure respectful and effective communication across diverse communities. To ensure ongoing quality, a feedback mechanism should be established to evaluate the delivery and impact of the education over time.

## **2. Improve communication and referral systems between Australia and Pacific MAs**

Clearer communication channels and system-level pathways between Pacific-based MAs and Australian services are needed to ensure continuity of care and shared understanding of PALM worker needs. Pacific MAs require access to reliable information about what Australia expects from incoming workers (e.g. negative STI tests), the access to health services PALM workers will have (e.g. insurance, Medicare eligibility and implication), and the available referral pathways for SRH issues that arise while in Australia. A key concern is ensuring that workers who begin treatment for conditions such as a sexually transmissible infection while in Australia are able to access ongoing care once they return to their home country. Greater connectedness between all MAs and relevant family planning organisations in Australia would support more coordinated care across borders. Importantly, all of this information should be included in educator training to ensure accurate communication with PALM workers.

## **3. Integrate pre-departure testing with SRH education programs**

The integration of pre-departure point of care testing, such as STI or pregnancy testing, into education programs is seen as a priority by all participating MAs. Testing at the point of education delivery allows workers to know their health status before arriving in Australia, supporting early intervention and reducing the risk of untreated health issues. However, many MAs are currently unable to offer testing due to limited resources. Some are unable to provide any testing at all, despite strong demand. Furthermore, workers may not be aware of how difficult it can be to access care once in Australia due to financial or geographical barriers. Strengthening local capacity for pre-departure testing alongside education would not only improve health outcomes but also ease the burden on Australian health services.

## **CONCLUSION**

This report highlights the importance of a holistic and coordinated approach to SRH education for PALM workers, beginning in their home countries and continuing through their time in Australia. Standardised yet adaptable education resources, improved educator training, clearer cross-border communication and referral pathways, and the integration of testing services are all essential elements for improving the effectiveness and impact of pre-departure SRH programs.

Addressing these needs will help ensure PALM workers are better informed, supported, and able to access the care they need—ultimately contributing to healthier individuals and more resilient labour systems.

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